Reproducing Naturally Occuring Stories: Vignettes In Survey Research

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Introduction
The purpose of this paper is threefold. First, I will outline what vignettes are and why it is supposed they constitute a better technique for identifying and/or measuring attitudes (and sometimes more rashly behaviour) than other more orthodox instruments used in interview studies (particularly the social survey). I will attend especially to the different ways vignettes are used which broadly fall on a continuum of stimulus ambiguity, with at one end the 'character sketch' being deliberately fuzzy or equivocal in order to permit maximum respondent interpretation, at the other the stimuli to which responses are required being precisely defined and manipulated in the manner of a controlled experiment. Second, against the background of these different approaches to the use of vignettes, I will outline the rationale for their use in our study of attitudes about the care of dependency groups. Some of the problems encountered in their development are referred to and it is suggested that neither the interpretative nor the experimental approach is problem free. The problem seems to revolve round the extent to which it is possible to control the contextual features of the vignette itself and the contextualising activities of the respondent in addressing the vignette. Some kind of resolution is suggested in the conceptualisation of vignettes as reproductions of naturally occurring stories which reflect and are recognised as instances of the typical features of a social category. Finally, I will present some data on the vignettes to illustrate the kind of patterns found in respect of our main outcome variable(s) and outline some strategies for further analysis.

Approaches to Vignettes
Vignettes, are (usually) brief written, spoken or pictorial representations of persons in situations. On the basis of the information provided (the stimulus) respondents are asked one or more questions of relevance to the research interest which might, for example, involve an association of ideas, expression of feeling, a judgement, a recommendation, or all of these or almost none at all save a request ‘for comment. Beyond this it is virtually impossible to provide a definition independent of the purpose for which the vignette is to be used. However, in spite of the variable use of the technique, there are two points on which there is agreement among the relatively small number of researchers who have employed them.

1. It is held that the vignette is a superior method for eliciting attitudes than the more usual question format employed in questionnaires which tends to be bland, alien and uninteresting. The vignette, in contrast, is thought to stimulate more meaningful and considered answers.

2. Related to this is the idea that it captures something approximating a real-life situation in that unlike the abstract attitude item it involves some degree of contextualisation. Some writers would go further than this and argue that its life-like quality produces responses which are more likely to be predictive of behaviour. I know of no studies, however, which have examined the relationship of attitudes derived from vignettes used in surveys and subsequent behaviour?

Having briefly outlined the areas of agreement about what a vignette is and what is claimed for it, it is now important to indicate the enormously variable use of the technique. This variability demonstrates quite different theoretical stances on the part of the user which may very generally be depicted as interpretative and experimental respectively. Each involves a different conception of the relationship between the perceiver and the perceived, or more precisely between the meaning imputed to the vignette by a respondent and the meaning constructed and intended by the researcher and presumed shared by the respondent.

Let me take the interpretative road first and illustrate the stance involved. Although not usually thought of as vignettes, the projective tests employed by psychologists of phenomenological persuasion have several of the general features of vignettes described above. The Rorschach (ink blot) test and more obviously the Thematic Apperception Test (TAT) both involve a pictorial
representation of a distinctly fuzzy nature about which the respondent is asked to comment. The fuzziness is of course deliberate in that it is the vagueness or ambiguity of the stimulus that provides the basis for projection. Thus, in telling a story around an ambiguous picture the respondent outlines a plot, creates the characters and constructs a solution, an end or whatever, and in the act of authorship, it is held, is revealed the projected attitudes of the author. Krech et al (1979) summarise the logic of the projective tests as follows:

The essence of these techniques is the presentation of weakly structured or ambiguous stimulus materials to which the person responds with his interpretations. It is assumed that such equivocal stimuli will encourage a greater degree of projection of the subject’s deep lying tendencies than more direct methods; as he perceives and interprets the ambiguous stimuli he is unaware of what he is revealing. (p.678)

The standard criticism of projective tests is that they result in the production of very wide ranging accounts which are extremely difficult to code. Even with standardised coding categories, interater reliability is not very good. Furthermore, despite the claim that the instruments tap ‘deep lying tendencies’ rather than superficial attitudes, the (expected) association with behaviour is weak, a finding in common with that observed with the more directive techniques of measuring attitudes (Wicker 1973). One explanation for the low association with behaviour is that the projective tests tap phantasised or idealised behaviour rather than actual conduct.

Notwithstanding these criticisms, the point of alluding to the projective test in the present context is that they may be seen to represent an extreme version of what a vignette might look like if a researcher wanted to minimise the imposition of meaning on respondents and ipso facto maximise the opportunity for producing their own interpretation of the depicted events. The ambiguity of the stimulus would seem to be the key to achieving this since it does not presuppose that people share the same definition of a situation but rather seeks to reveal variations of it. This notion of ambiguity, albeit in a more contextualised form than the projective tests, has been quite influential in respect of the eventual design of the vignettes in our own study. It may be seen as an attempt to capture subjective definitions within a survey context which are more usually elicited in the unstructured conversational-type interview.

As far as I am aware there have not been any attempts to utilise vignettes with the same degree of ambiguity as the projective tests in a survey design. The nearest approximation to it is what has been termed the 'non-directive vignette'. In this format, the stimulus can hardly be said to be so ambiguous that the respondent alone constructs the definition of the situation, but it it ambiguous in that the amount of information contained in the vignette is extremely limited and of a highly general nature such that the respondent must flesh out or fill in the bare bones to make sense of it. The interpretation brought to bear on the depicted situation is revealed in non-directive probing about the reasons for making whatever comments, judgements or decisions are made. In other words, there is a cue relevant to the research interest but it is one which encourages the expression of subjective definitions.

