

# Rethinking Case Study Methodology in Poststructural Research

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Little consideration has been given to how case study might be used in post-structural research to explore power relations that constitute a phenomenon. Many case study scholars, most notably Robert Yin, adopt a postpositivist perspective that assumes the “truth” can be accessed through applying prescriptive and rigid research techniques. Using a discussion of Michel Foucault’s key theoretical ideas and the insights gained through a Foucauldian case study of people with advanced cancer who continue to receive curative treatment, the authors argue for the expansion of case study in poststructural inquiry. They propose that the use of poststructuralist case study is valuable because of the flexibility and comprehensiveness of the methodology, which allows for the exploration of a deeper understanding of the broader discourses that shape a phenomenon, as well as how power/knowledge relations shape the behaviours and perceptions of people. They also introduce the reflexive implications of post-structural case study research.

**Keywords:** case study, qualitative research, advanced cancer, poststructuralism, Foucault, reflexivity

*Résumé*

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## **Repenser la méthode de l'étude de cas à partir du post-structuralisme**

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Peu d'attention a été portée à la façon dont la méthode de l'étude de cas peut être utilisée dans le cadre de l'approche post-structuraliste pour étudier les relations de pouvoir qui structurent un phénomène. De nombreuses études de cas universitaires, en particulier celles de Robert Yin, adoptent une perspective post-positiviste qui postule l'existence d'une « vérité » à laquelle il serait possible d'accéder par l'application de techniques de recherche normatives rigoureuses. À partir d'une présentation des principales théories de Michel Foucault et d'une réflexion tirée d'une étude de cas foucauldienne portant sur des personnes atteintes d'un cancer avancé qui ont continué de recevoir un traitement curatif, les auteurs de l'article développent une augmentation pour un plus grand recours aux études de cas réalisées dans un cadre post-structuraliste. Ils font valoir que la méthode post-structuraliste confère une grande valeur aux études de cas en raison de sa souplesse et de son caractère englobant, et qu'elle permet une analyse plus approfondie des discours généraux donnant forme à un phénomène et des relations de pouvoir et de connaissance qui façonnent les comportements et les perceptions. Les auteurs traitent également des implications réflexives de la réalisation d'études de cas dans le cadre de l'approche post-structuraliste.

**Mots-clés :** étude de cas, recherche, cancer avancé, post-structuralisme, Foucault, réflexivité

## **Introduction**

Case study is a methodological approach to empirical inquiry that explores a relatively bounded phenomenon in depth and examines the contexts under which this phenomenon occurs, particularly when the margins between context and subject are blurred (Yin, 2009). The study of cases is commonly used as a teaching technique in education, such as the training of health professionals (Stake, 2000). The examination of a patient case study, including exploration of the contexts that contribute to disease and surround the experience of illness, might be used to educate nurses about prevention and treatment. As a research tool, case study has an extensive history in both the social sciences and the health sciences (Sandelowski, 2011). Case study is often viewed as a methodology with broad research application since it is used in a variety of qualitative, quantitative, and mixed-method research (Flyvberg, 2006; Stake, 2000; Yin, 2009).

Within the field of qualitative research, case study has been described as a flexible methodology that has usability in different research paradigms (Luck, Jackson, & Usher, 2006). Case study has additionally been conceived of as a taken-for-granted methodology that is often invisible in qualitative abstracts and titles (Anthony & Jack, 2009). The lack of methodological guidance and the emphasis on postpositivist standardization in case study might discourage poststructural health researchers from employing this methodology. For qualitative researchers unfamiliar with case study, it may be challenging to conceptualize the ways that assembling a case can help to accomplish the aims of poststructural research — that is, to open up an understanding of power, knowledge, and discourse that constitute a phenomenon.

