

Designer's Corner

Investigator Bias in Bereavement Research: Ethical and Methodological Implications

Alicia Skinner Cook

The ethics of conducting bereavement research has received limited attention. While a plethora of research, both qualitative and quantitative, has been published on grief and loss over the last several decades, consideration of the particular ethical issues involved in such endeavours has lagged behind. Formal institutional or governmental reviews of research involving human subjects are typically based on a risk/benefit analysis. While important and even necessary, such analysis does not substitute for the various sensitivities of the investigator. Ultimately, the ethics of a particular research situation reside with the researchers themselves (Cook, 1995).

Understanding the aspects of the "self" that one brings to the research endeavour can help to increase awareness of personal and professional biases concerning grief and loss research. Lipson (1991) writes eloquently about the role of self in the research process and blames lack of self-awareness for some of the most glaring inaccuracies in ethnographic data and analysis. She also raises the suggestion that researchers should be required to undergo some form of systematic self-analysis as part of their training. In the qualitative research literature, the self is acknowledged as influential — "a presence that permeates all methodological decisions and penetrates the very fabric of meaning constructed" (Greene, 1994, p. 539). It can also be asserted that no research, whether qualitative or quantitative, is value-free.

Lee (1993), in his book on socially sensitive research, emphasizes the fact that interviewer effects are never completely independent of the topic under investigation. Interviewer characteristics, as well as the con-

Alicia Skinner Cook is a Professor in the Department of Human Development and Family Studies, Colorado State University, Fort Collins, Colorado.

cerns interviewers might have about the questions they ask, can affect the validity of the responses. "Sensitivity" has the potential to affect almost every stage of the research process, from the formulation of a research problem, through the design and implementation of a study, to the dissemination or application of findings (Sieber & Stanley, 1988).

Rodabough (1981) is one of the few authors to have recognized the threat of investigator bias in the study of death, dying, and grief. Unfortunately, bias in bereavement research has been discussed primarily in the context of sample bias, while the role of investigators themselves in introducing bias has been neglected. This article will delineate four categories of investigator bias (see Table 1): emotional bias, normative bias, cultural bias, and professional bias. Each category will be discussed as it relates to bereavement research.

Table 1 *Types of Investigator Bias in Bereavement Research*

1. **Emotional Bias:** Objectivity becomes difficult because of emotional involvement with individuals/families or due to personal (sometimes traumatic) experiences associated with loss.
2. **Normative Bias:** Value judgements are made regarding normalcy and appropriateness of grief-related feelings and behaviours (i.e., "good grief") based on current conceptual models and available empirical data.
3. **Cultural Bias:** The cultural background of the researcher serves as an interpretative lens, which can limit the understanding of bereavement in a different culture, ethnic group, or social class.
4. **Professional Bias:** The researcher's disciplinary training and perspective determine the particular aspects of grief and loss that are studied and the conclusions that are drawn.

Emotional Bias

Socially sensitive topics are often equated with areas of social life that are considered taboo and/or laden with emotion. Few research methodology courses address the unique issues involved in researching emotionally sensitive topics. Thus experienced investigators trained in sophisticated techniques are often unequipped to confront their own emotional responses. One's own emotions can affect choice of research topic as well as interpretation of findings. Morse (1994) recommends reflection on personal motives for conducting a particular study as a critical stage in the research process.

The feelings and personal issues of investigators might also influence the recruitment and responses of participants. In a study on bereavement, for example, painful family issues surrounding loss can increase researchers' anxieties related to their own experiences and decrease their willingness to contact participants. Also, perceived researcher anxiety can inhibit the interview responses of bereaved persons and thus affect the depth and accuracy of data. To put the investigator at ease, participants might modify their responses in accordance with their interaction with the interviewer. Reflection and examination of one's own needs, vulnerabilities, and expectations can help separate the issues of the researcher from those of the participant. Investigators studying grief and loss need ongoing opportunities to discuss their personal feelings, their concerns, and their frustrations (Boss, 1987; Moriarty, 1990).

Emotional bias is generally viewed solely as a negative force in the research process. Attention should be paid to the productive role emotional bias might play if brought into the researcher's awareness. While experiences of bereavement and residual feelings stemming from personal loss can interfere with the research process, they can also inform and enhance investigators' understanding of their findings. Callahan (1988) believes that emotions energize the ethical quest and that "heart and mind can no longer be seen as antagonistic adversaries in the moral enterprise" (p. 14). Because our emotional and cognitive capacities function interactively, a sound strategy for ethical decision-making includes both trust and critical awareness of all of our capacities and reactions.

