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# **Ethnographic diaries and journals: principles, practices and dilemmas**

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## **Abstract**

Although they are a familiar narrative form in many societies, diaries are an often overlooked means of collecting data in healthcare research. And yet, they are particularly well-suited to ethnographic research as they offer the opportunity to uncover and explore social, psychological and physiological processes within everyday situations and in particular contexts. Focusing on ‘solicited diaries’, the mainstay of most diary-based ethnographic research in healthcare, this chapter therefore explores the key principles which underpin their design and implementation. It then illustrates the array of possible practices available to researchers seeking to develop solicited diary approaches, and highlights a range of possible dilemmas researchers face when designing diaries and subsequently interpreting diary data. The discussion thus emphasizes that there is no single, optimal form of solicited diary; their design is contingent on the focus and goals of the research project, the study’s participants/diarists, the resources available and so forth. Yet the choices that researchers make when designing their approach will affect the quality, integrity and interpretability of the data they collect. Despite these challenges, however, the chapter argues that ethnographic diaries offer healthcare researchers an approach to undertaking research which is truly participatory.

[192 words]

## Introduction

The activity of keeping a diary, that is, of maintaining a regular “personal life-record” of experiences, thoughts, beliefs and feelings (W. Thomas and Znaniecki, 1918, p.1832; also, Jones, 2000, p.55), can be traced back almost 2,000 years<sup>1</sup>. Since then, diary writing has become in many societies “a pervasive narrative form” (McDonough and McDonough, 1997, p.121) which is used for multiple purposes. For example, diaries might be kept to record facts or as a scientific record; to create a chronicle for posterity or as a memoir; to document artistic struggle or as a literary diary; or to bear witness or provide a personal testimony of suffering (Alaszewski, 2006). And diaries can provide an important source of data for naturalistic and ethnographic research, giving “voice” to people other than researchers themselves (Plummer, 1983) by “tracking the contemporaneous flow of public and private events that are significant to the diarist” (ibid., p.48).

Alaszewski (2006) points out that diaries are an often neglected source of data in comparison to surveys, interviews, focus groups and so forth. That said, their use in health-related research can be traced back to the 1970s (e.g., Robinson’s (1971) study of illness behaviour; Banks, Beresford, Morrell, Waller, and Watkins’s (1975) research into the primary health care needs of a group of women). And more recently, diary studies within healthcare research have, for example, explored the lives of people with dementia (e.g., Bartlett, 2012) and their caregivers (e.g., Valimaki, Vehviläinen, and Pietila, 2007), those at risk of depression (e.g., Wichers et al., 2007), and those suffering from pain and fatigue (e.g., Broderick et al., 2008). Meanwhile, the health-related experiences of often marginalized or overlooked groups have also been uncovered through diary studies, for example, those living with HIV/AIDS (e.g., F. Thomas, 2007), older people (e.g., Jacelon and Imperio, 2005) and, indeed, younger people (e.g., Liao, Skelton, Dunton, and Bruening, 2016). Yet whilst the use of diaries in healthcare research is becoming more frequent, the literature surrounding this approach

remains relatively scarce (Alaszewski, 2006; Worth, 2009). Consequently, this chapter aims to outline the principles which underpin ethnographic diary study design, the range of forms and formats that diary studies might take in practice, and the ways in which diary data might subsequently be approached and analyzed. As with any research methodology, implementing a diary study effectively is not without its challenges.

### **Diaries: initial understandings**

Because of their origins and subsequent long history of as a social activity (see Introduction), diaries have an “everyday meaning” which reaches beyond their use as tools for research (Elliott, 1997, para. 4.2). Consequently, many researchers and research participants come to diary studies with their own thoughts and beliefs about what a research diary is or should be, and what keeping a diary involves (ibid.). Yet common to most (if not all!) understandings is that diaries are “self-report instruments used repeatedly to examine ongoing experiences” (Bolger, Davis, and Rafaeli, 2003, p.580). Thus, their defining characteristics are:

- *regularity*: a sequence of regular timed and/or dated entries are made over time
- *personal*: diaries are maintained by identifiable individuals, who also control access to it
- *contemporaneous*: entries are made at or close to the time of experiences and events, rather than recalled a significant time later
- *a record*: diary entries record what the author considers relevant and important at that time, and might include activities, thoughts and feelings, interactions and so forth (participation in a research study might require participants to focus on a particular aspect of their life or health experience, as we shall discuss later in the chapter).