Much of the dominant methodological writings about case study tend to adopt a postpositivist perspective that assumes the “truth” can be accessed through applying prescriptive and rigid research techniques (Yin, 2009). Despite this trend, we call for the expansion of case study in poststructural research. We argue that the use of case study is a valuable methodological approach in poststructural research because it facilitates a deeper understanding of the social, political, and historical circumstances that shape a phenomenon and how power relations shape the actions and perceptions of people. To accomplish our aims, we first outline some of the key theoretical ideas of Michel Foucault, one of the most prominent thinkers in poststructural theory, and then show how case study aligns with a Foucauldian perspective. We then discuss insights gained through a poststructural case study of people with advanced cancer who continue to receive curative treatment. Our intention is not to outline a new approach for case study through suggesting systematic

methodological steps, but rather to explain how poststructural scholars can benefit from the utilization of case study. The reflexive implications of poststructural case study research are also discussed.

### **Case Study Within a Postpositivist Paradigm**

Postpositivism is a widely accepted research tradition that suggests that knowledge can be generated through the measurement of an objective reality that is yet to be uncovered by the researcher (Cresswell, 2013; Guba & Lincoln, 2005). In this research paradigm, knowledge is something that is viewed as the scientific or empirical “truth” until the emergence of new evidence proves otherwise (Guba & Lincoln, 2005). Since there are certain laws, theories, and hypotheses that govern the world in postpositivism, methodology in this worldview is focused on the manipulation of variables, quantitative measurement, and experimental designs (Creswell, 2013).

Robert Yin is the most prominent methodologist on case study, and is well cited across several academic disciplines, the business sector, and government-sponsored research. Yin’s (2009) understanding of case study methodology is strongly influenced by a postpositivist worldview, particularly his claim that case study can be used to access the empirical “truth” located in a phenomenon. Yin argues that the “core of scientific method” (p. vii) is not experimentation per se, but rather can be accessed through the analytical strategy called “plausible rival hypothesis” (p. vii). Since case study takes contextual factors into account, Yin views this approach as more empirically robust than experimental methods. The primary analytical strategy in case study is to eliminate competing rival explanations or other influences, such as threats to validity and investigator bias, in order to ensure that the main hypothesis is true; in this perspective, there is less room for multiple views of reality and less flexibility about what constitutes the “truth” in empirical inquiry (Yin, 2009).

Because of the dominance of Yin’s work in the methodological literature, qualitative researchers who work with poststructural theory and disagree with the assumptions of postpositivism may be discouraged from using case study methodology. We suggest otherwise and argue that case study approached from a poststructural orientation is a flexible and comprehensive methodology that yields an opportunity for in-depth exploration of the phenomenon under study. At the same time, we do not seek to fully discount the value of Yin’s work in this article. Yin offers helpful suggestions about key methodological decisions in the building of cases that have significant value across all forms of case study research.

## **A Poststructural Theoretical Perspective**

In this section we outline some of the assumptions of poststructuralism to provide a background for the reader who may be unfamiliar with this framework. Michel Foucault, the late-20th-century French philosopher, was influential in developing poststructuralist theory (also known as Foucauldian theory) as a challenge to the assumptions of structuralism. By viewing language and culture as a closed system of signs and other categories, structuralism is a worldview that explains human phenomena in terms of their underlying structures, or distinct social structures such as socio-economic class (Piaget, 1970). Opening up the rigidity of structuralism, Foucault (1966) is concerned with a genealogical understanding of the world, which examines the historical “conditions of possibility” that allow forms of knowledge to emerge or, conversely, to be suppressed. To Foucault (1984), a genealogy involves developing “histories of the present” with a focus on “the unstable ensemble of faults, fissures, and heterogeneous layers that threaten the fragile inheritor from within and from underneath” (p. 82). From this perspective, knowledge is not universal, essentialist, or inherent, but rather is viewed as something that is situational, discontinuous, and open to historical and political revisionism (Foucault, 1972; Guba & Lincoln, 2005). Poststructuralism posits that knowledge, objects, individuals, and relationships have multiple meanings that shift with various contexts or different historical locations.

