PROBLEMS IN PARTICIPANT OBSERVATION

MORRIS S. SCHWARTZ AND CHARLOTTE GREEN SCHWARTZ

ABSTRACT

Participant observation is a process of registering, interpreting, and recording. The process and the kinds of data are influenced by continuing observed-observer transactions. The role of the observer may be passive or active. In either case affective involvement with the observed develops inevitably and may range from sympathetic identification to projective distortion. The form it takes is a function primarily of the observer’s experience, awareness, and personality. Anxiety and bias are sources of distortion, and their adequate handling is a major problem in refining the human instrument for gathering data.

In the analysis of the process of participant observation as experienced in a sociological study of a mental hospital ward, we shall be concerned with three interrelated themes: (1) an operational statement of the process as it is experienced from the observer’s point of view; (2) a description of the component parts of the process in terms of the observer’s transactions in the social field he is observing; and (3) an evaluation of the human instrument and the consequences of its use in gathering data. Our frame of reference is common to the sociology of knowledge, social psychological studies of perception, communication theory, and interpersonal theory. These systems of analysis maintain that man’s perceptions, especially as they relate to his interactions with other people, are shaped and modified by his social and psychological assumptions and value judgments. Since, in any social research, the observer is the instrument through which and by which the phenomena of the investigation are selected and filtered as well as interpreted and evaluated, the way in which he operates is crucial in transposing “reality” into data and in producing a close correspondence between the actual and the recorded event.

THE RESEARCH SITUATION

We shall discuss the process of participant observation as we have engaged in it within the setting of a small mental hospital ward. In the formal role of participant observers we studied the interactions of patients and staff (as well as our own interactions with patients and staff) in an attempt to delineate the interpersonal processes and the prevailing social structure as well as to evaluate the effects of such processes on the patients.

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7 The following publications have resulted from two projects: A. H. Stanton and M. S. Schwartz, “The Management of a Type of Institutional Participation in Mental Illness,” *Psychiatry*, XII (February, 1949), 13–26; “Medical Opinion and the Social Context in the Mental Hospital,” *ibid.*, August, 1949, pp. 243–49; “Observations on Dissociation as Social Participation,” *ibid.*, November,
The ward ordinarily has fourteen to fifteen patients, and from two to seven personnel on a shift. During the day shift (8:00 A.M.–4:00 P.M.), when most of our observations were made, there were four to seven personnel ordinarily present. In this article the examples we shall cite and the conclusions we shall draw are derived from our experiences in this small and circumscribed social system.

Because of its unique characteristics, the situation afforded both advantages and disadvantages for participant observation. On the one hand, since this milieu permitted their expression, certain covert emotional processes which are ordinarily concealed were more readily open to view and appeared in an accentuated form. On the other hand, the overt tension prevailing on the ward and the lack of clarity in the communication of some of the patients made it difficult at times for the observer to understand the nature of the interaction, especially from the patient’s point of view. We believe, however, that our findings are at least partially applicable to the participant-observer situation in other social systems—the state mental hospital, the general hospital, the factory, the school, or the community.

**DEFINITION OF PARTICIPANT OBSERVATION**

For our purposes we define participant observation as a process in which the observer’s presence in a social situation is maintained for the purpose of scientific investigation. The observer is in a face-to-face relationship with the observed, and, by participating with them in their natural life setting, he gathers data. Thus, the observer is part of the context being observed, and he both modifies and is influenced by this context. The role of participant observer may be either formal or informal, concealed or revealed; the observer may spend a great deal or very little time in the research situation; the participant-observer role may be an integral part of the social structure or largely peripheral to it.

