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REVIEW ARTICLE

Theory and interpretation in qualitative studies from general practice: Why and how?

KIRSTI MALTERUD[1,2,3]

[1]Research Unit for General Practice, Uni Health Research, Bergen, Norway, [2]Research Unit for General Practice in Copenhagen, Denmark, and [3]Department of Global Public Health and Primary Care, University of Bergen, Norway

Abstract

Objective: In this article, I want to promote theoretical awareness and commitment among qualitative researchers in general practice and suggest adequate and feasible theoretical approaches. *Approach:* I discuss different theoretical aspects of qualitative research and present the basic foundations of the interpretative paradigm. Associations between paradigms, philosophies, methodologies and methods are examined and different strategies for theoretical commitment presented. Finally, I discuss the impact of theory for interpretation and the development of general practice knowledge. *Main points:* A scientific theory is a consistent and soundly based set of assumptions about a specific aspect of the world, predicting or explaining a phenomenon. Qualitative research is situated in an interpretative paradigm where notions about particular human experiences in context are recognized from different subject positions. Basic theoretical features from the philosophy of science explain why and how this is different from positivism. Reflexivity, including theoretical awareness and consistency, demonstrates interpretative assumptions, accounting for situated knowledge. Different types of theoretical commitment in qualitative analysis are presented, emphasizing substantive theories to sharpen the interpretative focus. Such approaches are clearly within reach for a general practice researcher contributing to clinical practice by doing more than summarizing what the participants talked about, without trying to become a philosopher. ***Conclusions:*** **Qualitative studies from general practice deserve stronger theoretical awareness and commitment than what is currently established. Persistent attention to and respect for the distinctive domain of knowledge and practice where the research deliveries are targeted is necessary to choose adequate theoretical endeavours**.

Key Words: *Qualitative research, philosophy, methods, interpretation, theory, general practice*

Introduction

"First and foremost, I am a clinician, not a philosopher" is an expression I have frequently picked up from novice researchers in general practice. They may hold a vague, but even strong fear of theory. There are some outstanding exceptions, but they are atypical. I have become increasingly concerned about the limited attention to theoretical perspectives among qualitative researchers in general practice. This may seem surprising, since academic general practice researchers for decades have offered radical theoretical critique of medical knowledge [1–4]. On the other hand, general practice is a pragmatic discipline where everyday wisdom and heuristic rules often overrule top-down reasoning [5–7].

The purpose and impact of theoretical perspectives are recurrently debated in qualitative health research [8–12]. Journals publishing qualitative studies demonstrate considerable variation regarding theoretical commitment. While some editors seem to prefer presentation of qualitative studies without any hint of theory, other journals publish articles where empirical findings disappear among comprehensive,

Correspondence: Kirsti Malterud, Research Unit for General Practice, Uni Health Research, Kalfarveien 31, Bergen, 5018, Norway.
E-mail: kirsti.malterud@gmail.com

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undigested theoretical elaborations. This diversity reflects contemporary disparities and praxises between researchers, research traditions and academic disciplines, indicating that a universally approved theoretical standpoint does not exist.

Researchers who endorse intersubjectivity and transparency – key values in qualitative research – cannot dismiss the issues of theory [13–17]. Yet, it is a fundamental mistake to try to turn the qualitative general practice researchers into (substandard) social scientists or philosophers. The field of practice typically calls for research knowledge intended for implementation with patients and doctors in a foreseeable future – a goal which often diverts from the analytic pursuits of a researcher from humanities or social science. Persistent attention to and respect for the distinctive domain of knowledge and practice where the research deliveries are supposed to contribute is necessary for adequate theoretical endeavours. How then, can we as medical researchers find our ways across theoretical landscapes, acquiring and utilizing relevant frameworks in qualitative general practice research?

The aim of this article is to promote theoretical awareness and commitment among qualitative researchers in general practice. I want to discuss the purpose of theory in qualitative studies in general, challenge a fear for theory among qualitative researchers and suggest some theoretical approaches for the general practice research context.