One example of this is contained in Maclean and Jefferys (1974) study of attitudes towards disabled people. These investigators were interested in the extent to which the public supported integration as opposed to segregation of disabled persons in the field of housing, leisure activities and occupation and the underlying reasons for their views. Respondents were simply asked to imagine a man of working age, confined to a wheelchair but not otherwise ill, and to say whether he would be better off working, spending his leisure and living among disabled or non-disabled people. The results indicated a large measure of support for integration. MacLean and Jefferys do not indicate the range of reasons provided by respondents but it is clear that the technique was capable of eliciting accounts which presumably constitute the elements they bring to bear in constructing their definition of the situation of a disabled man of working age. Those elements
might derive from experience of a member of the social category, disabled, and/or images derived from hearsay, the media, etc., which enable a classification of the problem towards or about which the respondent expresses an attitude. It is assumed that the recommendations proffered in respect of the vignette character is indicative of the expressed sentiment of the respondent himself. Again, there is very little direct evidence about the relationship of advocated preferences on behalf of the fictional disabled person and the feelings of the respondent towards that category of person, let alone his or her behaviour.

Despite these problems, the strength of this approach to vignettes is that it does permit the respondent to have a measure of control over the definition of the situation. The response is not being entirely suggested or manipulated by the researcher, yet of course unless it is identified in the subsequent accounts we do not know what is being responded to in the vignette. In the above example it is not clear whether the significant cues are the disability itself, the fact that he is of working age, or that it is a man featured rather than a woman.

However, inasmuch as it is possible to claim that the vignette character is a fairly typical example of disabled people in general and that this typicality is implicitly acknowledged by the respondent, then the status of the data might be best described as pertaining to the general features of that social category rather than the particular features of the vignette. The brief sketch merely acts as a cue to the production of general images and attitudes comprising the respondent's definition of the situation. This conceptualisation of the vignette incorporates one of the original meanings of the term; that it is about the capturing of the central images of a person or situation at the expense of the fuzzy areas around them. One of the (ironic) implications of this is that the more information that is supplied in the vignette the more it is contextualised by the researcher and the more likely the respondent will need more (not less) to make sense of it, That is, it will become a difficult thing to accomplish.

The 'fuzziness is strength' approach is precisely the reverse of what other investigators claim are the potential merits of the vignette. Deriving from experimental social psychology, where the emphasis of course is on the very precise control of stimuli and the corresponding variation in response, these proponents argue that the problem with questionnaires is that the questions are so abstract or vague as to allow respondents to interpret them in accordance with their own subjective frame of reference. Meaning gets in the way. Alexander and Becker (1978) suggest an answer:

The obvious solution is to make the stimulus presented to the respondent as concrete and detailed as possible. Such a stimulus would more closely approximate a real-life decision making or judgement making situation. Furthermore, by holding the stimulus constant over a heterogeneous respondent population the researcher gains a degree of uniformity and control over the stimulus situation approximating that achieved by researchers using experimental designs. (P.93)

Thus, within the context of a short vignette are written in unambiguous references to the key variables hypothesised as being of potential explanatory significance in the study. In the simplest instance, a vignette like the one referred to earlier in regard to attitudes towards disability would vary the sex of the vignette character to test whether male or female status made any difference to advocacy of integration. Theoretically, it is possible to have as many dimensions contained in the vignette as are thought to be relevant. This then permits an assessment of relative effects of these variables singly and in combination of the vignette responses. In practice, this poses quite a problem since even the inclusion of a few dimensions rapidly results in the multiplication of the number of vignettes presented to any one respondent. An example based on the Maclean/Jefferys study will illustrate the point.
Supposing it was hypothesised that along with gender, people's attitudes towards the integration of disabled persons depended on (a) the severity of the disability, (b) whether it was a physical or mental problem, (c) his or her age, and (d) the social class of the neighbourhood in which the disabled person lived. We would have identified five dimensions we believed people took into account in making their judgements about the integration/segregation issue. Supposing we further decide that each of these variables can be dichotomised and can be written in the vignette as unambiguous references to them, we might get something like the following:

Mr/Mrs Smith is a physically/mentally disabled person who lives in an inner city area (working class)/residential suburb (middle class). He/she has been moderately/severely disabled since birth and is now aged 30/60.

It is worth noting in passing how the contextualising features which should be unequivocal are not in fact and far from delimiting the issues to be taken into account in making a judgement the story seems to generate a need for further information. Thus, the variable 'gender' written as 'Mr/Mrs' invites another possibility that the character is married rather than single and therefore perhaps supported. From the point of view of the experimental design, this constitutes contamination with which better vignette authorship can be overcome by replacing 'Mr/Mrs' with 'John/Jane'. Whether or not this really eradicates the marital status issue or anything else for that matter the respondent brings to bear in interpreting the vignette is an open question. But clearly if gender is not unambiguous how much more so are some of the other key features of the story such as the type and severity of the disability. Do they not invite the need for further contextualising details? Don't you want to know what John or Jane Smith can and can't do in respect of their daily activities? And, haven't you already filled in some of the details yourself?

These observations are however something of an aside to the problem of the number of vignettes required to test even the relatively few variables outline above. Five dichotomous variables results in (2^5) 32 separate versions of the basic vignette which is clearly a ridiculous number to present to any one respondent. Nosanchuk (1972), using the vignette as a device to measure imputed social status, estimates that respondents can manage up to 10 vignettes. Our own observations would suggest that this is over optimistic and that four is nearer the number respondents can cope with without losing interest. Obviously, then, there is a problem of testing the independent and combined effects of all the variables contained in the vignettes on the dependent variable(s).

