

Article

Conflict or Concert? Extending the Simmelian Triad to Account for Positive Third Party Presence in Face-to-Face Interviews with People Living with Parkinson's Disease

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Abstract: A number of sociologists and other researchers have focused on the role of third parties since Simmel's seminal conceptualization of the social organization of the triad. However, less attention has been given to third party presence in qualitative interviews, despite the fact that third party participation in interviews with people with chronic illness and/or disability occurs frequently. Here too it is assumed that third party presence promotes conflict, ignoring the role of third parties as facilitators who enable informants to articulate their perspectives. Therefore, I focus on Simmel's concept of the triad, concluding that the role of facilitator must be added to the types he describes.

Keywords: third party presence; the triad; Georg Simmel

1. Introduction

There have been a number of analyses of the role of the third party within social groups since Simmel's seminal conceptualization of the social organization of the triad [1–17]. In the contemporary context, Prus and others have analysed the shifting power dynamics resultant from third party engagement in situations marked by conflict such as labour relations and legal disputes [18,19]. Simmel's insights regarding group dynamics have also been taken up in network analyses and actor network theory [20–22]. Notwithstanding Prus, less attention has been given to third party presence in the context of non-adversarial encounters such as the face-to-face qualitative interview [18]. This is despite the fact that third party participation in interviews of all kinds occurs frequently [23–28]. Further, they are more likely to occur in face-to-face interviews that take place in people's homes, a

place where others can hear what is going on even if they are not themselves participants in the interview [23,26]. Third party presence is even more common in face-to-face interviews with people living with chronic illness and/or disability, particularly where the individual also copes with speech difficulty. This is because a daily fact of life for people who experience difficulty speaking is that they manage aspects of chronic illness, including problems with communication, in concert with care-givers and others [29,30]. In this context too, the assumption is that third party presence in interview constitutes a conflict laden situation where the third party dominates the interview [31]. However, the presumption that third party presence, in interviews with people with speech difficulty, always constitutes a situation where the third party dominates is problematic and ignores the role of third parties as facilitators whose presence enables articulation of the illness narrative. Therefore, via analysis of third party interviews with people with Parkinson's disease who use alternative and/or complementary therapies, I focus on Simmel's concept of the triad, concluding that the role of facilitator must be added to the types he described as the face-to-face qualitative interview is not by nature an adversarial event [1].

2. Methodology

This paper is based on analysis of a subset of interviews from a larger study of the experiences of people with Parkinson's disease who participate in alternative and/or complementary therapies conducted in Leicestershire in 2001[32]. Informants were recruited for this project through branches of the UK Parkinson's Disease Society (PDS) and Young, Alert, Parkinson's Partners and Relatives (YAPPandR's). The recruitment letter was sent out by these organisations to their entire memberships and invited those people interested in participating in the study to contact me directly. Individuals were eligible to participate if they identified as a person who: lives with Parkinson's disease; had used or was using one or more alternative/complementary therapies; and was willing and able to participate in an interview lasting approximately one hour.

In the end, fourteen people took part in this research (7 women and 7 men). Informants' ages ranged from forty to seventy years with most falling between fifty and sixty years of age. Eleven of the people who took part in the interviews self-identified as middle class, one as upper-middle class, one as working class, and one informant declined to answer this question. Twelve informants were white, one was Afro-Caribbean, and one was Asian. All informant characteristics are reflective of both the membership of the PDS and of the populations of those who use alternative therapies [33,34]. I asked informants to estimate the degree of progress of Parkinson's disease they experienced by asking them to place themselves on a continuum of Parkinson's disease progression. Seven of the people who spoke with me placed themselves half way to three quarters of the way along the continuum indicating that they coped daily with many of the symptoms of Parkinson's disease and experience moderate to severe mobility impairment. Six informants placed themselves from the beginning of the continuum up to one third of the way along, denoting less numerous occurrences of symptoms which they were able to control, at least to some degree, with medication and other therapies.

