

Informed consent in research on second language acquisition

Authors: Margaret Thomas, Nicole Pettitt

Persistent link: <http://hdl.handle.net/2345/bc-ir:107509>

This work is posted on [eScholarship@BC](#),
Boston College University Libraries.

2017

These materials are made available for use in research, teaching and private study, pursuant to U.S. Copyright Law. The user must assume full responsibility for any use of the materials, including but not limited to, infringement of copyright and publication rights of reproduced materials. Any materials used for academic research or otherwise should be fully credited with the source. The publisher or original authors may retain copyright to the materials.

Informed consent in research on second language acquisition

Margaret Thomas

Program in Linguistics
Department of Slavic and Eastern Languages and Literatures
Boston College
Chestnut Hill MA USA
<thomasm@bc.edu>

Nicole Pettitt

Department of Applied Linguistics
Georgia State University
Atlanta GA USA
<npettitt1@gsu.edu>

16 August 2016

Informed consent in research on second language acquisition

Abstract

The practice of securing informed consent from research participants has a relatively low profile in second language (L2) acquisition research, despite its prominence in the biomedical and social sciences. This review article analyzes the role that informed consent now typically plays in L2 research; discusses an example of an L2 study where complex issues of informed consent surfaced; and summarizes debates about informed consent that are underway in other disciplines, but which so far have been little recognized in scholarship on L2 acquisition.

Keywords

Informed consent, research ethics in second language acquisition, Institutional Review Board

I Introduction

Informed consent as a cornerstone in the ethics of scientific research is almost 60 years old. However, it has not yet fully come of age in research on second language acquisition. This review article calls attention to evidence that the full complexity of informed consent has not been adequately appreciated or integrated into research on how people learn second languages (L2s)¹. We suggest that L2 research may be improved by increasing awareness of several robust on-going debates about the nature and role of informed consent.

We begin by introducing the concept of informed consent in its historical context. Next, we survey the role that informed consent now plays in L2 research, gathering data from textbooks on research methods; the websites of professional organizations; and a sample of recently-published empirical studies of L2 acquisition. We conclude with an exposition of how scholars in other social-scientific fields have developed, sometimes challenged, certain facets of informed consent in ways that are worth the attention of L2 researchers. Integral to our discussion is a case study of L2 research, included as an Appendix, that problematizes conventional practices of informed consent and illustrates why the notion needs to be better understood and better adapted to cross-cultural contexts.

Our perspective derives from the academic culture that both of us know best, that of the twenty-first century United States. A full international analysis of informed consent exceeds the scope of this review article. We occasionally refer to informed consent in the intellectual life and research practices of other countries, however, because part of the difficulty—and the intrigue— of the concept derives from the questions it raises about what constitute transcultural ethical standards.

II Emergence of informed consent as an ethical principle in research

Informed consent is foundational to research that involves human beings. Arguably, it is the heart and soul of the ethical dimension of science. In many accounts, revelation in 1948 of the horrors of Nazi pseudo-scientific experimentation led jurists presiding at the Nuremberg trials to articulate principles which, contrary to Nazi practices, defined legitimate medical experimentation. Those principles

require that any participant in an experiment offer voluntary, legally competent, informed, and comprehending agreement. In 1957, these criteria were elaborated, inscribed into the U.S. legal code, and labeled with the expression ‘informed consent’, in the course of settling a medical lawsuit in California. That lawsuit clarified that a patient’s consent to treatment can only be valid when it is fully informed—that is, after a doctor has explicitly disclosed all pertinent information about the ‘nature, consequences, harms, benefits, risks, and alternatives’ of the proposed treatment (Faden and Beauchamp, 1986: 126). A further milestone in the history of informed consent was the Helsinki Declaration of 1964, which attempted to define international, although not legally binding, standards for ethical medical research.

These events feature prominently in most historical sketches of informed consent. Faden and Beauchamp’s classic 1986 monograph *A history and theory of informed consent* provides more complete discussion. The text begins by addressing the conceptual basis of informed consent in western moral philosophy and legal thought. Part II provides a history of the notion as it developed in medicine, law, scientific research, and U.S. federal policy. Part III works out a theory of informed consent. First, Faden and Beauchamp define the concept of ‘autonomous action’ as resting on the conditions of intentionality, understanding, and ‘noncontrol’ (that is, independence of control by others [p. 256]). They then define informed consent as a patient’s (or research participant’s) autonomous action to authorize a particular procedure or intervention.² The book concludes with a chapter that closely analyzes what is entailed in meeting the criterion of understanding, and another chapter on the criterion of noncontrol.

Like most literature on informed consent, this account draws its examples largely from biomedical research, where informed consent aims to set a clear and high standard for patients', or research participants', understanding of the risk of material physical harm. Faden and Beauchamp also narrate how informed consent was adopted from medicine into the social sciences, taking the field of psychology as a microcosm. Here, the stakes are typically—but not necessarily—lower, and potential harm to research participants is less likely to be physical than emotional or social: boredom, confusion, tension, embarrassment. The American Psychological Association began formulating a professional code in 1938. By the early 1950s psychologists had articulated a concept of informed consent, without using that term (Faden and Beauchamp, 1986: 167–171). During the 1960s, there was vigorous public debate of the ethics of deceiving participants in psychological studies, or of providing them with incomplete information in cases where full disclosure would undermine the validity of an experiment. By 1973, the American Psychological Association had published a statement of research ethics requiring researchers to treat participants with openness, respect, and honesty. It prominently addresses, if not resolves, the question of deception.

