

# Observing Abuse: Professional Ethics and Personal Morality in Field Research

Steven J. Taylor

*Syracuse University*

**ABSTRACT:** Based on the author's participant observation research in a state institution for the mentally retarded, this article deals with moral and ethical dilemmas that occur in research at settings characterized by routine human abuse. After a discussion of the choices posed by these dilemmas, the author presents preferred solutions. The importance of anticipating potential moral and ethical dilemmas prior to entering the field and delineating the relation between professional ethics and personal morality are discussed as implications of this problem.

Field research sometimes involves dealing with difficult, even unresolvable, moral and ethical dilemmas. Participant observation requires us to get our hands dirty (Van Maanen, 1983:280). We participate in people's natural settings and share in their activities and sentiments in face-to-face relationships (Bruyn, 1966:13). As we become involved in everyday life, however, we may find ourselves drawn into morally problematic situations in which fellow human beings are being harmed with our presence actually contributing to their suffering.

Sociologists and anthropologists have devoted considerable attention to ethical issues such as confidentiality, covert research, informed consent and the legal obligations of field researchers, (Cassell & Wax, 1980; Erikson, 1970; Galliher, 1973, 1983; Humphreys, 1975; Punch, 1986; Rainwater & Pittman, 1967; Sagarin, 1973; Sjoberg, 1967; Wax, M., 1980, 1983; Wax, R., 1971). However, with few exceptions, such as Van Maanen's (1982, 1983) accounts of fieldwork among the police, little attention has been paid to the moral and ethical implications of fieldwork in settings situations characterized by routine abuse.

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Address correspondence to: Center on Human Policy, Syracuse University, Syracuse, NY 13244.

This article looks at the moral dilemmas raised by a participant observation study of attendants on a ward at a state institution for the so-called mentally retarded. The article deals with the question: What do you do when your informants or research subjects engage in the abuse of other people? While this question seems to be pertinent for anyone conducting field research at "total institutions" (Goffman, 1961), such as mental hospitals, facilities for the mentally retarded, nursing homes, prisons, and other closed settings, I suspect, based on discussions with other researchers, that the lessons to be drawn from this article apply to research conducted in an even broader range of settings.

### **Fieldwork, the Bargain, and Rapport**

In 1972, I began a study of a ward for the mentally retarded (Taylor, 1977; Bogdan, et al., 1974). I spent one full year observing one ward characterized as serving 73 "severely and profoundly retarded, ambulatory, aggressive, young adult males." Not all of the people on this ward were actually "severely and profoundly retarded." Not all were ambulatory (several crawled on the floor); not all were aggressive (in fact, any sort of aggression was quite rare). And not all were young (ages ranged from 14 to 44). They were all male.

I first went to the institution as part of a summer workshop in conjunction with my graduate studies. After spending three days and nights at the institution, I decided that I would continue my research there. In order to gain continued access to the institution, I struck what some researchers (Taylor & Bogdan, 1984; Haas & Shaffir, 1980) call a "bargain" with institutional officials and ward staff. In exchange for letting me observe, I promised to maintain confidentiality and refrain from interfering in institutional activities.

All field researchers know that establishing rapport with subjects or informants is an important part of fieldwork, although some doubt whether the researcher can ever be fully accepted and trusted by people in the field (Douglas, 1976; Johnson, 1975). Rapport means many things: penetrating people's "defenses against the outsider" (Argyris, 1952), sharing in people's symbolic world, their language, and perspectives (Denzin, 1978), and appearing as "a humble person who would be a regular guy and do no one any dirt" (Johnson, 1975:95). I worked hard to establish and maintain rapport with the staff (i.e., attendants on the ward).

Playing the "naive student role," I was amazed at how quickly I seemed to establish rapport with most of the attendants. A couple of attendants took me under their wing and acted toward me as though they were

breaking in a new coworker. They told me "what the retarded are like" and "how you have to treat them" and I nodded respectfully. They complained about the state and the "higher-ups" and I sympathized.

It did not take long for attendants to let down their guard when I was around. In the first few visits, I passed several "membership tests" such as drinking beer on the night shift, pitching nickels, betting, and smoking cigarettes in areas where this was prohibited.