Data in this research was collected by means of semi-structured interviews conducted in the informants' homes. All the interviews were audio taped and any informant quotations are given verbatim. Non-verbal communication for all interviews was recorded in field notes. Comparative

coding was the mode of analysis employed and the reliability and validity of the analysis was engendered through the constant comparison of a series of interviews, where each interview served to validate or refine the conclusions drawn from data collected in the others [35,36]. The validity of these findings was further enhanced through participant review of the analysis which ensured that the findings accurately reflect the perceptions of the people who took part in this research. My intent in this research was to develop conceptual insights through in-depth analysis of these informants' experiences and is not to be seen as an attempt at numerical generalization [37]. In this respect the findings from this research should be understood as what Williams refers to as "moderatum generalisations" where the particular case is understood as an instance of a broader "generic social process" [38–40]. The analysis presented in this paper concerns interviews with six informants where a third party was present, namely, interviews with Mary, Tom, Billie, Ian, Verity, and Oscar whose spouses, their primary caregivers, all participated in the interviews. All of these informants were white. Mary, Billie, and Verity identified as middle class, Tom as working class, and Oscar identified as upper class. Of note, both Tom and Mary experienced significant difficulty with speech as a result of Parkinson's disease.

3. The Simmilian Triad

In Simmel's rendering of the triad, the third party may act in one of three ways. First, he or she may play the role of the non-partisan mediator. In this case, "discords between two parties, which they themselves can not remedy, are accommodated by the third party" [41]. Here, the mode of interaction involves the formation of dyadic alliances. In Simmel's words, "there exist no properly sociological interactions which concern all three elements alike. Rather, there are configurations of two" [42]. Second, there is the third party as *tertius gaudens* who, according to Simmel "make[s] the interaction between the parties and between himself and them, a means for his own purposes" by turning the other two members of the triad against each other in some fashion [43]. Simmel's final type of third party role is that of the person who dominates by dividing and conquering. In his words, "the third element intentionally produces conflict in order to gain a dominating position," ... he [or she] knows how to put the forces combined against *him [or her]* into action against *one another*" [44]. Thus, all of Simmel's types of interaction within the triad presuppose conflict. He writes: "No matter how close a triad may be, there is always the occasion on which two of the three members regard the third as an intruder.... the sensitive union of two is always irritated by the spectator" [45].

3.1. Third Party Presence and Conflict

Certainly, conflict and adversarial interaction can occur in the context of the face-to-face interview where three people are present. For instance, in this research, conflict erupted between Billie and her husband who, acting as a third party intruder, consistently grabbed any opportunity he could to expound on his passion for alternative and/or complementary approaches to health care. For example, while Billie was describing a disappointing experience she had had with *Reiki*, her husband interjected, giving his impression of what had happened.

Billie: ...I felt hoodwinked.

Researcher: So she was, can you tell me more about what made you feel that way, what happened?

Billie: Well, her enthusiasm afterwards. How she said: 'Oh it's been a very good session, I can feel it.' And I thought, well I can't feel it. And I thought perhaps I would feel something when I got home or in the next few days but I just felt that it was money down the drain.

Husband: There's maybe an explanation for that one as well.

Billie was put off by her husband's interruption and said in an exasperated tone: "You've got an explanation for everything." This did not prevent her husband from actively trying to obtain my support to continue; which he did in the face of Billie's angry attempt to shut him up. At this point in the interview Billie's husband sought to put me in the role of non-partisan mediator who would settle their dispute.

Billie: [In an exasperated tone] You've got an explanation for everything.

Husband: [Directed at the researcher] You have to haven't you? You've come around here to find explanations, well that's how I look at it.

Billie: [In a very angry tone] No she's not!

Likewise in the case of Ian's interview, I took a third party mediating role similar to Simmel's non-partisan mediator [1]. Here I distracted Ian and his wife from a minor difference of opinion they were having by asking a different question.

Question: Do you have any of the muscle tension that's sometimes associated with [Parkinson's disease]?

Ian: I don't know, not really. I have cramps in my leg but I think that's

Wife: You do!

.....

Ian: If I've over exerted myself.

Wife: You have had muscle pains!

Ian: A little bit.

Question: But do you find that the yoga helps with those kinds of symptoms?

Ian: I think it does and certainly walking helps as well. It makes you feel, I suppose, yourself. It's psychology as well I suppose.

Question: So an overall sense of well-being that helps?

Ian: Yes.

Wife: You have to force yourself to do these things don't you?