One solution to this problem is suggested by Lomax Cook (1979) in a study of public support for welfare groups. Her aim is both descriptive and explanatory, and it is in respect of the latter that an experimental design is introduced into the survey methodology. The rationale is simple enough. Levels of support for welfare programmes may depend not only on the characteristics of respondents but also on the characteristics of the person in need. The dimensions hypothesised as affecting respondents' willingness to give support were the age of the needy person (<65, >65), whether s(he) is poor or disabled, severity of condition (absent, marginal, high acute and high chronic) and whether or not the person is responsible for his/her plight (self-caused, other-caused). To operationalise these characteristics, 64 vignettes were written to cover each of the possible combinations. After each vignette respondents were asked a series of five questions which reflected level or intensity of support from the relatively weak 'sympathy or not' for the vignette character through to 'willingness to pay higher taxes' to support such persons. Scores were computed in a way which gave greater weight to 'behavioural' items, ie. the latter rather than the former.

In order to cope with the problem of presenting 64 vignettes to each of 384 respondents, Lomax Cook introduced an 'incomplete-within-blocks' design. What this means is that while each individual is not exposed to every possible combination of the vignette characteristics, within blocks of respondents this can be achieved. It necessitates a loss of precision in measuring some higher order interactions between variables which involved a priori judgements about which
interactions were likely to be less important than others, but the practical gain is the reduction in
the number of vignettes each respondent is exposed to. In this case, respondents received eight
vignettes with characteristics so designed that within blocks of eight respondents each of the 64
combinations is covered. Additionally, because the sample had been stratified by race, sex and
age to produce 16 respondents in each cell, two replications of the experiment were possible on
two sets of eight respondents.

The results of the experiment together with those of the more orthodox part of the survey are too
complex to present in any detail here. However, it is worth noting that disabled persons received
more support than the poor, a pattern much more marked when the condition was severe. In
general, too, support was greater for the elderly than the young. These findings based on
responses to vignette characters are broadly compatible with other measures of support derived
from the more orthodox part of the questionnaire. Locus of responsibility was also related to
support, the vignette characters depicted as causing their own condition receiving less than those
held responsible. Lomax Cook concludes by noting that the (Chicago) public display preferences
between welfare groups which are discerning in respect of the services advocated; for example,
transportation for disabled, nutrition programmes for the elderly. They also take into account the
perceived deservingness, gratefulness and attributed blame for plight of members of those groups.
While the vignette results complement and expand those obtained by convential measures (eg.
semantic differential to measure deservingness), the particular strength of the vignette, according
to Lomax Cook, is that in its experimental context it permits causal assertions; that is, if X (vignette
characteristics) varies Y (support) varies with it. The stimulus causes the response; it is not
constructed by it.

Lomax Cook's study is a particularly good example of the use of vignettes within an experimental
model. There are, however, some problems which need to be acknowledged. First, and foremost,
the validity of the experiment depends on the extent to which the vignette dimensions or stimuli
correspond to the real world; to the way that people actually go about perceiving disabled or poor
persons, interpreting their problems and (conceivably) acting towards them. This is a problem,
recognised by Lomax Cook but of course it means that because subjective definitions are
unknown beforehand or precluded from emerging in the course of doing a vignette, the possibility
is that it works for the wrong reasons. The apparently controlled contextual features of the
instrument may not correspond to the contextualising activities of the respondent. There is nothing
new in this observation because it is essentially a criticism of positivist social science of which the
controlled experiment is a rarified example but it does serve to remind us that whenever
interpretation is taken out of the stimulus response sequence the assumption is that the
respondent shares the same definition of the situation as that which is intended by the investigator.
Second, and related, unless the position is held that in consequence of the interpretation issue all
such research is a waste of time it follows that the success of the experimental vignette approach
will broadly mirror the extent to which theory and/or empirical work is developed in regard to the
research issue in question. It would seem to be essential to vary vignettes by gender in research
collected for example with child rearing or family issues but perhaps rather less so in studies of
disability, although of course there is no way of knowing what difference variation of the sex of
Lomax Cook's vignette characters might have made to levels of public support. Third, and again
related, although the 'incomplete within-blocks' design does provide a means of coping with the
large number of vignettes generated, it gets more difficult to manage the more variables are
introduced. The introduction of gender and one other dichotomous variable into the Lomax Cook
study would for example mean 256 vignettes, nearly as many as her respondents. It is not in
general something to be tried in poorly researched areas with limitations in the sample size.

Before concluding this first section, there is one other variant of the experimental approach which
involves a much reduced number of vignettes where the stimuli or contextual features are varied
within rather than between vignettes. Typically this means presenting a brief story like the one
about the disabled 'Mr Smith' mentioned earlier and then following the response to that version,
switching it with a phrase like - 'Suppose Mr. Smith was a woman, would that make a difference and in what way? From the perspective of the advocates of the experimental use of vignettes this is a very inferior method because it invites or suggests an appropriate change in response. It does, however, have the virtue of simplicity, except that when more than one or possibly two dimensions are involved the number of ‘Suppose...’ questions multiplies and quickly results in a profusion of versions of the basic vignette. It is also suggested it is just such a situation where contextual details are being changed that more rather than less unformation is required by the respondent. Typically, this would be introduced with the qualification - 'It depends on... '.

