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PRODUCTION OF HARD DATA
IN HUMAN SERVICE INSTITUTIONS

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The routine practice of hard data production is described in two human service institutions. Three modes of production are delineated: direct counts of behavior, secondary production, and surveys of those in-the-know. Practical production is contrasted with the formal image of hard data held and used by staff members and regulating agents. The use of circumstantial rules and the use of glossing practices are shown to be two means by which hard data become available. The practical reality of hard data is discussed in relation to staff and outsider awareness of hard data as a matter of production.

Human service institutions range from those that treat emotionally disturbed children to those that provide care for the senile. The institutions are subject to the regulation of outside agents (e.g., physicians) or agencies (arms of local or state government). Service institutions are required to show evidence for their claims of care and treatment. Should a nursing home, say, offer a reality orientation program for disoriented patients and be funded for it, some form of documentation might be required to explain why the program is needed for select patients and to show that it has the approval of their respective physicians and other responsible

AUTHORS' NOTE: This article is based on data gathered as part of the authors' ongoing studies of the social organization of care in human service institutions.

PACIFIC SOCIOLOGICAL REVIEW, Vol. 22, No. 1, January 1979, 115-136
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professionals. The exact documentation, of course, varies from one locale or institution to another.

While some form of documentation has probably always been required of human service institutions, there is a recent trend in favor of a certain form of accountability both by outside agents and administrative officers. Not only are treatment and outcome reports in demand, but there is preference for "hard" data over discursive accounts. Regulatory and/or funding agents and agencies see numbers as the most efficient means of weighing what is spent in service institutions and for communicating what is accomplished for clients. Institutional administrators and accounting officers support the claim of efficiency, which underpins their growing interest in the hard data products of behavioral treatment strategies.

This paper contrasts the formal image of hard data held and used by service providers and regulating agents with the practice of hard data production in two institutions. One is a 360-bed, nonprofit, church-related nursing home offering both residential and skilled nursing care, called "Murray Manor" (Gubrium, 1975); the other is a nonprofit, nonsectarian, residential treatment center that cares for about 60 emotionally disturbed children, called "Cedarview" (Buckholdt and Gubrium, 1979). To practice is literally to work at meaningfully accomplishing whatever it is that one takes for granted to be the business at hand (cf. Douglas, 1970; Dreitzel, 1970; Douglas, 1973; Gubrium and Buckholdt, 1977)—in this case, the production of hard data. In this regard, staff members at Murray Manor and Cedarview are viewed both in and out of circumstances where they formally do the work of gathering data.

The observations cited below were made as part of field work conducted at Murray Manor and Cedarview that focused generally on patterns of everyday social practice. The Murray Manor data were gathered over a period of several months of full-time observation in 1973; the Cedarview observations were completed in 1976 after a year of field work. In both institutions, staff members (nurses, social workers, special education teachers, liaison officers from regulating agencies, occupational therapists, speech therapists, psychologists, psychiatrists, childcare workers, activity directors) were accompanied, observed, and/or assisted in their various functions, some of which were performed mainly in the privacy of individual offices or classrooms while others involved collective participation in conferences (staffings) conducted for purposes of communicating treatment information, assessing clientele, developing treatment plans, and the like. As far as social practice is concerned, the data are general to the conduct of all staff members in the institutions involved in the production or gathering of information on client behavior and treatment effectiveness.

CIRCUMSTANTIALLY HARD DATA

Staff members’ references to and appreciation of hard data on the treatment, care, and behavior of clients are tacitly bound by circumstance. Staff speak of "being in need of good, hard data" and the ideal of writing up reports that "show the hard facts for what they are," but they do so only on those occasions when it is being taken for granted that their business is most accurately described in that fashion. Likewise, regulating agents such as county liaison workers from local welfare departments, who periodically participate in institutional staffings, take the same for granted on the occasions that staff members do. Talk about treatment and client behavior on such occasions is undergirded by the tacit acceptance of hard data as being ideal information about treatment and behavior.