Ian: I think you do

Similarly, in Oscar's interview, while I had not intended to sow conflict between Oscar and his wife, I did control and thus dominate the interaction within the triad by asking Oscar's wife not to

participate in the interview until I had finished speaking with him. My actions here are somewhat different from those taken by Simmel's *tertius gaudens* who attempts to divide and conquer [1]. More precisely, I did not seek to promote conflict between Oscar and his wife in order to divide and conquer however, by purposefully breaking apart the dyad they formed I did introduce tension into the triad. Oscar's wife remained in the room visibly straining to exert self-control to keep herself from interjecting, and at the end of Oscar's interview, when I asked her if she had anything to contribute, she burst forth with all the instances where she had disagreed with statements Oscar had made.

3.2. Third Party Presence and Facilitation

While conflict within face-to-face interviews with third party presence can occur as demonstrated above, what I found more often than not in the case of this research is that third party presence proved facilitatory. For instance, Tom, who experienced severe difficulty speaking, communicates via an alliance he has formed with his wife who often confirms his answers or answers questions posed directly to him.

Researcher: And how did you find out about magnetic therapy?

Wife: Our friend again.

Researcher: The aromatherapist?

Wife: Yes.

Tom: So I said I'll give it a bash and I've given it a try for about seven or eight months now.

Likewise, Mary allies with her husband in order to facilitate communication, often asking her husband for information.

Researcher: So the Chinese Wand is helping you with your balance?

Husband: Yes.

Mary: yes

Researcher: The Chinese Wand, does that help with the tremor?

Mary: No, that's a new tablet I've got for that, isn't it? I started this shaking of my hand and my consultant ... he suggested that I um...

Husband: Name of the tablet? No I don't know.

Mary: Oh what was I saying?

Husband: Shaking and ...

Mary: He gave me Benzhexol, and how long it take to work?

Husband: About four days.

Mary: Four days and I never, I couldn't believe it. And I went back to Doctor Abbott and he said, I still have to take the tablets, [seeking confirmation from her husband] but it's never shook since has it?

In both these cases the couples have formed an alliance. However, it is not an alliance of two against the researcher. Rather, it is an alliance formed to aid in the ultimate goal of getting the story about the informant's health seeking across; a goal mutually held by all three members of the triad. In similar fashion, Verity and her husband arrived at the interview already in alliance, making me the defacto third party. In contrast to Mary's alliance with her husband, the alliance between Verity and her husband is not one formed to facilitate communication made difficult by the impact of Parkinson's disease. Rather, Verity's alliance with her husband is one that was forged through their mutual experience of Verity's chronic illness; a condition which they are quite literally 'going through together.' For example, Verity's husband goes with her to every medical appointment and he experiences every alternative and/or complementary therapy Verity participates in for himself. Again, as was the case of the alliance between Mary and her husband or Tom and his wife, Verity's alliance with her husband is not reflective of an adversarial grouping of two against one. Rather, their alliance is a natural consequence of their mutual experience of coping with her chronic illness. Thus, the presence of Verity's husband was absolutely necessary to get a richer story of how Verity assesses the efficacy of the alternative and/or complementary therapies she uses in coping with Parkinson's disease.

Verity: I explained about my Parkinson's and she said: 'Oh you must go and see this lady.' She said:... 'I've suffered with migraines since I was nine and she's cured me....' Well *we* [Verity and her husband] took this lady's address and *we* did nothing about it for ages and ages and ages. Eventually *we* found the card again and [my husband] said: 'how about you being a guinea pig?' So I rang the lady and *we* received a form to fill in about lifestyle and diet and things that *we* had wrong with us and I went along to see her and oh well, that day completely shattered my ...

Husband: She was surprisingly normal to start with, I don't know what *we* expected.

Verity: [laughing and pointing to my candles] I was going to say no candles. She was very down to earth and very, very knowledgeable. She certainly knew her subject.

Husband: But her method of operations was, I mean it's just mind blowing for *us*.

Verity: She did muscle testing, have you heard of muscle testing?

Question: In other contexts but it might not be the same thing, so why don't you tell me?

Husband: Well she invited you, either to lie on the couch or to relax in a chair, and she said, I'm going to speak to your subconscious so let your mind drift. And she asked all these questions many of which were technical and to which we didn't know the answer. And whilst she was doing it, she was just lightly holding your arm.

Verity: Yes lightly holding her arm like that and she explained that she needed a negative or an affirmative answer. If it was an affirmative, the hand would stay up. If it was negative the arm would drop. And I had absolutely no control over this. So the muscles were actually answering her through my subconscious.