In this first section I have been concerned to show the various ways vignettes are used in research. The proponents of their use are generally agreed as to their superiority over other techniques for ascertaining or measuring attitudes. However, the agreement stops there because in respect of what they are intended to do quite different assumptions are made by proponents of one view rather than another. The strength of the vignette from the interpretive stance is that on the basis of an ambiguous stimulus they offer maximum opportunity for respondents to provide their own definition of the situation. That is most marked in respect of the projective tests but is also apparent in the non-directive vignette which in presenting only a minimum amount of information encourages responses which pertain to general features of the category in question. From the point of view of the experimental stance the ambiguity of the stimulus is a major problem since from this perspective the strength of the vignette lies in the potential it offers for defining in a life-like manner precise references which represent variables hypothesised as being causally related to the vignette response. The vignettes can, then, be varied to measure the independent and combined effects of each variable. Aside from the technical and statistical difficulties involved, the major problem is contained in the assumption that the researcher's definition of the situation is shared by respondents. It can never be known what they are responding to since that is precluded from emerging. I would also suggest that the disparity is likely to widen the more detail is written into the vignette, since it invites further contextualisation by the respondent which in turn makes it less likely his or her construction of the story corresponds to the researcher's.

Obviously, then, the use of the vignette as a research technique depends on what it is intended to do. If it is intended to produce subjective definitions, an ambiguous stimulus will be used. If it is intended to produce causal type assertions about the relationship of variables within a vignette to responses about it, the researcher will attempt to specify the stimuli as precisely as possible. In the context of survey work most investigators fall somewhere in between, either by intent or fiat. Our survey is no exception though in emphasis it is more interpretive than experimental possibly at the expense of some missed opportunities.
Vignettes in the Survey of Social Responsibility

The survey of public opinion is one part of programme of research into issues relating to responsibility for the care of dependency groups by which we mean disabled, chronically sick and elderly persons. It has as its main purpose the documentation of how people think responsibility ought to be allocated as between the family and state, between levels of service provision and between what has recently been termed different packages of care. These 'care preferences' are the major dependent variable(s) in the survey. In addition to the simple descriptive aim of finding out what support there is for different packages of care we are also interested in knowing what sort of factors influence respondents' preferences. The survey has been carried out in three different locations such that we have three independent samples of respondents drawn from the electoral register in Elgin, Aberdeen and the South West of Glasgow (727 respondents in all).

I am only concerned with the development of vignettes in this paper and in order to outline this I must take a step backward to the beginning of the study. To facilitate an understanding of at least some of the issues which affected the way the vignettes were developed it may be useful to outline a series of stages.

Stage 1 - The Initial Stance

The central research question was, to reiterate, to document public opinion about the allocation of responsibility for the care of certain types of dependent persons. The two basic dimensions underlying the selection of appropriate categories of medical dependency were age of the dependant and the type of medical condition. Accordingly, we divided age into three categories corresponding roughly to childhood/adolescence, adulthood and the elderly, and the medical condition into a physical and mental problem. The specifics of the conditions aside, this produced six combinations which constituted, and still constitute, the basic stimuli to which respondents are exposed. Over and above this, though, it was thought important to vary the severity of the medical problem, perhaps into a threefold classification of minor/moderate/severe; the circumstances of the dependent person, for example, supported/not supported by a family member, and provision of services in the location, for example, whether or not an old person's home or more realistically a young chronic sick unit existed in the locality. At each variation, questions would be asked about who should support the dependent person (self, family, informal and formal agencies) what support should be given (impersonal, eg. money and personal, eg. personal care) and how the support should be provided (mandatory, discretionary, voluntary). The method proposed to achieve this was the vignette which, along with others, we believed was a superior method of eliciting attitudes on the grounds that it more closely approximated real life situations and avoided the blandness of typical survey questions. We did not, however, believe that respondents' recommendations corresponded to what they would actually do if faced with similar circumstances to the vignette, nor even that expressed opinion would be echoed by carers or supporters, for example, in real life situations. The latter is an issue which can be examined empirically in contrasting attitudes expressed in the survey with those expressed in context; that is, in the course of one of the other parts of the research programme concerned with what happens in practice.

In retrospect, I do not think we fully appreciated how close we were to adopting the experimental stance outlined earlier and epitomised in the work of Lomax Cook. However, going back over it again, we can see the technical problems involved in designing vignettes to cover even the most basic dimensions hypothesised as being related to care preferences. The inclusion of age (3), type of condition (2), severity of condition (3) the presence or absence of a family supporter (2) and of an appropriate residential care option (2) would have resulted in the construction of 72 vignettes to cover all possible combinations. The additional prospect of asking a series of questions about the
who, what and how aspects of support were such as to make the technique in this format quite unmanageable.

What we did do, though, was to explore the possibility of adopting the apparently more manageable variant of the experimental approach, in which the emphasis is on altering circumstances within vignettes rather than between, and asking respondents questions at each twist and turn. Accordingly, a vignette featuring an elderly couple called the McGregors was developed. The dimensions to be varied were severity of the medical condition, in the first instance of Mr McGregor, then following his untimely death the same in respect of his wife, and the availability of a main family supporter. Phase 1 involved the presence of Mrs McGregor as the family support; Phase 2 involved Mrs McGregor living on her own. The stage was set with the couple being introduced as a normal pair of 70 year olds, both in good health, the only additional information being that they had grown-up children living in the same town. Phase 1 was introduced with the announcement that Mr McGregor had a stroke which left him physically but not mentally impaired such that his wife had to assist him in activities like washing and going to the toilet. Phase 2 featured a distinctly worsened condition with Mr. McGregor being bedridden. We then killed him off and in three further phases made her depressed, still more depressed and finally 'hardly able to look after herself'. At the end of each phase, we asked whether or not the respondent thought the McGregors, and then Mrs McGregor, needed any extra help, if so, from whom and what help, and whether any difficulties were likely to be encountered.