Because deception threatens the spirit of informed consent, the continuing controversy surrounding deceptive research indicates the extent to which social scientists take informed consent for granted. It became a matter of law in the U.S. with the development of Institutional Review Boards (IRBs).³ From 1974, the federal government, acting through the National Science Foundation, required all U.S. institutions that carry out federally supported research to establish IRBs, which

review and approve of any study involving human participants before data are gathered. Among their charges is ensuring that every participant documents his or her informed consent by reading and signing what is often a long, fine-print, document written in quasi-legal language. As a minimum, informed consent forms must explain how participants' privacy is protected; indicate that participants may withdraw at any point without prejudice; provide researchers' contact information; depict potential benefits to participants; and, crucially, describe any conceivable risks of harm involved in the research (at least in the conception of the culture that generates these forms). Once signed, the forms materialize participants' willingness to be studied.

In addition to ensuring that the standard of informed consent is met, IRBs weigh the costs to participants against the potential benefits to scholarship in cases where deception or partial disclosure is involved, then advise researchers accordingly. IRBs are also responsible for judging which research projects can be exempted from the time-consuming and meticulous process of full IRB scrutiny, on the grounds that they do not pose a substantial risk of harm. Of particular salience to the study of L2 acquisition is the fact that IRBs usually identify educational research as exempt from full review. Likewise, research based on the 'collection or study of existing data if publicly available' (<http://www.nsf.gov/bfa/dias/policy/hsfaqs.jsp#exempt>), such as corpus data, is exempt from full review (even, in this case, exempt from the burden of establishing informed consent). Researchers, however, cannot assume that their work meets the criteria for exemption: a local IRB grants that status, case by case. Ethnography is

another method that receives special treatment. Ethnographic research must be approved by an IRB, and may or may not be deemed exempt. In either case, procedures for establishing and recording informed consent in ethnographic studies may be tailored to the relevant cultural context

(<http://www.nsf.gov/bfa/dias/policy/hsfaqs.jsp#ethno>). An additional responsibility of IRBs is to ensure that extra precautions are met when participants comprise members of certain ‘vulnerable’ classes of people for whom higher criteria for informed consent hold: children, prisoners, pregnant women, persons with physical or mental disabilities.

This sketch depicts the policies set by the National Science Foundation, to which research carried out in the United States or conducted by researchers affiliated with U.S. institutions must conform. Local IRBs are responsible to ensure that conformance. However, different institutions’ IRBs vary widely in how they apply these policies, for example, in how they define ‘vulnerable’ classes of people, or whether they accept alternative means of establishing informed consent. Moreover, other countries have developed their own standards for ethical research, which often include a concept of informed consent. Clough *et al.* (2013) review research practices in Australia, Azerbaijan, Iran, the Philippines, and South Africa. They conclude that protection for participants is sometimes inadequate and poorly adapted to local circumstances—a situation that obtains equally in the U.S.

III Informed consent in L2 research

The notion of informed consent emerged first in the biomedical sciences, and retains ties to its origins. Perry (2011), for example, analyzed 32 U.S. universities' IRB websites and found that 'social science IRBs still use language reflective of medical models of research' (p. 899), with little adaptation to the study of humans as social-psychological beings. This gap is more conspicuous in some L2 research contexts than others; for instance, dealing with what Van den Hoonaard (2001: 24) calls 'the hard architecture around current research-ethics review' may be especially problematic for ethnographic research, or where a researcher partners with L2 learners who have had interrupted formal schooling (Bigelow and Pettitt, 2015). Securing informed consent may seem like overreach for the majority of L2 studies that are deemed exempt from full IRB review, since exemption acknowledges that participants face no substantial threat. Nevertheless, the status quo (as defined by IRBs, supporting institutions, professional associations, and funding sources) insists that informed consent be met as a guarantee that participants understand, in advance, the nature of the research and any potential harm entailed in their participation.⁴

To what extent, then, has research in L2 acquisition that involves human participants incorporated informed consent into its standard procedures? We analyze three sources of evidence bearing on this question: (1) textbooks on research methods, used to transmit discipline-specific practices to novice researchers; (2) the websites of professional organizations, which beginners as well as established scholars might consult to clarify professional standards; (3) a sample

of recently-published empirical studies of L2 acquisition, as a measure of the extent to which published literature explicitly incorporates informed consent.

1 Textbooks

We searched 11 textbooks and 2 edited collections of essays on research methods for their exposition of informed consent. All were addressed to beginning researchers in L2 acquisition, and published in English from 1980 onwards.