A common assumption is that the interview constitutes a dyad made up of an informant and a researcher where a third party is seen to intrude, rather than seeing three party interviews as a triad where roles and dyadic relationships can shift and change. To illustrate, I was clearly the third party in many of these interviews in striking contrast to the relevant literature in which the spouse and/or

caregiver is defacto designated the third party [23–28]. Thus we also need to recognize that in the face-to-face interview as triad, the third party is not necessarily someone other than the informant or the researcher. Rather, as Simmel's construct allows, the status of third party shifts from person to person within the triad and the following excerpts from Mary's, Tom's, and Ian's interviews show not only the forming of alliances to get the story told, but also demonstrates how dyadic alliances, and thus the status of the third party, alternate among members of the triad [1].

To illustrate, during Mary's interview I asked her to speculate on what her doctor's reaction to her use of alternative and complementary therapies would be.

Researcher: I'm going to ask you a speculative question, something that I want you to imagine. Imagine that you tell your consultant that you're doing Chinese Wand and that it's helped with your balance, you can now get in and out of the car without the swivel seats. That it's really giving you all these benefits and your consultant looks at you and says that's impossible. That there's no way it could do that. What would you think?

In answering my question, Mary seeks an alliance with her husband, making me the third party.

Mary: Well I'd have to think long and hard about that one. [Directed at her husband] I can't imagine them saying that can you?

Her husband responds by taking up my question in an attempt to clarify Mary's answer. In doing so he forms an alliance with me and, for the moment, designates Mary as the third party.

Husband: [Directed at Mary] But if they did?

Mary: If they did, I should still go. I would still go and say well it's mind over matter then.

I then re-engage Mary and, in the process, her husband takes on third party status.

Researcher: So if they said that you'd have to think that it was mind over matter and it wasn't really working, it was just all in your mind.

However, I regain the role of third party when Mary re-establishes her alliance with her husband.

Mary: Yes, I suppose *we* would really if they, [directed at her husband] Do you agree with that? (Emphasis mine).

Mary's husband next seeks an alliance with me by taking up my question in attempting to solicit the answer from Mary that he thinks I want. Again this confers the status of third party on Mary.

Husband: Well the proof is in the pudding. If say you couldn't walk before you went there, you went there and you did walk after, that's proof enough isn't it really? And before you went there, you couldn't do the exercises, not the exercises, the movements you do now, could you really?

Mary: No I couldn't.

Husband: That's what it amounts to. You couldn't get out of the chair very well before, could you?

Mary: No.

Husband: I had to help you.

Researcher: So do you think it's mind over matter?

Mary: I wouldn't say it's, no. I don't think it works like that for me. I mean I've never thought of it working like that have I? Or said anything to you about it?

Husband: Do you think it helps you?

Mary: Oh yes.

Husband: That's what the question is really.

Similarly, in discussing whether or not alternative and complementary therapies ought to be available via Britain's National Health Service (NHS), Tom responds to my question by talking about the difficulty he has encountered in accessing alternative and complementary therapies, while his wife, here acting as the third party, contributes information about the challenges posed by the cost of these forms of health care.

Researcher: Would you like to see these kinds of therapies available on the NHS?

Tom: It would be helpful I think, yes. I mean it's not easy with therapies, it's left to your own devices to find them out. There's not many people that knows about them.

Researcher: That's true a lot of people don't even know.

Tom: I mean you don't get any leaflets in doctors that tell you about these alternative treatments, only the basic drugs, they've got injections and Madopar, tablets, that's all you get.

Wife: And acupuncture is expensive. You know, when you're down to living on sort of incapacity benefits, like acupuncture is £30–£35 a month.

Tom: It used to be about six years ago.

Wife: It doesn't sound like a lot of money when you're in work but when you're down to benefits...

Likewise, Ian and his wife (the third party) jointly responded to my question about who they tell about their use of alternative and complementary health care, each adding to the narrative of Ian's use of these therapies.

Question: Have you told, for instance, your doctor, that you use yoga?

Ian: I think I've mentioned it but to be honest they don't seem very interested.

Wife: Especially the ones at the hospital, they don't.

Ian: I even inquired at the time, because it said there were some sort of yoga class at the hospital but they never passed the information onto me.