In other circumstances, staff members as well as regulating agents cast serious doubt on the essential validity of hard data as a means of describing or reporting treatment and client behavior. The doubt is not merely technical in that hard data are believed, in principle, to be valid except for the shortcomings of measurement procedures. While technical questions are indeed raised by everyone from time to time, it is not unusual for staff members together with regulating agents (who, ironically, will later read reports with or without hard data submitted by
the institution) to call into question the very possibility of measuring human behavior in the first place because, as a Cedarview social worker once put it, "How can you [measure] when you're always trying to figure out what's going on? It's always messy business. Yeah, you do it, but what's it really mean?"

To describe either kind of circumstance as being more prevalent in one time and place than in another would not be an accurate way to locate the practice of appreciating or deprecating hard data. Even within formal staffings where such data are offered by a staff member as, say, descriptive of an elderly patient's response to treatment, someone may, in an aside in which all those present participate, jokingly scoff at the data as being a mere artifact of "having to do our job and so we look for and find what we need in patients, don't we?" Such asides, which are circumstances momentarily bracketed off from other ongoing business, suggest that the appreciation and acceptance of hard data is a matter of people's practical frames of reference, the bounds of which cannot be made any more clear-cut than the suggestion that they are matters of the ongoing, emergent uses to which people put their everyday affairs. In other words, it is not simply a matter of recognizing formal versus informal times or serious versus less serious occasions. Appreciation and deprecation of hard data are not well bounded by the seriousness or formality of events.

THE FORMAL IMAGE OF HARD DATA

What is the formal image of hard data held by staff members and others? First, whether attention is on the application of treatments or on the behavior of those being treated, it is taken for granted that either can be divided into discrete units and thereby be counted. The units are understood to be not merely a computational device but a way of representing units of concrete, meaningful behavior. It is assumed to be possible to locate explicitly when a particular behavior began and when it ended, say, an instance of agitation or confusion by a nursing home patient or a case of being "on the run" by an emotionally disturbed child. And, of course, it is then possible to locate the beginning and end of further instances of the behaviors. In principle, units of behavior may be placed in one-to-one correspondence with quantitative units (cf. Cicourel, 1964).

Second, hard data are believed to mirror the "real stuff" of behavior better than any other form of description. Certainly, nonquantitative descriptions may mirror behavior, but what they present are fuzzy images at best, not clear-cut, well-defined ones. Hard data best show behavior for what it really is. This image reflects a view of descriptive rigor present in modern society at large. Increasingly, in societies characterized by rationally organized bureaucracies and widespread interbureaucratic linkages, descriptive rigor is becoming synonymous with metrical rigor.

Given the formal image of hard data, on the one hand, and the increasing need to be accountable, on the other, the best way to fulfill the need is to account for programs and their effects by counting up what has been done, organizing data in the form of computed summaries, and, in turn, presenting the data as concrete evidence of treatments and outcomes. Certainly, neither the formal image as such nor its occasional spokesmen would deny the possibility of error in hard data. It is entirely possible—in fact, under certain " sloppy" conditions, entirely likely—that existing hard data are not data about what they are presumed to be. This recognition does not cast doubt on the essential validity of hard data, but rather on the technical apparatus used to collect them. Unbiased, technically sound data are, indeed, still the most rigorous, concrete means of describing behavior.

MODES OF PRODUCTION

Hard data commonly take the form of frequencies, percentages, and averages. The data are produced in three ways. One way is to directly observe and count the behaviors of interest. For
example, in checking the effectiveness of a bowel training pro-
gram in the nursing home, nurses or aides are assigned the task
of recording the frequency of incontinent episodes per patient
per day, before, during, and after the program is instituted. The
resulting frequency data may be used as is or may be transformed
into percentages (proportion of incontinent or continent episodes
among all bowel movements) or averages (mean number of
"soiled bed" episodes per day).

