
Beyond the Unobtrusive Observer: Reflections on Researcher–Informant Relationships in Urban Ethnography

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Ethnographic research involves the creation and ongoing renegotiations of relationships between researchers and informants. Prolonged engagement contributes to the complexity as relationships deepen and shift over time and participants accumulate a substantial reservoir of shared experiences. Reflections about the relationships we have co-constructed with informants in several research projects have contributed to our identification of several critical aspects of building and maintaining researcher–informant relationships in cross-cultural research. Aspects of relationship work specifically related to conducting ethnography with children, within the communities in which researchers live, and within the practice of occupational therapy are discussed.

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Call it sentimental, call it Victorian and nineteenth century, but I say that anthropology that doesn't break your heart just isn't worth doing anymore. (Behar, 1996, p. 177)

This quote from Ruth Behar in her recent book entitled *The Vulnerable Observer: Anthropology That Breaks Your Heart* poignantly captures the emotional freight inherent in ethnographies where researchers successfully immerse themselves in the everyday lives of their informants. This immersion involves getting fully soaked by the currents of joy and suffering and treading water through the ordinary; it is more than merely wading at the edges or taking a quick dip into someone's life.

Ethnographic research involves the creation and ongoing renegotiations of relationships between researchers and informants. These relationships are complex and uniquely constructed, drawing on elements of seemingly different types of relationships, such as those created through friendship, intimacy, family membership, and professionally bounded clinical encounters. Prolonged engagement contributes to the complexity as relationships deepen and shift over time and participants accumulate a substantial reservoir of shared experiences. Ethnographers struggle with enacting a researcher stance that simultaneously promotes interrelatedness and minimizes the extent to which their presence intrudes on and subsequently alters the everyday life experiences they seek to understand.

Researchers continue to develop applications of ethnography to studies of occupational therapy practice and occupational science, recognizing the obvious compatibility of qualitative methods to the types of problems that intrigue occupational therapists. These advances in occupational therapy research are accompanied by a call for continued discussion of methodological issues (Hasselkus, 1995;

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Short-DeGraff, 1994; Yerxa, 1991). The tensions in ethnography reiterate the “tensions” we have noted in our studies of occupational therapy, physical therapy, and related practices in which therapists often struggle with and express angst about the complexities involved in building and maintaining partnerships with family members and other practitioners (Lawlor & Mattingly, 1998; Mattingly, 1998a).

The purpose of this article is to discuss the complexity of research relationships and the theoretical implications of developing intense relationships as part of one’s research commitment. This discussion is grounded in our reflections about relationships we have co-constructed with informants in several research projects, including *Crossing Cultural Boundaries: An Ethnographic Study* described here. We present a preliminary analysis of our experiences in conducting a cross-cultural study of urban African-American families and interpret several critical dimensions of establishing and sustaining research relationships over prolonged periods of engagement. Specific examples are drawn from this project unless otherwise noted.

We recognize that a thorough understanding of researcher–informant relationships should be embedded in a broader discussion of many of the issues and tensions in ethnographic research, including issues of presentation (Agar, 1996), representation (Rabinow, 1986), reflexivity (Davies, 1999; Marcus, 1998), and interpretative paradigms (Holstein & Gubrium, 1994; Marcus & Fischer, 1986). Although we refer briefly to these important debates as they relate to a discussion of research relationships, a thorough analysis goes beyond the scope of this article.

Relationship Work in Ethnographic Research

Relationships are central to the practice of ethnography, but historically, there has been relatively limited dialogue about the complexity of relationship work and the interactive processes that influence interpretative work (Duranti, 1993). This trend has been rapidly changing within some areas of anthropology, most notably by feminist and post-modern ethnographers (Behar & Gordon, 1995; Zavella, 1997). Although our use of the term work in this article may pose conceptual problems for some readers, its use reflects a self-consciousness about the processes involved in developing and maintaining relationships. Central to these processes is engagement characterized by a selective focus, an investment, and a presence of self in the moments of interaction followed by equally demanding but more covert forms of action inherent in reflection (Strauss, 1993).

The argument that building researcher–informant relationships is relationship work is grounded in several traditions. We are borrowing from Strauss, Fagerhaugh, Suczek, and Wiener’s (1985) sociological analysis of the distribution, coordination, and management of forms of work involved in health care. We also draw on conceptualizations of work as a type of culturally mediated practice

(Engestrom & Middleton, 1998) and adopt the theoretical assumption that learning is situated in social engagement and social co-participation (Lave & Wenger, 1991). Our use of the term practices also reflects an acknowledgment in the family systems movement that relationship work is constituted by a series of relational practices (Sugarman & Martin, 1995).