Wife: Yes, there's supposed to be one at the Royal in one of the wards, fortnightly isn't it?

Ian: Yes. No I find anything other than the sort of treatment that they believe in, they're not very interested. They don't seem to be.

Wife: And you asked about, is it *Ginko*?

Ian: *Ginko*, the herbal remedy. And the people that actually, who gave me information on that, I'll have to explain. I've had quite a deep vein thrombosis since I've had Parkinson's disease, which may have been caused through a certain amount of slowing down through Parkinson's. Now, they produced an article from

Lancet on this *Ginkgo Bolouba* and I got nothing from the Parkinson's people when I inquired. They knew nothing about it and my local GP, I said what do you think of this? He said, I don't know, I know nothing about herbal medicines.

Not only do these three cases illustrate that the status of third party changes from person to person within the triad, they also demonstrate that the presence of a third party does not in these cases contribute to conflict. Moreover, the presence of a third party as facilitator in all cases meant that different information about the illness narrative emerged from the interview than would otherwise occurred had the interview consisted of a dyad made up of an informant and myself.

4. Discussion

Given that the face-to-face qualitative interview is not a social grouping inherently prone to conflict, it becomes an instance of social interaction that allows us refine our understanding of the roles within the triad in non-adversarial contexts. As I have argued, in Simmel's rendering of the triad, the introduction of a third party to a dyad increases the likelihood of conflict [1]. The third party may be both the instigator of conflict between the other two members of the triad for his or her own ends, or he or she may take the role of the non-partisan mediator or arbitrator who therefor provides the conditions for the resolution of conflict. However, as Prus asserts:

Even when one party begins to define the situation in power terms, this does not guarantee that the others will do likewise or that the first party will sustain this definition over time.... scholars should be concerned that their definitions of situations as analysts reflect the definitions invoked by the participants in the settings under consideration [46].

If we follow Prus's logic, we must conclude that scholars can neither make the *apriori* assumption that interaction within the triad will necessarily be marked by conflict, or that the third parties will necessarily act as fomenters of conflict or as mediators of disputes [1]. Rather, what is striking about the cases presented in this paper is that in the majority of interviews I conducted, where three people were present, conflict and power struggles were not evident. Instead, all three members of the interview as triad worked in concert to achieve a common goal—the construction of the narrative, in this case, a narrative about the informant's use of alternative therapies [47–50]. Further, this finding did not vary by sex or class among the people I spoke with. Instead, the overarching biographical context impacting on these triads is that the informants are all people who cope with chronic illness and/or communication problems by relying on others for help in their interactions in everyday life [29,30,51]. Further, while sex and class were not at issue in these interviews, age, to the extent that advancing age is associated with increasing severity of symptoms of Parkinson's disease, is a key aspect of biographical context promoting the presence of a third party as facilitator. Further, it is also likely that ethnic background and language are also important biographical characteristics increasing the likelihood of the presence of a third party as facilitator. For instance, in the case of children who act as language brokers for their non-English speaking parents in interaction with health care providers or others [52].

Thus the alliances formed within such triads are different from those which are formed in those marked by conflict. In these interviews, it is not a case of two people joining together against a third.

For instance, in the case of Mary's interview, she was not aligning with her husband against me, nor was Mary's husband aligning with me against Mary. Instead we all worked together in order to get the story told. Therefore, we need to add the role of facilitator to our understanding of the workings of the triad. However, this is not to say that the third party as facilitator is a neutral or passive role in these cases, rather, third parties of any stripe are, as are all participants in the interview, unavoidably implicated in the co-construction of the narrative emergent from the interview [47–50].

