ETHICS OF QUALITATIVE INTERVIEWING WITH GRIEVING FAMILIES

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Qualitative research interviews in grieving families provide researchers with helpful information for making ethical decisions and for evaluating the outcomes of those decisions. At the same time, such research presents researchers with many ethical challenges. Illustrations from a recent study of farm families who had lost a family member in a fatal farm accident are used to illuminate some of the ethical challenges in qualitative bereavement research. Included in these challenges are the ethics of recruiting people to be interviewed, the ethics of causing pain, the ethics of informed consent, ethical issues at the boundary between research and therapy, ethical problems in supporting family dysfunction, and the ethics of revealing family members' secrets to one another.

Ethical Advantages of Qualitative Interview Research

Philosophers of ethics do not agree on how to define ethics or on how to distinguish what is ethical from what is not. Yet there are ethical dimensions to any action a person takes and to the purpose the action might serve. What is ethical includes what a person and those in the person's ethical community consider to be good, right, moral, just, proper, virtuous, and lawful. However,

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there is disagreement among ethical communities about what is ethical, and even within ethical communities there is typically disagreement about which ethical principles to follow, how to understand certain ethical principles, and how to apply those principles. One can make a case that within any ethical community, ethics are in a constant social definitional ferment and that even when people do not discuss a matter of ethics directly, their actions and words say a great deal about where they stand ethically.

Researchers function in many ethical communities—their research institutions, their disciplinary colleague groups, their families of origin, their current families, their religious congregations, and so on. They also enter a new ethical community with each new relationship. Thus, a research encounter sets up a new ethical community with the necessity of socially constructing ethical understandings. A researcher may enter such a situation trying to apply certain ethical principles, but, inevitably, there will be matters on which the people being interviewed will have their own ethical perspectives. If an investigator wants to be sensitive to the ethics of the people being studied and to work with them toward what both they and the investigator consider ethically acceptable, give-and-take interaction can be very helpful. Qualitative interviewing can provide such interaction (although it is by no means the only approach to working toward shared ethical views).

People who do not value qualitative interview research may consider it less ethical than quantitative research. That is, someone who does not value the outcomes of qualitative interview research will see no point in interviewing people if it causes them discomfort or inconvenience. Moreover, if a qualitative researcher cannot specify in advance what will come up in the research, it is impossible to ensure that the informed consent subjects must give in advance of participating in the research is truly informed (LaRossa, Bennett, & Gelles, 1981). I think, however, that researchers carrying out intensive qualitative interviews are in a better position than people carrying out other kinds of research to recognize ethical issues, to acquire information that could help in ethical decisions, and to engage in a genuine give-and-take about ethical issues with people being studied. During in-depth
qualitative interviews, a researcher can learn people’s understandings (of the research, of their relationship with the researcher, of the questions they are asked), their shoulds, their perceptions of the shoulds of the people around them, their ethical dilemmas, and the ways they prefer to resolve those dilemmas. They may also, by sharing more about themselves and by being partners in interaction, engage more of the researcher’s ethical complexity. In fact, I experience a special moral involvement from the intimacy that can come with interviews dealing with loss. That the moral involvement is not one-sided is suggested by the fact that I and other researchers carrying out qualitative interviews on loss are often told at the end of an interview by the person being interviewed that he or she has never revealed to others some of the things he or she said in the interview.

In my experience with qualitative interview research, people will inevitably volunteer information about ethical matters, and they can also help the researcher to understand where they are ethically by answering questions on various ethical issues and by their reactions to what the researcher says and does. I have wrestled with ethical issues when I could not interact with the people providing data (particularly when I studied 19th century diaries; Rosenblatt, 1983). I feel on much firmer ground having the people who are providing data speak directly to ethical issues. Interviews not only give additional input, but also, if they are not governed by a rigid script, free the researcher to behave more ethically by the standards of the people being interviewed and by his or her own standards.