(Alaszewski, 2006)

In the context of ethnographic healthcare research, therefore, diaries offer the opportunity to uncover and explore social, psychological and physiological processes within everyday situations and in particular contexts (Bolger et al., 2003). They capture the “little experiences of everyday life that fill most of our working time and occupy the vast majority of our conscious attention” (Wheeler and Reis, 1991, p.340, cited in Bolger et al., *ibid.*), and thus, as Bolger et al. continue, they enable researchers to discover and examine reported experiences in their natural and spontaneous context in a way which is not possible via other methods. Thus, as Myin-Germeys et al. (2009, p.1533) put it, they open “the black box of daily life”. Additionally, by reducing the amount of time between an event and the recording or account of that experience, diaries significantly reduce the extent of recall error or bias compared to, for example, interviews (Alaszewski, 2006; Bartlett, 2012; Bolger et al., 2003; Verbrugge, 1980).

Diaries are therefore well-suited to ethnographic research, which looks at “uniquely situated realities” embedded within layers of context (Blommaert and Jie, 2010, p.17). They can reveal the complexity of events and experiences by prioritizing participants’ knowledge, understandings and beliefs, and drawing on their ‘emic’ perspectives (Davis, 1995) on events and contexts (i.e., participants’ own ‘insider’ understandings). Diaries give participants a degree of control and ‘voice’ (Bartlett, 2012), whilst the ethnographic researcher’s point of departure at the start of a study is the “ignorance of the knower” (Blommaert and Jie, 2010, p.10), subsequently addressed by collecting and analyzing the diary data as the research progresses (Clayton and Thorne, 2000). Consequently, diaries studies can provide researchers with a mechanism for unpacking what is often taken for granted in accounts of health, illness and healthcare (Elliott, 1997).

Yet as most accounts of diary studies make clear, beyond this broad understanding of what diaries are and what diary-based approaches can offer,

there are an array of possibilities in the design and implementation of diary research, whilst the analysis and interpretation of data also raises a series of potential dilemmas. As Janssens, Bos, Rosmalen, Wichers, and Riese (2018, p.1) point out, there is “no golden standard for the optimal design of a diary study”, as this depends on the aims and related research questions of the/a study. Diary-oriented researchers thus face a series of choices when designing their approach which will affect the quality, integrity and interpretability of the data (Polit and Hungler, 1993). Or, as Blommaert and Jin state with an explicit focus on ethnography, “the process of gathering and moulding knowledge is part of that knowledge; knowledge construction *is* knowledge; the *process is the product*” (2010, p.10, original emphasis)<sup>ii</sup>.

### **Developing the ‘solicited diary’: key considerations for the ethnographic researcher**

Research undertaken through diary studies almost always refers to accounts obtained via ‘solicited diaries’, that is, those kept by participants at the researcher’s request<sup>iii</sup>. Although, as we have seen, these aim to “let people be heard on their own terms” (Bell, 1999, p. 266), solicited diaries are not private documents. They are maintained by participants with the researcher in mind, and in the knowledge that another person or people will read (or listen to, in the case of audio-diaries; see below) and interpret what is recorded (Elliott, 1995; Jacelon and Imperio, 2005). Although some of the more problematic implications of this knowledge can be minimized by developing clear guidelines, protocols and training for participants (see below), reported difficulties range from diarist embarrassment at what they are recording (e.g., Day and Thatcher, 2009), to the potentially fraught nature of providing an account of ill health for others (e.g., Elliott, 1997), to simply ‘pleasing the reader’ (e.g., Davis, 1997). Clearly, therefore, the guidelines that researchers provide to participants, and the diarists’

knowledge that their accounts will be read, means that solicited diaries must be viewed as co-constructed by the researcher and the diarist (Mackrill, 2008).

### **Participants, consent and trust**

As the discussion above outlines, therefore, ethnographic diary research is interested in the experiences, knowledge and understandings of the research participants themselves. Although diarists may be a sample from a broader population, it is neither possible nor desirable to generalize to the wider population, although, of course, any insights that emerge may well have some relevance to, or prompt reflection about, other apparently similar contexts. Clearly, then, for an ethnographic diary study to be successful, participants need to be ‘on board’ with the goals of the research and with its approach. Additionally, given that they are being asked to reveal something of themselves through their diary, that is, those aspects of their lives and thinking that researchers cannot otherwise access, diarists’ belief and trust in the research team is central to the success or otherwise of any project.