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References and Notes

1. Wolff, K.H. *The Sociology of Georg Simmel*; Wolff, K.H., Bendix, R., Trans. and Eds.; Free Press: New York, NY, USA, 1950.
2. Burns, L.R.; Nash, D.B.; Wholey, D.R. The Evolving Role of Third Parties in the Hospital-Physician Relationship. *Am. J. Med. Q.* **2007**, *22*, 402–409.
3. Caplow, T. Further Development of a Theory of Coalitions in the Triad; *Am. J. Sociol.* **1959**, *64*, 488–493.
4. Caplow, T. *Two against One: Coalitions in Triads*. Prentice-Hall: Englewood, NJ, USA, 1968.
5. Choi, T.Y.; Wu, Z.H. Taking the Leap from Dyads to Triads: Buyer-Supplier Relationships in Supply Networks. *J. Purch. Supply Manag.* **2009**, *15*, 263–266.
6. Clayman, S.E. Disagreements and Third Parties: Dilemmas of Neutralism in Panel News Interviews. *J. Pragmat.* **2002**, *34*, 1385–1401.
7. Khurana, R. Market Triads: A Theoretical and Empirical Analysis of Market. *Int. J. Theor. Soc. Behav.* **2002**, *32*, 239–262.
8. Lowe, R.D.; Levine, M.; Best, R.M.; Heim, D. Bystander Reaction to Women Fighting: Developing a Theory of Intervention. *J. Interpers. Violence* **2012**, *27*, 1802–1826
9. Madhavan, R.; Gnyawali, D.R.; He, J. Two's Company, Three's a Crowd? Triads in Cooperative-Competitive Networks. *Acad. Manag. J.* **2004**, *47*, 918–927.
10. Mills, T.M. Some Hypotheses on Small Groups from Simmel. *Am. J. Sociol.* **1958**, *63*, 642–650.
11. Mills, T.M. The Coalition Pattern in Three Person Groups. *Am. Sociol. Rev.* **1954**, *19*, 657–667.
12. Mills, T.M. Power Relations in Three-Person Groups. *Am. Sociol. Rev.* **1953**, *18*, 351–357.
13. Raymond, G.A. Democracies, Disputes, and Third-Party Intermediaries. *J. Conflict. Resolut.* **1994**, *38*, 24–42.

14. Reagans, R. Differences in Social Difference: Examining Third Party Effects on Relational Stability. *Soc. Network* **1998**, *20*, 143–157.
15. Van der Iest, H.; Dijkstra, J.; Stokman, F.N. Not 'Just the Two of Us': Third Party Externalities of Social Dilemmas. *Ration Soc.* **2011**, *23*, 347.
16. Volkema, R.J.; Farquhar, K.; Bergmann, T.J. Third-Party Sensemaking in Interpersonal Conflicts at Work: A Theoretical Framework. *Hum. Relat.* **1996**, *49*, 1437–1454.
17. Vuchinich, S.; Emery, R.E.; Cassidy, J. Family Members as Third Parties in Dyadic Family Conflict: Strategies, Alliances, and Outcomes. *Child Dev.* **1988**, *59*, 1293–1302.
18. Prus, R. *Beyond the Power Mystique: Power as Intersubjective Accomplishment*; State University of New York Press: Albany, NY, USA, 1999.
19. Greatbatch, D.; Dingwall, R. Argumentative Talk in Divorce Mediation Sessions. *Am. Sociol. Rev.* **1997**, *62*, 151–170.
20. Faust, K. Triadic Configurations in Limited Choice Sociometric Networks: Empirical and Theoretical Results. *Soc. Network* **2008**, *30*, 273–282.
21. Labianca, G.; Brass, D.J.; Gray, B. Social Networks and Perceptions of Intergroup Conflict: The Role of Negative Relationships and Third Parties. *Acad. Manag. J.* **1998**, *41*, 55–67.
22. Latour, B. *Science in Action: How to Follow Scientists and Engineers Through Society*; Open University Press: Milton Keynes, UK, 1987.
23. Aquilino, W.S. Effects of Spouse Presence During the Interview on Survey Responses Concerning Marriage. *Publ. Opin. Q.* **1993**, *57*, 358–376.
24. Boeije, H.R. And Then There Were Three: Self-presentational Styles and the Presence of a Third Person in the Interview. *Field Meth.* **2004**, *16*, 3–22.
25. Corti, L.; Clissold, K.M. *Response Contamination by Third Parties in a Household Interview Survey*; Working Papers of the ESRC Research Centre on Micro-social Change, Paper Number13; University of Essex: Essex, UK, 1992.
26. Pollner, M.; Adams, R.E. The Interpersonal Context of Mental Health Interviews. *J. Health Soc. Behav.* **1994**, *35*, 283–290.
27. Smith, T.W. The Impact of the Presence of Others on a Respondent's Answers to Questions. *Int. J. Publ. Opin. Res.* **1997**, *9*, 33–47.
28. Zipp, J.F.; Toth, J. She Said, He Said, They Said: The Impact of Spousal Presence in Survey Research. *Public Opin. Q.* **2022**, *66*, 177–208.
29. Low, J. Communication Problems between Researchers and Informants with Speech Difficulties: Methodological and Analytic Issues. *Field Meth.* **2006**, *18*, 153–171.
30. Lesser, R.; Whitworth, A. 1999. Communication in Parkinson's Disease with Cognitive Impairment: A Diagnostic and Therapeutic Medium? In *Parkinson's Disease: Studies in Psychological and Social Care*; Percival, R., Hobson, P., Eds.; BPS Books: Leicester, UK, 1999; pp. 236–245.
31. Booth, T.; Booth, W. The Use of Depth Interviewing with Vulnerable Subjects: Lessons from a Research Study of Parents with Learning Difficulties. *Soc. Sci. Med.* **1994**, *39*, 415–424.
32. Low, J. *Lay Perspectives on the Efficacy of Alternative and Complementary Therapies: The Experiences of People Living with Parkinson's Disease*; Division of Health Studies, Faculty of Health and Community Studies, De Montfort University, Leicester, UK, 2001.