I recently completed interviews for a study of farm families in which there had been a fatal farm accident (Rosenblatt, 1993a, 1993b; Rosenblatt & Karis, 1993, 1993–94). That study provides illustrations of the ethical dilemmas I have encountered in conducting qualitative bereavement research. In the farm accident study, as in all other research in which I have engaged, I abided by the mandates and constraints of my university’s institutional review board (IRB). But there is so much more to being ethical than that. In this article, I discuss what I experienced as the most intense ethical challenges in the study of family aftermaths of fatal farm accidents.
Common Ethical Challenges

Recruiting People To be Interviewed

As approved by my university's IRB, the method of recruiting most of the people in the farm accident study was advertising for volunteers. That model may seem quite straightforward ethically. One might think that as long as the advertisement does not contain any coercive or deceptive elements (and it did not, according to the IRB review), there should be no ethical problems in recruiting. However, it did not take much conversation with potential or actual interviewees to realize that people were being coerced into the study.

Some people were recruited by family members. People who would not, on their own, have volunteered to participate were drawn into the study because a spouse, parent, or offspring was interested in participating. They did not say no to the family member or to me, but they would not have said yes had they not been pressed by a family member.

One example of what I considered coercion by a family member began when a woman whom I was going to interview told another woman about the study. The latter woman and her husband had lost a child in a farm accident a few years before. This woman called me while I was interviewing her neighbors and asked me to visit after I finished with the neighbors. I came to her farm as soon as I was free, and, as we walked to the barn where her husband was milking, she told me he had never talked about the accident. I entered the barn, and she told him a bit about my research, and then she left it to her husband to talk with me and to decide whether he wanted to schedule an interview. (She said she couldn't stay because she was allergic to the cows.) I followed the husband from cow to cow, telling him the things stated in the advertisement for the study and answering his questions. He was obviously hurting as we talked, using jokes and laughter to hold back tears, but he said he would do it, and I arranged an appointment for a couple interview.

Thus this was a couple in which the woman volunteered, but the man seemed somewhat coerced by his wife's pressure to take me and the research seriously. He was also coerced in that he
lacked the distance that other potential interviewees had from me as they read the advertisement. Our face-to-face contact may have meant that I persuaded him to volunteer, even though I was trying not to persuade him and only to answer his questions. Perhaps the ethical thing to do would have been not to visit and not to try to recruit him face to face. Was it ethical for me to interview this couple?

Several weeks later, as we went through the interview, the husband and wife repeatedly, and with intense emotion, talked of their grief, their difficulties communicating with each other, and their different memories and understandings of the accident. I am sure that for them this was a session of healing far more than it was a way to help a researcher.

**She**: We haven't really talked about it. It's a . . . it's . . . The few times that we have brought it up, it's such a hurt that we just haven't gotten into it, you know.

**He**: More or less start crying, the two of us, and then hug each other.

**She**: Umhm.

**He**: And just [laughs] We just loved him that much that [pause]

**She**: . . . I think [very loud] There's times I feel like there's a wall between us since then, maybe partly because we have not sat down and really talked about it and let our feelings out on certain things, you know, the accident, because we really have not, the two of us. So it's [pause], you know, it . . . to me it has put up a wall between us, but not to the point where, you know, we'd leave each other. It's just there.

Had I violated my agreement with the university's IRB by allowing the wife to use me to get her husband to talk? Had he been coerced? I gave him room to say no to an interview and to say no to any or all interview questions. But he was not exactly a volunteer. On the other hand, perhaps the most ethical thing I could have done was what I did, to allow the interview to be used by the wife (and I think the husband) as a catalyst for their healing.

*Causing Pain*

Like other researchers seeking approval for research on grief (Skinner Cook describes her experiences elsewhere in this issue),
sometimes when I propose a study of grief a reviewer for my university's IRB has strong reservations about the ethics of my choice of topic. Some reviewers question a researcher's right to carry out a study that causes people to feel emotional pain. From the perspective of the cost–benefit analysis that is at the heart of most IRB reviews, some reviewers consider the grief that people may experience during a loss interview too high a cost to justify the research.