This version of the vignette was then piloted on about a dozen people, The following problems were noted.

First, even just this one vignette was extremely time consuming as the respondent was taken through each stage with open ended questions at each variation.

Second, respondents found it extremely difficult to do, and increasingly so. At Phase 1 they were usually capable of indicating that some extra help was needed, venturing for example that the children could help more or that a home help was required. By Phase 2, the task was interrupted by qualifying remarks, requests for further information, and so on. Typically, this was introduced with the remark - 'I can't say, it depends on ...'. For instance, the increasing severity of Mr. McGregor produced comments like - 'It depends on how good their relationship is, how much their children are prepared to help, what kind of services there were in the area, etc.' It was apparent that the more the circumstances were varied, the more contextualised the story became and the more information was required to make sense of it and produce a judgement.

Third, and related, not only was this problem one which was likely to produce acquiescence on the part of the respondent to the research task, through exasperation, fatigue, politeness or whatever, but it became evident that the dimensions being varied within the vignette were so apparent after Phase 2 that the respondent could hardly help but agree that more help was needed. In short, the technique itself was likely to produce the very responses it was designed to elicit.

Fourth, and on a more positive note, respondents found it very interesting and usually spontaneously related the story to their own experience. Even though the specific circumstances might be different, they were able to relate to the scene setter and the introduction of the medical problem with a phrase like ...'. It's just what happened to my mother...' or (in projected fashion) 'That's just what I'm afraid will happen to my mother ...' In some way, then, there is an element of typicality contained in the story which rapidly dissolves into contextualities with the emphasis on variations within the vignette.
We persisted with this approach for a while, constructing vignettes about handicapped children, psychiatric patients, etc. Needless to say, the problems multiplied when we tried to write vignettes which included not only a family support dimension but another relating to service provision. It also became increasingly difficult to clearly distinguish between dimensions which were in practice closely related. The dimensions of age, type and severity of disability, and medical services are in reality so interlinked that treating them as independent variables hardly makes sense except in an extremely contrived way. For all the aforementioned reasons, it was therefore decided to abandon this approach to the vignettes. It meant in effect that this signalled the end of any attempt to approximate the experimental framework in which factors we believed might influence decision making in respect of the allocation of responsibility were deliberately varied within the vignettes. We cannot know, for example, what effect the severity of a disability has on respondents’ care preferences. The only flavour of this approach that remains involves the switching of types of disability in two of the vignettes which occurred in consequence of the need to reduce the final number of vignettes used from six to four.

**Stage 2 - Transforming the Format**

In moving away from the experimental framework, we capitalised on a number of problems identified in this preliminary work.

The first involved the very simple observation that family support and service provision were not so much independent variables but could be conceptualised as components of a single dimension we termed the continuum of care. The difficulty of writing vignettes in which each were separated was that the absence of one implied the other. Therefore, instead of viewing them as independent variables which might have some bearing on the allocation of responsibility we reconceptualised them as the concrete form in which responsibility is or might be allocated; that is, as various forms of care arrangement with at one end of the continuum, family care alone, to the other, residential care. The notion of a continuum is not meant to imply anything more than there exist, or might exist, various packages of care which involve decreasing family responsibility and increasing professional responsibility, or vice versa, as one moves towards one pole or the other.

Second, in cognisance of the fact that one of the factors which most perplexed respondents in the experimental version and encouraged contextualisation was the attempt to vary the severity of the condition, it seemed appropriate to try to define the vignette characters medical condition in a way which to some extent contained the features of typicality. In practice, this meant trying to describe it in such a way that it was neither so trivial that no-one thought anything should be done, nor that it was so serious that almost everyone would advocate full time residential care.

Third, and related, if that could be achieved and the remaining detail in the vignette was restricted to only essential information, we would have achieved-something approximating the more ambiguous stimulus of the non-directive approach. In that event, we would be encouraging respondents to interpret the story in terms of their own subjective definitions rather than the imputed definitions of the researcher with the consequence that their care preferences would reflect the variety of reasons they brought to bear in making whatever decision they made.

With these issues in mind, a series of six vignettes was designed comprising two featuring a mentally handicapped and physically handicapped child respectively, an adult psychiatric case, an adult arthritis sufferer, and a physically and mentally impaired elderly person. The stories were all written in a style that was intended to be interesting but not too detailed, and they were introduced as real case studies. Aside from trying to achieve the balance in respect of severity, the aim was
also to indicate the presence of a family supporter (nuclear and/or extended) who could continue supporting the dependant though it was implied that this was not unproblematic.

In the light of this information, respondents were presented with a list of alternative care arrangements which as far as possible were realistic options based on the underlying continuum of care. They did not include every possible option which would have involved all the combinations of immediate/extended family care, informal/formal support and various degrees of formal support. They are essentially packages of care presented to the respondent who is asked to choose which would be the most appropriate, or the best solution, for the vignette characters. It is acknowledged that this constitutes a constraint on respondents' preferences for care but some standardisation in accordance with what is available was thought to be necessary. In addition to this basic format, some variations in questions were asked at this stage. In some vignettes for example, a question about what the worst decision would be was asked. In another respondents were asked to say which was the best solution for each of the characters featured, i.e. the potential carers and dependant respectively. In some others, questions were also asked about the reasons for making a particular choice.

These variations in vignettes were tested in two pilots, the first which was more open-ended on 22 respondents, the second on 76 respondents. In the first, nine of the interviews were taped which provided an opportunity to assess the ease or difficulty with which respondents did the vignettes. The following is a brief summary of the main points which emerged.