33. Yarrow, S. Members' 1998 Survey of the Parkinson's Disease Society of the United Kingdom. In *Parkinson's Disease: Studies in Psychological and Social Care*; Percival, R., Hobson, P., Eds.; BPS Books: Leicester, UK, 1999; pp. 79–92.
34. Thomas, K.J.; Nicholl, J.P.; Coleman, P. Use and Expenditure on Complementary Medicine in England: A Population Based Survey. *Compl. Ther. Med.* **2000**, *9*, 2–11.
35. Corbin, J.M.; Strauss, A.L. Grounded Theory Research: Procedures, Canons, and Evaluative Criteria. *Q. Sociol.* **1990**, *13*, 3–21.
36. Trow, M. Comment on Participant Observation and Interviewing: A Comparison. In *Qualitative Methodology: Firsthand Involvement with the Social World*; Filstead, W.J., Ed.; Markham Publishing Company: Chicago, IL, USA, 1970; pp. 143–149.
37. Yin, R.K. *Case Study Research: Design and Methods*; Sage Publications: Newbury Park, CA, USA, 1989.
38. Williams, M. Interpretivism and Generalisation. *Sociology* **2000**, *34*, pp. 209–224.
39. Blumer, H. *Symbolic Interactionism: Perspective and Method*; Prentice Hall: New Jersey, NY, USA, 1969.
40. Prus, R. *Subcultural Mosaics and Intersubjective Realities*; State of New York University Press: Albany, NY, USA, 1997; pp. xi–xii.
41. Wolff, K.H. *The Sociology of Georg Simmel*; Wolff, K.H., Bendix, R., Trans. and Eds; Free Press: New York, NY, USA, 1950, p.135.
42. Ibid, p.145.
43. Ibid, p.154.
44. Ibid, p.162.
45. Ibid, pp. 135–136.
46. Prus, R. *Beyond the Power Mystique: Power as Intersubjective Accomplishment*; State University of New York Press: Albany, New York, NY, USA, 1999; p. 153.
47. Atkinson, P. Narrative turn or blind alley? *Qual. Health Res.* **1997**, *7*, 325–344.
48. Atkinson, P.; Coffey, A. Revisiting the relationship between participant observation and interviewing. In *Postmodern Interviewing*; Gubrium, J.F., Holstein, J.A., Eds.; Sage: Thousand Oaks, CA, USA, 2003; pp. 109–122,
49. Charmaz, K. Stories and Silences: Disclosures and Self in Chronic Illness. *Qual. Inq.* **2002**, *83*, 302–328.
50. Clifford, J.; Marcus, E.G. *Writing Culture: The Poetics and Politics of Ethnography*; University of California Press: Berkeley, CA, USA, 1986.
51. Silverman, D. The Quality of Qualitative Health Research: The Open-Ended Interview and its Alternative. *Soc. Sci. Health* **1998**, *4*, 104–118.
52. Villanueva, C.M.; Buriel, R. Speaking on Behalf of Others: A Qualitative Study of the Perceptions and Feelings of Adolescent Latina. *J. Soc. Issues* **2010**, *66*, 197–210.