I am not eager to cause people pain. I question the ethics of my carrying out research on loss whenever somebody I interview seems to experience intense pain while talking with me about a loss. However, I also believe, perhaps from my own experience as much as from the large bereavement literature on the importance of knowing and expressing feelings, that hurting may be part of healing. I think bereaved people may gain enormously from talking with someone who takes their stories seriously and witnesses and acknowledges their pain. I have done enough loss interviews to know that people who cry, fight back tears, or express grief in some other way often seem afterward to be glad to have had a chance to talk about the issues that brought them to those feelings. So I do not think that it is a cost, or only a cost, to people to experience pain during an interview about loss. I also do not think I or an IRB reviewer can decide, in advance of a research interview, what will or will not be very costly for a person being interviewed. I need to rely on the words and nonverbal communications of the people being interviewed, which often seem to communicate that it is ethically right for me to do what I am doing, even if they are hurting.

However, there are interviews in which I am sure I am doing wrong, that I am causing or helping to cause pain that is too intense or seems not to have any healing elements. Most of the time when this happens, either the death is very recent or previous grieving has been very limited. There are also family interviews in which I think family members say destructive things to each other. So even though I disagree with people who believe that a subject's experiencing grief during an interview is necessarily a bad thing, I think sometimes my bringing subjects to places where they hurt is the wrong thing to do.
When I believe that an interview is causing pain that is wrong to cause, I try to move the interview away from the painful matters. I might skip questions that could be especially aversive, or I might move to an abbreviated and more upbeat interview. For example, in the farm accident study, one elderly couple who volunteered to be interviewed had lost an adult son less than a year before the interview and had many issues surrounding his death still unresolved, including who would work their farm, how they would retire, how they would deal with a complicated lawsuit concerning the death, and their future relationship with the son’s widow. Early in the interview it became clear to me that the couple were hurting more than they had bargained for or consented to (see the discussion of informed consent later in this article). The couple did not take me up on my offer to stop or my repeated suggestions that they could decline to answer a question, but I moved into a mode of interviewing that omitted many questions I might have asked and emphasized questions I hoped would be more benign. I think it was easy to recognize that this was an interview that should be cut short. The man was putting enormous energy into fighting back tears. Both he and his wife were often silent after my questions, as though they were shocked by the question and by what they found inside of themselves, or they answered my questions tersely, as if struggling to find words that would be true but not cause them to lose control.