A second mode of production is to use information already
available but originally gathered for other purposes, rather
similar to what is called "secondary analysis" in the social
sciences. For example, at Murray Manor, every patient is
"charted" (written descriptions of behavior, physical condition,
and services rendered are entered into the nurses' notes sections
of patients' charts) at the end of each of three daily work shifts.
On occasion, select information in patients' charts may be ex-
tracted, over some time period, in order to assess, say, changes
in their behavior or in services rendered. As before, the data may
be transformed into percentage changes, progress in the average
occurrence of something or other, or simply be left as frequencies
per time period.

Finally, a third mode is to survey individuals who, in some
time past, are assumed to have experienced the behavior of
interest and to be in-the-know. Although the behavior concerned
is usually that of clients, their caretakers are surveyed for the
information. For example, a Cedarview teacher may be asked
how frequently she would estimate a child exhibited "bizarre"
motions with his face in one time period and to compare that
with its estimated occurrence in another time period.

THE PRODUCTION OF HARD DATA

While the formal image depicts hard, concrete data as col-
lectable in principle, its practical production casts doubt on the
assumption. The doubt is not essentially over technical matters

but rather with the very idea of hard data as rigorous and con-
crete. The following descriptions are based on observations made
of the practice of hard data production at Murray Manor and
Cedarview and are organized in accordance with their mode of
production.

DIRECTLY COUNTING BEHAVIORS

Direct data-producing situations were observed at Murray
Manor and at Cedarview. The definitional and interpretive work
necessarily engaged in by data gatherers shows that whatever
rigor and concreteness the data come to have once they are
collected is not simply a result of the technical soundness of the
procedures involved. The work as such of data gatherers in
generating hard data, literally constitutes—indeed produces—
the rigor and concreteness the data is assumed to have.

A highly touted bowel training program was recently instituted
at Murray Manor. As part of the program, the top staff nurses
wished to monitor its effectiveness. They succeeded in having this
done and showed that the program presented some success in
bringing about bowel control in select patients. Aside from
"Hawthorne effects" and other kinds of technical objections
that might be raised about the findings, consider the ongoing
practice of data collection.

On one occasion, an aide is in the process of checking a patient
who is in the program. The aide finds that the patient has fully
soiled her bed and clothing with feces. One of the LPNs on the
floor casually walks into the room, finds the aide cleaning up,
and comments, "I guess Helen's at it again, huh? The program is
not helping her too much, is it?" The aide, who is rather angry
at having to clean the bed and patient, blurts, "Oh, she knows
damn well what she's doing'. She just shit everywhere because
I was busy helping Stella [another patient] down the hall and
you know how she hates Stella. Well, . . . she [Helen] just had to
wait a little longer until I could finish. She didn't like that, of
course. So she got mad and just BMed all over the place." The
aide doesn't count the incontinent episode, but as she later ex-
plains, "That was different. Helen knew what she was doing and was just trying to get back at me."

The next day, the same aide walks into Helen's room, sees Helen "redfaced and squirming," and quickly helps her to the toilet, where Helen moves her bowels. As the aide helps Helen out of the bathroom, she compliments Helen for controlling herself. The aide later informs the charge nurse on the floor that Helen was "clean" all day, adding, "I think she's really coming around, you know what I mean. I think she's gonna come out one of the best on the floor."

Systematic observation of aides, patients, and their data collection and bowel control practices shows that interpretation occurs whenever behavior is considered for whether it is one thing or another. Moreover, like other conduct, the contingency of patients is something understood in a context of occurrences. It is within the meaningfully defined contingencies of a context that it takes on its meaning—in this case, whether it is continence, incontinence, or "something different that you can't really count."