Approach

I shall first describe scientific theories on a general level. Then I will give a brief outline of the perspectives provided by the philosophy of science, underpinning the interpretative paradigm as the basis for qualitative research methods. I shall refer to selected philosophies and comment upon their connections to research traditions, methodology and methods. Finally, I shall present different modes of theoretical commitment and discuss their importance and application in general practice qualitative research.

What is a theory?

In everyday language, a theory is a hypothesis, an idea or a speculation. A *scientific theory*, on the other hand, is defined as

- "a scheme or system of ideas or statements held as an explanation or account of a group of facts or phenomena;
- a hypothesis that has been confirmed or established by observation or experiment, and is propounded or accepted as accounting for the known facts;
- a statement of what are held to be the general laws, principles, or causes of something known or observed" [18].

The dominant view of theory within biomedicine is an accumulated mass of knowledge as a correct representation of reality [19]. While theories from the natural sciences include predictability, verification and falsification, social and psychological theories offer chains of arguments, concepts and models to understand and explain associations and interactions. Hence, a theory is an expression of abstraction, offering a connection that requires imagination or the ability to think across individual cases [19]. Theories can be used to frame a research question, guide the selection of relevant data, interpret the data, and propose explanations of the underlying causes or influences of observed phenomena [8]. For qualitative research, theories are especially important as tools to understand, interpret and elaborate empirical observations beyond description. To sum up, a *theory* is a consistent and soundly based set of assumptions about a specific aspect of the world, predicting or explaining a phenomenon. A *model* is a simplified representation or image of a theory.

Formal theories intend to provide explanations to overarching phenomena, while substantive theories deals with concrete issues, experiences or activities [20]. Psychoanalysis (Sigmund Freud), bureaucracy (Max Weber), system theory (Gregory Bateson) or hierarchy of human needs (Abraham Maslow) are examples of *formal theories* applied in medicine. Later in this article, I shall demonstrate how *substantive theories* may be particularly relevant for general practice research.

World views and knowledge

Even without a great theoretical awareness, underlying theories will always be present, leading the researcher's gaze [10]. Scientists do their research at a background of theory, based on unitary packages of beliefs, which Kuhn named *paradigms* [1,21]. The paradigm concept is more general than a theory. It refers to major assumptions about world view and knowledge (such as the Earth is round) and does not just indicate a commonly applied attitude or subject area (such as shared decision-making or health promotion). Paradigms embrace ontology as well as epistemology. *Ontology* concerns the nature of being or how things basically are, while *epistemology* deals with the nature of knowledge or the study of certain aspects of being. These two domains are logically intertwined

– how we understand the world determines study approach adequacy. Consistency between ontology and epistemology is essential in research [12]. These domains are colloquially referred to as "O&E" [22].

Qualitative research is situated in an interpretative paradigm. Basic knowledge from the philosophy of science about the differences between *positivist* and *interpretative* paradigms is essential to grasp the foundations of qualitative research methods. For a researcher raised in a biomedical tradition, the positivist O&E idea of a stable and unified reality, where objective facts are waiting to be identified, must be defeated. As a peer reviewer, I expect the author to be familiar with the generic elements of the interpretative paradigm, whether the study is conducted with narrative, phenomenological, ethnographic or other qualitative approaches. When an article arrives for review, however, I would consider elaborations about ontology and epistemology, justifying and explaining a qualitative approach, as unnecessary. In a scientific journal publishing qualitative research, such issues should be considered known and recognized by the reader. The mathematical foundations of statistics would never be explained in an epidemiological article.

Positivist versus interpretative paradigms

Positivism is a major scientific paradigm from the Enlightenment in the 17th century, conceptualized by Comte (1798–1857) and elaborated as logical positivism in the 20th century [17]. Within positivism, universality of method unifies the practice of science and offers unambiguous and accurate knowledge [16]. Data are observable facts which the researcher gathers and systematizes [17]. A positivist viewpoint implicates a dichotomy between objective, empirically verifiable knowledge and subjective, unverifiable knowledge, leading to a corresponding distinction between fact and value, and the idea of a value-neutral science [16]. Referring to Kvale, the positivist researcher is a miner, searching for knowledge as an essential meaning of an object or phenomenon [23].