Normative Bias

Researchers typically use conceptual models to guide their work. Unfortunately, the assumptions of these models often go unexamined, and researchers tend to hold onto familiar conceptual models even in the face of contrary evidence (Klass, Silverman, & Nickman, 1996).

Wortman and Silver (1989) delineate a number of prevalent assumptions about the grieving process and then demonstrate, through a systematic literature review, that there is questionable empirical support for them. For example, a common assumption is that distress or depression is inevitable (i.e., normative) following the death of a significant other, and that its absence indicates pathology. Wortman and Silver provide evidence of a wide variety of grief responses that are not pathological yet do not conform to prevalent conceptions of "normal grieving."

Another common assumption relates to beliefs about "recovery" or "resolution" as a desirable outcome of loss, usually after disengagement has occurred through a process of active grieving. The recent publication *Continuing Bonds: New Understandings of Grief* (Klass et al., 1996) challenges this assumption and helps us to understand its origins. The authors offer empirical support for an alternative model of grief that presents ongoing attachment to the deceased as a normal and healthy response to loss.

Gender issues should also be considered when researchers contemplate the definitions of normative responses to loss. Research is biased if it tends to over-represent the experience of one sex (McHugh, Koeske, & Frieze, 1986), and inspections of samples used in adult bereavement studies show that the majority of participants are in fact women. Thus much of our knowledge about the grief response is based on the female experience. Even when attempts are made to include both male and female participants, in general fewer men than women return surveys on grief or agree to be interviewed about their loss. This tendency has led to women's grief being seen as the norm, and to findings related to male grief being compared to this norm. As a result, when the male response deviates from this standard it is often viewed from a deficit model and interpreted as pathological or unhealthy (Cook, 1988; Lister, 1991). By examining their own gender biases and the hidden assumptions on which they are based, researchers can increase their sensitivity to gender issues and be open to wider interpretations of "normal" grief.

Cultural Bias

Stereotypes and cultural assumptions can affect the research endeavour. Conflict and misunderstanding are especially likely to emerge in situations in which the investigator and the research participants come from different cultural backgrounds.

Cultural bias on the part of the investigator can result in lack of attention to important ethical concerns in work with diverse cultural groups. Christakis (1992) suggests that since ethics are socially constructed they can vary somewhat, according to the cultural setting in which they are formulated. The concept of voluntary consent, for instance, seems straightforward yet actually involves a number of cultural complexities. For example, persons from some cultural groups might be unfamiliar with the concept of declining to participate or to answer questions. Members of oppressed minority groups may not fully understand the issue of consent. Also, the Western notion of consent is based on the primacy of individual rights. In cultures in

which concern for the welfare of the group takes precedence over that of the individual, the notion of consent may need to be expanded to include group-level concerns.

Members of dominant cultural groups often tend to define normalcy in terms of their own experience. For example, Rooda (1993) found that nurses in clinical settings are likely to have more positive perceptions of patients from their own ethnic and cultural group than of other patients. These tendencies can easily transfer to a research setting involving culturally different subjects. Chavez and Oetting (1995) are of the view that we must come to terms with our own ethnocentric perceptions and values. If we do not deal with them consciously, these perceptions and values "may both overtly and covertly enter the research literature through our writings and findings" (p. 865). Cultural values and mores perceived as healthy in a dominant culture may be perceived as unhealthy and inappropriate in others. Thus a standardized grief inventory might be an inappropriate instrument for assessing the experience of grieving individuals from minority groups if it has been normed on a middle-class, Caucasian population.

Researchers who have insight into their own belief systems will be better equipped to detect cultural influences. A culturally effective researcher is one who has moved from a position of being culturally unaware to being sensitive to his or her own cultural heritage, while acknowledging cultural dimensions of grief and loss issues in others.

Professional Bias

Researchers not only bring their own individual histories and cultural perspectives to bear on the research process, but they also have a particular professional orientation, one that includes a distinct point of view, language, and set of professional skills and perspectives. Most researchers have undergone many years of socialization in their field of specialization. Professional socialization includes attitudes, feelings, and values, as well as cognitive aspects (Cook & Oltjenbruns, 1998).

Theorist Rosemary Ellis defines "perspective" as "an identifiable view, a characteristic approach with persistent themes that can be identified over time" (Algase, 1990). For example, nursing perspectives are reflected in certain research questions that tend to be addressed repeatedly over time regardless of topic (e.g., questions regarding ways of assisting families in times of stress). Furthermore, nursing research in the area of bereavement, as in other areas, will be influenced by prevalent conceptual models in nursing. These conceptual models may direct

researchers towards a particular understanding of the grief process and the many facets of its manifestation. Since nursing has a long history of interest in and involvement with families, researchers in this field are perhaps more likely than those in other disciplines to address the relational aspects of grief and to view the family as an appropriate unit of investigation.