The more I was accepted by attendants, the richer the data I collected. There was a price to pay for this, however, in terms of moral and ethical dilemmas.

### Abuse and Dehumanization

The ward was a terrible place. It had all the characteristics of total institutions clearly described by Goffman's (1961) *Asylums*, Frederick Wiseman's documentary film *Titticut Follies*, and Burton Blatt's (1966, 1979) photographic essays on institutions for the mentally retarded. It was grossly overcrowded and understaffed. There were no programs, no therapy, and very little human care. Over one-third of the people were not toilet-trained and a foul stench hung in the air. By early evening, as many as one-half of the residents were naked. Feeding and showering were conducted in assembly-line fashion. I still have vivid memories of a line of over 70 naked men waiting to be showered. As bad as all of this might seem, this was the easy part to take. The abuse was the difficult part.

I got to know over 30 attendants who worked on the ward at one time or another over the course of a year. About a dozen of those I got to know well. Each of these 12 attendants abused the men. Mild abuse consisted of yelling ("Get outta here!"; "Fuck you, Bobby!"), threats ("I'll break your fuckin' head if you do that again."), cruel teasing ("Don't play with it tonight, Dougie."), and throwing cold water on an unsuspecting resident. Another form of abuse consisted of making residents do unpleasant tasks, either as punishment or in exchange for food or coffee. Since none of the attendants liked to shower residents who smeared feces over their bodies or to clean up feces and urine from the floor, they assigned residents to do these things. As one attendant explained, "I won't clean up shit. I wasn't hired to clean up shit." So they assigned residents to do these things. On each shift, two or three residents were "put on the bucket" to clean up feces and urine with a bucket, a rag, and their bare hands. When mealtimes came, these residents went directly from the bucket to the dinner table without washing their hands.

Other forms of abuse were physical. It was not uncommon for attendants to hit or slap residents: "Most of these here you can't talk to. They only listen to two things—this (makes a fist) or this (makes a slapping motion)." Some residents were told to hit or otherwise control other residents. When attendants were bored and in a jovial mood, they compelled one resident to swallow lit cigarettes or instructed another to perform fellatio on one of his peers. Drugs were sometimes withheld from some residents in order to give extra to others. Certain "unruly" residents were tied in bed all night, sometimes spread-eagle. Attendants informed me how to hit or tie residents without leaving marks.

The abuse was morally appalling, yet sociologically interesting. How is it that human beings can routinely abuse other human beings under their care? This became my research focus and thus one person's suffering became another's data.

I learned that attendants engage in acts they know are illegal or illicit without viewing themselves as deviant or the acts as morally problematic. Attendants successfully avoid negative definitions of what they do through *evasion strategies* to avoid getting caught. For example, they place a resident, a so-called "watchdog," at the doorway to warn them of the approach of visitors; they hit or tie residents without leaving marks. They also draw on a series of *accounts* (Scott and Lyman; 1968), *disclaimers* (Hewitt and Stokes, 1975), and *neutralizations* (Sykes & Matza, 1957) to make their actions appear perfectly rational and moral: "They don't get hurt like you and me," "I'd love to work with them, but we don't have the training and there's not enough staff;" "He likes to eat cigarettes;" and "You have to discipline them or they'll end up running this place."

### Moral Dilemmas

The moral and ethical questions raised by this research are deeply troubling. Is it moral to stand by passively while other human beings are being harmed? As field researchers, we learn to be unobtrusive and stay out of people's way. Yet when should we step in?

Even more disturbing is the possibility that my presence might have contributed to people being harmed. When people engage in immoral acts, those who stand by idly enable them to retain their belief in themselves as morally upright and hence encourage them to continue. In other words, to observe abuse and accept definitions of it as justifiable may be to condone and support it.

Moreover, and even more horrifying, it was also extremely likely that

attendants hit residents, teased them, threw water on them, or had them swallow burning cigarettes to show off.