**COVERT TRANSACTIONS IN THE PROCESS OF PARTICIPANT OBSERVATION**

There is a tendency to assume that there is a simple correspondence between the occurrence of an event and the recording of the event by the observer. Upon inquiry into this process we have discovered that there is a significant time gap between the occurrence of an event and the recording of this event as data. We have seen the process of observation as a succession of steps in which the time gap between the event and its recording increases from one step to the next. These are (1) the split second subsequent to the event, during which it is registered; (2) an interpretation of its significance in the context within which it occurred, resulting in a more expanded awareness of the event; and (3) the transcription of the event into data in the form of mental or written notes. From this point of view, participant observation becomes, in part, a process of registering, interpreting, and recording. Since not all aspects of an event are observed simultaneously, the “filling-out” or bringing into awareness of the components of the event, as well as the field within which it took place, becomes unavoidably a retrospective process. An example from our study of incontinence illustrates this. In observing a patient performing an act of incontinence, a

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8 We are using the term “event” to refer to more than a single occurrence. We intend it to mean a constellation of acts bound together in a pattern, the boundaries of which are not easily located, because they can be expanded or narrowed depending upon the observer's ability to encompass them and upon his purposes in the investigation. The term is similar to Mead's concept of the “social act” (see George H. Mead, *Mind, Self, and Society* [Chicago: University of Chicago Press, 1934]).

variety of factors were selected, evaluated, organized, and finally recorded as data. Some determination and selection was made as to (1) the significant events preceding the incontinence and contributory to it, especially the kinds of transactions the patient was carrying on with others immediately preceding the incontinence; (2) the nature of the social context in which it occurred; (3) the patient’s perception of the social situation in which she found herself and the meaning she gave to the incontinent act; (4) the meaning of the act to the audience and their reaction to it; (5) the patient’s reaction to the audience’s reaction; (6) the nature of the patient’s transactions during and immediately following the incontinent act; (7) the observer’s response to this event as a whole and to each of the constituent parts; (8) the effect of his response upon his observations; and (9) the effect of his response upon the act itself. It is obvious that any segment of the event moved so rapidly that its meaning and its relation to other segments was obscured, and the organization of the total pattern was difficult to identify.

What happens in the time interval between the event and its final recording is of utmost importance. In retrospective observation the investigator re-creates, or attempts to re-create, the social field in his imagination, in all its dimensions, on a perceptual and feeling level. He takes the role of all the other people in the situation and tries to evoke in himself the feelings and thoughts and actions they experienced at the time the event occurred. He assesses the accuracy of this role-taking and then takes his own role, as he was reacting during the event, and examines the effect of his reaction on his perceptions of the situation. Finally, he tries to integrate his own perceptions of the situation with those of the participants and arrives at one or more pictures of the event which are recorded as data. What occurs is a type of reworking of the representation of the phenomenon as initially registered. A continuous shuttle process occurs in which the observer moves back and forth in his imagination (either wittingly or unwittingly) from his recall of the event as it was initially registered to his evaluation of the event at the time of retrospection. What are finally recorded are the end product of evaluation during this retrospective period and the further evaluation made at the time of the physical recording of the data. In effect, observation is a continuous process of evaluation. During this reworking the observer’s evaluations proceed at a more leisurely pace than was possible in the urgency of the immediate situation. At this pace he can explore the event in its fuller ramifications. In this exploration some covert transactions occur which need to be specified more fully.

A certain amount of this retrospective reworking (and it is difficult to estimate how much) goes on without the observer being aware of it. Rather than finding a simple and direct connection between the occurrence of the event and its representation as data, we discovered that our observation began to expand the longer we thought about it. This expansion occurs by bringing into focal awareness those aspects of the event that were on the fringe of consciousness—certain segments of the event that are registered on the periphery of the observer’s awareness. These may be brought to central awareness by permitting one’s self to be open to their emergence through recollection, rumination, and free association around the event. In this self-conscious attempt to bring the fringe material into focal awareness, a dual process may occur. The observer may follow the clues that come into awareness during the retrospective evaluation, or he may try to take his own role at the time the event occurred and evoke in himself or recall what was on the periphery of his awareness at that time. In either case, aspects of the event will emerge which are clearly recognized as having been registered by the observer but previously were not seen clearly or were grasped only momentarily and then put out of awareness. Thus, the data represent a coalescence between the recalled fringe material (which originally was noted around the time of event-occurrence) and
the evoked peripheral material (which came into awareness during the retrospective reworking). This coalescence in turn merges with the other segments of the event that have already been registered and interpreted in clear awareness. In this reworking the previous data may be maintained unaltered; they may be added to or changed; significant aspects of the event may appear which were previously omitted; and connections between the segments of the event and between this event and others may appear which were previously unrecognized.

