

## Chapter 2

### Methodology and Analysis

The research presented in this dissertation was conducted over a 5 week period primarily in Yerevan, the capital city of Armenia. The goal, as stated earlier, was to obtain ethnographic data on the health care beliefs and practices of Armenians. Since this is the first study of its kind (confirmed by Armenian anthropologist Dr. Levon Abrahamian), it was important to use a “holist” approach (Helman 2001:265) to data gathering; in that sense, the study is an exploration (Pelto 1992:219), with a flexible approach to the research design and lines of inquiry. To this end I used qualitative techniques, including: participant-observation; individual interviews with laypeople and doctors; and informal group sessions with doctors. No quantitative measures were employed.

Participant-observation was carried out at a large regional government hospital undergoing privatization, twenty minutes from the center of Yerevan, in the hospital proper and the adjacent polyclinic. In both settings I worked with doctors, examined patients, and went on morning rounds with the medical staff.

Observations (without participation) and interviews were carried out at alternative treatment centers and healing sessions. These included visits to: a leech treatment center; a psychic healer; a diviner (see note Appendix D); a “cleaner” of curses; a computer diagnosis center (not tomography). The latter consisted only of an interview with the diagnostician/healer. In all of the other instances interviews were with the patient(s) as well as the healer.

In addition to research in Yerevan, I made several trips to Gyumri for group sessions with doctors and to conduct one interview with a physician.

There was no formal questionnaire for interviews. I used an open-ended questioning technique (Helman 2001:267) to cover broad topics, leaving room for other topics to emerge during

the course of the interview. The areas of discussion were: the ways life has changed since 1991 and attitudes surrounding those changes; ideas about health, and strategies used to stay healthy; explanatory models for sickness and misfortune in general (p. 85), or the why, where, what, and how of the sickness experience; use of alternative treatments including home remedies; beliefs about bioenergy and psychic healers.

Thirty-nine individual interviews were conducted with 26 laypeople and 13 doctors, of which 32 were women and 7 were men. Each interview lasted for 1 to 3 hours; some respondents were interviewed more than once. I recorded interviews and translated them later. All respondents were informed of the purpose of my project and promised anonymity. The names of all respondents have been changed.

## Analysis

The methodological approach outlined above produced descriptive ethnographic data based on participant-observation, and interview data. The participant-observation essentially produced what Helman (2001) refers to as level 2 data, or “what people *actually* do”, while the interviews produced what he calls level 1 data, or “what people *say* they believe” (p. 265). According to Helman, understanding what people really believe can only come with time and further observation of what they do (p. 266).

Hypotheses about health beliefs were based on level 2 data (practices) and then compared and contrasted with level 1 data (conversations). This was also the method of daily analysis during the data-gathering phase of this project. Furthermore, I relied on my own knowledge of the culture and its symbols to draw inferences about the basis of medical pluralism in Armenia. These inferences were supported by respondents’ comments as well as the literature (e.g. Vardanyan’s 2003 essay on medieval medicine and Abrahamian and Sweezy’s 2001 book on Armenian folk art and culture).

The research initially was going to focus on lay or popular explanatory models of illness using Kleinman's (1980) "orientation" of health sectors (see Appendix A). However, within a few days of my participant-observation it became apparent that folk healers and alternative healing modalities, both old and new, were very much on everyone's minds, doctors included. Thus, instead of looking at differences between the professional and lay sectors, I focused on their similarities (Blumhagen 1980:197). Given the open-ended interview format, I was able to restructure questions based on what people said or what I observed.

Kleinman has also said that ethnography is "a view from somewhere... The anthropologist's ethnography cannot be...objective" (1995:76). The first major difference I noticed between me and the Armenians I was studying was their easy acceptance of treatment alternatives outside of biomedicine, and this became the major focus of my research. The mindset necessary for an acceptance of medical pluralism was new for me, but while it appeared to be a *growing* sector in Armenian health care it did not seem new to them. In fact, many of the health practices that I would have called alternative, meaning "new," Armenian doctors called "traditional," as in tried and true, time-tested, ages-old remedies.

Some familiar elements I had grown accustomed to hearing about and living with as part of the background 'noise' of daily life in Armenia, may have been overlooked or marginalized in the analysis. Stress is one such element: "collective stress" (Helman 2001:213) as well as the stress of daily life (pp. 205-208). Another limitation was imposed by the brevity of the study time period. Some symptoms, such as *ztagots* (stabbing pain in the heart, reminiscent of Good's [1977] "heart pain" among Iranian women) never came up. As well, the research was carried out primarily among urban dwellers in two cities and among the middle-income, educated class. Although many respondents had links to villages, no one who was a village resident was interviewed. Also, no one in the poorer, less-educated strata of society was interviewed (e.g., construction workers and factory workers).

The major findings of this research are presented through ethnographic accounts using an impressionist and confessional style (Van Maanen 1988: chapter 5). The ethnographic data is supplemented by excerpts from interviews. By presenting the data in this format it is my hope that readers will feel that they are actually present in the ethnographic situation, and can make their own observations and draw their own conclusions.