Foucault (1972) defines discourse as a system of thought composed of different patterns of action, practices, ideas, beliefs, and attitudes that systematically construct the objects of which they speak. Discourses exist under what Foucault (1972) calls “positive conditions of a complex group of relations” (p. 45). Foucault (1972) uses the term “discursive relationship” (p. 46) to denote the group of relations that discourse must establish “in order to speak of this or that object, in order to deal with them, name them, analyse them, classify them, explain them” (p. 46). As opposed to the notion of universal “truth” in postpositivism, in poststructuralism each discursive situation has its own politics of truth that dictate what some consider to be true and false knowledge (Foucault, 1980). Certain systems of thinking or discourses (for example, scientific discourse) are seen as accepted and dominant ways of understanding the world, whereas other types of discourse are viewed as less credible (Packer, 2011). Discourses are not limited exclusively to systems of knowledge, but often shape people’s thoughts, perceptions, attitudes, and behaviours (Foucault, 1976). People often alter their actions in order to fit certain norms and behavioural expectations that they internalize to police themselves (Packer, 2011).

Foucault made significant theoretical contributions to the notions of power and knowledge. These ideas are so aligned in poststructuralism that they are collapsed into the single term *power/knowledge* (Foucault, 1976; Mansfield, 2000). To Foucault, knowledge is enmeshed in relations of power; it regulates the social conduct of individuals and their bodies through various practices. Rejecting the idea that power is enforced from above, Foucault (1976) suggests that power is relational; people exercise power from innumerable points and power is located everywhere because it “comes from everywhere” (p. 93). At the same time, Foucault (1976) suggests that “where there is power, there is resistance” (p. 95), and this resistance is never in a position of exteriority in relation to power. People exercise resistance at multiple points throughout the web of power relations in dispersed and nuanced ways that are difficult to locate (Foucault, 1976).

In place of an essentialist and universal identity, Foucault (1976) describes how the self is composed of multiple subjectivities that exist concomitantly within one individual and shift with changing social locations. Selfhood does not exist outside of being subjected; there is no self without being a subject and the self is always constituted by the production of discursive systems (Mansfield, 2000). Power/knowledge also constitutes our subjectivities. The self is socially constructed through the interplay of multiple forms of power/knowledge in multiple locations (Foucault, 1976). Both the individual subject and the elements that make up our individuality, such as our gestures and use of language, are effects of power (Mansfield, 2000).

The constitution of people’s subjectivities is not shaped just by external forces; Foucault (1988) uses the phrase “technologies of the self” (p. 18) to describe a form of self-constitution. These techniques permit individuals to “effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being” (Foucault, 1988, p. 18). Individuals employ such techniques to transform themselves “in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (Foucault, 1988, p. 18).

### **The Argument for Poststructural Case Study Methodology**

In this section, we discuss how case study is a helpful methodology for accomplishing some of the research aims of poststructuralism. Some have suggested that case study is not even a methodology because it has been described as a simple data-collection plan (Gerring, 2004) and because all forms of qualitative research eventually become the study of cases (Sandelowski, 2011). We take the position that case study is a methodol-

ogy because it is a qualitative research design with a well-established set of procedures (Creswell, 2009), which lends itself to poststructural inquiry. Moreover, there is a longstanding tradition between poststructural thought and the study of cases (Flyvberg, 2006). Foucault often looked to historical cases, such as his examination of the prison system in Western Europe or the psychiatric management of mental illness, as a way to develop his ideas about politics, power, and the body.

Although Yin (2009) does not fully define “context” as a conceptual idea, case study aligns with a poststructural approach because they are both concerned with the indistinct boundaries between the phenomenon and the contexts that constitute it. Whereas Yin (2009) might be concerned with the contexts that permit a researcher to test a rival hypothesis, poststructural researchers use case study to explore the discursive contexts that shape a phenomenon. Moreover, because the process of building a case allows and even encourages the collection of multiple sources of data (Stake, 1995; Yin, 2009), it allows poststructural researchers to select strategically what kind of data will be collected and who might be interviewed. One of the important aims of poststructural inquiry is to examine critically how people’s patterns of thinking and action are shaped by broader discourses. Cases can be collected that include viewpoints from multiple social actors and data sources from multiple levels, such as the local and personal, but also the institutional and social. Yin (2009) describes the importance of data triangulation, also described as the “convergence of evidence” (p. 117), so the overall proposition of the case study is supported by multiple forms of evidence. In comparison, poststructural researchers might use multiple sources of data to consider tensions between social actors or discourses.