With the exception of Seliger and Shohamy (1989), who devote 9 pages to summarizing the central concerns of IRBs (participants' freedom from coercion; masking their identity; maintaining confidentiality of the data; debriefing; a principal investigator's responsibility for co-authors), informed consent is absent from L2 research methods textbooks until the mid 2000s (e.g. Brown and Rodgers 2002; Hatch and Farhady, 1982; Hatch and Lazaraton, 1991; Johnson, 1992; Nunan, 1992). In general, training in L2 research methods as reflected in these texts seems devoid of reflection on ethical issues, and little attuned to perceiving complexity in relationships between researchers and research participants. For example, Hatch and Lazaraton's (1991) discussion of 'Collecting research evidence' (pp. 28–32) seems exclusively to assume a researcher's perspective, as when they remark that 'If the method you use is dull or frightening or boring or takes too long, it is unlikely that your subjects (Ss) will be motivated to perform as well as they might' (p. 29). Hatch and Lazaraton describe an experiment that exposes learners to electrical currents, or flashes of light that cause eye blinks; they concede that the latter method might be 'not so frightening' compared to the first (p. 30), but their general orientation invests participants with little agency and is not aligned to participants'

experiences. Instead, they prioritize pursuit of researchers' goals and objectify L2 learners, both conceptually and syntactically. For example, a characteristic sentence reminds researchers-in-training to 'consider exactly what information must be obtained from the respondent...' (p. 31). Absence of discussion of informed consent is therefore not surprising.

With the publication of Mackey and Gass (2005), however, informed consent entered into training in L2 research methods. It is the first substantive topic addressed at the beginning of Mackey and Gass's Chapter 2 (pp. 25–43). This section ranges over the rationale, function, and operation of IRBs; methods of obtaining informed consent, including from children or non-English speakers; deception and incomplete disclosure; how to prepare a research protocol for IRB review; what a consent form looks like. Following publication of Mackey and Gass (2005), textbooks on L2 research methods (e.g. Blom and Unsworth, 2010; Dörnyei, 2007; Phakiti, 2014) as well as collections of essays with a similar pedagogical goal (e.g. Mackey and Gass, 2012; Paltridge and Phakiti, 2010) routinely devote substantial attention to ethical issues, inevitably highlighting the importance of informed consent.

Graeme Porte's *Assessing research in second language learning*, written as a guide to evaluating L2 research, pinpoints the sea change in consciousness of ethical issues that took place in the first decade of the 2000s. Porte's 2002 first edition makes only scant reference to research ethics in a few parenthetical comments and footnotes; informed consent does not appear. In contrast, the 2010 second edition dedicates a separate section to several facets of research ethics, including informed

consent (pp. 99–104). Moreover, on page xxv Porte (2010) notes that ‘The increasingly important critique of research ethics in L2 acquisition data gathering and research’ was one motivation for revising his text. After 2005, it is fair to say that recognition of the importance of informed consent had arrived in L2 research textbooks.

2 Websites of professional associations

While informed consent infiltrated L2 research methods textbooks in the middle of the first decade of the 2000s, it does not yet have much presence in another typical repository of disciplinary standards: the websites of professional associations. As Coady and Bloch (1996) point out, articulating a shared set of ethical guidelines is one way a discipline builds its own self-consciousness. It is striking that sibling fields like language testing and TESOL have developed their own ethical standards (Thomas, 2009), but no organization that identifies itself specifically with L2 research has done so. Moving to what is arguably the superordinate discipline of applied linguistics, one sees that neither the Association Internationale de Linguistique Appliquée, nor its national affiliates in the US, Canada, Ireland, or New Zealand have posted ethical guidelines on their websites. The British Association for Applied Linguistics is an exception: the BAAL website provides ‘Recommendations for good practice’, including informed consent, written in 1994 then revised in 2006. That same document, with revisions, is posted on the website of the Applied Linguistics Association of Australia.

L2 researchers needing information about informed consent might therefore have to seek discussion of its complexities outside the field. At best, they might

locate the BAAL standards, or, at one step removed, those of the American Educational Research Association, or the guidelines posted on the websites of national organizations of psychologists (e.g. in the US, Britain, Australia, Canada). There are, of course, resources for researchers available from trans-disciplinary institutions such as the European Commission's Research Directorate, Canada's Tri-Council Panel on Ethics, or (for the US) the National Science Foundation. But the general orientation and presuppositions of these institutions are even more attenuated from the context of L2 research. If informed consent were a straightforward procedure, untroubled by discipline-specific or socio-cultural complexity, that fact might not be of much consequence. However, as the narrative presented in the Appendix to this article illustrates, informed consent entails quite demanding and culturally-sophisticated communicative tasks, which can best be achieved if the procedure is tailored as closely as possible to a particular research objective and a particular participant population. For that reason, the absence of models for, or even much discussion about, informed consent within L2 research is a missed opportunity. For professional associations to articulate discipline-specific standards would not settle all issues. But the conversations that might ensue would raise awareness of those issues and their intractability.⁵