While typically in ethnographic research (and characteristic of our research with families and therapists described here), researchers try to play a quiet role and allow the ethnographic scene to occur “naturally”; the role of the observer is never negligible (Atkinson & Hammersley, 1994; Fontana & Frey, 1994; Geertz, 1988). The credibility of data, particularly interview data, depends on the openness of informants to disclose sensitive information as well as personal beliefs and values, which may also be quite sensitive. The trustworthiness of these data depends heavily on the relationship established between researcher and informant. As other qualitative researchers have pointed out, gaining trust is not a mere matter of method or of “being nice,” but a developmental process that requires time to build (Johnson, 1975; Lincoln & Guba, 1985). The types of relationships that researchers and informants co-construct vary tremendously and are influenced by the researcher’s and informant’s knowledge of each other (Atkinson & Hammersley, 1994), the nature of their transactions, the sociocultural contexts of their interactions, and the political dimensions of representations of self.

A number of authors draw on artistic or aesthetic metaphors in an attempt to capture the subjectivity inherent in ethnographic research (Hasselkus, 1997; Lawrence-Lightfoot & Davis, 1997). Lawrence-Lightfoot and Davis (1997) most fully developed the metaphor of portraiture and analyzed researcher–informant relationships in terms of representation, intimacy, focus, aesthetics, and illumination. They likened the stance of the researcher to the stance of the portraitist, acknowledging the need for perspective and a dimension of distance and gaze while developing sufficient intimacy to understand and convey the true essence of the subject. For the artist, relatedness to the drawing and the activity of doing a drawing are very tightly related. Rapport with the subject is embedded in the meaning of the drawing. This metaphor represents the ethnographer’s central challenge. We believe that rapport with informants determines both the quality of the data and the ability of the researcher to represent the life experiences of informants.

In describing the building of research relationships, Davis (1997) argued that the metaphor of the portraitist is preferable to the commonly described stances of “fly on the wall” and “active participant.” The researcher stance that she developed with Lawrence-Lightfoot draws on elements of portraiture that include reflection on the elements of self, voice, aesthetic whole, presence on the scene, and

relational components. We have reflected on this argument as we have negotiated the many travails of trying to be an “unobtrusive observer.” Our discussion of the pragmatics of relationship work is preceded by a brief overview of the ethnographic project that we are currently conducting.

Description of “Crossing Cultural Boundaries: An Ethnographic Study”

The purpose of our 3-year ethnographic study¹ was to examine how the problems of children with illnesses or disabilities are variously understood or “framed”² by family members and health care practitioners, the influence of different frames or misunderstandings on the intervention process, the processes undertaken by family members and practitioners to negotiate or impose alternative views, and the impact of these multiple perspectives on the effectiveness of interventions. We are identifying and examining health care encounters perceived by both providers and parents as successful and events that illuminate dilemmas in family-centered care that could result in treatment that is less effective for the child’s development.

We are following 30 African-American children with illnesses, disabilities, or special health care needs, their families, and the practitioners who serve them. Data collection strategies include narrative interviews, focused interviews, participant observations, videotaping, and document review. The two authors are the primary researchers on this collaborative and interdisciplinary project being conducted in Los Angeles. We began collecting data in January 1997.

The research questions that drive this study concern the problem of misunderstanding and miscommunication between families and various interdisciplinary team members of the children’s health care services network. In essence, the problem involves crossing cultural boundaries created by the multiple cultural worlds that intersect in clinical interactions. Both families and practitioners live and operate in a multiplicity of cultural domains shaped by their profession, economic class, ethnicity, and community affiliation. When practitioners and family members interact, their values, assumptions, and perceptions about the interaction are shaped by their membership in these cultures. This study is about intersections, borders, being on the margins, and transcendence of boundaries. We are studying, to borrow a phrase from Ortner (1999), “zones of friction”...in which the clash of power and meaning and identities is the stuff of change and transformation” (p. 8).

The projected outcomes of this study are the generation and dissemination of new knowledge in the following areas: (a) understanding of family perspectives on their

¹The initial funding period ended on December 31, 1999; however, the authors are continuing to collect data on many of the families and plan to conduct a longitudinal ethnographic study with this cohort for an additional 4 years.