Another important aim of poststructural inquiry is to consider how power/knowledge relations constitute and operate with a research phenomenon. Case study is focused on the examination of a relatively bounded phenomenon and a limited number of events and conditions and their relationships (Dooley, 2002). Since cases represent both positive and negative practices, the collection of a case might include the setting, the people involved, events, problems, and conflicts (Dooley, 2002). Case study facilitates the exploration of complex and diffuse types of relationships and patterns that are present in case-based data (Dooley, 2002; Stake, 1995). As opposed to a simple interview study, case study methodology facilitates the examination of multiple relationships among different types of participants from different social positions, documents, or observational data. Since case study is concerned with how participants might function and act within limited contexts (Stake, 1995), this methodological approach also lends itself well to examining the nuanced ways that people resist power relations.

## **A Poststructural Case Study of Advanced Cancer Treatment**

### *Assembling Cases and Collecting Case Data*

To illustrate how a poststructural case study is possible, we describe our experiences conducting a case study of people with advanced cancer who continue to receive curative treatment. As we have stated, our intention is not to outline a rigid or systematic scheme for using case study methodology in poststructural research, but rather to describe some of the steps that we undertook in the particular context of our study because the ontological and epistemological aims of poststructural inquiry resist a standardized methodological approach.

The research phenomenon was patients' search for life extension through the search for biomedical and potentially curative treatment, despite the diagnosis of advanced, life-limiting cancer. Curative treatments are defined as oncological therapies, such as second-line chemotherapy or experimental trials, that are intended to eliminate cancer but may not improve the prognostic outcome of metastatic cancers and may lead to harsh physical side effects. Our study was guided by two research questions. The first was *How do discourses constitute the search for life extension through biomedical treatments for those with advanced cancer?* Building on this first question, the second was *What kinds of subjectivities are produced by the discourses in operation when individuals with advanced cancer seek life extension through biomedical treatments?*

We classified the cases as radical or atypical (Baxter & Jack, 2008; Flyvberg, 2006; Stake, 2000) in the sense that the search for curative treatment is often viewed in clinical practice as a problematic activity because it may call attention to patients' discontentment with their care, disputes with professionals, and barriers to acknowledging the closeness of death. Because radical cases involve social actors that are not obvious to an outside observer and encompass exceptional ideas and practices, as well as the shared norms and common standards of practices being disrupted in the phenomenon under study (Flyvberg, 2011), they are more comprehensive than representative cases.

The bounded nature of case study methodology encouraged us to stay focused on our research topic and to generate rich information to answer our research questions (Sandelowski, 2011; Stake, 2000; Yin, 2009). Cases were thus focused on data related to the search for oncological treatment in the later stages of cancer treatment, as opposed to initial diagnosis or the overall experience of illness. Since the perspectives of people with advanced cancer were largely missing from the literature on this research topic, cases began with interviewing of participants with advanced cancer and then moved outwards to include interviews with other social actors, examination of documents, and field observations.

Using snowball sampling (Browne, 2005), we asked participants with cancer to identify which people they perceived to be key in their search for curative treatment. To obtain multiple perspectives on the search for curative treatment, we chose as our study participants seven patients, five family members, two oncologists, three palliative care physicians, two oncology nurses, and an unlicensed natural healer. Participants with cancer were college- or university-educated, in their mid-thirties to mid-seventies, and originally from a variety of countries such as Belgium, Canada, Iran, Korea, and Nepal.