Thus, there are a number of key issues for researchers to consider when recruiting diarists. These include making the purpose of the study and the reasons for an individual’s recruitment clear, outlining how diaries will or should be maintained (see below), and also, importantly, establishing how trust between the researcher and participants might be developed (Alaszewski, 2006, p.60). As Alaszewski (*ibid.*) summarises:

- Is the researcher acceptable to the group?
- To what extent will the researcher’s presence disrupt natural relations and activities?
- How can the researcher build up relationships and persuade members of the group to keep personal records of activities?

Consequently, gaining participants' informed consent is central to diary studies. This can be relatively unproblematic in many contexts. For example, patients contributing to Webster et al.'s (2019) exploration of experiences of hospital stay simply provided written informed consent. In contrast, however, Bartlett (2012) developed a form of "process consent" in her study of people with dementia, a context where ongoing consent was more difficult to establish. Following initial signed consent at the start of the project, participants were asked for further verbal consent at each stage of data collection and reminded that they could withdraw at any point (p.1719). Furthermore, in contexts where literacy is limited or there are cultural or contextual reservations around signing documents, consent may need to be recorded orally in ways which are fully documented and, if possible, witnessed (Declaration of Helsinki, 2000).

Yet the willingness of participants to engage with the task of keeping a diary in ways which, for example, 'go beyond' the superficial and reveal personal experiences and thoughts, take a sustained period of time and effort (for more about the length of diary studies, see below), and dealing with potentially difficult health issues may require more than 'just' informed consent. As noted, participants need to *trust* the researcher. For Bartlett's (2012) work with people with dementia, for example, trusting relationships were initially developed through a pre-diary interview by the researcher in the participants' own homes (i.e., a private, comfortable and safe space), in which diarists could ask any questions they might have about the study. In her investigation of the emotional well-being of people living with HIV/AIDS in Namibia, however, F. Thomas (2007) needed to navigate a range of socio-cultural norms about both the focus of the study (displaying and talking about emotions) and the nature of diary writing. As an evident outsider to the community who did not speak the preferred languages of the participants, trust was developed in conjunction with health workers who were already well-known to the diarists, and who continued to



provide assistance and monitor the diary process throughout the study. In F. Thomas' research, as with most other ethnographic diary studies, agreement that the data would be anonymized and, in its raw form, read only by agreed members of the research team was central to the development of trust and the subsequent success of her project (see also, for example, Clayton and Thorne, 2000; Day and Thatcher, 2009; Freer, 1980; Kuntsche and Robert, 2009).

### **A structured or unstructured diary?**

Although ethnographic research aims to minimize “the disruptions and distortions” of the research process on participants' experiences and understandings (Alaszewski, 2006, p.78), just asking individuals to keep a diary is, for many, a change of behavior – as Alaszewski points out, keeping a diary is a minority habit (ibid.). Consequently, a key consideration is how to give diarists control over what they record, in order to enable them to follow and report on their own agenda within the constraints of a research study's own aims and objectives, or, as Mackrill puts it, “attaining relevant data without restricting the diarists writing flow unnecessarily” (p. 8). A tension in diary study design is, therefore, the extent to which diary entries should consist of participant-led ‘free text’ or be structured around more explicit guidelines provided by the research team outlining what diarists should focus on.

An early study of women's health experiences, which initially asked participants simply to record their common health problems on a day-to-day basis, labelled the results of this unstructured approach as “disappointing” (Freer, 1980, p.279). Meanwhile, Hall's (2008) initial guidelines for participants simply to record “anything you think was interesting” (p.115) became more focused over time, at the request of the participants themselves, who felt lost in the array of possible topics they might document, and with the consequence that that data became more immediately relevant to his own research goals. Yet Webster et al.'s

(2019) study of patients' hospital-stay experiences asked participants to complete an unstructured diary "in their own words, recording negative and positive experiences or anything else they considered noteworthy" (p.1), whilst J. Thomas's (2015) investigation of the professional socialization of nursing students followed a similar approach. Key to the success of unstructured approaches such as these is the subsequent way in which data is analyzed, often through the identification of emergent, participant-driven themes and a grounded theory approach (for further discussion of data analysis, see below).