Medicine is strongly influenced by positivism, assuming a stable ontology where the world is subject to fundamental and unchanging rules [19]. Phenomena such as diseases are considered as observable, steady and true entities over time, with epistemological assumptions of universal, objective facts to be identified and predicted by standardized, deductive approaches and research methods where controlled observations yield objective certainty [24]. Being trained within this realm of knowledge, the qualitative medical researcher will encounter several paradigmatic challenges.

The *interpretative paradigm* offers an understanding of dynamic human and social realms, where culturally derived and historically situated interpretations supported by different theories and philosophies are used to understand the social life-world [16]. This paradigm refers to a more fluid ontology, where the surrounding world changes according to the individual's interpretations [19]. *Hermeneutics*, the oldest of these philosophies, was developed in the 17th century for the exegesis of biblical or antique texts. Hermeneutic philosophy argues that a part can only be understood when related to the whole. Interpretation is used to understand, as opposed to positivism, where observations are used to explain [17]. With *phenomenology*, lived experience (perceptions shaped by objectives, values and meaning) became the philosophical point of departure for the study of the concrete sensuous lifeworld [17]. Subjectivity is recognized at an ontological level – how things are experienced by human beings – as well as at an epistemological level – how researchers describe and reflect upon such experiences. More recent philosophies like *social constructionism* [25] and *postmodernism* [26] have further expanded the interpretative paradigm, emphasizing the role of culture, text and dialogue, taking society, narrative and symbols as crucial elements of understanding and knowledge. Constructionism is sometimes used as an overarching label for the interpretative paradigm, indicating that all interpretations are socially constructed [16].

There are important distinctions between major *philosophies* like hermeneutics, phenomenology, social constructionism and postmodernism. Nevertheless, the theoretical perspectives from these philosophies have served as the points of departure for the development of each other and are, therefore, historically and logically connected. Important interpretative features from hermeneutics (like the interplay between parts and whole), or from phenomenology (like lived experience), appear in some way or another in most qualitative research, without thereby signifying a specific hermeneutic or phenomenological method.

The interpretative paradigm advocates notions about particular human experiences and their contexts as recognized from different subject positions. The corresponding epistemology appreciates *reflexivity* as a logical counterpart to *objectivity* in positivism, calling for theoretical awareness [15,17,27]. Research is co-constituted as a joint product of the participants, researcher and their relationship, and meanings are negotiated within particular social contexts [28]. Reflexivity contributes to transparency and intersubjectivity by enabling researchers to acknowledge their role and the situated nature of their research [28]. While the positivist notion of objectivity assumes the