The retrospective analysis may be of value in partially rectifying restrictions in observation brought about by the observer's partial lack of readiness to observe. For any particular event his preparedness for observation may be inadequate; there may be distractions which make it difficult to observe, or his psychological constellation may be such that his ability to focus on and encompass the field may be reduced. Despite these restrictions of preparedness, segments of the event register on the observer's peripheral awareness and may be brought into focal awareness retrospectively.

We have indicated previously that it is difficult to estimate how much of this retrospective reworking goes on unconsciously. Despite the difficulties, the significant area of potential distortion and misinterpretation must be explored, even if only partially, if we are to increase the validity of our observations. We must try to get answers to questions such as the following: What is the unconscious significance of the event to the investigator, and what is the relation of this to the unconscious significance the event has for the participants? How does the investigator's unconscious motivation influence the way he initially registers the event and symbolically modifies it in the retrospective reworking?

THE RECIPROCITY BETWEEN THE OBSERVER AND THE OBSERVED

The participant observer is an integral part of the situation he is observing. He is linked with the observed in a reciprocal process of mutual modification. Together the observer and the observed constitute a context which would be different if either participant were different or were eliminated. In the course of an investigation the observer and observed become important to each other, and it is the background of their past experiences together, merging with and reflecting itself in a present situation, which determines the nature of the reciprocity. Continuing observed-observer transactions influence in many ways both the kinds of data that emerge (for the observer creates them to some degree) and the registering, interpreting, and recording of them.

THE OBSERVER'S EFFECT ON THE OBSERVED

The mere presence of the observer means that movements are made and orientations are developed toward him which would not otherwise have occurred. The "typicality" of these movements, their difference from or similarity to other activities undertaken by the observed before the observer role had been established, must be evaluated. Also, the fact that the role of observer has been established may alter the course of events, even when the observer is temporarily absent. Conspicuous during the early stages of our research was the great amount of feeling aroused in both patients and staff by the investigator's presence. The patients were curious and, at times, hostile to the investigator; they watched him closely and sometimes attacked him verbally, insisting they did not want to be guinea pigs. The ward staff was covertly, and sometimes overtly, suspicious of his intentions and role; sometimes they used him as a scapegoat; in general, they were interested but wary. However, these feelings gradually diminished, and at the end of six months the observed no longer reacted to the observer with strong negative feelings, and responded to him much as they would to a regular ward staff member.

In our research situation a process of mutual habituation gradually took place between the observer and the observed. As a result of this process we were able to deline-
ate some factors that facilitated the process of participant observation. It is important that the investigator does not maintain situations in which he is in conflict with the observed, provokes excessive anxiety in them, or demonstrates disrespectful attitudes toward them. In addition, it is essential that he recognize the importance of participating with the observed on a "simply human" level—relating with them not only in his specific formal role, but also in terms of the sentiments Cooley described as constituting the core of human nature. He must share these sentiments and feelings with the observed on a sympathetic and empathic level. Thus the observer and observed are bound together through sharing the common role of human being. When the observed become convinced that the observer's attitude toward them is one of respect and interest in them as human beings as well as research subjects, they will feel less need for concealing, withholding, or distorting data. Through this type of simply human interaction, the psychological distance between observer and subject may be diminished and restraint in communication reduced, and the alteration of the situation which ensues from the impact of the observer may be minimized. However, in interacting on the simply human level, the observer must be careful not to abandon or restrict his role.