Undoubtedly, however, the majority of diary-based research provides participants with at least some guidelines to follow (Alaszewski, 2006; Mackrill, 2008), although, unsurprisingly, these can vary from study to study. Some studies might provide a combination of open and closed questions for diarists to reflect upon, whilst others may even give participants examples of the kinds of data researchers are hoping for (ibid.). Yet Alaszewski (2006) argues that researchers need to avoid instructions that are too prescriptive, as these will restrict diarists' freedom of expression, and their control and voice in the research. Consequently, ethnographic diaries are likely to be "open in structure and informal" (p.78). In this respect, diary guidelines can be somewhat similar to interview guides, potentially creating a 'dialogue' between diarists and researchers (Clayton and Thorne, 2000; Mackrill, 2008), especially when deployed alongside other research tools such as follow-up interviews (see below).

### **Recording diary entries**

In any diary-based research, the precise design and format of the diaries that participants will keep will depend on the goals of that particular study, the kinds of data consequently required, and the expectations, abilities and needs of the diarists themselves; every study is unique (Alaszewski, 2006). And, although paper and pen diaries are the most familiar approach in diary-based studies

(Bolger et al., 2003; Worth, 2009), many researchers are now, as Bartlett (2012) puts it, ‘modifying and modernizing’ diary research. Thus, while paper and pen diaries match the socially-constructed expectations of many research participants, new technologies, both offline (e.g., digital cameras and handheld audio- or video-recorders) and online (e.g., recording via SMS or online platforms) are increasingly deployed across a range of contexts.

In some cases, the decision to record data through non-paper and pen approaches might be taken for practical reasons. Kuntsche and Robert (2009), for example, asked their young adult participants to provide regular data about alcohol consumption via SMS for reasons of cost and because the young people concerned were familiar and comfortable with phone technology; consequently, retention rates in the study were maintained. Yet beyond dealing with practical constraints such as these, adopting new and innovative diary formats can allow more detailed and intimate access to participants’ experiences. In Williamson et al.’s (2015) exploration of new mothers’ experiences of breastfeeding, audio diarists recorded whilst actually feeding their child. Worth’s (2009) use of audio diaries with visually impaired teenagers “allowed the research to get closer” to the lives of the young people involved (para. 1), enabling them to express more clearly their identities through narrative-based reporting. Meanwhile, F. Thomas (2007) asked diarists in her study of people living with HIV/AIDS to keep a photographic record (i.e., via ‘autophotography’) of important people, objects or places in their lives alongside their written diaries, arguing that this was inclusive and empowering for participants as it drew upon their own perceptual orientations, rather than on the knowledge frameworks of the researcher. Of course, given the range of possible ways of recording data, researchers can, where appropriate, offer participants a choice of format for keeping diaries in accordance with their own needs and preferences (e.g., Bartlett’s (2012) research with people with dementia; Jacelon and Imperio’s (2005) study of older adults).

As Bartlett (2012) suggests, this may provide participants with a greater sense of control of the research process, and allow them to draw more effectively on their own strengths in keeping their diaries. It is evident, therefore, that audio, video, and other non-traditional forms of diary recording are “much more than a simple change of format when literacy is a constraint” (Worth, 2009, para. 2.1); they offer researchers and participants new ways of making sense of health-related experiences.

Further key considerations in diary study design relate to their duration and how often participants need to update their diaries. Longer duration studies and diaries which are time-consuming to maintain, due to either the detail required or the regularity with which entries are kept, require more commitment and effort from participants. This has implications for diarists’ retention or drop-out from the research as, in order to obtain high quality and regular data, diary studies require a level of participant dedication “rarely required in other types of research studies” (Bolger et al., 2003, p.592-593). Reducing the length of the study or the amount of effort participants must expend in maintaining their diary is, of course, one way of addressing the problem, but this is likely to be at the expense of the depth of the data which is recorded. Therefore, although Jacelon and Imperio (2005) suggest that the optimal time for keeping a solicited diary is 1-2 weeks, the duration of diary-based research clearly, and once again unsurprisingly, depends on the aims of the particular study. For example, Worth’s (2009) visually impaired teenagers maintained their audio diaries for 2 weeks whilst Bartlett’s (2012) participants with dementia recorded their experiences for 1 month. In F. Thomas’ (2007) study of people with HIV/AIDS, participants kept diaries for varying lengths of time (between 1 and 6 months) according to their own capabilities and the demands on their time. And in Webster et al.’s (2019) exploration of the hospital-stay experiences of patients, diaries were kept for the length of time participants were hospitalized.