All conceptual views limit, and at times bias, our perspective of the topic under study. Interdisciplinary research teams facilitate the investigation of a broad array of aspects of grief, while respecting each researcher's disciplinary contribution and representing a variety of types of experience with bereaved individuals and their families. Interdisciplinary work can be a fruitful form of collaboration. If differences among team members are viewed as strengths and challenges rather than obstacles, they can add to the integrity of the research effort.

Conclusions

Investigator bias, with its many aspects, can be a potent force in the research process. Lee (1993) is of the opinion that researchers of sensitive topics must be more acutely aware of their ethical responsibilities than researchers of more innocuous topics. Investigators have a responsibility to find ways of dealing with the ethical challenges of research on grief and bereavement, and these challenges must be minimized, managed, or mitigated in a way that does not compromise the research itself.

Investigator bias can serve both positive and negative functions. Uncontrolled, biases can undermine the quality of the research. Acknowledged and made explicit, they can allow for multiple experiences of grief and loss and alternative explanations of the data (Fetterman, 1989). Examining one's own investigator bias will not only enhance the quality of one's research, but will most likely involve new personal and professional insights as well.

References

- Algase, D. (1990). Links between nursing science and nursing practice. In K. Berger & M. Williams (Eds.), *Collaborating for optimal health* (pp. 1628-1657). Norwalk, CT: Appleton & Lange.
- Boss, P.G. (1987). The role of intuition in family research: Three issues of ethics. *Contemporary Family Therapy*, 9(1-2), 92-100.
- Callahan, S. (1988). *The role of emotion in ethical decisionmaking*. Hastings Center Report, 18(3), 9-14.

- Chavez, E.L., & Oetting, E.R. (1995). A critical incident model for considering issues in cross-cultural research: Failures in cultural sensitivity. *International Journal of Addictions*, 30(7), 863–874.
- Christakis, N.A. (1992). Ethics are local: Engaging cross-cultural variation in the ethics for clinical research. *Social Science Medicine*, 35(9), 1079–1091.
- Cook, A.S. (1995). Ethical issues in bereavement research: An overview. *Death Studies*, 19(2), 103–122.
- Cook, A.S., & Oltjenbruns, K.A. (1998). *Dying and grieving: Lifespan and family perspectives* (2nd ed.). Fort Worth, TX: Harcourt Brace.
- Cook, J.A. (1988). Dad's double binds: Rethinking father's bereavement from a men's studies perspective. *Journal of Contemporary Ethnography*, 12(3), 285–308.
- Fetterman, D.M. (1989). *Ethnography: Step by step*. Newbury Park, CA: Sage.
- Greene, J.C. (1994). Qualitative program evaluation: Practice and promise. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 530–544). Thousand Oaks, CA: Sage.
- Klass, D., Silverman, P.R., & Nickman, S.L. (1996). *Continuing bonds: New understandings of grief*. Washington: Taylor & Francis.
- Lee, R.M. (1993). *Doing research on sensitive topics*. London: Sage.
- Lipson, J.G. (1991). The use of self in ethnographic research. In J.M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (rev. ed.) (pp. 73–89). Newbury Park, CA: Sage.
- Lister, L. (1991). *Men and grief: A review of research*. Smith College Studies in Social Work, 61(3), 220–235.
- McHugh, M.C., Koeske, R.D., & Frieze, I.H. (1986). Issues to consider in conducting nonsexist psychological research: A guide for reviewers. *American Psychologist*, 41(8), 879–890.
- Moriarty, H.J. (1990). Key issues in the family research process: Strategies for nurse researchers. *Advances in Nursing Science*, 12(3), 1–14.
- Morse, J.M. (1994). Designing funded qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 220–235). Thousand Oaks, CA: Sage.
- Rodabough, T. (1981). How we know about death: Research strategies. *Death Education*, 4, 315–336.
- Rooda, L.A. (1993). Knowledge and attitudes of nurses toward culturally different patients: Implications for nursing education. *Journal of Nursing Education*, 32(5), 209–213.
- Sieber, J.E., & Stanley, B. (1988). Ethical and professional dimensions of socially sensitive research. *American Psychologist*, 43, 49–55.
- Wortman, C., & Silver, R. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology*, 57(3), 349–357.