Sometimes it is not so clear when my questioning is right or wrong. Sometimes a person seems to be hurting horribly as a result of my questions but also seems convinced that this path of questions and answers is the right path to travel. For example, I had been interviewing a mother for quite a while when her 18-year-old son entered the kitchen, where we were talking. I did not think he wanted to be interviewed and did not intend to interview him, and his mother did not tell him to answer my questions or tell me to ask them, but somehow he and I found ourselves facing each other, an unwilling question asker and quite possibly an unwilling question answerer. However, he may have been curious about what I was doing and may have found himself, as the interaction developed, wanting to say things to his mother that he never had said before.
Me: Would it be appropriate to ask you questions about [your sister's] being killed? Or if you don't want to talk, that's o.k. too.
David: Some I don't mind. Like what?
Me: Well, like, you know, she was closest to you in age, and my guess is she was your playmate. Do you have memories of missing her as a playmate?
David: Oh, yeah. Not good ones. Wrong question.
Me: Wrong question.
David: Yeah.
Me: All right, with your parents grieving, do you remember feeling like maybe your parents were gone too?
David: No. I don't really remember like that age, 'cause I was too young then yet. . . . Now it hurts, but back then it never really bothered me. I was only seven years old, so . . .
Me: What would be a good question to ask you?
David: I don't know.
Me: If I wanted to write things for families that had kids who were around the age you were when it happened, to help them deal with the problems or the things that might affect their kid—
David: Oh, it's more of a problem for them later than it is when it first happens. Tell them that right now. They think more, more of it when they get older [starting to tear] than they ever did when they were young [voice shaking].
Me: Could I ask when? When it hits you?
David: Right about 15, 16. At 16.
Me: What do you think made it start cooking for you?
David: Uh, I met a lot of girls and people that were her age became really good friends of mine, so [voice shaking] . . . yeah. [He hammers the wall with his fist and strides out of the kitchen to his bedroom. There is a long pause.]
Me: I'm sorry. I should have backed off. I couldn't tell until that last—
Mother: I didn't either until then.
Me: I don't know. I'd like to apologize to him, but I—
Mother: Well, just tell him you're sorry. He'll understand.
Me: Should I go over there and tell him I'm sorry? I don't know.
Or will he show up again?
Mother: Yeah, he has to go to work. [pause]
Me: Oomph! [A long pause is followed by the sound of the door opening and closing.]
Mother: Say, that's one thing I didn't even, you know, realize.
Me: That it's been cooking more with him?
Mother: And he does hang around with, or talk a lot with, the girls that are younger than him. And she was about a year younger than him.. [There is the sound of the door opening, and David walks into the kitchen.]
Me: I'm sorry.
David: Oh, that's no big deal. Not like the first time.
Me: I'll back off. I'm sorry.
David: You can ask questions.
Me: Uh, I won't, but if you want to say things I'll, I'll be glad to hear them.
Mother: He just wants to write pamphlets on—
David: Yeah, I know.
Mother: —what may, you know, if they were to help people, how they would help them.
David: I'll tell you that right now. What I said before. It doesn't really bother them when they're a little kid [voice shaking]. It's when they get older. And they can really start to feel.
Mother: To understand the finality of it. Yeah, because I remember when it happened, David was little that time, and—
David: I remember too. I was asleep. They come and wake me up. They go, "[Your sister's] dead." And I went back to sleep. I think that's such a bad memory. A little kid, and you think when you're older, "Gee, they woke you up. You went back to sleep. Your sister's dead." That's why I said I really don't want to talk about memories 'cause [crying] you only remember the bad.

I thought I had pushed David to more pain than he wanted to feel or had bargained for, but he came back and volunteered more information. My initial on-the-spot cost–benefit analysis was that we had entered an area of great pain without any great benefit to him, his mother, other members of his family, or humankind. But his coming back indicates that he may have been benefiting more than I had thought initially. On the other hand, his mother seemed to decide at that point that it was time to derail the conversation.

Mother: You want some pie, David?
David: Un un. [A pause ensues.]
Mother: I didn't know how hot it would get today. I fired up [the furnace] this morning, and I think it's too hot in here. I shouldn't have fired up. [She laughs.]

I recognized my cue and started talking with the mother about wood furnaces. David didn't say anything else until he left for work, and then only goodbye. His mother told me after he left that she was delighted to hear what he had to say, that he had never talked with her about his feelings and experiences. I still
do not feel good about how things went in that interview. I did not make the effort to structure my questions and the interview to build up to the matters that were painful for David and to couch them in terms of more benign meanings already laid out by him. And I did not get a chance, after the blast of pain, to talk with David in a way that would get him (and me, I confess) to feeling resolved about the matters that hurt so much. Neither am I sure that going along with his mother's derailing of the conversation was the right thing to do for David, although it was the right thing to do for her.

Informed Consent

A qualitative interviewer can never give full information to which people can consent before the research begins (LaRossa et al., 1981). Qualitative interviews have an unpredictable, unfolding quality that makes it impossible to warn people of everything that will occur during them. It is also impossible to inform people fully about what they might experience during a qualitative interview because they cannot truly understand all that they read or are told, because they can only be told abstractly about what they will have to deal with, and because nobody can fully anticipate their reactions in the research situation.