Case study methodology is associated with collecting multiple types of data (Stake, 1995; Yin, 2009). As documents often record an important “technology of power” (Hodder, 2000, p. 703), the analysis of documents facilitated a deeper examination of the discourses and subjectivities in operation. We asked participants to identify what documents they used in their search for curative treatment. Documents included Web sites, self-help books, pamphlets, magazine articles, self-made graphs of medical records, and self-written summaries of illnesses. Because we wanted to consider some contextual and setting-specific influences (Dooley, 2002), we conducted approximately 5 hours of field observation. Although we asked them during interviews, participants with cancer did not give us permission to attend any formal appointments with health professionals. Most participants did not identify any observable events (for example, public lectures or information sessions) related to cancer treatment that they were planning to attend.

### *Analyzing Case Study Data From a Poststructural Perspective*

To analyze our findings we drew on both Foucauldian discourse analysis and analysis of case study in general. Yin (2009) recommends that theoretical propositions influence the analysis of the cases. In addition, Yin (2009) states that there are “few fixed formulas or cookbook recipes” (p. 127) to guide case study analysis. Paralleling this approach, we employed a flexible and iterative approach to our analysis that Frost et al. (2010) propose is needed to embody the “spirit of poststructural inquiry” (p. 444). While much has been written about discourse analysis (Yates & Hiles, 2010), less consideration has been given to how this analytical approach might be intertwined with case study methodology.

A primary concern of case study research is understanding the relationships, complexities, and problems within an individual case (Stake, 1995). As we progressed through the analytical process, we began to consider the conceptual differences and similarities of the data between individual cases. Rather than look for the central “truths” in our analysis, we considered the fluidity and inconsistency of meanings, which are characteristic of poststructural thinking. To locate discourses, we exam-

ined the different practices of participants in searching for curative treatment (Frost et al., 2010). These practices included various techniques to obtain knowledge and shape the self, along with a variety of negotiation strategies and assertive communication styles. To locate subjectivity in the data, we considered how participants enacted various discourses through practices of power, agency, and resistance (Hook, 2001). We considered the ways in which participants with cancer shaped their lives, identities, ways of conduct, and thoughts as expressions of subjectivity that were also associated with locating curative treatment (Yates & Hiles, 2010).

### ***A Representative Case***

To demonstrate the application of case study methodology to post-structural inquiry, we briefly present the data and study findings through discussion of a representative case. A pseudonym is used and the case details are obscured. Jean, a man in his late thirties, was diagnosed with cancer several years ago that progressed to advanced disease with metastases to multiple sites in his body. He completed several unsuccessful rounds of chemotherapy and radiation and was seeking experimental oncological treatment at the time of the interview, in addition to trying alternative treatments such as positive thinking, meditation, and mindfulness training. Well educated with a university degree, he previously worked in the information technology industry. He was married with no children, was currently not employed, and experienced pain and fatigue. Data collected in his case included two interviews with Jean, one interview with his spouse, one interview with his palliative care physician, and several books and articles that he referenced in his search for curative treatment.

Drawing on his occupational background, Jean often brought mainstream scientific journals and medical textbooks, mass media articles, and alternative medicine reports to consultations with oncologists in an attempt to open up a discussion about additional curative treatments. Oncologists often dismissed the types of information presented during the encounter, claiming that the studies were not rigorous or were conducted on a population that was not specific to Jean's cancer. Not having his self-initiated research acknowledged led to both frustration and suspicion:

*The reason why I do all this research is because doctors don't, quite often. They don't get together and they don't consider everything — all the drugs that you're taking. And if you don't educate yourself on it, you could be dead.*

Despite the social prestige of biomedicine, Jean often assertively questioned the authority of his oncologists by critiquing the merits of their

knowledge and skill in treating his advanced cancer. In this quote, he describes the ultimate consequence of not taking personal ownership of one's treatment through researching one's disease — that is, death. Later in his interview, Jean described multiple strategies he used when discussing curative treatment with oncologists, such as asking pointed questions, requesting information about their training, and even informing them that he would double-check their treatment suggestions by getting second opinions from different physicians.