3 Published journal articles

If L2 research methods textbooks have only recently begun to address informed consent, while professional organizations lag behind, published literature in L2 scholarship rarely acknowledges informed consent. We analyzed 4 years of empirical studies of L2 acquisition published since 2011 in 3 well-established

journals: *Language Learning*, Vol. 61.3 (September 2011) through Vol. 65.2 (June 2015); *Second Language Research*, Vol. 27.3 (July 2011) through Vol. 31.2 (April 2015); *Studies in Second Language Acquisition*, Vol. 33.3 (September 2011) through 37.2 (June 2015). Removing from consideration research based on L2 corpora, re-analyses of earlier research, and work that does not introduce novel language data, we examined the resulting corpus of 259 empirical studies conducted in 35 countries. We searched each of these studies for reports that their authors followed procedures of informed consent prior to gathering data. Of those 259 studies, only 42 (16.2%) specified that informed consent was obtained from the participants. In contrast, 193 (74.5%) make no mention at all of informed consent, or of engagement in ethical review by an IRB-like entity. This includes studies funded by major sponsors whom one might expect to require strict adherence to scientific ethics (the US National Science Foundation; Canada's Social Science Research Council; the Max Planck Institute; the Australian Research Council; the French National Research Agency). It also includes studies carried out in countries with strong traditions of IRB-like oversight of research. To mention only countries where 10 or more studies were executed, the majority of L2 research in our sample does not register any provision of informed consent to participants: for the U.S., 74 out of 100 studies (74%) made no reference to informed consent; for the UK, 21/25 (84%); Canada, 19/23 (82.6%); the Netherlands, 12/20 (60%); Japan, 8/15 (53.3%); China, 11/12 (91.7%); Spain, 9/11 (81.8%). This includes numerous studies involving minors—elementary school-aged children, children as young as 3 years old, and even infants—where there is no indication that informed consent was obtained.

4 On the absence of reference to informed consent

It is possible that some authors of the studies we analyzed passed their research plans through full ethical review and secured informed consent from their participants, while neglecting to report those facts in print. Anecdotal evidence gleaned from discussion with colleagues suggests that this is fairly common, at least among the U.S.-based scholars. It is also possible that some authors included informal procedures of securing participants' consent in their research design, without meeting the exact professional standards defined by IRBs. It is relevant that 24 of the 259 studies we examined (9.3%) fell into an 'other' category, in which authors indicated that they established some kind of advance agreement from participants, but in our judgment that agreement would not meet Faden and Beauchamp's (1986) standards for being both 'informed' and 'consensual'. This included cases where, for example, researchers negotiated access to school-aged participants by describing the study to the school principal, but did not consult with, or inform, the participants themselves; or where children's participation in a study was appropriately solicited from parents, but there is no indication of what, if anything, parents—or their children—were told about the content of the study, or about their option to decline or to withdraw.

Therefore some of the studies in our sample may, in fact, have passed through ethical review, without that fact being reported. Other studies may have carried out some kind of informed consent outside of formal review. Still others may not have attended at all to participants' 'intentionality, understanding, and noncontrol' (Faden and Beauchamp 1986: 256). In any of these cases, to omit

reference to ethical review leaves a reader uncertain about the basis of the resulting data. It also signals the extent to which informed consent is not fully integrated into the consciousness of authors, of reviewers of submissions to journals, or of journal editors. A lot stands behind the simple declaration ‘This research was reviewed and approved by the IRB of University X’. If informed consent matters in L2 research—as it does in other social sciences—the absence of that declaration is worth noting.

Fortunately, our data suggest a trend toward greater recognition of informed consent. Combining the results across all 3 journals, blocked into chronologically-ordered 4-issue quartiles, the proportion of studies that report obtaining informed consent increased from 2011 to 2015: 12% (for mid 2011–mid 2012); 15.3% (2012–3); 17.5% (2013–4); 21% (2014–5). We fit a regression model with percentage of explicit reference to informed consent as response and quartile as the predictor. A borderline significant positive relationship emerged ($\beta=0.008333$; $p = 0.0671$), suggesting that although these results do not reach the level of statistical significance, reference to informed consent increased from mid-2011 to mid-2015.

Our conclusion is that despite the high profile of informed consent in the practices of other social sciences, and despite an emerging recognition of its role in textbooks on L2 research methods (compromised by its only faint presence on the websites of professional associations), informed consent is not at present a fixture in contemporary research on L2 acquisition. We leave open the question of to what extent researchers secure informed consent without reporting that fact. The scarce presence of informed consent may change as the generation trained in L2 research methods after 2005 assumes leadership in the field, if the trend in the direction of

securing and reporting informed consent continues. If so, what new issues might that trend raise?

V Informed consent: 'It's complicated'

The Appendix to this article presents a narrative illustrating some of the ethical challenges posed by research on L2 learning. The narrative depicts Pettitt's negotiation of informed consent in an ethnographic study. The participants' status as refugees with diverse kinds of multilingualism, and with little experience in western educational settings, throw into stark relief the complexity of informed consent.