First, in Pilot I respondents were exposed to four vignettes. Admittedly interviewers had been encouraged not to rush respondents through the vignettes but what was noticeable was the amount of time they took to administer. In most cases they took between one third and one half of the total interview, the longest being one man who took 41 minutes to deliberate on the issues. Clearly there was a technical problem here since we were constrained to an interview length of about one hour.

Second, and in common with the earlier observation, respondents appeared and were consistently reported by interviewers to be very interested in the vignettes and the issues they raised.

Third, listening to the tapes, it is striking how often references to experience are made. Respondents talked their way through their reading of the vignettes, commenting on various care options and providing reasons for their eventual preference even if not solicited. It is a process by which they fill in the bare outline of the story by providing the contextual features themselves and, as such, it provides further evidence that with this kind of approach to vignettes what is being tapped is a subjective definition of the situation sparked off by a general cue for comment on a particular topic.

Fourth, despite these contextualising activities, respondents appeared to see the vignette character less in terms of a specific case than an instance of the general category of disability. They referred in their talk to ‘this type of person’, ‘these sorts of people’. or ‘this type of circumstance’. They could in general accomplish the task of choosing a care option with greater ease than was observed in the experimental approach. It is not true to say that no qualifications were made. Some respondents in both Pilots felt they needed more information about the depicted situation. Were the parents of the handicapped child in Pilot 1, described as being in their sixties, still capable of looking after their eldest daughter? Did they love her? What was the cause of the depression in our adult psychiatric case? What did the McGregors themselves want to do? In respect of the first example, it was evident that we could do something to reduce the extent to which decision making was dependent on attributions about the capability of the parents to continue looking after the child simply by reducing their age. In respect of other finer details such as references to the quality of the
carer/dependant relationship, there was nothing that could be done except to identify the 'it depends...' comments. These observations should not, however, detract from the overall picture that this format made much more sense to respondents than the approach which involved the provision of more information in consequence of varying circumstances within vignettes.

Fifth, Pilot 2 provided an opportunity to see the extent to which the technique discriminated between respondents. In general, the distribution across the categories on the continuum of care was good through some options received much more support than others. Where we felt there was a distinct over representation at one end of the continuum, which happened in the adult psychiatric case with most people advocating preferences for family care, we increased the severity of the condition to try to achieve a greater degree of ambiguity in the stimulus.

What do these observations all add up to in respect of assessing the status of the data collected? It seems to me that what we have produced is something akin to the non-directive vignette described earlier, the principal feature of which is that on the basis of a relatively ambiguous stimulus (which in practice means restricted information) we have encouraged the emergence of subjective definitions of the situation. They are not, however, usually oriented to the particulars of the situation but appear to rest on the classification of the vignette at an instance of a typical disabled person in a typical situation. The characters and the plot represent or symbolise the social categories in question. This suggests to me that the status of the data is rather like particular kinds of stories which naturally occur in everyday talk. Such stories, sometimes referred to as 'pub talk', are at face value descriptions of individuals acting in situations yet the telling of them is often intended to illustrate a more general issue and the concluding moral is also an acknowledgement of the general significance or relevance of the particular circumstances. A newspaper story about an old person confined to the house with nobody to support her save her equally elderly neighbour is a stylised version which ends with a resounding imperative that the social services should have known about it and done something. They are ways of conveying general principles about what should and should not be done. Another such story I came across in pre-pilot work featured adult sons and daughters abandoning their elderly parents and forcing them unwillingly into the old person's home. If these stories are widespread and they do act as apparently concrete expressions of more general moral attitudes, then their reproduction as vignettes would seem to be particularly efficient ways of uncovering attitudes on any particular topic. This is very speculative and needs better documentation on a number of counts but it might suggest where its value lies as a research technique.

Stage 3 - The Final Format
The final design of the vignettes bears only a partial resemblance to the initial format. It still retains a quasi-experimental flavour inasmuch as respondents are presented with 6 medical conditions divided on the age and physical/mental axis. In only two of these can we properly talk of varying the conditions while holding constant the circumstances and this occurs at the end of the age scale where physical and mental conditions are switched with the cue- 'Suppose Jennifer G was physically rather than mentally handicapped...'. The two adult vignettes of a psychiatric case and chronic arthritic stand on their own, making a total of four in all which was the maximum that could be accommodated within an interview of about one hour’s duration. Within each vignette respondents are presented with as similar a set of care arrangements as possible, tailored to the specifics of the age and condition of the vignette character. Along the continuum of care, the options are; (a) family care with no professional involvement (the status quo), (b) an extended family care option (except for the adult arthritic case), (c) family care with professional input, (d) a community based professional care arrangement, comprising day care facilities and in the case of the elderly, warden-controlled sheltered housing, (e) a partial residential care placement, and (f) full time residential care. They are not intended to be exact equivalents though for some purposes
comparisons can be made across the vignettes, and preliminary analysis of the reasons seems to indicate that comparable dimensions underly the care packages specific to each vignette. Respondents are asked to indicate the preferred (best) solution and what they think would be the worst. The latter is principally of interest insofar as it indicates what particularly negative features were involved in respondents advocating their preference; that is, decision making takes place in the context of negatives as well as positives. It was not possible to get a full ranking of care alternatives and obviously the focus on the worst decision is a compromise. We do not know how they think of the other care arrangements unless they tell us, which they sometimes do. That is an indication that the final vignette format contains a commitment to ascertaining the reasons respondents give for both their best and worst decisions and sometimes, of course, each will refer to the other and to other intermediate options.