Instead of attempting to withhold or conceal data, the observed may "produce" data for the investigator, but it is difficult to determine the significance of such productions for the problem under study. We found that some patients put on a "performance" and started "acting up" (or acting out) for him. One of the patients said, "Since we're supposed to be crazy, let's act like it for him." Another patient, when she discovered the investigator was interested in the problem of incontinence, said to a nurse, "Tell him that I've just done it on the floor, and he can come and find out about it," a statement we interpreted as at once an attempt to help the investigator and a sarcastic response to his interest in this problem. The observed, as the result of his orientation toward the investigator, may behave in accordance with or contrary to the latter's expectations, desires, or interests. If the investigator attempts to study the meaning or motivation of these productions, he may find himself abandoning the problem originally selected for study; in our investigation we would have become interested in the reasons for the patient's relating to the investigator as she did rather than in the context of the incontinent act. But it is also true that interest in these meanings and motivations may reveal connections with the original problem that were not immediately apparent. For example, the patient's performance of the incontinent act for the investigator may be related to the nature of her integration with him. This integration may be similar to other integrations in which she becomes incontinent.

MODES OF PARTICIPANT OBSERVATION

The kinds of data the investigator gathers will depend in part upon how he participates as an observer. Two interrelated modes of participation proceed concurrently but should be distinguished for the purpose of analysis. These are: (1) participation as role activity in the research situation and (2) affective participation in which the investigator's emotional responses are evoked in the situation. While role participation is controllable to some degree, the observer cannot prevent himself from being affected by the emotional interplay between the subjects or between himself and the observed.

Each of these modes can be seen as a continuum. The variable on the continuum of role activity is the degree to which the observer participates in the research situation, the scale extending from "passive" participation to "active" participation. We have stated previously that the observer cannot remain emotionally untouched. Thus, on the continuum of affective participation, the

variables are the nature of the investigator's emotional involvement in the interaction he is observing as well as the degree to which he becomes involved.

**PARTICIPANT OBSERVATION AS A ROLE**

In discussing participant observation as a role, we assume that the function of the observer is to observe as fully, intensively, and extensively as possible and thus are concerned with the way in which different forms of participation facilitate or deter effective, valid, and meaningful observation.

The "passive" participant observer.—As an ideal type the "passive" participant observer interacts with the observed as little as possible. He conceives his sole function to be observation and attempts to carry it on in the same mode as an observer behind a one-way viewing screen. Maintaining contact with the observed outside the role of observer is viewed as an interference rather than as an opportunity for gathering additional data. The investigator assumes that the more passive he is the less will he affect the situation and the greater will be his opportunity to observe events as they develop.

The "passive" role is used as a way of detaching himself emotionally from what is transpiring and of minimizing the interferences that might be occasioned by his affective reactions and evaluations. The observer remains an outsider and relatively anonymous to the observed, while they, in turn, look upon him as having a special role that is not integrated with the other roles in their situation.

In our research it appeared that certain problems could best be studied by "passive" participant observation; for example, the study of need fulfilment on the ward. Here the investigator recorded the requests of patients and the staff's responses to them and obtained a quantitative record. It became clear, however, that in addition to playing the role of observer, it was also necessary to interact with the observed on the simply human level. We found it desirable for the investigator to engage in these two modes at different times, attempting to exclude interaction on the simply human level while playing the role of observer. Paying some attention to the necessity of relating himself to the observed in a human way resulted in the acceptance of the observer in his passive role; moreover, it made it possible for him to withdraw at times of intense anxiety, such as collective upsets; and then, being less involved than the participants, he could observe more easily. But, because they regarded the observer as an outsider, the observed tended to refrain from bringing certain problems to his attention. In general, this role had both advantages and disadvantages. On the one hand, the observer was freer to study the problem which was the focus of his attention; on the other hand, not being in the confidence of the observed, he was unaware of some events that related directly to his problems of study. Because the observer tended to remain somewhat outside the stream of events, it became more difficult to evaluate his effect on the situation.