Meanwhile, more structured approaches to diary design might require participants to record their experiences at either ‘interval-’, ‘signal-’, or ‘event-contingent’ times (Bolger et al., 2003). Interval-contingent approaches require participants to update their diaries at regular, predetermined times throughout the study (e.g., Kuntsche and Robert (2009) asked participants to note and comment on their recent alcohol consumption at 9pm on Friday evenings for the duration of the project). Signal-contingent designs contact diarists through a messaging service (e.g., a phonecall or SMS), to ask them to record their experiences at that time (e.g., Csikszentmihalyi, Larson, and Prescott (1977) contacted 25 teenagers at random times over the course of a week in order to explore their behavior traits in their own particular contexts). And event-contingent studies ask participants to report each time a specific event occurs (e.g., Williamson et al. (2015) asked first time-mothers to audio record their experiences of and feelings about breast-feeding, during or shortly after feeding sessions over a week-long period). Clearly, however, many studies are organized in a less structured ways, encouraging diarists to record their experiences which they consider to be relevant, as and when they occur (e.g., F. Thomas’s (2012) study of people with HIV/AIDs in Namibia).

### **Maintaining participation**

As we have seen, keeping a diary in any form places time and effort demands on diarists, and, while researchers will aim to reduce these demands, the risk of participants producing superficial or incomplete data or even dropping out remains, particularly in longer studies. Alongside clear guidelines (see above for the complexities of balancing researchers’ wishes, needs and structures with the freedom for participants to express what is important to themselves), Alaszewski (2006) suggests that initial face-to-face training may be useful, in which researchers can check instructions, answer queries, clarify how additional support

will be given and so forth. If diarists are confident from the outset in what they are doing and can see it meets the needs of the research, they are more likely to participate fully. Additionally, such face-to-face sessions can also develop trust between participants and researchers (see above), and both relationships with diarists and the quality and depth of the diary data they provide can benefit from in-study briefing meetings and/or by checking a sample diary entry early in the study (e.g., Bartlett, 2012; Hall, 2008; F. Thomas, 2007).

Furthermore, in much ethnographic research, diary approaches are pursued in conjunction with other methods of data collection which also provide opportunities for developing constructive researcher-participant relationships, identifying methodological difficulties, and exploring the quality of the data. In the diary-interview method (Zimmerman and Wieder, 1977), for example, diaries are maintained following an initial introductory interview, and subsequently collected and read by researchers as the basis for follow-up interviews that further explore the participants' reported experiences and perspectives. Interviews can be both during and at the end of the diary-keeping period, and the diary-interview method has been regularly deployed in healthcare research (e.g., in Bartlett's (2012) study of people with dementia, Elliott's (1997) investigation of the need and demand for primary health care, and Jacelon and Imperio's (2005) work with older adults).

A final consideration for many diary researchers is whether diarists should be paid or otherwise rewarded for their participation. While some projects might simply lack the resources to provide incentives for participants, a number of researchers argue that paying participants reinforces unequal power relationships (e.g., Ansell, 2001). Others, however, regard incentives as either a practical means of recruiting and maintaining the participation of diarists (e.g., Kuntsche and Robert's (2009) study of young Swiss adult's alcohol consumption) or

consider a lack of incentives to be exploitative (e.g., F. Thomas' (2007) work with people with HIV/AIDS in Namibia). Yet as these two very different examples illustrate, context matters and will influence the way in which this issue is navigated. That said, the majority of published healthcare-related studies make no reference at all to participant rewards, and it seems reasonable to assume that many hope or assume that the act of keeping a diary and contributing to research will be rewarding enough in and of itself to encourage and maintain effective participation over time.

### **Analyzing diary data: possibilities and paradoxes**

The analysis of ethnographic diary data aims to impose some order on what is often a large volume of information (Polit and Hungler, 1993) in order to identify “essential interpretations” of the research participants’ context and experiences (Clayton and Thorne, 2000, p.1516). A variety of analytical frameworks are open to researchers ranging from, for example, content analysis and grounded theory to conversational and narrative analysis<sup>iv</sup>, and, ultimately, the choice of approach will depend on the goals of the research and the researcher’s understanding of the extent and nature of the data (Alaszewski, 2006). The majority of studies cited in this chapter, for example, thematize their findings following a content or grounded theory analysis (e.g., Bartlett, 2012; Day and Thatcher, 2009; F. Thomas, 2007; Webster et al., 2009), with fewer examples of narrative analysis (e.g., Worth, 2009).