When data on the percentage of clean days for Helen and other patients in and out of the program are compiled, each instance of clean days is treated as identical to every other instance for computational purposes. Indeed, the internal rigor of computation does not allow anything else. Violating this is like the proverbial mixing of apples and oranges. However, this is precisely what happens in practice. In this case, whether or not bowel control is apparent and should be counted must be decided, and it is decided somewhere, at some time, not separate from the meaningful, working contingencies of such occasions. The product of several days' inspection by an aide of one patient or another that denotes the patient had seven clean days out of ten, or is 70% continent of bowel, relies on the identity of the seven clean days and the identity of the three soiled days (or whatever the degree of distinction). It must gloss over features of the practical production of each clean or unclean day. While "soft" estimates of continence (e.g., saying that a patient has been typically incontinent) are subject to the same gloss, the formal image of hard data, in principle, treats the problem of definitional work in counting as nonexistent.

Cedarview has committed its staff to organizing the treatment of emotional disturbance around behavior modification strategies. Staff use what is called a Goal Attainment Treatment Guide, or GATG, a formalized means of programming. For each child, a GATG is formulated that specifies the particular target behaviors (scales) which the staff are attempting to modify (extinguish or increase), the goals or levels of change desired, the strategy and specific techniques (treatments) to be used in modifying the behaviors, and the data-gathering format (when baseline and follow-up measures are to be taken).

The following excerpt is taken from conversation between social workers Joe Julian and Francine O'Brien who are "baselines" Maurice Clay, a ten year old boy. Julian and O'Brien are baselines from a one-way observation room located at the rear of Maurice's classroom.

OBSERVER: Who're you baselining today?
JULIAN: Maurice Clay. I'm getting his teasing behavior.

OBSERVER: What's teasing behavior?
JULIAN: Look at these categories. [Hands a rating sheet to observer.]
It's considered teasing if he hits, touches, makes faces or negative comments, or does any name calling during work time.

There's a long pause in the conversation as the observer, Julian and O'Brien watch Maurice.

JULIAN: Damn! I should have done fantasizing this week and teasing last week. He was teasing a lot then but nothin' now. Just look at him staring into space. That's fantasizing if I ever saw it.

OBSERVER: How do you know what fantasizing is?
JULIAN: Good point. I guess I really couldn't count staring into space like that. We only count verbal stuff for that. He may be staring into space but is really thinking about his work. Who knows?
So we only count verbal stuff like when he talks about Mr. Greaso, Spiderman, or Super-what’s-his-name.

Jamie Edwards, another boy in the class, comes to the window of the observation room and peers in.

JULIAN: There’s a little shit. I tried to baseline him last week and got nothin’. He must have known I was in here looking at him. He’s a real bastard. I know what he’s really like from working with him in the cottage [children’s living quarters].

O’BRIEN: Look! Maurice is givin’ the finger to Sally [the teacher, whose back is turned]. Can we count that?

JULIAN: Naw, only if he does it to another kid.

Several minutes pass. Maurice now gets out of his seat and stands behind a boy who sits to his left, peering over his shoulder at his work.

JULIAN: Now we may get some action. Come on! Touch him or something! If he really gets going, we could get a lot [of teasing] in a few minutes.

O’BRIEN: Can’t we count what he’s doing?

JULIAN: No, not unless he really bothers him, like touches him or makes faces.

Now Maurice heads back toward his seat. He ruffles the hair of a boy as he passes by him.

JULIAN: Attta boy! That’s more like the real Maurice. Come on! Do it some more!

The boy whose hair was ruffled turns around and Maurice sticks out his tongue at him.

JULIAN: Good! Good! Now we’re getting somewhere. Too bad he started so late. [Looks at his watch.] Time’s almost up.

The conversation makes it apparent that counting so-called teasing behaviors is not a straightforward matter of observing each time Maurice teases and tallying every instance as a teasing datum. As the observations and counting are done, Julian and O’Brien actively define what observations shall constitute instances of teasing behavior. And, their interpretations are atten-
very same people. The actions, in turn, further delineate rules in use.