Because of this, I supplement the consent procedure that occurs before the research begins with a "processual consent" procedure (Ramos, 1989; Thorne, 1980) that occurs during the research. This involves repeatedly giving people opportunities to stop me or at least avoid a particularly difficult question. Here are a few examples of processual-consent things I said in my interview with the couple whose son had been killed less than a year before the interview.

I don't know if that's an appropriate question to ask or not.

I feel like maybe all these questions are too personal. You can tell me to shut up anytime you want.

Could I ask you . . . ?
I use the last question as a transition to what I think might be difficult for people or when they seem to be hurting, holding back tears, feeling miserable, or having regrets about participating.

_Crossing the Boundary Between Therapy and Research_

The boundary metaphor can be useful, but it can make trouble as well (Rosenblatt, 1993c). I do not think there is a distinct boundary between therapy and most human activities. Almost anything can draw a person out of depression; help a person to reframe experiences; reflect the self back to a person; give a person words for things that could not be conceptualized clearly before; provide healing, soothing, or distraction; give a person a reason to go on; or suggest new meanings for events. Therapeutic benefits may come from cooking, shopping, scraping one's knee, playing with a puppy, hearing a piece of music, swimming, an overheard conversation, a brief chat, being misunderstood, or almost anything else. That said, a researcher can still have great concern that with people who are hurting, needy, or stuck, he or she might attempt a therapeutic intervention.

I am interested in carrying out research, not therapy. I am prohibited by my university's IRB from carrying out therapy with people I research, although I am encouraged to carry out the beginning of an intervention in the form of offering people a referral to counseling agencies if they seem to want or need it. However, even if I am not engaged in therapeutic intervention, I think that as a researcher talking to people about loss and grief, I must have therapist's skills in listening, acknowledging, avoiding being judgmental, bracketing personal reactions, supporting, knowing when to back off, and realizing that something has been misunderstood.

I am not a therapist. However, I am strongly inclined to provide appropriately human support to anyone with whom I interact. I have no qualms about moving outside the frame of research interactions to speak to someone's pain or confusion. Depending on what the person I am interviewing seems to think is appropriate, I can offer sympathy, cry with him or her, talk about experiences of my own that are similar, or acknowledge the person's pain. I do not see that as crossing a line into therapy. In
fact, I see that as entirely consistent with Parkes’s statement elsewhere in this issue that the needs of a distressed respondent take priority over the needs of research. But even here the boundaries are unclear. Good research interviewing, particularly about emotionally charged topics, usually requires excellent listening and a great deal of empathy and human warmth.

At the same time, there is certainly reason to believe that a loss interview can be therapeutic (for discussions of this topic in this issue, see Parkes; Cook & Bosley). Asking for feelings, nudging people to know their own feelings, asking that a name be given to a feeling, and asking for clarity about feeling statements may often be a part of grief therapy. Also, in research interviews focused on loss, the investigator typically asks a person to tell the story of the loss, and in that narrating there can be integration, crystallization, naming, and the healing that comes with the story form (Worden, 1991). Healing can occur as the narrator organizes events and goes along a linear route toward some kind of ending. Consequently, even though I am not trying to do therapy, I am not surprised when people tell me that a research interview benefited them therapeutically.

I often interview a person more than once, or at least make additional contact by phone or mail. I return to people to clarify matters addressed in the interview, to talk with family members who were not present before, to strengthen the aspects of my research dealing with change over time, or to check in on the people about whom I have particularly great concern. With renewed contact, it is easier to determine whether there was some kind of therapeutic effect to the earlier contact. For example, a woman whom I had interviewed about the death of her father when she was an infant had talked during the first interview about her hope for some sort of therapeutic benefit from the interview:

I feel like I've come a long way, because I’m not on the edge of something... When I talked to [my husband] about this [interview], he said, "Oh, good, this will be good for you." I said, "Yeah, I know." I didn't know quite how, but I guess it feels validating to me to be able to tell the story I feel proud to be able to tell.