In playing the role of passive observer, certain problems have to be recognized and handled. Often, the passive participant observer will experience impulses, sometimes weak and sometimes strong, to abandon the role of observer, the restraint of which may evoke strong feeling in him. For example, he may feel anger, discomfort, or frustration because his usual naturalness and spontaneity has to be checked. Under these circumstances, some restriction in observation may occur. He may become preoccupied with his feelings and cease observing, or become evaluative of others. In this role, as contrasted with the active role, there is less opportunity to share in the life of the observed and to experience the meaning of events which are emotionally significant to them. When the observer attempts to keep himself outside the stream of events, he may come to believe that he is not experiencing any affect. He then tends not to recognize his affective reactions or their effect on his observations. Finally, in this role the investigator must deal with the resistance and hostility directed toward the outsider.
The "active" participant observer.—As an ideal type, the "active" participant observer maximizes his participation with the observed in order to gather data and attempts to integrate his role with other roles in the social situation. His activity is accepted, both by himself and by the observed, as part of his role. His intention is to experience the life of the observed so that he can better observe and understand it. In some situations his behavior is similar to that of the observed; in other situations he plays complementary roles. He attempts to share the life of the observed on a simply human level as well as on a planned role level and uses both these modes of participation for research purposes. That is, while participating and identifying with the observed, he looks upon his relations with them as data and also as clues for uncovering further data. As this continues, he becomes more a part of, and more comfortable in, the social field. He attempts to strike that balance between active participation in the lives of the subjects and observation of their behavior which will be most productive of valid data.

In our first type of active participant observation the investigator played the formal role of observer on the ward and was free, within broad limits, to participate with the observed as he wished. He talked with patients and staff individually, conversed informally with groups of patients, participated in games, etc., on the assumption that if he lessened the difference between himself and others, he could reduce the effect of his role on the observed and at the same time more fully understand the meaning of the patients’ behavior and the nature of the integration between staff and patients. We found this role valuable in discovering covert and obscure social processes and integrations as well as in understanding the affective meaning of ward events for the staff.

In our second type of active participant observation, the observer, in the formal role of investigator, planned interventions in the social structure with the ward staff for the purpose of developing a more therapeutic "milieu." He attempted to develop an empirical basis for introducing social change into the social structure. Although he had no formal authority on the ward and no responsibility, the investigator, nevertheless, was an integral part of ward activities, participating in ways similar to those described in the first type of active participant observation. He transmitted his initial findings to the ward staff as information that might be used in furthering accepted therapeutic values. We found this role facilitated the study of social change as it proceeded on the mental hospital ward.

In active participant observation a shuttle process occurs in which the observer, participating actively at one moment, shifts imaginatively the next moment to observing what he and others have been doing and then shifts back to the interaction, thereby continuing the participation uninterruptedly. This back-and-forth shift in imagination has the character of immediate retrospective analysis and is later combined with subsequent retrospective analysis (the constituents of which have been described earlier).

The observer must be able to derive satisfaction from and see the value of active participation; otherwise, his discomfort or resentment stemming from his active role may distort his observation. In this role there is increased possibility of affective involvement with the observed so that the observer loses his perspective—especially the perspective of the outsider. As a result, the assumptions and values which characterize the observational situation may be unwittingly accepted and thus remain unnoticed and unrecorded.

Comparing the passive and active roles, we found that in the latter the observer increased his identification with the observed and was better able to become aware of the subtleties of communication and interaction. Active participant observation appears to be more conducive to self-observation. By experiencing the effects of the subjects on himself, he may be able to perceive more clearly their effects on those with whom they
ordinarily are in interaction. It also may afford the investigator greater opportunity to discover the operation of his own distortions in perception.