SECONDARY PRODUCTION

Human service institutions usually maintain running accounts of ongoing treatments and client behavior. At Murray Manor, accounts are contained in patients' charts, more specifically, in nurses' or physicians' notes. At Cedarview, one kind of account takes the form of an initial 60-day report and subsequent semi-annual reports on each child. In addition, specific departments in both institutions maintain records of client behavior and particular services rendered. For example, the Manor's activity director has a daily record of who participated in what activities, who refused, and why. At Cedarview, teachers and childcare workers keep separate daily records of each child's target behaviors in the classroom and the cottage.

Both institutions also document the occurrence of special incidents, not considered to be customary features of every client's daily routine. For instance, whenever an "incident" occurs at the Manor, an incident report is completed. As written on the incident report form, "An incident is any happening which is not consistent with the routine operation of the hospital [home] or the routine care of a particular patient. It may be an accident or a situation which might result in an accident." At Cedarview, for example, whenever a boy or a girl is placed in a control room (a small room isolated from ongoing activities) for misbehavior, an entry usually is made on the control room log that states the child's name, which staff member placed the child, the time placed and the time retrieved, and the reason for placement.

In gathering data on a client, staff members may rely on routine and incidental records of treatments and behaviors rather than on direct observation. Assuming that running accounts are consistently recorded and that incidental records are systematically made, in principle it is believed that existing client information can reliably serve as data for secondary analysis.

In the preceding section, it was shown how staff members initially produce hard data by applying relevant counting rules in directly observing clients, thereby making hard data available. When these and other data have become matters of record, they are subject to secondary analysis. It is in the practice of doing secondary analysis on existing hard data that secondary production takes place.

The following example of secondary production is drawn from the Manor. A staffing is being held to decide whether a female patient, Cora Kilpatrick, should be transferred from residential care (no skilled nursing provided) to skilled nursing. According to the charge nurse, Cora has had an unusual number of incidents recently such as falling, sudden lack of steadiness, and bursts of combativeness harmful to others. As a result of the incidents and her general behavior of late, the charge nurse concludes, "We just can't handle her on first floor anymore. We just don't have the manpower."

Cora's physician asks to see the incident reports. The director of nursing leaves the room to get them. While she is out, the physician states that he finds it strange that the staff is being caused so much trouble by Cora because it has been his observation that she is quite steady on her feet, in fact, comparatively nimble, adding that his observation is based on recent contacts with Cora. Several staff members then respectfully respond that he does not really know what Cora is like in matters of day-to-day living.

Meanwhile, the director of nursing has returned with two incident reports. The physician reads through the two reports and notes that, in both instances, Cora's "condition before incident" is marked "senile" (rather than "normal," "disoriented," "sedated," or "other"). As before, he asks why she has been diagnosed senile, because his recent observations stand in contrast. Again, several staff members add that Cora is indeed, as they put it, "really confused" and "unrealistic." The aide even suggests that the physician's observations are invalid when she informs him, "I'm not sure if you can count that, doctor, because she really puts on a straight show when someone like you comes around. That's not the real Cora we all know 95% of the time." The director of nursing, in turn, suggests, "Those two incident reports, when you think about it, are just a very small
of that, you kinda see him as a real loser? We all do that sometimes." At this point, the parties concerned debate whose experiences are to be used in interpreting Timmy's achievement test scores. Until this is settled, Timmy's test scores are, in practice, virtually meaningless things that remain to be defined.

The resulting semiannual report on Timmy to the county welfare department shows traces of data production, but only its end product, not its practice. Timmy's initial achievement test scores are explicitly cited in the report, but so are his reconstituted test scores (those offered by the teacher as more realistic). On this, the report reads: "While Timmy's latest achievement scores were higher than expected, there is good reason to believe that the scores are unrealistic." Revised scores, based on the teacher's comments, are then listed in figures, being described as Timmy's actual level of achievement.

**SURVEYING THOSE IN-THE-KNOW**

At times, hard data are produced initially by surveying the opinions of staff members who ostensibly have intimate knowledge of a particular client and his behavior. For example, it is not unusual to find a statement in reports that begins: "In the opinion of the treatment team." No mention is made of how the opinion was arrived at, other than an occasional reference to a survey's having been taken.