Yet whatever approach is adopted, thinking through the processes underpinning collection and construction of the data reveals a number of issues which need to be addressed when analyzing and subsequently representing or summarizing the data (Richards, Ross, and Seedhouse, 2012). Thus, diary data analysis needs to be systematic and honest; it cannot be pursued in a mechanical

or ‘by numbers’ way - researchers need to recognize the difficulties inherent in understanding other people’s reported perceptions (Burnard, 1991).

### **The role of the researcher**

As the discussion throughout the chapter shows, the researcher’s actions and decisions underpin and fundamentally shape the diary data and its analysis. In effect, “the researcher is the primary research instrument” (Richards et al., 2012, p.33) in ethnographic diary research. As we have seen, the depth and relevance of the data to the aims of the study can depend to a substantial extent on the researcher-participant relationship, while decisions about the format of diaries and the level of guidance about what they should or might record all significantly affect the data.

Meanwhile, as ethnographic approaches require researchers to immerse themselves in the ‘lifeworld’ of participants in order to explore and represent their insider perspectives, data analysis is necessarily interpretive, “an attempt to make sense of ‘subjective representations of facts and events ‘out there’” (Blommaert and Jie, 2012, p.63). In other words, the researcher is inseparable from the analysis, and one researcher’s interpretation of diary data may consequently differ from another’s. To lessen or avoid the risk of particularly one-sided views, however, more than one researcher within a research team might analyze the data in order to reach shared understandings. Furthermore, researchers can check their interpretation and understanding of experiences and perceptions brought together within the data through a process of ‘respondent validation’ with the diarists themselves (Richards et al., 2012). And, of course, researchers can triangulate their understandings of diary data with other data sources within a study (see, for example, the diary-interview approach, above).

### **The participants and the data**



It is also important to reflect on the ways in which individual participants might contribute to a diary study's overall body of data, and what this means for the subsequent analysis. As noted earlier in the chapter, diary keeping is a social practice which varies across and within class and cultural groups, and researchers thus need to be aware of the possibilities of recruitment bias during participant selection (Williamson et al, 2014). Furthermore, participants in any study will probably vary in their attitudes towards and comfort with self-narration (ibid.), some warming to the task and being more predisposed to developing an identity as 'a writer' than others (Elliott, 1997). Beyond the challenge of managing participant retention and avoiding drop-out (see above), therefore, individual diarists are likely to produce accounts of differing length, detail and comprehensiveness. There will be differences in what they are willing and able to articulate, and certain phenomena may be consistently over- or under-reported, processes over which the researcher has no control (Breakwell, 2012). Diarists may also report events and experiences either when they happen, or record them at the end of each day (or at other times), with potential implications for recall and their levels of immediate emotional engagement with what they describe. Day and Thatcher (2009), for example, outline how, following particularly emotive diary entries, participants often clarified in later commentaries that they were no longer feeling that way (see also, Hall, 2008). Meanwhile, Fine (1993, p.271, citing Douglas, 1976) raises the possibility that participants might, whether deliberately or not, "mislead, evade, lie and put up fronts", and notes that researchers should be 'suspicious' of the data they receive.

Meanwhile, it seems possible that the actual act of keeping a diary may cause participant 'reactance' (Bolger et al, 2003), that is, it might change their experience or behavior in relation to the phenomenon being explored. Williamson et al. (2014) note how a diarist's continued commitment to breastfeeding was potentially linked to her participation in their study. Bolger et al. (2003), however,

downplay the overall impact of reactance on the validity of diary data, arguing that any initial changes of behavior fade over time as participants become more used to the enterprise through a process of ‘habituation’. Yet even if participant *behavior* does not change (or does not change much), there is clear evidence that the ways in which many participants in diary-based healthcare studies *think* about their experiences does change over the course of the research. Williamson et al. (2014) suggest that diarists may develop more complex understandings of the phenomena being explored, as, for example, documented by Elliott’s (1997) investigation of participants’ primary health care experiences in which diary entries changed in tone over the course of the study as participants became more reflective in writing about the topic. Alternatively, diarists’ initial understandings might change during a study in order to fit in with the conceptualizations of the researchers (Williamson et al., 2014). Furthermore, keeping a diary might have therapeutic effect and outcomes for some participants, as they reflect on health and illness, and the emotional impacts this may have (Day and Thatcher, 2009; Williamson et al., 2014). Yet F. Thomas (2007) raises a particularly significant dilemma for researchers, not only in terms of analysis but with regard to research ethics more generally, suggesting that “the very process of diary keeping undoubtedly played a role in creating some of the emotions recorded” in her study of the emotional impact of HIV/AIDS on participants in Namibia (p.79). Bartlett (2012) similarly observes some of her diarists with dementia becoming aware of, and frustrated with, their diminished reporting skills<sup>v</sup>.