Whether a relatively passive or relatively active participant observer role is selected in any research project depends upon the kinds of data desired, what is prohibited and what is permitted in the observational situation, the nature of the subjects being studied, and the observer's capabilities and preferences. We have found, however, that if the observer continues his work for long in the same situation, he develops a tendency to participate more actively.

AFFECTIVE PARTICIPATION

The ways in which the observer and the observed are joined to each other, constitute part of each other's field of influence and operation, and form a social field are strikingly demonstrated in their affective relationship. If the observer works continuously in a situation, whether as passive or as active participant, he will inevitably become involved in and with the observed's emotional life. Much of this involvement may go on outside of awareness; between observer and observed there will be a continuous process of moving away from and moving toward, sympathy and disgust, anger and affection, fear and trust based on conscious and unconscious motives, emotions, thoughts, feelings, and imagery. These affective relations are maintained in many complex ways, possess significance both in intensity and duration, and link observer and observed in mutually important integrations despite their individual wishes. For example, we found that without being aware of it at the time the observer tended to withdraw when a patient was withdrawn. Similarly, when low morale was a dominant aspect of the ward context, the investigator discovered that he, too, was functioning less effectively.

The two ends of the continuum represent types of affective involvement that will influence the nature and validity of the data. At one end of the continuum the investigator is affectively involved in such a way and to such a degree that he loses his perspective, and his feelings obliterates his ability to observe. The distortions of reality and the misinterpretations that stem from the observer's interpersonal difficulties in living virtually eliminate his ability to record valid data. At the other end of this continuum the observer's empathic relationship with the observed facilitates his understanding of their inner life and their social world and increases the validity and meaningfulness of his observations.

We have noted that it is inevitable that in observing other human beings in interaction, especially in emotionally significant areas of living, the observer's own emotional life will be stimulated. The issue is not whether he will become emotionally involved, but rather, the nature of the involvement. The involvement, whether it is closer to one end of the continuum (sympathetic identification) or to the other end (projective distortion), is very little a function of the observer's role. Rather, it is primarily a function of his experience, awareness, and personality constellation and the way these are integrated with a particular social situation. Since the investigator has control over neither his affective responses nor their effects on his observations, he must contend with his feelings as part of his data. Only by increasing his own awareness of them, their bases, and their effects on him will he be able to counteract their distorting influences.

We noted some indexes of the distorting of data as a result of affective involvement. These included strong moral or valuational reactions, such as judging staff's or patient's behavior as "good" or "bad." We found that such reactions as anger, resentment, disgust, condemnation, pity, and excessive worry or concern about a patient or her therapeutic progress were signs that the investigator was not functioning as an objective observer. In addition, whether overt or not, taking sides (e.g., siding with staff against patients or vice versa or with one staff subgroup against another) made it difficult to see the inter-
action clearly. Sometimes the observer may overtly or covertly, consciously or unconsciously, use the research situation to prove he is superior to the observed or that he can be kinder, more sympathetic, or more understanding to patients than others. All such affective responses indicate that the observer’s involvement with his own emotional responses is taking precedence over his performance as scientific observer.

In certain types of situations the observer’s personal problems, blind spots, and recurrent inappropriate responses toward certain kinds of people may be evoked. Then his unconscious motivations and attitudinal sets—his personally significant images, symbols, and meanings from the past—obscure his vision and act as a filter between his perception and what “actually is.” Another problem is the possibility that his morale will vary with that of the persons with whom he is identified. Under these circumstances he may have less enthusiasm for the investigation and have less devotion to the task of observation, and the investigation thus becomes dependent upon the vicissitudes of the situation.

However, the distorting type of involvement need not have only negative effects. If the observer can view the involvement as a signal that something significant is happening in the interactional field—as a communication that important data are emerging—he can convert the involvement into a partial asset. Through the reorientation of his attitude toward the involvement, he can exercise a tour de force in developing some detachment from the situation and in reducing the distorting impact of the involvement as well as sensitizing himself to new aspects of the phenomena under study.