Attached is a reproduction of one of the vignettes featuring the elderly McGregors who retained their name throughout. The text sets a scene of a man with chronic bronchitis who is being looked after by his wife. Brief medical details are given which is supposed to achieve the balance of ambiguous severity as is the reference to his wife who is tending to him with some difficulty. The reference to their children is designed to indicate that extended family care is a possibility, and it also provides an opportunity to test gender preference for the potential carers. As can be seen, the care packages reflect the underlying continuum of care except in this particular vignette option F gives respondents the opportunity of retiring both of them to an old person's home. In all others, care arrangements are relevant only to the dependent person. The care options can either stand on their own or be collapsed in various ways. If we were interested in the dimension family/professional care, options A and C would be combined, B would remain on its own, as would D with E, F and G combined to indicate maximum professional care. If maintenance of independence was thought to be important, options A, B and D might be combined and compared with C, and again E, F and G combined.

Prior to briefly commenting on the preliminary results and assessing strategies for analysis, a word about the coding of the accounts provided after the best and worst decision is in order. The coding frame was constructed from the detailed scrutiny of 80 questionnaires, representing about 10% of the achieved sample. Every construct provided by respondents was noted and from this 18 categories were produced which were common to all vignettes and both best and worst decisions. Five of these related to features of the family which were positive (duty, loving care, familiarity, retaining contact, and a general pro-family category); two to negative aspects of family care (burden and family members retaining own lives); five to negative aspects of residential care (put away, deterioration, adverse effects of inmates, strangeness, and a general anti-institution attitude); two to positive aspects of professional care (treatment, better care), two to the importance of social contact (company, advantages of mixing with disabled), and one each to problems of relocation and maintaining independence. Four other categories were common to each vignette and related to references to experience (self, family members, others, and media). The remainder, comprising three or four per vignette, were vignette specific; for example, parental age references in the case of child handicap, references to Valium and the menopause in the adult psychiatric case, and to 'men not liking hospital' in the case of the adult arthritic. In spite of these specific constructs, the similarity in accounts occurring in each vignette suggests that, independent of the type of disability, the dimensions influencing decision making about care arrangements are rather similar in any circumstance. Preferences may be principally judged on an assessment of the significance of the family as a caring unit, the burden imposed on other family members, the relevance of professional involvement and the evaluation of residential options.
Overall Preference Patterns and Suggestions for Analysis

To date only the most preliminary analysis has been carried out. Surprisingly, perhaps, only very few respondents were unable to give both a preference and least preference to any of the vignettes, a tribute either to the instrument or to the power of interviewers to coerce a response. Between 1 and 2 per cent could not give a preference, a percentage which doubled in respect of the worst alternative, each of which showed a modest increase from first through to last vignette. Also surprising in view of the references to experience encountered in the taped Pilot 1 interviews, rather low percentages were reported in the main study. About 79 were recorded as either having personal experience, experience in the family or of others in the case of mental handicap, psychiatric illness and the bronchitic Mr. McGregor with a lower figure for the adult arthritic. It is possible that these are under estimates due to lack of probing and/or inefficient recording by comparison with the (scrutinised) pilot.

Aside from these observations, the overall pattern of care preferences in each of the six vignettes is presented in the attached table. It will be noted that the categories have been collapsed in accordance with one of the analytic schema outlined earlier; namely that pertaining to degree of professional involvement. Inasmuch as we can compare across vignettes, the table shows quite marked differences in the pattern of support for various care arrangements depending on age and condition of the dependent person. There tends to be greatest support for those options classified as community based professional care and rather little for that version of community care which essentially invokes the family and typically women as the main source of support for dependants. It is also evident from distributions pertaining to the worst alternatives that there is a widespread antipathy towards residential care. Nevertheless, in the case of senile dementia that is the option most favoured. It also suggests that family care options are less often advocated in respect of mental compared with physical problems though that can only be strictly inferred by comparisons within the young and elderly cases.

The manner in which analysis has proceeded to date really belies the claimed strengths of the vignette as used in the research. In the first place, the dependent variable has been defined solely in respect of preferences when we know that decisions are also made in the light of what is not to be chosen. The possibility arises of trying to combine the best and the worst alternatives. Cross tabulation shows that various combinations are most pronounced; for example, groups of respondents may be defined in terms of profamily/anti-institution, pro-institution/anti-family, pro-community based professional care/anti family, pro-immediate family/anti extended family, and so on. An analysis based on a recognition of the realities of decision making, even in a fictional setting, may be more meaningful than the simple preferences for care. Perhaps more important is that we have not yet capitalised on the accounts provided by respondents following the best and worst decisions. Given that they are conceptualised as being the components of a subjective definition of the situation which underpin the decision made they should really be given much greater primacy. The simplest use of them would be merely descriptive accompaniments to each of the best of worst decision made. A more complex analysis would not only involve the combination or best and worst decisions but would build the accounts into dimensions which reflected the underlying reasons for decision making rather than the choices themselves.
Conclusion