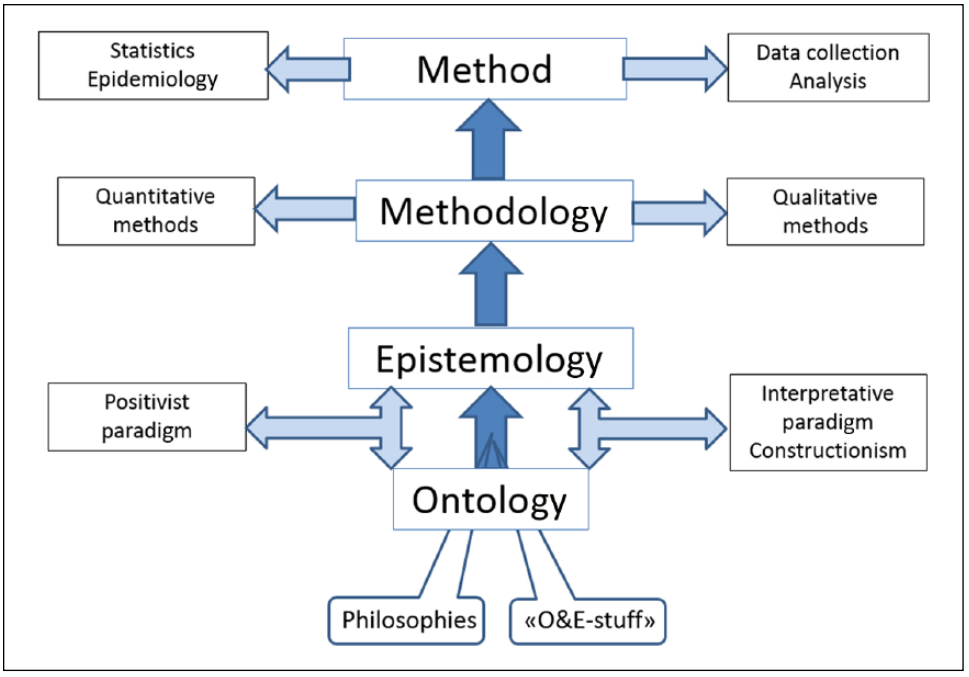

Figure 1. Associations between philosophy, ontology, epistemology, paradigms, methodology and method.

researcher to take a view from nowhere and observe a fact [29], reflexivity implies that different versions of the same phenomenon are perceived and interpreted from different angles. Referring to Kvale, the interpretivist researcher is a traveller searching for new ways of understanding the phenomenon of interest as it may appear in different social contexts [23].

The question of relativism – are all views equally convincing or true? – may be answered with a reference to relevance: The views from which the researcher is able to present credible stories which can make a difference, are most worthwhile pursuing [15], still being no more or less true or valid than other available views [23].

From paradigms and philosophies to methodology and methods

Hermeneutics, phenomenology, social constructionism and postmodernism are major philosophies that share key values regarding subjectivity, interpretation, context and reflexivity. From this foundation, they contribute with different aspects to the interpretative paradigm, which is a common theoretical and methodological basis for qualitative research methods [17].

Distinctions between philosophical, theoretical, methodological and methodical issues are not uniform, and the terms "methodology" and "method" are used inconsistently in the research literature [12]. These concepts are both applied for research traditions (phenomenology, ethnography), types of data collection (interviews, observation), principles and procedures for analysis (grounded theory (GT), discourse analysis), or normative positions (critical theory, deconstruction). I shall refer to *methodology* as the description and analysis of principles shared by a family of research methods. Qualitative research methods, developed from an interpretative paradigm, constitute *reflexive* methodologies [17]. They are concerned with the systematic collection, organization and interpretation of textual material drawn from talk or observation, suited for exploration of the meanings of social phenomena as experienced by the actors themselves within their natural context [14]. *Methods* refer to specific procedures intended to operationalize the methodology in different contexts. Philosophy nurtures the ontology of different methodologies, exemplified by the phenomenological heritage of qualitative methodology. Figure 1 illustrates the coherence between philosophy, ontology, epistemology, paradigms, methodology and method.

Hence, different philosophical theories serve as heritages for qualitative methodology, corresponding to how mathematical and logical theories provide foundations for statistical and epidemiological methods. The novice qualitative researcher needs to be sufficiently acquainted with the theoretical perspectives of the interpretative paradigm to understand the hallmarks of reflexive and interpretative methodology and acquire the skills needed for qualitative research. Comprehensive philosophical expertise is not required to handle qualitative methodology in a responsible

way, unless the project claims specific commitment to a particular philosophical perspective.

Research traditions and pragmatic positions

Over time, different academic disciplines have developed and elaborated various *research traditions* for qualitative research, based on calls for knowledge within different subject areas. Some of these traditions present with a coherent relationship where theoretical perspective (such as symbolic interactionism [30]) informs a particular research practice (such as ethnography [31]) with a specific method for the development and management of data (such as participant observation [16,32]). In a similar manner, sociologists have fostered GT [20] informed by symbolic interactionism [30], and psychologists have presented discourse analysis [33], developed from pragmatic linguistics [34] and semiotics [35].

Some of the qualitative research traditions share theoretical heritage [8]. For example, ethnomethodology [36] and GT [20] both have phenomenological roots, although the footprints of these traditions come into view differently [17]. Other qualitative research traditions seem to have only the interpretative paradigm in common, such as queer studies [37] and phenomenology [38]. Presenting a consistent map, list or taxonomy of qualitative research traditions seems problematic. Creswell proposes a classification emphasizing five research traditions (narrative research, phenomenology, GT, ethnography and case study) [39]. However, he also demonstrates 13 alternative existing taxonomies for qualitative research listing several entities beyond the five traditions. There seems to be no unified consensus about how these traditions are related or which hallmarks to apply for classification. Furthermore, reading publications across different qualitative traditions demonstrates that affiliation with a particular tradition does not necessarily promote corresponding or consistent theoretical commitment.