In our discussion below, we introduce several on-going debates within the social sciences that bear on Pettitt's experiences. These debates raise issues relevant to L2 research, and suggest resources it might tap, if we were to take informed consent more seriously, and to incorporate it more fully into our research practices.

1 Is informed consent truly informed?

The conventional means of documenting informed consent is to ask participants to sign and date a consent form, printed on institutional letterhead, following oral explanation of its contents. However, a number of scholars have questioned whether this proves that participants' consent to participate is truly informed.

McNutt *et al.* (2008) discuss two studies, involving more than 300 survey participants (all speakers of 'English or Spanish' [p. 90], mostly high school graduates), who were observed reading 665- or 1462-word informed consent forms.

Seventy-one percent of those confronted with the shorter form appeared to read it and be ready to sign in 30 seconds or less; 55% of those with the longer form, in one minute or less—intervals wholly insufficient to process the forms' contents.⁶ Agre *et al.* (2003) review eight studies that explored how informed consent might be made more engaging and meaningful to participants in clinical trials (e.g. use of video; enhanced print; decision aids). None proved very effective. The authors conclude that 'many individuals made their decision to take part in a trial before the consent process occurred' (p. s18), and therefore were impervious to attempts to increase their engagement in the procedure. Breese *et al.* (2007) document that participants with less formal schooling had significantly lower levels of comprehension of informed consent forms. Participants whose native language was Spanish or Vietnamese (rather than English, the dominant environmental language) also showed lower comprehension, even when the forms were translated into their native language and administered by bilingual staff. Kripalani *et al.* (2008) explore whether a teach-back exercise can assess the extent to which informed consent actually succeeds at informing participants.

These studies indicate that some researchers lack confidence that conventional informed consent provides research participants with the information they need, in a form that makes sense to them. There is also evidence of a converse problem: Walkup and Bock (2009) inquired into what participants want to know about a study in advance, which turns out to be much less than provided through conventional informed consent. Although Walkup and Bock do not advocate reducing the information supplied to participants, they cite research showing that

elaborate assurances of confidentiality and harmlessness (especially couched in the legalistic language of informed consent forms) can actually backfire, decreasing participants' confidence and comfort.

In any kind of research, it is vital that researchers fully inform participants about how involvement in a study may affect them. Although the risk of harm in L2 acquisition studies is typically very low, the kinds of metalinguistic tasks that participants may perform—providing grammaticality judgments, manipulating novel words, mapping sentences onto pictures, pushing a button when they recognize a specific sound, allowing their eye movements to be tracked—may nonetheless be perceived as intrusive or challenging or may threaten participants' sense of language competence. So may other methods of studying L2 acquisition, which may involve participants being interviewed, having their spontaneous speech audio- or video-taped then analyzed, or having texts they have created scrutinized. Participants may be concerned about being singled out in a manner that contravenes their solidarity within a group, or about public exposure of their performance relative to that of other participants. They may also perceive sources of potential harm that do not occur to the researchers. Therefore improving informed consent so it provides just the right amounts and kinds of information is important to L2 researchers as to other scholars, so that L2 learners taking part in research feel confident that they are voluntarily assuming no more than they are willing to assume. Moreover, in the course of a single study, participants may need additional information as they go along, adding complexity to what it means for informed consent to be genuinely informative.

2 Is informed consent truly consensual?

To the evidence that standard procedures of informed consent do not necessarily result in truly informing participants, Corrigan (2003) raises a correlative issue, namely, whether those procedures provide participants with an authentic choice about their involvement. In a series of interviews with participants in clinical trials, Corrigan found that they showed very high levels of trust in the institutions and individuals who organized the trials, despite low levels of understanding of the nature of the trials themselves and of their role as participants. Many misunderstood that an invitation to join a clinical trial indicated that doing so was part of their treatment, which Marshall (2006: 26) calls the ‘therapeutic misconception’. Some believed, despite multiple reassurances to the contrary, that refusal to participate would disrupt the provision of medical services on which they depended. (In L2 research, an analog is the potential dependence of student-participants on teacher-researchers.) For these reasons, Corrigan questions whether informed consent succeeds in communicating to participants that they may make a genuine, voluntary, choice. Reinharz (1993: 78) offers a more radical critique: that securing informed consent in the classic, formal, written manner is necessarily coercive insofar as it implicitly aligns researchers with institutional powers that overwhelm all but those most robust individuals who are willing and able to resist authority. Just as L2 researchers need to be attentive to whether informed consent is truly informed, they also need to attend to whether it is truly consensual—that is, whether the procedure allows participants to freely express their desire to be involved or not.