Although we were unable to interview Jean's oncologist, his palliative care physician described the challenges of working with patients who bring information about curative treatment to the medical encounter:

*They read all this stuff and they don't know how to put it into context. So it's helpful that patients are proactive and go on the Internet and they ask questions. Um, but sometimes you do spend a lot more time re-educating them [laughter], you know, sort of redirecting that knowledge.*

This physician reported that an important part of the clinical role is to re-educate, redirect, and re-contextualize the information that patients bring forward. Later in the interview, the physician described the sophisticated formal training and advanced clinical skills needed to work in oncology. From this perspective, medical knowledge, a type of legitimized understanding, may be somewhat inaccessible to a lay audience and is often the dominant form of knowledge when determining whether or not a cancer treatment is provided.

The documents that Jean accessed in his search for curative treatment often supported the assertive questioning of health professionals. One of Jean's peer-run patient support groups operated a Web site with a feature article titled "Questions for Your Doctor," which included a suggested list of questions for patients and families to ask their oncologists. In addition to more obvious questions about side effects, the article included bolder questions probing the physician's clinical skills and professional expertise, such as "How many of these procedures have you done?" and "What is your success rate in terms of getting rid of the cancer and minimizing side effects?" From this perspective, the degree to which cancer responds to treatment might depend on the quality of the oncologist and people with cancer should have the right to hold oncologists accountable for their unique healing capabilities.

The overall results of our analysis suggest that the search for life extension through curative treatment is constituted by multiple discourses and that multiple subjectivities are produced by these discourses. For the purposes of this article, and only because we present the results from one case, we discuss one discourse and two subjectivities.

See Mohammed, Peter, Gastaldo, and Howell (in press) for a more complete report on our findings.

The results of our analysis suggest the emergence of the *discourse of self-care*. Originating in response to the dominance of biomedicine's claim on legitimized knowledge, this discourse shaped certain modes of conduct, attitudes, and everyday practices that participants took up in order to generate their own curative possibilities despite having late-stage disease. This discourse was defined by participants' active use of bio-scientific knowledge and their manipulation of how treatment is administered in the cancer-care system as emergent practices of this discourse. The discourse of self-care threatened to dislocate the traditional hierarchical arrangements of bio-scientific knowledge and other treatment practices set forth by biomedicine. The conceptualization of this discourse in our study was facilitated by case study methodology. Having divergent viewpoints from participants within a case, which were limited to the search for curative treatment as a research phenomenon, led to the emergence of different discursive patterns and tensions in our analysis.

The discourse of self-care produced two types of subjectivity that we discuss in this article: (1) *the cancer expert subject*, and (2) *the mistrusting subject* (Mohammed et al., in press). The rise of the emergent discourse of self-care, which was characterized by the practice of challenging the authority of physicians, also provided the conditions for individuals to take on more assertive knowledge roles such as Jean's role in carrying out extensive research on cancer treatment. The cancer subject moved beyond being merely an informed individual to assume an expert role with certain knowledge and therapeutic abilities that were not only on a par with those of physicians but, from the perspectives of some participants, often surpassed the expertise of physicians (Mohammed et al., in press). The cancer expert subject often made self-researched knowledge claims about treatments as a way to resist the authority of certain physicians.

The discourse of self-care also encouraged participants to invest in their own capacities to generate the possibilities of life extension, thereby downplaying the need to trust health-care providers in clinical encounters. The mistrusting subject focused on discussions and materials that questioned the dominance of biomedicine (Mohammed et al., in press). One key rationale of the mistrusting subject was that one should view biomedicine with caution and recognize that it may not have any more power over cancer than patients do, since it cannot effectively cure certain forms of metastatic cancer. Both types of subjectivity discussed in this article highlight the role of Foucault's (1988) technologies of the self in the formation of particular types of subject who are

strong enough to push for life extension assertively, despite the debilitating and terminal nature of their disease (Mohammed et al., in press).