When I interviewed her a second time, 2 years later, she told me that the first interview had indeed been therapeutic.
Probably it took three days or so for anything to get to consciousness, and then [I experienced] . . . big grieving type of things. . . . I even wrote a story about it. . . . It was as though the information [was] on a new level for me . . . because I had never had it asked of me at one time. . . . To have it all be focused, it was both a huge relief and . . . took me down to a deeper level of [pause] grief. . . . But as I [thought about it] it was as though I let it end. It got easier. [My brother] came out this summer and I . . . talked about [the interview] then . . . because it was amazing to me. I was telling various awarenesses that I had, and he said, “How did you put this together?” I said . . . this interview was a big part of it.

Any interaction about a loss has the potential to provide new awarenesses, integration, and feelings of healing. So even though the woman reported experiences from the first interview that seem like the effect of therapy, I believe she could have reached those experiences in many other ways. Indeed, one can make the case, given what she said in the first interview, that she was ready for the changes that happened and might well have made them whether or not she talked with me. J. W. Nadeau (personal communication) has suggested that it is useful to distinguish between therapy and therapeutic experiences. Some of my interviews, such as the first interview of the woman just quoted, may provide therapeutic experiences, transformative or growth-producing moments, but none provides therapy in the sense of interaction focused on growth or healing.

With couple or family interviews, there are additional therapeutic possibilities. Family members say things during family research interviews that they have never said to each other before, even things they had no intention of saying. In the couple or family interview situation, people may confront their differences, identify their similarities, and co-construct for the first time stories or parts of stories concerning the loss and their grieving, as did the first couple quoted in this article. Thus couple or family interviews provide the researchers additional opportunities to cross the imaginary line into therapy and do harm or, at the very least, do something that people did not bargain for and that the researcher has no right to make happen. If interviewing individuals about loss calls for great ethical sensitivity, couple or family interviewing about loss calls for even greater ethical sensitivity.
Supporting Family Dysfunction

For me, one of the amazing things about carrying out qualitative interviews with nonclinical families is how often I see what seems to me to be dysfunctional. Satir (1972) said that most families are dysfunctional, and my own experience is congruent. Most often, I see families in which there are what I call communication cutoffs, patterns of not talking about major issues or not talking about almost anything. I also see verbal abuse, emotional undermining, bullying, exploitation, insensitivity to major needs, emotional neglect, and emotional cutoffs, in the families I interview. Every time I am with such a family, I wonder what is ethical for me to do. Should I comment on what I see? Should I suggest a therapeutic referral? Will people experience an offer of a referral as an attack, rather than as helpful? Do I have any right to offer an opinion or referral if uninvited to do so? These people did not bargain for an evaluation. Even if a family member seems to ask me for help or an opinion, is that a rhetorical question? Is that family member asking for anything like what I would say or offer? If I say anything, am I taking sides in a family mess? Am I making trouble for the person who seems to ask for help?

Part of dealing with the ethics of what seems to be family dysfunction is to explore the idea of family dysfunction. Who am I to say that a family is dysfunctional? The idea implies that people could do better. But maybe they do not want things to be different. Maybe what they are doing is right by their standards. Maybe they do not want to pay the costs of changing. Maybe they get good things out of the bad—for example, they may have more time for valued activities because they are cut off from certain family members. Maybe they are "normal" in the sense of being like their peers and families of origin, and the change I would hope to see would make them strange and unwelcome in their own social circles. Maybe I misperceive them, or maybe they are only the way I see them when someone comes to interview them.

In the farm accident study, I saw and heard quite a bit of what I considered to be family dysfunction. I was never sure what was true and what was ethical. In a few cases, I talked about counseling that might be helpful in dealing with problems stemming from the loss. But I never spoke with people about what
looked to me like family dysfunction, and I remain unsure what the moral thing to do is in such cases.