Consider the following Cedarview situation where a survey is to be taken of staff members gathered at a staffing. Discussion centers on Ronnie Bertram's eye contact. To have eye contact is to direct one's eyes at whomever one is interacting with and to maintain eye contact over the course of interaction. Children who cannot maintain eye contact are considered to be maladapted and are put on programs to improve it.

A social worker addresses the staffers and asks whether Ronnie should be put on a program for eye contact, having prefaced this with, "You know, I've noticed something else about Ronnie when I'm working with him [in individual counseling sessions]. He doesn't seem to be able to look at me for more than a few seconds at a time. I don't know. What do you all see here?"

Ronnie's teacher responds first. She reports not having noticed any problem and that Ronnie is always very attentive whenever she addresses him. Indeed, she remarks, "I'd say he's among the most attentive kids in the class. I never have any trouble with him in that way. Yeah, he's a mischief and gets carried away, but the eye contact thing... it's not there." The social worker, picking up on the teacher's reference to Ronnie getting "carried away," says, "That's what I mean—the getting carried away bit—he's just off somewhere, talking to you, yeah, but really off the wall." Ronnie's teacher disagrees, "But I wouldn't call that poor eye contact. That's just fooling around. You can't really count that, can you?" The social worker looks puzzled and turns to the others, "Well I just don't know. I have this feeling... What do the rest of you think?"

At this point, staffers not only debate the question of existing eye contact, but also argue over whether the question was a reasonable one to raise in the first place. Varying opinions are expressed. Elaborate examples are presented where it is believed to be clear that poor eye contact is evident. These are challenged by different interpretations of the same examples as well as by the presentation of other examples where the same apparent behavior of a child "clearly" shows that there is no eye contact problem evident. Throughout their deliberations, staffers shift their attentions many times between various layers of concern with the eye contact issue: debate over the degree of eye contact found in their individual experiences with Ronnie; negotiations over the legitimacy of using select experiences as a basis (data base) for judging eye contact; and deliberation over the meaning of eye contact itself.

The staffing comes to an end with no resolution in sight. Several times, Ronnie's social worker interjects that some decision has to be made so that Ronnie can be put on a program if it's warranted. Finally, a childcare worker suggests, "Well, why don't we just take a vote." Everyone agrees and staffers are systemati-
cally polled. As the social worker proceeds to solicit opinions around the conference room, several staffers preface their comments with references to other staffers' opinions. For example, the teacher states, "You know, I really wasn't all that sure to begin with, but I can see what you mean [about there being a possible problem]. I guess I've been overruled. I'll go along with some kind of program. It can't hurt him, anyway." The social worker then concludes, "I guess that's it, then. Would it be fair to say that it's the informed opinion of the treatment team that a program to increase eye contact is indicated?" All agree. The social worker then asks, "From what most of you seem to be saying, I'd put his current eye contact at about two minutes out of a fifteen minute period. Let's see," she pauses, and then resumes, "that's about 12 or 13% eye contact. Does that sound about right to you?" The speech therapist responds, "Why don't you make it an even 10%? I really think that would be more accurate. His eye contact, I don't believe, is all that good." The social worker asks if that's all right with everyone, and they all agree.

THE PRACTICAL REALITY OF HARD DATA

In the preface to Eliot Friedson's (1975: xi) book Doctoring Together, he offers the following remarks about measurement and the everyday realities of human conduct:

Ontologically, I argue that the ultimate practical and moral reality of human society lies in what concrete people do and how they interpret their problems in the settings of everyday life. I argue further that the test of the value of any formal social policy is to be found in that everyday experience rather than in the highly selective abstractions of the statistics, accounting devices and indicators found in official documents. While all those devices are necessary tools for a large and complex society, they are only as useful as one's capacity to interpret them accurately. And one's capacity to interpret them accurately depends on the depth of one's acquaintance with the everyday experience of those concrete people doing their work in their own way. Administrative statistics and accounts do not merely reflect the activity of those workers; they are created by them with their own purposes in mind. To interpret them wisely, one must know how and why they were created, as well as the broader context of activity from which they were selected.