²Our use of the term frame is partially drawn from the conceptualization of frame analysis developed by Schön (1983).

experiences in caring for and nurturing young children with special health care needs; (b) family, practitioner, and researcher perspectives on obstacles to integrated, coordinated services; (c) family, practitioner, and researcher perspectives on factors that contribute to successful collaboration; and (d) interpretation of the misunderstandings and confusions that permeate services for African-American families from inner city neighborhoods.

In examining the social dimensions of practice, particularly as they involve families and children, we are deeply struck with the centrality of making connections. How do practitioners and family members *come to know enough* about each other that they can effectively “partner up?” What do we mean by the process of “coming to know?” Additionally, how do researchers come to know and *come to be known* in ways that ensure the emergence of rich, real-world, unencumbered data? In essence, we are studying the process of making connections by way of creating a process in which we establish connections with the people we are studying.

Through this process of getting to know, we feel somewhat overwhelmed by the intensity of the relationship work and the need for reflection. As relationships evolve, we have identified both dilemmas and opportunities that contribute to the complexities inherent in the relationships that ground ethnographic research. Several of the issues discussed here represent the messiness and lack of orderliness that accompanies immersion in the everyday lives of informants. Drawing on our experiences, we describe the pragmatics of building relationships and analyze situations in which our choices illustrate, or occasionally run counter to, prevailing theoretical assumptions about ethnography.

Children as Ethnographic Subjects

The most urgent, dramatic, and successful challenges to the model of an unobtrusive observer have been orchestrated by the children in the study. Their tenacity in seeking engagement with others, including researchers, is remarkable and signals what Carrithers (1992) described as a hallmark of human sociality: “the innate propensity for mutual engagement and responsiveness” (p. 55). An observer, who hypothetically could be an engaging social partner for a child, becomes a problematic figure in the child’s world if the adult remains detached and resists the inevitable pull of the child toward engagement. The unobtrusive researcher stance is reminiscent of the “still face” experiments conducted in developmental psychology to demonstrate the transactional nature of dyadic relationships between infants and mothers (Tronick et al., 1998). In fact, the unobtrusive researcher becomes highly intrusive when he or she *fails* to respond to the interactional solicitations of children. Tronick et al. (1998) described the failure of adults to respond to these solicitation cycles as an “experimental model of emotional neglect and the denial of intersubjectivity” (p. 292). Attempts to be unobtrusive can create disruptions in the child’s social world and profound distress

for the child. Failure to engage can lead to the child's profound disengagement, an undesirable consequence of the researcher's attempt to be unobtrusive.

The following example is drawn from field notes and memories surrounding an observation of 3-year-old Cheyenne (a pseudonym) at her preschool.³ The observation occurred about 18 months after the first of many contacts among the researcher, Cheyenne, her family, and practitioners who worked with Cheyenne. This particular event occurred within a fenced playground area attached to the school building during outdoor play time in the middle of the school session, a daily part of the preschool routine.

I [researcher] was standing against the fence in between the head teacher and Cheyenne's mother, who was attending the school that day for her first shift of volunteer time. She had chosen this day to begin her volunteer duties as the day in which she had also invited me to come and observe her daughter. When we went outside into the fenced playground, Cheyenne approached us several times, including a couple of attempts to look at her new baby sister or show her sister to the other children. The baby, Chelsea, who was just 4 months old, was sleeping in a baby carriage. I was struck by the fact that Cheyenne didn't really acknowledge me or speak to me, though I did see her staring at me on several occasions for brief moments. I asked the head teacher if it was all right for me to go talk to Cheyenne. (I felt the need to ask permission as I had been very struck by the orderliness and rule-oriented approach to activities that were very evident in the classroom.) The teacher replied "sure" and called Cheyenne over. She came right over and, with the teacher's instruction that she should talk to me, began to talk to me.

Cheyenne spotted my notebook and asked me to trace her hand. This had become kind of a ritual for us as I have spent many hours sitting with her and her mother in orthopedic clinic and have developed various "games" as a way of being with this child and her mother in a hectic waiting room. I had learned that doodling and various tracing games seemed to capture her attention and were a way in which she and I could engage. Although this is a child who is verbal, talking with her has never been particularly easy. In contrast, she became both calmer and more engaging when we did these drawing activities. As I began to trace her hand and we slipped into a familiar dialogue about whether we would draw in fingernail polish and jewelry, I looked up and noticed there were four other preschool children who had approached us with outstretched arms. In keeping with the order in which they moved about the premises, they formed a line when I looked up. The teacher started to admonish them for interrupting me, and when I indicated it was OK, the children beamed and stayed in line while she told them that they needed to wait for a turn. When Cheyenne and I finished her drawing, she initially took some delight in introducing me to the other children. Each approached and held out their hand as I traced them and wrote their names on the paper. Each child also wore a sign around their neck that had their name printed in large letters. As I drew pictures, Cheyenne moved back into the playground. I proceeded with my newly created, and willingly accepted, role of artist somewhat in the mode of street performer.