### **Using Case Study to Examine Power/Knowledge Relations**

Case study methodology was helpful when considering the multiple ways that power/knowledge operated throughout the data. In particular, collecting multiple forms of data across the cases allowed us to consider the practices of patients and family members and then compare and contrast them to the perspectives of health professionals. Moreover, collecting documents that were located both within and outside the biomedical mainstream led to creative insights into the numerous ways that power/knowledge relations shape social discourses about curative treatments.

Our analyses of power/knowledge relations highlight Foucault's conceptual claim that people's resistance takes place in various densities and occurs in an irregular and sometimes unexpected fashion. For instance, before we collected the data we assumed that participants with advanced cancer would be too vulnerable or would lack sufficient knowledge to negotiate their treatment. After collecting and analyzing the data we were surprised by the intensity with which participants resisted the dominance of biomedical authority yet still wanted to receive oncological treatment (Mohammed et al., in press). Although information provided by health-care providers was perceived as essential, knowledge obtained from a wider assemblage of sources (for instance, one's own body, self-navigation of cancer research, informal social networks, and the mass media) was also given a certain level of importance. In their practice of resistance, participants did not necessarily view the knowledge obtained from health professionals as inherently more credible, but rather used self-obtained understandings to compare, confirm, and sometimes discredit the knowledge obtained in the clinical encounter (Mohammed et al., in press).

### **Reflexivity in Poststructural Case Study Research**

A poststructural theoretical framework often considers how the subjectivities of the researcher impact the research process, resulting in a concern with speaking for others and attention to the power relations inherent in knowledge production (Choi, 2006; Packer, 2011). As it deconstructs the authority of the researcher, reflexivity helps to disclose how power/knowledge relations and dominant ideologies operate through the research process (Choi, 2006). We worked from the post-structural position that the researcher is the primary instrument for data collection. The awareness of our own subjectivities was an important facet of promoting methodological rigour (Manias & Street, 2001).

In order to bring more openness and sensitivity to the research process, the first author (SM) had to consider his previous personal relationships with people who have advanced cancer within two contexts: his familial history and his clinical work as an oncology nurse. The first author conducted all the data collection in this study. Considering the effects of his positionality was the beginning of the reflexive process. For instance, he had to continually reflect on his previous positions as “nurse” and “caregiver” with the emerging positions as “researcher” and “producer of knowledge.” He had to consider reflexively how the boundaries between these positions became blurred and what this blurring meant to the study process. For example, when witnessing the suffering of participants, he had to consider carefully how his instinct as a clinician to intervene in a therapeutic sense affected the interview process. His concern with protecting and “saving” cancer patients, a role oncology nurses are often socialized to take up, occasionally led to hesitancy to probe deeper about certain emotionally laden topics (for example, funeral preparations), despite the importance of these topics to the study aims. Through continual reflection and debriefing with his co-investigators in the study, he developed a better awareness of his role as researcher, and this translated into a deeper but still respectful exploration during interviews.

As researchers who are all nurses using a critical perspective, we developed an awareness of our location within the very discourses (for example, biomedicine) that we aimed to investigate and problematize. McCabe and Holmes (2009) argue that reflexivity in poststructural inquiry is more than promoting research validity, but is also about acknowledging the “nature and function of power” (p. 1524) of participants and researchers. As a result, we were cognizant of how our authoritative expertise as clinicians and researchers vested us with a sense of power, which could have either liberating or repressive effects (McCabe & Holmes, 2009). The interview could become repressive in that participants could find themselves in a discursive field where they might see themselves as deviant or bad (McCabe & Holmes, 2009). To limit this possibility, the first author attempted to cultivate an open and respectful research environment where participants would feel free to disclose their perspectives without judgement. The research interview can be a liberating experience because it isolates the individual from the judgement of society (and the health-care team) and provides a space where one can explore different and often controversial perspectives (McCabe & Holmes, 2009).