Revealing Family Members to One Another

In some bereaved families, there seems only a narrow range of talk about the meaning of a death (Nadeau, 1994). There seems to be little said about individual feelings, experiences, memories, and so on with regard to a death. Thus, the interviewer, even without intending to do so, may ask family members to say in front of other family members things that are far outside the usual range of what they say to each other. In the farm accident study, I saw people taken aback or disappointed by another family member's disclosure, and I saw people being guarded about what they said in front of another family member. Perhaps the highest risk of negative consequences from an interview participant's self-disclosure to another family member was seen in an interview carried out by my collaborator, Terri Karis. In that interview, a woman disagreed with her husband on a matter about which he felt very strongly. She seemed quite apprehensive while disagreeing with her husband (in a very diplomatic and careful way) about the allocation of responsibility for the accident that killed their daughter. We never made contact again with that couple, but I wonder whether her self-disclosure in the interview made trouble for her.

I also worry about revealing family members to one another through anything I commit to print. I have a vivid memory from my undergraduate days at the University of Chicago. In my dormitory, there were two young men who had been patients at Bruno Bettelheim's residential treatment facility. I remember the two of them poring through a new Bettelheim book, finding descriptions of a number of patients they had known. Perhaps identities were not disguised well enough in that book, but perhaps one can never disguise identities well enough from people who know the players well. I worry whether my efforts to disguise identities are sufficient, particularly when anecdotes I relate have a real possibility of getting back to the players in those anecdotes or their family members. Ethical issues arise whenever one quotes or paraphrases qualitative bereavement interviews. These issues
include invading privacy, revealing family members to one another, and defining people in ways that could be hurtful to them.

Conclusion

There are many more ethical issues in qualitative research on loss than those I have discussed herein, including the ethics of accepting other people’s realities when one’s own is different, letting people misunderstand self-help literature they have read, carrying out research interviews that are emotionally connected to one’s own losses, and what one owes ethically to oneself and one’s own family in doing loss research. I think it is in the nature of qualitative bereavement interviewing to wonder recurrently whether one is doing the right thing. Perhaps that is in the nature of interviewing strangers; there is no shared relationship history to ground the interaction ethically.

Elsewhere in this issue, Skinner Cook discusses whether bereaved people can make rational choices in consenting to research. I think rationality is not the issue. Rather, I think it is the feelings, thoughts, and experiences they will get to and how they feel about those things. If their losses are not processed very much or they have lots of energy going into emotional control, bereaved interviewees might need effective processual consent. I think it is often impossible (or not very helpful) to be rational about a loss interview before one is in the midst of it. However, I agree wholeheartedly with Skinner Cook’s contention that meeting an IRB’s standards is only the beginning, that researchers must be ethically sensitive at all times. In this regard, I believe that carrying out qualitative research puts me in a much better position to make ethical choices than if I had done research that was more closed to the realities of the people being studied. Qualitative research prevents me from having the ethical self-delusions that can arise when I have little contact with the individuals I am studying. It gives me the opportunity to co-construct ethical realities with the people I am studying, rather than simply imposing my own on them.

It might be helpful to conclude by offering the reader ethical guidelines about the issues I have discussed in this article. First,
I agree with Parkes and Cook (elsewhere in this issue) that training and supervision in dealing with people who are bereaved are essential for researchers in thanatology. Second, I am all for giving people maximum freedom not to serve in a bereavement study or to stop at any time and providing them the opportunity to give informed consent before engaging in a study and processual consent during it. Third, researchers should avoid providing therapeutic intervention and should be very attentive to the needs and realities of the people being studied. However, there is much more to doing ethical research than applying these ethical principles. I do not think there is a trustworthy ethical formula that one can bring to a qualitative research interview. If anything, one must be open to co-construction of a set of ethical guidelines as the interview unfolds.

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