Consequently, the ‘truths’ that ethnographic diaries are attempting to uncover are multiple, contingent, and only ever partial (Williamson et al., 2012). Furthermore, practicalities such as particular participants’ handwriting may limit researchers’ access to the data in written diaries (Day and Thatcher, 2009), while Bartlett (2012) reported that some data were not usable in her study, as they were either too intimate or unrelated to her project focusing on living with dementia.

Diary researchers, unlike interviewers, cannot spontaneously and immediately put diarists ‘back on track’ (Mackrill, 2008).

Overall, therefore, ethnographic diary researchers are faced with the challenge of dealing with data which they may in some way ‘distrust’, that is partial, that may contradict itself over time and at times be irrelevant to the study’s aims, and in which it is almost certain that some diarists’ voices will appear more strongly and more articulately than others’. However, while Allport (1942, p.96) worries that “few diaries turn out to be ideal”, Mackrill (2008) argues that variation within and between data is not a weakness in comparison to methodologies that produce ‘similar data’ – similar data does not straightforwardly equate to reliability when dealing with participants insider understandings of their own experiences. Likewise, all accounts, even those purported to be ‘scientific’ are “context bound and speak to certain people, times and circumstances” (Plummer, 1983, p.14). What really matters in ethnographic research is that the data provides “as full a subjective view as possible (ibid., p.14) in order to gain a “detailed perspective on the world” (p.20).

Key in any analysis of ethnographic diary data, therefore, is that it is clearly grounded in the original diary entries; it should be dynamic and open to change during the analysis process; and it should treat all data systematically thereby allowing for a full review of all the material (Jones, 2000). Furthermore, the exploration of data should clearly map findings to original diary entries, in order that the processes of data analysis and interpretation are transparent to others – the decisions within data collection and analysis, and their implications, should be made explicit to people other than the primary researcher or analyst (ibid.). Too often, however, these process are perhaps not explicit enough when the findings of diary-based research are disseminated.

## **Concluding comments**

This chapter has mapped the key principles which underpin the design and implementation of diary studies in ethnographic healthcare research, illustrating the array of possible practices available to researchers seeking to develop solicited diary approaches, and highlighting a range of dilemmas which they might face in both diary design and the interpretation of diary data.

Essentially, diaries studies facilitate the investigation of phenomena as they unfold over time, via participants' own descriptions and understandings of events and experiences; these are often hard to access by other means. By definition, therefore, diaries are 'insider accounts' of participants' lives in relation (usually!) to the phenomenon being investigated. Ethnographic research studies are situated in specific contexts, and diaries can provide an effective means for finding out in detail about background settings and contextual influences. They offer researchers methodological and theoretical flexibility - as we have seen, many aspects of participants health and healthcare can be explored, and a wide range of frameworks can be deployed when analysing diary data. And diaries can used in conjunction with other research tools, most typically interviews, contributing to deeper understandings of healthcare issues and concerns via the process of careful data triangulation.

Furthermore, diaries provide research participants with a more evident sense of control within the research process. They are a 'space' for diarists to reveal (or, perhaps, conceal!) their own perspectives, providing opportunities for freedom of expression that might be less evident to participants in, for example, interviews. Diarists might write about issues that researchers do not anticipate, and make connections between topics that researchers might not otherwise see (Mackrill, 2008). And, by enabling diarists to record events and experiences more

immediately than other research tools, they go a significant way to addressing the difficulties around participant recall in research.