Bill (attendant) is sitting with three other attendants. He calls to Samuels (a resident): "Samuels, come over here." Joe says to me, "Steve, come here, you have to see this." Samuels sits down in front of the attendants. Bill hands him a burning cigarette butt. Samuels takes it and without extinguishing it, pops it into his mouth and swallows it. The ash sizzles as it touches Samuels' saliva. Bill hands him another burning cigarette butt. Samuels looks uncomfortable and confused, but takes it and pops it into his mouth. All of the attendants laugh. Bill says, "It doesn't hurt him. He loves to eat them." Tom (attendant) says, "We brought in a cigar for him one day and he ate that too. Later he barfed up the cigar and about twenty cigarette butts. . . Now if you told anyone about this, they'd say we were torturing the kid. But he don't mind. He likes to do it. Now that you've been up here a while, you're beginning to understand this place. That's why I said you need a month here to understand what's going on."

I am sitting with Bill and the other attendants. Bill calls to Davis (resident), "Davis, come here and sit down." Davis comes over and sits in front of Bill. Bill says, "Momma got a new car." Davis says, "Momma got a new car." Bill nudges me, smiles and winks. He says, "It's a nice car." Davis says, "It's a nice car." Bill says, "It's a bad car." Davis said, "It's a bad car." Bill says "How's a machine go?" Davis says, "Whirrrrrr." Bill, laughing, says, "What does Santa Claus bring you? Davis says, "Toys!" Bill says, "Fuck Santa Claus." Davis says, "Fuck Santa Claus." Bill, still laughing, says to me, "He'll mimic anything you say. In the same tone too. You go high. He'll go high."

Tom (attendant) is standing by Ken, a resident. Tom motions for me to come over. I walk over. Tom says to Ken, who is holding his hands up around his face, "What's wrong Ken? Are you nervous?" Ken says, "Yes." Tom says, pointing to Murray, a resident, "Go hit Murray." Ken goes over and gives Murray several taps. Murray cringes and moves away from Ken.

Roy (resident) is standing on the porch by the screened window to the medications room. He is listening to the radio. Roy is 44 years old and heavy set. He is wearing a heavy grey institutional shirt and pants and no shoes. Sam and Hank (attendants) are in the medications room. Tom points to Roy and says, to me, "Come on, we're going to hear the weather report." Tom and I walk over towards Roy. Tom says to Roy, "Tell us what the weather's going to be, Roy." At that point, one of the attendants in the medications room turns off the radio and the other throws a bucket of water into Roy's face through the screen window. Roy starts yelling, "You motherfuckers. You bastards." The attendants, laughing, laugh harder as Roy screams.

I observed seasoned attendants repeat many of these same acts for the entertainment of new staff. Similarly in his study of police, Van Maanen (1982, 1983) suspected that police were showing off for him when they brutally beat suspects.

It would be misleading to suggest that my presence increased the amount of abuse. Long after the attendants had stopped showing off for my benefit, they continued to abuse residents, whether for amusement, out of anger, for behavior control, or as a matter of habit. It seems clear, though, that some early acts would not have occurred had I not been visiting the ward.

### **Personal Morality and Professional Ethics**

What should you do when your informants, the people on whom you depend for information and with whom you have worked hard to establish rapport, harm other people? My experience points to four choices: Intervene, leave, blow the whistle, continue to study.

#### **Intervene**

Possible courses of intervention range from asking attendants to stop, threatening to inform their superiors, expressing mild disapproval, to talking to attendants about the moral implications of these activities.

While intervening in attendants' abuse might have soothed my conscience and perhaps helped the men temporarily, it almost certainly would have spelled an end to my rapport with attendants and thus circumscribed the opportunities to collect data on their everyday routines and activities. Being a "humble person who would be a regular guy and do no one any dirt" (Johnson, 1975) and telling people you find their actions morally repulsive are incompatible. Establishing rapport with attendants required upholding their definitions of their activities as moral and rational. Attendants frequently expressed disdain for supervisors, professionals, politicians, and other outsiders who "don't know what it's really like" (Bogdan, et al., 1974) and do not understand the need to control residents. Questioning their behavior or even drawing unnecessary attention to attendants would mean placing oneself in the role of judgmental outsider. Sociological fieldwork may require total acceptance in order to remain identified with the insider. As long as I presented myself as someone who understood the attendants and their perspectives, they would relax around me and go about their everyday activities. As the attendant in the cigarette incident described above said to me, "Now that you've been up here a while you're beginning to understand this place. That's why I said you need a month here to know what's going on." He was wrong—it was not only time but willingness

to refrain from criticism that made me seem to understand and accept his perspective.