Furthermore, a substantial proportion of qualitative studies do not belong to any of the particular research traditions mentioned above. In these publications, elaborated links between philosophies, professional traditions and methodology are often lacking [23,40–43]. Such studies are called pragmatic, generic or eclectic. Research strategies such as semi-structured interviews or thematic analysis are, for example, often utilized in a more general sense, without pledging vows to specific theoretical roots [11,23,43–45]. This is the case with pragmatic qualitative studies from general practice and other medical specialties. The term *pragmatic* refers in this context to everyday language, denoting practical points of view, and also to some degree to pragmatic philosophy, with an emphasis on utility, practice and consequences [35]. The link to pragmatic philosophy is, however, less visible. The lists of content in medical journals demonstrate that qualitative studies conducted from pragmatic positions are rather common and do not constitute a trivial minority in the backyard of the methodological traditions. A pragmatic position in qualitative health research calls particular attention to the issue of relevance, including the choice of theoretical framework. Theoretical awareness and commitment are, however, equally important in pragmatic qualitative studies as they are in studies referring to specific methodological traditions.

The impact of context and reflexivity is vital for specific qualitative methodical matters; for example, purposive samples, transcription, coding or transferability. All researchers make daily assumptions about epistemology as related to methodology and method [12], and no qualitative researcher can claim exemption from the ontological and epistemological ideas underpinning the interpretive paradigms [22].

Let us now consider the different types and levels of theory which may be relevant for the qualitative general practice researcher. I shall briefly mention theory-driven analysis and theoretical perspectives applied as backdrop and inspiration. Then I will present substantive theories as a strategy to sharpen the interpretative focus and analysis.

Different modes of theoretical commitment in qualitative analysis

Miller and Crabtree present three different styles of qualitative analysis, referring to the role of theoretical commitment regarding the categorization of data [46]. *Template analysis style* is a theory-driven analysis where coding categories are predetermined from existing taxonomy or theories, while *immersion/crystallization style* develops categories from scratch with the empirical data as the foundation. These two styles are oppositions on a continuum with *editing analysis style* as something in between (see below).

A *deductive* approach, usually applied within a positivist paradigm, proceeds from a general rule and asserts that this rule explains a single case. An *inductive* approach proceeds from single cases, assuming that a connection between them may also be generally valid [17]. A qualitative study typically takes an inductive, open-ended approach, where the development of patterns and categories is an important element of the final results. Yet, it is possible to work inductively within a strictly theory-driven template

analysis, when phenomena organized with predetermined labels are presented as elaborated, relevant and original interpretations derived from a number of single cases.

Steihaug et al. conducted template analysis style in a study about how recognition was carried out by a medical doctor and a physiotherapist in treatment groups for women with chronic pain [47]. Schibbye's categories for analysis (listening, understanding, acceptance, tolerance and confirmation) [48] were used as coding framework, leading to interpretations of how each of the recognition aspects was performed within this specific context. To provide new knowledge, template analysis style needs rich empirical data with a potential for interpretation beyond illustrations of preconceived categories. A more inductive approach, where the development of categories is a vital aspect of analysis, will generally represent a stronger interpretative potential towards new understanding.

In a medical qualitative study, theoretical perspectives are often used as backdrop and inspiration, announcing explicit attitudes permeating the actual study. The researcher is then supported by a specific theory, allowing priority for gazing all through the study in the declared direction, yet without really involving theory in the analysis or elaboration of findings. The general practice researcher may present such a position as editing analysis style [46], where the researcher is encouraged to reflect upon his or her theoretical positions, without necessarily expanding thoroughly on them. This approach acknowledges qualitative analysis as inspired by theory, accounting for situated knowledge, but without further elaboration.