That said, the implementation of diary-based ethnographic research is not without its difficulties. Long-term diary studies can be costly to run, and avoiding bias in participant selection is challenging. Successful studies require significant diarist dedication and commitment; written diaries require participant literacy, whilst audio diaries are likely to require a degree of technological ability and familiarity. Participants in a project will contribute with differing degrees of openness and reflectivity, and issues surrounding forgetfulness and recall are never entirely absent. The ceding of some control of the research to participants through diary approaches thus has both advantages (see previous paragraph), but also carries risks in terms of the potential relevance of the data to the goal of the study. Researchers may try to lessen this risk by providing diarists with a clear focus and guidelines about what to record, which may also lessen some diarists' anxiety about whether they are engaging with a project 'correctly'. However, the extent to which diaries are or are not structured can potentially affect the richness of the data and lessen the extent to which diaries truly reflect diarists' priorities. Diary studies also raise a number of ethical issues. How might researchers respond to instances of distress recorded by participants? Might the act of keeping a diary actually cause some participants emotional harm, for example, by asking them to reflect on illness or trauma or reminding them of declining skills and abilities? In such instances, understandings of how 'harm' impacts on individuals perhaps needs balancing with the potential long-term benefits of the research to the participant group as a whole (F. Thomas, 2007).

Despite these challenges, however, ethnographic diaries offer healthcare researchers an approach to undertaking research which is truly participatory. Contributing to a diary study can enrich diarists' lives, encouraging them to

investigate and reflect on their own situations and contexts, and, to some extent, becoming co-researchers in the research project; and, as Mackrill (2008, p.13) notes “the more curious diarists are about the research project, the better the data they are likely to produce”. Ethnographic diary studies thus mediate the relationship between researchers and participants, making the ‘whole person’ visible (Bartlett, 2012), ultimately recasting the recasting the “subjects of research as persons rather than patients” (Kearns, 1995: 252).

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***(Potential) index words/phrases*** [x21]

Ethnographic diary

Diary-interview method

Voice, participant voice

Recall error

Emic perspectives

Solicited diary

Unsolicited diary

Informed consent

Process consent

Trust, trust-building, the researcher-participant relationship

Audio-diary

Autophotography

Retention of participants

Interval-contingent record keeping

Signal-contingent record keeping

Event contingent record keeping

Participant rewards

Respondent validation

Participant embarrassment

Pleasing the reader

Reactance

***Biography*** [95 words]

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<sup>i</sup> Most historical overviews diary keeping note the *Meditations of Marcus Aurelius*, Roman emperor (A.D. 161-180), as a one of the earliest historical examples of a diary-like publication.

<sup>ii</sup> Although the focus in this chapter is on the use of diaries for ethnographic research, it is important to note that diaries can be used to collect quantitative data for experimental and survey-based studies. For example, Parkin et al.'s (2000) investigation into the impact of beta interferon therapy on patients with multiple sclerosis asked participants to record, via a numerical scale, their day-to-day experiences of a variety of dimensions of the illness over a period of 6 weeks, the subsequent statistical analysis looking at the cost effectiveness of the treatment for health service providers.

<sup>iii</sup> A notable exception is Jones' (2000) discussion of the value of an unsolicited diary in understanding the symptoms and treatment of a cancer sufferer, which the patient had kept unprompted, as their own "personal document" (p.558). See also, Lester's (2004) edited collection of psychological studies.

<sup>iv</sup> Wide-ranging and nuanced discussions of these approaches can be found within the literature around research methods. Broadly speaking, however, in Content Analysis, the information in diaries is used to identify a reality external to the diary texts themselves, breaking them down into constituent parts and reassembling them into a pre-existing understanding of the world. Analysis is rooted in a grounded theory approach when it does not start with a clear idea of what these patterns will be, but themes and categorizations instead emerge during the researcher's interpretation of the data (Alaszewski, 2006, citing Charmaz, 2003). Meanwhile, Conversational Analysis examines engages in detailed textual analysis to explore how diarists represent and record social interaction, whilst Narrative Analysis focuses on how diarists structure their accounts, and the linguistic and discourse devices they use to represent their identities and intentions, that is, to 'tell their stories' (Alaszewski, *ibid.*).

<sup>v</sup> For F. Thomas (2007), this led to a reconsideration of what might be meant by 'avoiding harm', what level of potential harm might be deemed (un)acceptable, and how to balance the cost to individuals against the potential longer-term benefits of the research to the researched group as a whole. Consequently, both she, and Day and Thatcher (2009) in their study of the relationship between stress and emotions for a group of athletes, worry about the researcher's inability to react appropriately to participants' emotions due to the time lag in accessing the data, their lack of training in counselling, and the need to "remain objective" when reading the raw data (Day and Thatcher, *ibid.*, p.256). For Fine (1993), however, notions of objectivity in ethnographic research are "an illusion" (p.286); the world is always "known" from a perspective. Equally, Fine challenges the notion that ethnographers should necessarily be "kindly" towards participants (p.270).