The period from hanging out and watching while leaning on the fence to being surrounded by 3- and 4-year-olds was really only a matter of moments. I recognized the

profound naïveté in my research approach⁴ and my disregard for the developmental needs and performance abilities of 3- and 4-year-old children. In the description of this brief event, responding to the children was natural and flowed smoothly in the context of free play time in the schoolyard once I and the children had gotten permission from the head teacher to follow our instincts to join the social action. This brief event also enabled me to learn a little bit more about this child's play with peers, an opportunity that had not emerged through my many observations of this child in clinical, hospital, and home settings.

This pull toward engagement is not always so easily negotiated within the context of health care encounters and within therapy intervention sessions. The researcher stance was based on the assumption that the therapist or other practitioners, such as physicians, would take the lead in setting the contexts for engagement. This was often accomplished by providing verbal vehicles (e.g., "I see you brought Mary [the researcher] with you today, we can show Mary what we did last time with the....") or by directly engaging the researcher in some kind of activity as a kind of social actor (e.g., the scorekeeper for the basketball game, the guest that comes to the tea party after the child and therapist have set the table and made treats out of modeling clay, the cleanup helper). As we continue to study practice, we are often amazed by the fluidity and creativity with which therapists construct the social scene that includes us. In subsequent interviews with therapists, we sometimes hear such phrases as "Oh, I didn't realize I did that," or "It just seemed like the natural thing to do."

In clinical settings, most social actors in health care encounters work to manage both the quality and quantity of interrelatedness in ways that often demand a high degree of attention to the social dynamics of the practice situation and finely tuned intersubjectivity. Bruner (1996) defined intersubjectivity as the "human ability to understand the minds of others whether through language, gesture, or other means" (p. 20). The intersubjective dimensions of the social scene involve all the interactants and potential interactants, including the researchers.

As researchers, we try to balance the need to retain our human responsiveness with our need to diminish the effects of our presence on unfolding events. In situations in which the therapist or practitioner does not create social touchpoints, we sometimes initiate them ourselves when we notice that the child is becoming distracted by our presence and our unengaged demeanor. We have participated in many sessions in which either the child or the parent pulls us in a little bit through either verbal or nonverbal initiatives.

Missteps and Reparations

Despite our reflective and careful approach, we have occasionally been reminded of the fine calibrations that are often needed to negotiate these complicated social worlds. The following example is drawn from field notes, a

³In this ethnographic study, we are following children and families into their homes, communities, and other non-health care institutional worlds, such as schools and day-care settings.

⁴Portions of the data were collected and analyzed collaboratively by the two authors; other field note data were collected by the first author, and the singular pronoun used in this article reflects her interpretative voice.

microethnographic analysis of a segment of videotape, and memory.

During an observation of a therapy session attended by a 3-year-old boy and his mother and me, his mother asked me if I would take a look at a notice she had received from his school regarding their plans to discontinue him now that he had reached the age of 3. I had conducted a lengthy interview with this mother in her home recently and she talked at length about “not knowing what I am going to do”...when this transition that she had been warned about actually occurred. I briefly responded yes and noticed the therapist seemed to react. I had felt the mother was trying to also solicit help from the therapist as well and she [the therapist] began to talk to the child’s mother in more detail and offered to read the letter. As the session progressed, I felt that the therapist seemed to be getting quite anxious, and after the family left, I stayed behind to talk to her about what seemed to upset her.

One of her comments was, “I can’t compete with you,” which she uttered with great emotion. She proceeded for a lengthy time period to talk about how difficult it was for her to know that I was getting to know the family in a way that she couldn’t. I had the perceived advantage of relating through interviews, home visits, and basically hanging out in the waiting room or walking them to their car after a session. She also commented on her discomfort with the fact that she felt jealous about the comfortable way in which the child, the mother, and I seemed to get along and that she didn’t feel that same ease. In her discomfort about this, she also said how glad she was about the fact that the mother could talk to me because she was anxious about this mother and felt that it would be very good for this mother to be in the study. She also expressed concern that she had understood that we would be unobtrusive and interpreted my responding to the mother as a violation of what she felt had been the research contract. Despite my efforts to reassure her about her worries, she remained quite upset.