In a study about lesbian women's coping strategies, Bjorkman and Malterud, for example, referred to salutogenesis [49] as a perspective explaining their focus on successful coping, within a field where trouble had been the dominating perspective for decades [50]. Antonovsky's theories were used to make the direction of their interests clear, without being further expanded. Similarly, Stensland and Malterud were inspired by Vygotsky's theories about thought and language [51] in a study where patients with longstanding illness without clinical findings wrote home-notes about their symptoms as a fresh approach to the clinical dialogue [52].

Both of these studies represent pragmatic positions. Formal theories were imparted to express the researchers' points of departure and their specifically declared attitudes and views. With a background from general practice, the authors were thus able to advance knowledge which could contribute to the improvement of clinical practice, rather than developing or challenging theories like a social scientist would be trained and expected to do.

Substantive theories offering sharper focus for interpretation

Studies where the researcher's views are taken for granted and not explicated tend to describe everyday life phenomena as so trivial, tiresome or general that they simply do not transcend what is known from before. Kvale criticized interview studies imprinted by qualitative hyperempiricism, with a series of uninterpreted quotes, indicating that the researchers were not able to select the main point they wanted to get across. This phenomenon probably indicates a positivist heritage, "letting the data speak for themselves" without further analysis. To sharpen the focus for interpretation, Hoeyer suggests enhancing the interpretative potential, where theory is viewed as a tin-opener or lens [19]. The *tin-opener* unwraps the way for investigation and delimits the field by providing concepts relevant for interpretation and comparison with other individual cases. The *lens* is more radical constructionist and offers a perspective for interpretation where the objects and concepts under investigation are created from the encounter between theory and data [19]. Similar thoughts are presented by Morse, who recommends a skeletal framework from the theoretical literature to develop a tentative understanding of where to focus and what to ignore, as well as a conceptual understanding of the phenomenon in question [9]. Such a scaffold is often expanded along the process.

Substantive theories, usually developed within academic disciplines beyond medicine, encompass distinctive positions and lines of thoughts to explain and understand the phenomenon in question. Such theories may function as tin-openers, providing a theme-specific gaze, inviting a sharper focus by pointing the study aim towards more particular interpretations of the empirical data [19]. The potential for noticing fresh and distinguished patterns will be enhanced compared to a descriptive approach with a more general view.

The theory must be compatible with the overall purpose of the study, and the researcher must be capable of rational application. Grand formal theories, like psychoanalysis, Marxism or phenomenology, will not offer the concentrated focus I propose here. Identifying the most adequate substantive theory requires a choice between at least a few alternatives aided by cross-disciplinary dialogue. Below, I present some examples of qualitative studies from general practice where theoretical perspectives have been utilized to sharpen the focus of interpretation by use of relevant, pregnant concepts.

Nessa studied medical interaction from audiotaped conversations in general practice [53]. To understand what was going on between the general practitioner (GP) and the patient, he applied pragmatic linguistics

– a theoretical perspective implying that language creates meaning by interaction and social context, emphasizing intentions and implications [34]. From this position, he chose Austin's concept *speech act* as his tool to explore what GPs and patients, respectively, were doing by means of language, such as asking, telling, proposing, giving, agreeing and offering [54]. This analytic strategy made it possible to approach the matters of dialogue in a more clear-cut way than reporting what was said or assessing communication quality. The interpretation of speech acts, from a dialogue between a GP and a patient who rejected the idea of increasing her dosage of neuroleptics, provided the basis for the analysis of *autonomy*, leading to the development of the concept "authentic interaction" as a pre-requisite for patient autonomy through dialogue [55,56].

Larsen et al. explored women's experiences of pelvic examinations in an interview study [57]. A feminist frame of reference supported a search for the impact of power and gender in this context [58]. The participants mentioned several matters as essential for their ability to feel in control during the procedure, such as the doctor's gender, informed communication, the positioning during examination, integrity during nakedness and trust in the doctor. Analysis demonstrated how pelvic examination as a procedure reveals ambivalence in the women due to its intimate relationship between gender, power and medical knowledge.