In the interests of openness and transparency, the first author shared his identity as an oncology nurse with participants and sometimes discussed with them how this might have affected the research relationship.

Yet this raised concerns about whether participants modified the information they were willing to share. Some participants, concerned about upsetting the social arrangements that supported their ability to access treatment, may have been hesitant to bring up certain subjects because of his professional background. For instance, some interviewees avoided naming particular health professionals when critiquing their care. For other participants, his identity as a nurse did not stop them from expressing their frustrations and thoughts about challenging health professionals. According to the arguments of McCabe and Holmes (2009), these individuals were able to use the interview as “a vehicle for reflexive thought and action” (p. 1523) in order to examine their own stance against normative values. Through reflexive engagement with the researcher, these individuals were able to explore particular power structures and dominating discourses that greatly impacted their search for treatment (McCabe & Holmes, 2009).

In order to promote reflexivity, we had to continually review the multiple assumptions that we brought to the research process (Patton, 2002). In particular, we had to reflexively examine how our previous assumptions about health-care teams and the dominance of physicians, which were generated by our own clinical work, might have coloured our examination of the power dynamics between patients and physicians. When participants described their concerns about physicians’ inability to be attentive, we could empathize with the challenges of exercising power in a relationship with physicians. When we reflected back, we wondered whether we were reverting back to being resentful of the power of physicians, which nurses are sometimes socialized to do in the clinical world. For the first author, this tendency resurfaced during his interview with an oncologist. Because the oncologist seemed rushed and unwilling to engage in a deeper conversation about practice, the interview provoked a sense of annoyance in the first author and fed into his assumption that physicians are often dismissive, a claim supported by certain participants. Using reflexive discussions as a research team, we concluded that pejoratively assigning a normative view of physicians and rendering the patient and family powerless in the clinical encounter is antithetical to a poststructural approach. Through a reflexive process, we became more attuned to seeing how constrained physicians were in their clinical role, how participants exercised their own practices of resistance to counter biomedicine, and the discursive interrelationships that constitute the dynamic between these two groups.

Examining our personal assumptions about death due to cancer was crucial because it helped us to understand how we might have shaped our own selves through the research process, an important facet of reflex-

ivity (Patton, 2002). We occasionally found ourselves mesmerized by participants' confidence and dedication to life extension, which was likely a social performance of their faith in their own curative abilities. On occasion, we found ourselves caught up in the wider culturally endorsed assumption that one can transcend death by adopting certain subjectivities. Reflexively considering our assumptions about death helped us to better engage with the actual possibilities of dying in this work, which was a prevalent theme in the findings.

### **Limitations**

The major limitation of our discussion in this article, which may affect its applicability to future research, is our reporting of only one research study in one clinical area. Both poststructuralism as a theoretical framework and case study as a research methodology have many possibilities for qualitative researchers. Although we have discussed the suitability of this methodology for a poststructural case study in the context of advanced cancer, case study researchers need also to conceptualize and share, in future articles, how they have previously used this methodology. Through these developments, case study can perhaps emerge from its current status as a taken-for-granted methodology.

### **Conclusion**

In this article we have critically examined Yin's (2009) postpositivist orientation to case study methodology. We have suggested that the ontological and epistemological assumptions of this dominant view might deter qualitative researchers who use other theoretical perspectives, such as poststructuralism, from using case study methodology. As a counterpoint, we call for the expansion of case study methodology in poststructural research. After briefly mapping out Foucault's key theoretical assumptions, we have argued that the use of case study within a poststructural approach is valuable because of the flexibility and comprehensiveness of the methodology, which allows for exploration of the broader discourses that shape a phenomenon as well as the power/knowledge relations that shape people's behaviours and perceptions. By presenting an example of a case study of people with advanced cancer who continue to receive curative treatment, we have illustrated our use of poststructural case study. We have also explored the complexities of reflexivity to poststructural case study. Case study methodology has the potential to effectively support qualitative studies that examine the roles of power, knowledge, and discourse on health and disease.

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