During my study, I had numerous opportunities to observe how attendants acted around supervisors, visitors, and even new attendants. They used a range of evasion strategies to avoid getting caught breaking the rules. And they put on a good "front" (Goffman, 1959, 1961), telling ward outsiders "what they want to hear."

### Leave the Field

The problem with this alternative is that certain settings, situations, and informants, are important to study and understand, however much they offend us, (and if they do not offend us, we are probably in real trouble). This is not a position of study for the sake of study, but rather of social obligation. We need to know what happens in mental hospitals, prisons, concentration camps, police stations, and other places where abuse is likely.

True, there are practices, such as murder, torture and enslavement, which a moral person will not tolerate, but the commitment to science requires the investigator to comprehend how it is that persons come to engage in such practices (Wax, 1980).

One strategy is to avoid certain parts of the field. Thus, Van Maanen (1983) tried to avoid those police officers who became violent in his presence. But this strategy does not address the criticism of it listed above. It does suggest, however, that if sociologists should stay to study immoral behavior their field research cannot be done by people who cannot tolerate this dilemma. People who cannot deal with moral ambiguity probably should not do fieldwork because of the internal conflicts it will pose.

### Blow the Whistle

A third approach would have been to report the attendants to institutional officials, the police, or the media. Like intervention, blowing the whistle on attendants would have seriously jeopardized the research by shattering rapport. In social work and education, this is the approved course of action because the law binds these persons to report certain kinds of abuse, with the risk of losing their professional licenses if they do not, and protects them when they do report.

The potential conflict between personal morality and professional ethics is highlighted with the option of "blowing the whistle." One's

moral values may be oblige a sociologist to report acts of abuse or malfeasance, especially regarding public officials (Galliher, 1973, 1983). But the ASA Code of Ethics (Rule 5) stresses the importance of confidentiality: "Confidential information provided by research participants must be treated as such by sociologists." The Code of Ethics suggests that the sociologist has an obligation to protect confidentiality even when no legal privilege is enjoyed. The seriousness of this obligation can be seen in the willingness of some sociologists to go to jail rather than to violate the confidentiality of research subjects (Humphreys, 1975; Van Maanen, 1982; also see the reports of the Brajuha case, ASA, 1984, Brajuha, 1984). Moreover, the ASA Code of Ethics also specifies that research must respect the "right of privacy and dignity" (Rule 3) and "avoid causing personal harm to subjects used in research" (Rule 4).

The ASA Code of Ethics would appear to preclude reporting acts of abuse based on one's obligations to research subjects. Some researchers go farther and suggest that researchers have an ethical obligation to *advocate for the groups* they study. Schensul (1980) writes, "Whether fieldworkers are involved in basic or applied research, it is my feeling that they have an ethical commitment to contribute their *research* skills and data to the group's own objectives" (Emphasis in original).

A complicating factor is that the interests of one's informants are not always unitary. To the contrary, in many settings, different people have different interests. This applies to institutions of the kind described in this article. Attendants have different interests than do administrators and both have different interests than do inmates. Should one respect the rights of administrators, attendants, or inmates? Should one protect attendant's rights to confidentiality, privacy, and protection from harm at the expense of perpetuating harm to residents?

In the institutional study, the whistle was, in fact, blown. But not by me. Toward the end of the study, I turned on the news one morning to learn that 24 attendants at the institution had been arrested on abuse charges. As a result of a parent's complaint, the state police had planted an undercover agent at the institution to pose as an attendant and uncover abuse. All of the 24 attendants were immediately suspended from their jobs amid proclamations from the director the "There are a few rotten apples in every barrel." Not one of these was an attendant in my study, even though each of them had committed acts of abuse.

That evening I went to the institution, not knowing exactly how I would be greeted. My own identity had been the subject of intense discussion and suspicion by attendants on the ward. As they explained, though, they had concluded that I was probably ok since "You drank beer up here with us and everything, and you couldn't say anything about it cause you was doing it too." Although this event interfered for



several weeks in the attendants' acting naturally around me, it also enhanced my research because the topic of abuse was now out in the open, enabling me to obtain rich data on attendants' perspectives on abuse. According to the attendants, the administration was scapegoating attendants but in fact they had never abused residents.