3 Who can grant informed consent?

A third, and very active, debate in the social sciences regarding informed consent has high relevance to cross-cultural L2 research. The key issue is recognition that informed consent rests on pervasive western cultural notions of the autonomy of individuals and contractual nature of social relations that adults choose to enter into. Levine (1991), among others, discusses challenges to the universality of these notions. Robinson (2010) explores what informed consent means for ‘analog people in a digital world’ citing linguistic fieldwork in the Philippines; Perry (2011) discusses its relevance to her research with Sudanese refugees in the United States. Problems of fitting the square peg of informed consent into the diverse round holes of different cultures’ conceptions of individuality and social relationships also emerge in research in Japan (Levine, 1991: 210) and China (Corrigan, 2003: 770), to cite two countries where learners are frequently involved in L2 research. A misfit can show up in various ways: cultural norms may expect females to consult male relatives before providing informed consent, subverting the notion that each person makes an autonomous choice (Marshall 2006); a community may reject research that demands informed consent from individuals because it lacks a provision for recognizing ‘the moral status of collectives’ (Kaufman and Ramarao, 2005: 164; see also Clough *et al.* 2013); the officious, impersonal, language of informed consent may be perceived as ‘alienating and dehumanizing’ (Gostin, 1995) to the extent of reducing potential participants’ sense of their own agency—the very attribute the procedure was intended to protect.

4 How is informed consent materialized?

In the expectations of many IRBs, a signed and dated paper is the gold standard for materializing informed consent. However, when IRBs (or their international analogs) demand that form of documentation, they may overshoot the actual standards they are directed to uphold. For example, the NSF guidelines state that oral consent may substitute for signed forms, for example with participants at beginning levels of reading

([http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.117\(c\)](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.117(c))).

Documentation on video is also an option (Benitez, Devaux, and Dausset, 2002).

Nevertheless, Haggerty (2004: 411) adverts to how in an attempt to maintain bureaucratic consistency, local IRBs may become ‘divorced from common sense’, blanketly requiring written documentation of consent in all contexts. Van den Hoonaard (2001: 28–31) shows that insistence on formal written consent can sabotage its own goals, introducing suspicion, confusion and mistrust into the relationship between researchers and participants. Marshall (2006: 32–33) points out that these problems are magnified where consent forms need to be translated across languages and cultures, as Pettitt’s research (see Appendix) richly illustrates.

There is also on-going discussion about the related issue of when to document informed consent. Conventionally, it is a gateway exercise, completed once and for all before data are gathered. But Marshall (2006: 35), Bigelow and Pettitt (2015), Yeager-Woodhouse and Sivell (2006), among others, point out advantages to treating informed consent as a dynamic, on-going, process of communication that researcher(s) and participants revisit from time to time, to re-establish that participants’ involvement is voluntary throughout the course of a

study. Re-conceptualizing informed consent as a dynamic process, however, entails that researchers accept that participants may at any time withdraw their consent, no matter how hard-won that consent was, or how disruptive withdrawal may be.

5 What are the consequences of 'ethics creep'?

A final matter of debate about informed consent turns the problem on its head.

Haggerty (2004) argues that the penetration of biomedical ethics into the social sciences has induced what he calls 'ethics creep', the process by which an ethics-regulatory bureaucracy expands to control more institutions and practices while simultaneously intensifies its surveillance of them. According to Haggerty, ethics creep distorts research in several ways with reference to informed consent: for ethnography in particular, the requirement for legalistic written documentation is 'alien, unduly formal, and occasionally unworkable' (p. 404); moreover, informed consent rules out certain 'valuable forms of critical inquiry' (p. 406) that cannot be undertaken without some masking of their purposes. Haggerty's first objection might be addressed by some of the alternative means of documenting consent discussed above. His second objection reprises the long-sustained debate about deception in research.⁷ But Haggerty raises an important general issue in claiming that ethics creep signals 'a move away from a system based on the assumption of professional competence and responsibility to one based on institutionalized distrust' (p. 393). Van den Hoonaard (2001: 24) would seem to agree, in that he compares the proliferation of ethical constraints on the social sciences to a kind of 'moral panic', arising in response to widespread erosion of public trust: instead of

helping researchers develop broad, sensitive, flexible, judgment, we fall back on formal regulation of their behavior.

For several reasons, scholars of L2 acquisition need to be attuned to this debate even as it extends beyond our immediate concern to get our projects approved and underway. A first reason is that one may be called to serve on an institutional IRB, and with that would be entrusted to participate in ethics review from a different angle. Another reason is that in the co-ordinate roles of teacher and administrator, scholars have opportunities to either help students develop their judgment, or simply impose rules on them; better yet, scholars have opportunities to model for students how they themselves work to ensure that their research is not only valid scientifically, but also satisfies both their personal values *and* meets external ethical standards—sometimes multiple communities' ethical standards. A third reason is that research on L2 acquisition often invites researchers into relationships across cultural boundaries, opening insight which can enrich the debate about the role that informed consent has, or should have, in social-scientific research.

VI Conclusion

The concept of informed consent as an essential constraint on research involving humans passed from biomedicine into the social sciences, where it has partially adapted to new disciplinary environments. Research on L2 acquisition has been slow to identify informed consent as a key professional responsibility. This is attested in textbooks, the websites of professional associations, and a survey of

recent journal publications—even though L2 research is supported by institutions, governments, and funding sources committed to ethical codes in which informed consent is a cornerstone. In this review article, we have narrated an example of difficulties that can arise in L2 research sensitive to the demands of informed consent. Happily, scholars of L2 acquisition are not alone in wrestling with these complexities, as there is abundant on-going debate in the social sciences that addresses the problems that accompany more thorough incorporation of informed consent into research practices.