Nilsen et al. used focus groups to explore GPs' negotiation strategies regarding sick leave for patients with subjective health complaints [59]. Lipsky's theories from public policy regarding *street-level bureaucracy* suggested a focus on the GPs' trade-offs between the concerns of the patient and the public responsibility [60]. Priority to trade-offs presented in the data provided a tangible emphasis on a potential conflict, associated with the particular role of the GP in this social setting, instead of summarizing participants' attitudes to sick leave. Zooming in the trade-offs by thematic analysis [61] made it possible to spot a rather distinctive strategy, where the GPs built an alliance with the patients, initially complying with the wish for sick leave, while simultaneously motivating the patient for a rapid return to work [59].

Guassora et al. studied normative aspects from videotaped consultations where patient and GP had discussed lifestyle issues [62]. Analysis was inspired from discourse analysis, noticing how things are said as much as what is said [33]. Goffman's sociological theories about performance – the mode of situating oneself as favourably as possible in the eyes of the other – were used to emphasize elements of the empirical data where patients' *presentations of self* were exposed [63]. From this position, interpretation gave access to examples of values that are socially appreciated and tends to be idealized, leading to findings about shame, honour and responsibility [64]. More specifically, these theoretical perspectives clarified the intimate connections between shame and self-monitoring and also demonstrated how patients imagined their presentations of self would be judged by the GP.

In these examples, theoretical perspectives from various disciplines have given access to more distinctive aims in pragmatic studies, and supported a more concentrated and elaborate analysis of the empirical data, thereby counteracting a trivial level of results and discussion.

Discussion

Qualitative studies from general practice deserve stronger theoretical awareness and commitment than what is currently established. I have argued that basic comprehension and consistency regarding ontology, epistemology and paradigms are necessary for qualitative methodology. Moreover, I have advocated substantive theoretical perspectives to sharpen the aim and enhance the possibility of more particular and original interpretations. Such theoretical ambitions are certainly within reach for a general practice researcher who wants to contribute to clinical practice by doing more than just summarizing what the participants talked about. Below, I shall expand on some of these ideas.

Knowledge agendas for the applied health professions

In a qualitative study, the role of theory may be more or less central to the target phenomenon under investigation [10]. Thorne ascertains that the knowledge agendas of nursing research are different from those of academic disciplines such as sociology, anthropology or philosophy [45]. While scholars from the applied health field see theory as a way to solve real-world problems, academic social scientists see these problems as occasions for theorizing, Thorne argues, and therefore, different approaches to discovery are legitimate.

Clinical practice fosters infinite relevant research questions and calls for applicable knowledge deliveries. But claiming a commitment to clinical practice or to patient-centeredness is hardly sufficient to permit the qualitative general practice researcher escape for the request of situated knowledge. According to Lewin, there's nothing more practical than a good theory [65]. I do not embrace Thorne's appeal that the discipline itself is sufficiently specific to be an appropriate theoretical foundation, neither for nursing nor general

practice research [11]. I would rather regard the disciplinary domain as an epistemological benchmark, suggesting which kind of results would be relevant for utilization. Substantial theories can offer the twist needed to transcend petty generalities and instead approach specific and distinct knowledge with a potential for implementation. Qualitative research in general practice should aim towards the development of knowledge which can make a difference for the patient and the GP [15].

Description versus interpretation

Chamberlain argues that too much research tends to stop prematurely at a descriptive level, while interpretation answers the how and why questions and provides more than an account that tells us what (or worse, merely categorizes what) was said [22]. "In the patient's own words", or "telling the patient's story" are frequently occurring expressions in qualitative studies from general practice. Such terms indicate an attitude where the researcher mediates some available aggregate of truth – a naïve empiricism compatible with Kvale's positivist metaphor of the researcher as a miner [23,66]. Wilson and Hutchinson describe this as overly generic, presenting concepts that are not situation-specific but so general that they are applicable to anything and everything [67]. Some of my own publications may indeed be classified in this group. Gradually, however, I have come to share Alvesson and Sköldberg's opinion that the interpretative paradigm includes no such thing as a description without an interpretation [17].