One of the most instructive lessons from this incident is that nothing ever came of the abuse charges against the 24 attendants. Each was cleared on the basis of insufficient corroboration and reinstated in their jobs. It is doubtful a different consequence would have ensued had I blown the whistle.

### Continue the Study

This, in fact, is what I did. I continued observing at the institution, recording field notes and developing a "grounded theory" (Glaser & Strauss, 1967) of institutional abuse. To say that I continued my study, though, is not exactly to say that I did nothing. During the several months of my study, I thought of the attendants as rather backward, sadistic people. The failings of institutional attendants are well-known and documented in the field of mental retardation. Researchers have related institutional practices to attendants' religious and ethnic backgrounds, mobility and diversity of interests, training, pay scales, IQ and other characteristics. Similarly, Taylor and Bogdan (1980) report that institutional officials blame attendants for a lack of programming, dehumanizing ward practices, and abuse.

As I came to know the attendants on this ward, I understood them not so much as "bad people" but as otherwise "good people" in a "bad place."

In *"Good People and Dirty Work,"* Everett C. Hughes (1964) asked how so much dirty work could be done among and by ordinary civilized people in Nazi Germany. He suggested that those who did the dirty work were both agents of the "good people" and pariahs or outcasts. The SS did things that others wanted done but that they were unwilling or too ashamed to do. Hughes made an analogy between the SS and the prison guard:

The minor prison guard, in boastful justification of some of his more questionable practices, says, in effect: "If those reformers and those big shots upstairs had to live with these birds as I do, they would soon change their fool notions about running a prison." He is suggesting that the good people are either naive or hypocritical. Furthermore, he knows quite well that the wishes of his employers, the public, are by no means unmixed. They are quite as likely to put upon him for being too nice as for being too harsh.

So it is with institutional attendants.

Although attendants must accept moral culpability for what they do, so must the state and institutional officials who cover up conditions and abuses (Taylor & Bogdan, 1980), the professionals who sanction socially acceptable forms of control such as drugging, restraints, and aversive behavioral programs, and the society that confines innocent people. From this point of view, attendants are the scapegoats of an abusive system.

### Ethics and Morality in the Field

Fieldworkers constantly decide how to act toward informants to achieve rapport, how to resolve moral and ethical problems, how to deal with confidential information, how to present their identity, and how to respond when people act immorally. There are no definitive rules on which to base their decisions, a task which is troubling to some, and inevitable to others.

Unfortunately, even with the luxury of considerable hindsight, I can not conclusively or with total conviction say that the moral choice I made was a good one. To be sure, I can defend it but it is up to others to decide whether or not to accept my defense (Van Maanen, 1983:287).

"Abstract rules are hard to apply in the field" (Whyte, 1984:193-94). Although professional conventions cannot regulate how researchers should act in *all* possible situations, and may even stifle intellectual freedoms (Douglas, 1979), we certainly need more open, honest discussion fieldwork dilemmas (Johnson, 1975; Punch, 1986) and clearer ways of thinking about acting in the face of immoral acts in the field. In the discussion below, I will suggest four such ways.

#### Participation in Abuse

Active participation in the abuse of people can never be justified, and thus it seems warranted that the ASA Code of Ethics proscribes "causing personal harm" to research subjects.

The justification of personal harm on the basis of the advances in scientific knowledge or even societal benefits is unwarranted, as we learned from Nazi research (Lofland, 1969:301). Atrocities have been committed in the name of research in this country and we must guard vigilantly

against their recurrence. Beginning in the late 1950's, a team of medical researchers led by an internationally recognized specialist on infectious diseases, Saul Krugman, sought the cure of hepatitis through research conducted at the infamous Willowbrook State School in Staten Island, New York (Rothman and Rothman, 1984). They fed live hepatitis viruses to children confined at that institution. Krugman, who received a prize in 1972 from the American College of Physicians for his research, justified his experiments on the basis that most Willowbrook residents contracted hepatitis anyway. As it turned out, at the same time Dr. Baruch Blumberg solved the puzzle in his laboratory, without conducting experiments on humans (Rothman & Rothman, 1984:267).