In the same way that it is more difficult to describe mental health than to identify the processes that interfere with it, it is more difficult to describe that type of affective participation—sympathetic identification—which results in more meaningful and valid data than to describe projective distortion. Sympathetic identification includes empathic communication and imaginative participation in the life of the observed through identification and role-taking. In this type of involvement the observer is, at the same time, both detached and affectively participating; he feels no need to moralize or judge the interaction; his attitude is one of interested curiosity and matter-of-fact inquiry directed toward understanding the observed. His reactions are “appropriate,” and his appraisals are realistic. In sum, the observer’s emotional involvement, observation, and awareness of both himself and the observational field come together in optimum balance.

ANXIETY AS A SOURCE OF DISTORTION

The potentiality for the emergence of anxiety “in” the observer during the course of his investigation exists in two interrelated areas: those aspects of the observer’s personality that are especially sensitive to anxiety and those situations that evoke anxiety easily in every observer. Whatever the source, anxiety may influence both the way in which data are obtained and the kinds of data gathered.

Anxiety which stems primarily from the observer’s sensitivities may be aroused in such ways as the following: The observer may become anxious because he is an outsider and as such is not accepted by the observed. The degree of such anxiety, his capacity to sustain it, and the defenses he uses against it are important in influencing his observational ability. He may be anxious about a particular research problem because it touches on some interpersonal difficulty. For example, if he is studying the authority and power relations in a social structure, his own difficulties in accepting authority or wielding power may prevent him from seeing the situation realistically. In addition, if he cannot accept withholding by the subjects or sustain frustration, but reacts instead with anxiety, the observer is apt to impair or limit his data.

The anxieties inherent in our research were conspicuous and atypical. There were instances of extreme upset on the part of a
particular patient as well as situations of collective disturbance in which the ward as a whole was upset. In collective disturbances where ward tension was sharp and intense, the effects of anxiety on the investigator’s ability to observe were especially conspicuous: here he saw only a blur when he tried to encompass the total field, and even very narrow and restricted segments of the field were indistinct. It was difficult to focus on the interaction and to maintain the focus consistently. Gross movements of the participants were observed and not the subtleties of their interaction. A defense frequently used by the investigator was his preoccupation with handling his own anxiety. The observer thus focused his attention away from the events and toward himself. This re-focusing was not useful in providing data about the event under observation, nor was the observer able to learn much about the nature of his interaction with the observed.

However anxiety is aroused and whatever its source, it seriously affects the ability of the observer to play his role. In some instances his defenses against anxiety may take the form of psychological or physical withdrawal. In others his anxiety may lead him to falsify a particular situation. For example, in trying to assess kinds and degrees of stresses, strains, and tensions, he may project his own anxiety and see the situation as more disorganized and fraught with anxiety than it actually is. Restrictions in focus that anxiety occasions may lead him to select certain aspects of the situation as important and to minimize, overlook, or be completely unaware of other aspects. The impairment in observational ability brought about by anxiety permeates all phases of the observational process, registering, interpreting, and recording.

Anxiety can sometimes be converted into a partial asset as an observational tool. If it can be handled, its bases and sources understood, and its effects evaluated, its emergence can then become a significant indicator of important interpersonal activity transpiring in the social field that needs to be observed and analyzed.

BIAS AS A SOURCE OF DISTORTION

The most general bias to which all observers are subject and to which the sociologist has given much attention is the sociocultural bias—the bias of sharing the perspective and values of one’s historical time and cultural milieu and of occupying various statuses and playing the attendant roles. In addition, one’s frame of reference, in part a product of one’s professional training, influences the selections one makes from the phenomenon (e.g., whether it is viewed philosophically, biologically, institutionally, situationally, or in terms of individual psychodynamics) and determines how and what is observed. Since much work has been done in the sociology of knowledge to point out the importance of these biases and to evaluate their effects, we will not deal with them here beyond indicating that they form part of the observer’s personality constellation.