Acknowledgements

Thomas thanks Doyle Calhoun for his outstanding research assistance with this text.

References

- Agre P, Campbell FA, Goldman BD, Boccia ML, Kass N, McCullough LB, Merz JF, Miller SM, Mintz J, Rapkin B, Sugarman J, Sorenson J, and Wirshing D (2003) Improving informed consent: The medium is not the message. *IRB: Ethics and Human Research* 25: S11–S19.
- Benitez O, Deveau D, and Dausset J (2002) Audiovisual documentation of oral consent: A new method of informed consent for illiterate populations. *Lancet* 359: 1406–1407.
- Bigelow M and Pettitt N (2015) Narratives of ethical dilemmas in research with immigrants with limited formal schooling. In De Costa PI (ed) *Ethics in applied linguistics research: Language researcher narratives*. New York: Routledge, pp. 66–82.
- Blom E and Unsworth S (eds) (2010) *Experimental methods in language acquisition research*. Amsterdam / Philadelphia: John Benjamins
- Breese, PE, Burman WJ, Goldberg S, and Weis SE (2007) Education level, primary language, and comprehension of informed consent process. *Journal of Empirical Research on Human Research Ethics* 2: 69–79.
- Brown JD and Rodgers TS (2002) *Doing second language research*. Oxford: Oxford University.

Clough BA, Campbell MM, Aliyeva TA, Mateo NJ, Zarean M, and O'Donovan, A (2013)

Protocols for protection of human participants: A comparison of five countries. *Journal of Empirical Research on Human Research Ethics* 8: 2–11.

Coady M and Bloch S (eds) (1996) *Codes of ethics and the professions*. Melbourne: Melbourne University.

Corrigan O (2003) Empty ethics: The problem with informed consent. *Sociology of Health and Illness* 25: 768–792.

Dörnyei Z (2007) *Research methods in applied linguistics*. Oxford: Oxford University.

Faden RR and Beauchamp TL (1986) *A history and theory of informed consent*. Oxford: Oxford University.

Ghandour L, Yasmina R, and El-Kak, F (2013) Giving consent without getting informed: A cross-cultural issues in research ethics. *Journal of Empirical Research on Human Research Ethics* 8:12–21.

Gostin LO. (1995) Informed consent, cultural sensitivity, and respect for persons. *Journal of the American Medical Society* 274.10: 844–845.

Haggerty KD (2004) Ethics creep: Governing social science research in the name of ethics. *Qualitative Sociology* 27: 391–414.

Hatch E and Farhady H (1982) *Research design and statistics for applied linguistics*. Rowley MA: Newbury House.

Hatch E and Lazaraton A (1991) *The research manual: Design and statistics for applied linguistics*. New York: Newbury House.

- Haverkamp BE (2006) Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology* 52: 146–155.
- Johnson DM (1992) *Approaches to research in second language learning*. New York: Longman.
- Kaufman CE and Ramarao S (2005) Community confidentiality, consent, and the individual research process: Implications for demographic research. *Population Research and Policy Review* 24: 149–173.
- Koulouriotis J (2011) Ethical considerations in conducting research with non-native speakers of English. *TESL Canada Journal / Revue TESL du Canada* 5: 1–15.
- Kripalani S, Bengtzen R, Henderson LE, and Jakobson TA (2008) Clinical research in low-literacy populations: Using teach-back to assess comprehension of informed consent and privacy information. *IRB: Ethics and Human Research* 30: 13–19.
- Kubanyiova M (2008) Rethinking research ethics in contemporary applied linguistics: The tension between macroethical and microethical perspectives in situated research. *Modern Language Journal* 92: 503–518.
- Levine, RJ (1991) Informed consent: Some challenges to the universal validity of the western model. *Journal of Law, Medicine, and Ethics* 19: 207–213.
- Mackey A and Gass SM (2005) *Second language research: Methodology and design*. Mahwah NJ: Lawrence Erlbaum.
- Mackey A and Gass SM (eds) (2012) *Research methods in second language acquisition: A practical guide*. Chichester, West Sussex: Wiley-Blackwell.

- McNutt L-A, Waltermaurer E, Bednarczyk RA, Carlson BE, Kotval J, McCauley J, Campbell JC, and Ford DE (2008) Are we misjudging how well informed consent forms are read? *Journal of Empirical Research on Human Research Ethics* 3: 89–97.
- Marshall PA (2006) Informed consent in international health research. *Journal of Empirical Research on Human Research Ethics* 1: 25–42.
- Nunan D (1992) *Research methods in language learning*. Cambridge: Cambridge University.
- Paltridge B and Phakiti A (eds) (2010) *Continuum companion to research methods in applied linguistics*. London: Continuum.
- Perry KH (2011) Ethics, vulnerability, and speakers of other languages: How university IRBs (do not) speak to research involving refugee participants. *Qualitative Inquiry* 17: 899–912.
- Phakiti A (2014) *Experimental research methods in language learning*. London: Bloomsbury.
- Porte GK (2002) *Appraising research in second language learning*. Amsterdam / Philadelphia: John Benjamins (2nd ed 2010)
- Reinharz S. (1993) *On becoming a social scientist* (4th ed). New Brunswick, NJ: Transaction.
- Robinson, LC (2010) Informed consent among analog people in a digital age. *Language and Communication* 30: 186–191.
- Seliger HW, and Shohamy E (1989) *Second language research methods*. Oxford: Oxford University.