In my own case my rapport with attendants may have been enhanced had I joined them in hitting residents or feeding them lit cigarettes. Yet to have done so would have been, in my view, personally and professionally immoral.

### Observation of Abuse

Observation of abuse may be acceptable and the price to pay for conducting field work in certain "immoral situations." Polsky (1967:133) persuasively argues that researchers studying criminals must be willing to become implicated in criminal acts: "He need not be a 'participant' observer and commit the criminal acts under study, yet he has to witness such acts or be taken into confidence about them and not blow the whistle." Even so, the degree of harm, the probability that an act can be prevented, the conflicting obligations to protect confidentiality and privacy, and the impact on the research must also be considered. This mix of factors are ultimately the individual's not the professional's decision to make.

Situations that require intervention, leaving the field, or blowing the whistle, on the other hand, include murder or rape that one could have prevented. We could as a profession decide which acts may not be observed regardless of the aforementioned variables.

### Indirectly Contributing to Abuse: Reactive Effects

That the researcher's very presence may contribute to human suffering raises different moral issues. Like Van Maanen, I have the strong suspicion that my presence may have indirectly led to people being abused in a number of situations and that this abuse would not have

occurred had I not been there. It was not until after my study was completed that I fully realized that attendants might have been showing off when they abused residents.

As in the case of observing abuse, I do not believe that professional codes of ethics can resolve this troubling issue.

At the minimum, researchers should try to avoid situations in which their presence contributes to people being harmed. One can also change the situation through nonverbal behavior. For example, I sometimes pretended not to hear attendants when they tried to involve me in ridiculing residents, indicating that I was not interested in their performance.

### Doing Something About Abuse

When we observe first-hand the abuse and dehumanization of other human beings, we incur a moral obligation to do *something* about it. Conducting fieldwork is not a justification for turning one's back on the suffering of human beings. The question is *what* should one do.

Howard Becker (1967) answers that we must use our research as a vehicle to communicate about the situation of underdogs.

The most obvious way to communicate is by writing about it. In the field of mental retardation, for example, Goffman's (1961) work is widely known and contributed to the deinstitutionalization of public institutions that began in the late 1960's (Richard, 1986; Taylor & Bogdan, 1980).

Yet since most sociological studies have extremely limited distribution among sociologists, let alone policy makers, more than simple reporting of findings may be called for in certain situations. Beginning with the Chicago School, some sociologists have joined the struggles of the people they studied. Becker was an early leader in the National Organization for the Reform of Marijuana Laws after he conducted his classic study *Outsiders* (1963). Laud Humphreys has worked to promote gay rights politically and publicly (Glazer, 1972; Humphreys, 1975).

Since completing my study, I have been involved in exposing the plight of people confined to institutions for the mentally retarded. Less than two years after I had concluded my research on the ward, I led a half-dozen television and newspaper reporters through the back wards of the institution. Institutional conditions spoke for themselves. I drew on my knowledge of the institution in doing this, but did not indict individual attendants I had known. In fact, it would have been a mistake to point a finger of blame at individual attendants. To do so would have supported the definition of abuse and dehumanizing conditions as a mat-

ter of individual acts of malfeasance with the implication of institutional innocence.

Subsequently, I have worked with legal, parents, and advocacy groups to expose conditions at other institutions. Drawing on what I had learned about institutions, I have written descriptive reports for use in several court cases and for media exposes. Based on related research, I presented U.S. Senate testimony on conditions in institutions and the federal government's role in perpetuating abuse. I actively sought these opportunities. Had I not continued my research at the institution, I probably would never have had the commitment or knowledge for these activities.

### Implications for Sociological Practice

There are two implications I wish to emphasize. The first is that we pay more attention to describing the reality of field research and debating the moral and ethical dilemmas that arise in the field. It is important to go into fieldwork thinking about potential moral and ethical dilemmas before encountering them in the field. The second concerns personal morality and professional ethics. While professional ethics are necessary, codes of ethics cannot make all of our decisions for us. Situations occur in which professional ethics and personal morality conflict or which even require actions not required by a code of ethics. Since it is impossible to completely codify a morality, we have to strike personal balances among obligations to the profession, to society, to the pursuit of knowledge, and, especially, to the people whose lives we study.

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