The particular patterns of interpersonal dynamisms with which the observer operates will shape what he sees and will influence how he sees human interaction. The observer may have some long-standing emotional blocks which prevent him from seeing certain aspects of reality clearly. To evaluate the way in which certain personality dimensions of the observer distort the data he is observing, such questions as the following, for example, must be asked: In general, what kinds of defenses does he use against anxiety? Is he usually cautious or incautious, pessimistic or optimistic, trusting or suspicious? What is his attitude toward persons in authority?

The emotional needs of the investigator with reference to the investigation itself play an important role. Such questions as the following need to be considered: How much does the investigator need to be right, especially with reference to proving his hypothesis? Will he tend to see what he wants or expects to see in his data? How much failure can the investigator sustain without becoming discouraged or unconsciously mov-

11 See, e.g., Mannheim, op. cit.

ing in the direction of forcing success by distorting the data.

Other important considerations are the observer's assumptions about human behavior in general. What does he believe people are "basically," and what does he feel they "ought to be"; what perspectives does he have on human activity: long or short range, broad or narrow, subtle or gross?

Some of the questions we posed for ourselves were the following: What cultural stereotypes of mental patients does the investigator bring to the study? What are his feelings about mental illness, and what are his emotional reactions toward patients? To what extent is he repelled or attracted, sympathetic or antipathetic? Are his feelings relatively stable, or do they vary with different circumstances and with different kinds of patients? What are the investigator's attitudes toward various levels of staff, and what is the direction of his sympathy when staff and patients are in interaction? In studying incontinence, the following were some of the questions we asked: How much does the investigator share the cultural attitude of disgust? Is there a tendency on his part to avoid the situation?

Our approach to the problem of bias has been an attempt to expand as well as make more precise by formulating in concrete process terms Myrdal's suggestion for excluding bias from social research: "There is no other device for excluding biases in social sciences than to face the valuations and to introduce them as explicitly stated, specific and sufficiently concretized value premises." Implicit here is the assumption that bias is a universal phenomenon; that the observer can and does know what his biases are; and that, knowing what they are, he can, by specifying them, prevent distortion of his observations. There are at least three conditions that need to be fulfilled before this suggestion can be put into effect. The observer must (1) be motivated to look for his biases; (2) look for them actively and, having come upon a bias, explore its meaning and ramifications; and (3) look upon the uncovering of his biases as a continuous process of discovery—as an ongoing process to which there is no end.

From this point of view, facing one valuation, or one bias, is the beginning of pursuing other related valuations and biases. Thus, discovering one's biases becomes a continuous process of active seeking out and grappling with one's limitations and blocks. Satisfaction then derives not only from uncovering a bias but equally from seeking further. This view requires a certain attitude and habit of inquiry toward one's distortions. It means that old distortions might still influence one's observations despite their previous discovery and must be focused on again and again before their effects upon one's observations will diminish. Any particular bias may appear in various disguises and take different forms in different contexts. Thus, the more perspectives from which we see the bias, the greater the possibility of minimizing its effect. Finally, no matter how arduous and seemingly successful one has been in discovering his biases, another look may still uncover something that up until then has not been seen.

CONCLUSION

We have attempted to examine some of the problems which appear to be inherent in using the human instrument for gathering and evaluating interpersonal data. Though we have limited our analysis to participant observation on a mental hospital ward, we believe that it has broader application. The operation of unconscious factors in observation, the influence of anxiety on how and what is seen, and the effect of the observer's personal interests, values, and orientation are problems which are present in any research in which interaction of human beings is being studied. One of the tasks of the social scientist is to continue to refine and sensitize the human instrument to insure greater validity of the data gathered. Some advance may be made by a more intensive and extensive study of the problems we have raised.

WASHINGTON SCHOOL OF PSYCHIATRY
NATIONAL INSTITUTE OF MENTAL HEALTH