I have been concerned in this paper to outline the various ways in which vignettes have been employed as a research technique and within that general overview to locate a discussion of the development of vignettes in our own research. In particular the key features of two perspectives termed the interpretive and experimental approaches have been highlighted. The former encourages subjective definitions; the latter seeks to control them. The former, I believe, does have this capacity to direct attention towards the general features of a social category; the latter can claim to explain variations in response to particular stimuli though whether it occurs for the same reasons as is intended by the researcher is a moot point. In areas where theory is weak or there exists poorly developed empirical work, the justification for adopting the experimental stance is dubious. It is no accident that it has mainly been transferred to survey work from highly controlled social psychological experiments concerned with very specific issues. This is not the case in respect of the complexity of decision making in respect of allocating responsibility for the care of dependency groups. At a more general level, much remains to be known about vignettes as a technique in survey research. Conceptualising them as reproductions of naturally occurring stories begs a lot of questions about the epistemological status of the latter. We need to know not merely how often particular kinds of story occur and in what circumstances but what work they do; that is, what is intended or conveyed in the telling and what is heard by an audience. Most especially, it is important to address the issue of the relationship between the particulars of the story and the generalities, or typical features of social categories, it reflects or represents. Such basic research would permit a much more rigorous assessment of the claims made for the vignette in the present research.
References


Elderly Vignette

32 Turning now to the final situation I'd like you to consider,

Mr and Mrs McGregor are in their seventies and have lived in the same house all their married life: Mr McGregor has for a long time suffered from chronic bronchitis and in the last 2 years, despite medical treatment, it has become much more severe. He can neither climb stairs on his own nor walk more than a short distance without becoming breathless and distressed. Mrs McGregor, herself healthy though a little frail, finds it increasingly difficult to provide Mr McGregor with the assistance he needs. Their grown-up children, who have children of their own, live in the same town and both see their parents as often as possible.

a) Clearly Mrs McGregor is facing a difficult decision. Looking at the solutions on this card, what do you think would be best for the McGregors?

SHOW CARD V4

A. The McGregors should remain in their own home with practical help from their children.

B. The McGregors should remain in their home with help from the health and welfare services.

C. The McGregors should move to either their son or daughter, both of whom could take them.

D. The McGregors should go together to purpose built flats for the elderly with a resident warden.

E. Mr McGregor should go into an old people's home on his own.

F. The McGregors should go together to an old people's home.

G. Mr McGregor should go into a geriatric hospital.

b) Why do you think that ...(CHOICE AT a))...is the best decision for the McGregors?
c) Should the McGregors go and live with
   their son and his family 1
   or their daughter and her family 2

   IF MOVE TO SON OR DAUGHTER (3 at a))

   d) What do you think would be the worst decision for the McGregors ?

      A. The McGregors should remain in their own home with practical help from their children. 1
      B. The McGregors should remain in their own home with help from the health and welfare services. 2
      C. The McGregors should move to either their son or daughter, both of whom could take them. 3
      D. The McGregors should go together to purpose built flats for the elderly with a resident warden. 4
      E. The McGregors should go together to an old people's home 5
      F. Mr McGregor should go into an old people's home on his own. 6
      G. Mr McGregor should go into a geriatric hospital. 7

   e) Why do you think that ... (CHOICE AT c)) ... would be the worst decision for the McGregors ?
**Advocated care preferences for the physically and mentally impaired of different ages**
(Glasgow, Aberdeen and Elgin respondents combined)

<table>
<thead>
<tr>
<th>Advocated care preferences</th>
<th>Young</th>
<th></th>
<th>Adult</th>
<th></th>
<th>Elderly</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical (physically disabled)</td>
<td>Mental (mental handicap)</td>
<td>Physical (chronic arthritis)</td>
<td>Mental (severe depression)</td>
<td>Physical (chronic bronchitis)</td>
<td>Mental (senile dementia)</td>
</tr>
<tr>
<td><strong>Family and Non-professional Care Only</strong>&lt;sup&gt;(1)&lt;/sup&gt;</td>
<td>20% (144)</td>
<td>16% (115)</td>
<td>29% (208)</td>
<td>45% (323)</td>
<td>15% (106)</td>
<td>9% (66)</td>
</tr>
<tr>
<td><strong>Family care with professional support</strong>&lt;sup&gt;(2)&lt;/sup&gt;</td>
<td>18% (126)</td>
<td>9% (65)</td>
<td>29% (204)</td>
<td>16% (118)</td>
<td>18% (127)</td>
<td>7% (53)</td>
</tr>
<tr>
<td><strong>Community based professional care</strong>&lt;sup&gt;(3)&lt;/sup&gt;</td>
<td>29% (208)</td>
<td>43% (310)</td>
<td>39% (276)</td>
<td>25% (179)</td>
<td>58% (417)</td>
<td>17% (124)</td>
</tr>
<tr>
<td><strong>Residential Care</strong>&lt;sup&gt;(4)&lt;/sup&gt;</td>
<td>33% (235)</td>
<td>32% (231)</td>
<td>3% (23)</td>
<td>14% (101)</td>
<td>9% (68)</td>
<td>66% (472)</td>
</tr>
<tr>
<td><strong>Total advocating care option</strong>&lt;sup&gt;(5)&lt;/sup&gt;</td>
<td>100% (713)</td>
<td>100% (721)</td>
<td>100% (711)</td>
<td>100% (721)</td>
<td>100% (718)</td>
<td>100% (715)</td>
</tr>
</tbody>
</table>

**Notes**
1. Combines options involving (a) remaining in own home with family/informal support, (b) moving to live with close kin (except adult physically disabled).
2. Professional support defined as 'help from health and welfare services' except in adult psychiatric cases where it is 'regular visits from social worker'.
3. Options typically involve day care in training centers or hospital except in the elderly case where it means 'purpose built flats for the elderly with resident warden' (treated as professional).
4. Combined full-time and part-time placements and in the case of the elderly includes an option where residential care for the couple (not just the disabled man) is possible.
5. Excluding 1-2% of the total sample (n=727) who 'can't say, 'don't know etc.'
Publications arising from the Study