Accordingly, in this paper, hard data were examined in "the broader context of activity from which they were selected." The observations presented, together with a host of similar observations of practical production, suggest that hard data are about not only clients but also staff members and their routine work, both individually and collectively.

To what extent are service providers aware of their data production practices? It is apparent that they admit to being aware of them in certain circumstances. On occasion, staff members turn their full attention to what they do in gathering hard facts. Such turns of attention occur both in the midst of formal data-gathering circumstances and in circumstances well-removed in time and place.

At the Manor and at Cedarview, it is not unusual for someone participating in, say, a staffing or a baselining session to momentarily turn his own and others' attentions to their ongoing deliberations and to comment directly on the course of the deliberations as a matter of practice. In such asides, participants raise ontological questions—questions concerning realities—about themselves and the products of their labors. Among other things, participants claim to "really" be doing things that "we know nothing about," to "really" be "making up most of these so-called facts, if you think about it," to "really" be "making out that these kids [or these patients] have problems when it's us that're just looking at things like that," or to "really" just be "playing a big con game ourselves, when you get right down to it." Indeed, such claims are made not only by regular Manor and Cedarview staff members but also by outsiders like county liaison workers, to whom the facts produced are later presented and duly accepted as hard data on treatment and outcomes.

The awareness of practical production exhibited in asides is usually well-contained and often framed as a joking matter. While on such occasions everyone indulges the lighthearted
sarcasm over what hard data are “really” all about, little tolerance is shown for those who decide to take the matter too seriously and, in effect, refuse to return their attentions to the “real” business at hand (cf. Garfinkel, 1967, for “experimental” versions of the same practice). Not only do staffers work to produce hard data, but they also work hard at sustaining the serious business of production as such.

Moreover, in circumstances removed or bracketed off from formal data production, staff members insightfully discuss the dialectical features of their work with clients. While not using these exact terms, they do speak of “how you do all these numbers and percentages and then you forget what happened and you treat ’em as if they were something that you just discovered.” They note how “what we’re seeing in these patients is just what we want to see, you know.” And, they even poke fun at their own alleged normality by reminding each other of “how crazy we often are ourselves,” detailing instances of their own behavior that have striking resemblances to behavior exhibited by their clients which, in other circumstances, they see or read as troubled, confused, or disturbed.

What sustains the production of hard data cannot be said to be a general, blind adherence to its formal organization (cf. Gubrium, 1978). It is evident that the very people who literally produce hardness in data are, on occasion, aware of their practices. Moreover, it is evident that at least some of those who receive the data are also aware of their practical production. What seems to sustain the occasioned production and acceptance of hard data by people who, on other occasions, show insight into their very own practices, is the work they do to contain the respective realities. To the extent that they do reality-containing work well—conducting the serious business of producing hard data; scoffing at the serious business in tolerable circumstances; and doing all of this within limits—the concrete reality of hard data as a rigorous mirror of treatments and outcomes is acceptably available. The reality of the hard data produced by human service institutions is an artifact of tacit subterfuge. It is an artifact of staff members’ and outsiders’ ongoing abilities to escape the force of their very own insight. Their roles, their formal organization—their business in general—have a practical reality and are thereby sustained as things in their own rights.

But, then, the production of any kind of data requires practical subterfuge (including our own, which makes this paper a potentially useful account rather than a concrete depiction of the facts). What makes the production of hard data any different in this respect? The difference stems from the common claim that rigorous quantitative measurement and good hard data are, in principle, devoid of the imprecision and lack of concreteness present in other forms of behavior description. However, a comparison of the everyday practice of hard data production with the formal image of hard data suggests that, in principle, the imprecision and lack of concreteness present in hard data are at least equal to that present in any other form of data.

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