This exchange generated a rather lengthy reparation process in which we talked for several more sessions, I met with the therapist’s supervisor, and the other researcher and I subsequently met with a group of practitioners to talk about their experiences related to participating in the study. I also watched the videotape several times, and my initial response was one of surprise that this event was literally a moment and that my response had been, from my perspective, quite minimal. As part of the data analysis, we use various forms of triangulation, including gathering multiple perspectives on the meanings of particular segments. I shared this videotape with two members of the research team, asking them to identify critical moments or turning points. Both selected this less-than-1-minute exchange out of a videotape that lasted approximately 50 minutes. This moment was a *MOMENT* in the sense of Stern’s (1994) identification of emergent moments in the stream of experience that are temporally bounded and have what Stern referred to as a particular “feeling shape.” Drawing on the continued evolution of the work of Stern et al. (1998), colleagues in the Process of Change Study Group, a moment is a “short subject unit of time in which something of importance, bearing on the future, is happening” (p. 302).

The reparation process proceeded successfully, and despite her discomfort, the therapist did not want the child and mother to sense any disruptions in my planned observations. This example is fortunately not typical of our experiences of building relationships with both practitioners and

family members. In many ways, however, the incident is not surprising given the sensitive nature of this type of relationship work and the fragility of some practitioners’ perceptions about their competencies in partnering up with families, particularly when families come from very different lived worlds. Mattingly (1998a, 1998b) has argued that therapists often rely on their imaginations to fill gaps in information as they create images and develop working assumptions about family members and their needs, values, and expectations. The presence of researchers who clearly are learning about a family and holding what a family has shared in the utmost confidence poses a particular threat to practitioners who are struggling to get to know a parent or child. Perhaps the practitioners’ anxiety is heightened in the presence of researchers because they may be making decisions that are based more on what they imagine life in the home to be than what they actually know.

The Specter of Alliances

As our relationships with children and family members build over time, the potential for the development of alliances between family members and the research team grows. Even if actual alliances are not created, there are many ways in which the appearances of alliances can intrude on the delicate nature of the relationship work. We have been adding to a substantial reservoir of shared experiences with practitioners simultaneously to our growth in relationships with the families, and these relationships between the researchers and practitioners typically have deepened over time. Occasionally, we have experienced situations in which a family member worries about our possible alliance with individual practitioners or with institutions. We were particularly cognizant of these situations when we were first recruiting families, as we primarily met families through introductions initiated by practitioners. We were concerned that family members who perceived us as aligned with the institutional world would hesitate to share their perspectives and might believe that by informing us of issues related to the children’s health that they were also informing the practitioners responsible for their care. However, reassurances of confidentiality (e.g., informed consent procedures, informal discussions, our actions in the clinic) typically diffuse these concerns. This type of ethnographic research is only possible if all informants have sufficient faith that we are there to learn about their perspectives and understand their experiences.

We continue to manage the specter of alliance formation through boundary setting, reassurances of confidentiality, and reflective discussions among the research team related to specific relationships or incidents. We capitalize on times when more than one researcher is present in the clinic or at home. This spontaneous peer activity provides additional opportunities for researchers to be reflective and

evaluative of their roles in the clinic and their relationship work. We also solicit informants' impressions about both cultural clashes and researcher influence on the health care encounters primarily through focused interviews and by probing informants' comments. As described previously, the videotaped sessions also provide an opportunity to revisit and explore instances in which informants, researchers, or both identify conflict or relationship-based clashes.

As we examine the dimensions of the research relationships we are developing, we continue to recognize some moments in the process that seem to be pivotal or represent distinct turning points in the relationships. A number of informants, including parents and practitioners, have also described certain events or times of particular significance. Because of our prolonged engagement with the informants, we are beginning to hear the retelling of stories related to relationship turning points. In their retelling of stories, informants highlight events or statements that either underscore the significance of the turning point or provide an opportunity for a reinterpretation of important events.

The Burden of Shared Suffering

Ya'll heart feels the same way ours does. Anytime we can sit and you can cry over my child. I can tell somebody they cry and stuff with us and their heart goes out to us. Sometimes you cry, you laugh, that's all about getting together.