Omitting theory, the researcher who presents a descriptive study ignores the intersubjectivity of qualitative research [14], assuming his or her personal perspective to be sufficiently universal to escape explanation – a generic knower [24]. Such a perspective has been characterized as "a view from nowhere" [29] or "the god-trick of objectivity" [68]. Haraway argues instead for *situated knowledge*, an attitude regarding the researcher as a responsible knower, expected to account for the position of interpretation [68,69]. Chamberlain adds that much of the published research that focuses on coding tends to atomize the person, separating them from the context [22]. I would add that software intended to support qualitative analysis seems to encourage decontextualization and fragmentation rather than recontextualization, synthesis and understanding.

Theoretical claims and analytic practice

Qualitative studies sometimes reveal a deficient understanding of the interpretative paradigm, presenting positivist assumptions such as excusing the lack of a large or representative sample and, referring to this, neglecting discussion about transferability. Furthermore, findings are often presented as edited transcripts illustrated with quotations, without a theorized account or any reference to the claimed tradition [22]. Sometimes, as a reviewer, I get the feeling that the author has fallen in love with the participants' accounts, indicating that some reflective distance would be useful [70].

Translation from philosophy to theory to methodology, and further, to method is a challenging step. Specific qualitative research traditions, such as ethnography, may offer frameworks for explicit theoretical elaboration. Unfortunately, it is not unusual that authors claiming affiliation with traditions deal with them in a shallow mode. Name-dropping without further reflection or obligation and referring to major philosophies without any elaboration is not rare, even in articles published in high-ranked journals. Studies rooted in specific research traditions do not seem to differ from qualitative studies conducted from pragmatic positions when it comes to coherence with the interpretative paradigm or the level of theoretical commitment – both alternatives demonstrate a broad diversity in this respect, with a great potential for progress.

Too often there is a gap between theoretical claims and analytic practice [11]. A qualitative research project may be called hermeneutics, phenomenology or even both, without any trace of these powerful philosophies. The phenomenological hermeneutic method is a concept which is often used in a casual sense. Referring to the study of phenomena by the interpretation of text is far less specific than the meticulous philosophical or anthropological approaches presented under the same label by Ricoeur [71] or van Maanen [72]. Giorgi emphasizes the distinctions between phenomenological philosophy and phenomenological method, for which the philosophy serves as a foundation [38]. In a similar way, narrative analysis is not the same as reviewing stories and conversations – it is the name of specific methods which should be consistently linked with narrative theories from literary science [73]. When concepts like these are mentioned in a qualitative study, the author should exhibit proficiency and elaboration.

Idolatry and fundamentalism

The qualitative researcher usually follows and refers to methodical procedures, which to varying degrees correspond with particular theories or traditions within the interpretative paradigm. Still, the whole idea of checklists and fixed evaluation criteria implies a consensus about standards which may jeopardize qualitative studies [15]. Janesick defined *methodolatry* as

> a combination of method and idolatry, to describe a preoccupation with selecting and defending methods to the exclusion of the actual substance of the story being told. Methodolatry is the slavish attachment and devotion to method that so often overtakes the discourse in the education and human services field. [74]

Instrumental rules mediating the one and only correct way of qualitative research are detrimental, such as the habit of demanding a visual diagram to accompany all GT studies, or proclaiming that a sample size of less than 12 is always unacceptable [67]. Chamberlain maintains that methods are tools rather than ends in themselves, and an excessive concern with how to do it may prevent concerns about the implications of what we do as qualitative researchers [22].

Although the avoidance of theory may foster methodolatry, theoretical perspectives may also be exaggerated and idolized. In some qualitative studies, a theoretical framework is so solidly defended that the investigator's capacity for interpretation suffers, drawing attention from creative analysis [11]. Carter and Little have recognized what they call *methodological fundamentalism*, defined as an "insistence that a particular methodology is somehow the 'one true' qualitative research and should never be changed or combined with elements of other methodologies" [12]. A call for theory in qualitative studies is sometimes used to legitimize the latter standpoint. Chamberlain argues that, although knowing about methods certainly has value, an overemphasis on a canonical approach to methodology implies the danger of reifying methods [22].

So what?

Qualitative research in general practice draws on an exceptionally fertile empirical field, while wrestling with positivist heritage from biomedicine. This particular context implies a distinct challenge to get at an adequate level of theoretical commitment. Excessive theoretical commitment lacking relevance may be just as harmful as deficient theoretical commitment.

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