This statement was recently expressed by a father in the study who was talking about the importance of the project in his life during a collective narrative group meeting. Collective narrative groups are a method we have developed in which several parents or caregivers tell stories about their illness, family, and health care encounter experiences to the research team as well as to each other. The father's comments were followed by those of a woman who described how she had kept her tape from her answering machine on which one of us had left an emotional message. The message described her sadness at hearing the news that an MRI had revealed that this woman's young daughter was gravely ill because her cancer had returned with a vengeance. In explaining the fact that she had kept the tape, she turned to Cheryl [researcher] and said, "I could tell you were crying when you left that message."

These two examples are not unique and illustrate the researchers' involvement in the lives of these informants. We recognize that in describing the extent to which we are bearing witness and ultimately participating in the suffering of some of the informants, we are risking criticism for not having maintained tighter boundaries, for revealing emotions that shatter objectivity, and for burdening ourselves with an emotional load that we presumably could (or should?) have contained. Although our behavior may in fact make both ourselves and the reader anxious, it is consistent with a growing movement in anthropology to reexamine the researcher stance, particularly in situations in

which the researcher witnesses suffering and develops a substantial repertoire of shared experiences with informants who are suffering.

A number of researchers are challenging the presumption that neutrality is the desired stance (Frank, 1997; Hasselkus, 1997) and arguing for the need for researchers to be more explicit in how they address the magnitude of suffering they witness (Green, 1998). A stance of neutrality in the face of deep suffering and palpable pain borders on callousness and, from our perspective, may be the ultimate denial of intersubjectivity. Our informants have demonstrated for us through their actions or explicit descriptions the tremendous power of the emotional acknowledgments we have shared. We believe that these expressions have been central to our relationship work and potent vehicles for establishing connectedness.

Our bearing witness to suffering is not restricted to our involvement with family members. We are deeply struck by the extent to which suffering in the lives of the practitioners permeates both our interview and our observational data. Although traditional beliefs about "best practices" in biomedical fields often are grounded in the need to retain objectivity and the "clinical gaze" (Good, 1994) and to maintain professional distance, practitioners describe tremendous angst in managing the emotional load for the suffering that they witness. A number of practitioners whom we have come to know remain conflicted about their felt sense of suffering and continue to aspire to manage it better. For some practitioners, there is still a concern that any expressions of their suffering will be construed as a lack of professionalism.

Our preliminary experiences as researchers bearing witness lead us to conclude that the face of human suffering demands a responsive human face and that boundaries designed to bolster objectivity are naturally transcended. This is not meant to imply a total dissolution of boundaries. In fact, boundary work consumes a huge amount of the relationship work described in this article. Rather, it seems that within these researcher-informant relationships, a reconceptualization of boundaries is needed. One of us remains somewhat haunted by the statement a young mother made in describing how she talks about the research project to her friends: "I tell people that they [the researchers] are there for you 100% of the time. Whatever you need, they are there for you." These words imply an overwhelming responsibility, but this statement, on exploration, also reveals multiple layers of meaning. This mother was not speaking literally; rather, she was attempting to describe her appreciation for the researcher's way of being "there" with her and the meaningful repertoire of shared experiences they had accumulated.

Over time, some of our efforts to be explicit in the boundary aspects of our relationship work have generated amused, bemused, teasing, and disappointed responses

from some of our informants. For example, we make it a practice to inform parents (i.e., those parents for whom we are the primary contact), when we are leaving town. These explanations, though clearly appreciated, are often met with such statements as “Where are you going this time?” or “I never get to see you anymore because you are always traveling.”

Similarly, we have often elicited provocative responses as we broaden the research team to accommodate the need for increased interpretive time as well as to cover a burgeoning sample. We have increased our use of research associates or assistants in ongoing data collection. The result is that the primary researchers are less visible to some of the practitioners. A practitioner in one of the many institutional settings of the study recently greeted one of us, somewhat good-naturedly, with the comment, “Hi. It’s nice to see you. I’ve been seeing all your substitutes.” This friendly comment is one of many reminders in this type of ethnography of the need for equally vigilant attention to the relationship work between researchers and practitioner-informants.

The extent to which researcher–informant relationships mirror practitioner–family relationships will be analyzed further as the study described here evolves. The longitudinal nature of this study will also yield further insights into how researcher–informant relationships shift over time with prolonged engagement in the field. Our preliminary conclusions are somewhat self-evident. Relationships matter. Relationship work is the “real work” of ethnography. ▲

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