Thomas M (2009) Ethical issues in the study of second language acquisition:

Resources for researchers. *Second Language Research* 25: 493–511.

van den Hoonaard WC (2001) Is research-ethics review a moral panic? *Canadian*

Review of Sociology / Revue canadienne de sociologie 38: 19–36.

Walkup J and Bock E (2009) What do prospective research participants want to

know? What do they assume they know already? *Journal of Empirical*

Research on Human Research Ethics 4: 59–63.

Yeager-Woodhouse D and Sivell J (2006) Prepackaged tour versus personal

journey: The meaning of informed consent in the context of the teacher-

study group. *Journal of Academic Ethics* 4: 189–203.

Appendix

1 Background

In 2013, I (Pettitt) was planning my dissertation research, an ethnographic study centered on an ESOL class for women who came to the U.S. as refugees. I planned to recruit participants from a local adult education program in which many of the learners had not attended traditional formal schools in their home countries, and were just beginning to learn to read and write for the first time, as described in the next section. This narrative explores some questions and challenges that arose as I planned to carry out informed consent in that context.

2 Materializing informed consent

My professor bent over, gathering papers and packing them on top of the files protruding from her messenger bag. I didn't have her full attention, and I wasn't sure she grasped the unconventional nature of my question. I had stayed after class to ask for resources on conducting informed consent with potential research participants who were adult beginning-level English learners and also emergent readers. The fluorescent lights flickered over our heads and I began to explain: 'The potential participants in my study are all refugee women. Many didn't attend formal schooling in their home countries'; I then listed the injustices that brought the women to the U.S., and that had kept many from previously attending school—war, ethnic discrimination, economic insecurity, gender norms related to education, and more. Some attended formal schooling on and off for a few years, or went briefly during their stays in refugee camps, but their attendance was

interrupted for similar reasons. In their adult ESOL classes, then, the women were not only learning English, but learning how to read for the first time, in any language.

My professor stood up straight and stopped organizing her papers. I was familiar with this kind of pause: the one triggered by my describing some of my students' experiences. My words were well-rehearsed; I had repeated them to hundreds of people over the fifteen-plus years I'd been working with emergent readers in adult ESOL. I continued, trying to sound professional and to avoid worry that I might never bridge IRB requirements and the on-the-ground language and literacy realities of the classroom where I was volunteering, in a school that had given me permission to carry out my research: twenty-two students, 11 languages, of which five were spoken by only a single student. Our local IRB office required written translations of consent forms, but some of my participants didn't read the languages they spoke. Translating forms might be useful, provided the woman's family, friends, or other literacy brokers could help make sense of the form. But my experience working with emergent readers in adult ESOL taught me that written translations are not enough—at least, translations are not always the best (and certainly not the only) way to attempt to make messages more accessible for emergent reader language learners, I explained as my professor nodded.

Now I had her. I went on: some of the languages used by my potential participants have not yet been written, are rarely written, have more than one writing system, or the literacy rate in the language in question is less than 20 percent for women. In other words, the question of reading in these languages extends to the interpreters, all of whom were women, as well. Some interpreters

may not read all of their interpreting languages, despite having extensive professional experience as interpreters. Further, for some of the students, printed language has been a source of stress and humiliation, especially when presented with texts in their home/community language(s). For some, this is the only language(s) in which they recognize themselves and feel like the competent and confident adults they are; asking them to admit that they don't read these language(s) can chip away at their identities and legitimacy as language experts. I don't want to assume these challenges apply to all of the students or interpreters involved in my study; in fact, I have evidence that they don't. But I also need to be sensitive to the cases where these challenges *do* apply. I want the procedures I choose for increasing the accessibility of consent forms to actually achieve that goal, not to result in marginalizing, humiliating, or alienating potential participants or the interpreters I've hired.

My professor took in a quick breath. She said that I'd have to do my own literature searching, and to please let her know what I found so she could pass it along to others who might have similar questions in the future. And be sure to record my experiences in my researcher journal; I'd have a lot to write about in the future. I'd expected this response, but had hoped for something else.

3 Arranging for informed consent: the nitty gritty

I combined my literature searches with attempts to find interpreters. 'Abaayo' and I met for the first time over lunch at a large Turkish restaurant in a suburban strip mall an hour north of downtown. She was a multilingual interpreter and owner of an interpreting firm that specialized in the languages commonly used

in the small, but famous and very diverse, suburb where I would be carrying out my research. She smiled and assured me every language I needed was represented on her team. If I hired her, each time an interpreter came to my research site, I would pay the required minimum: two hours' work plus mileage, about \$100, even if I only needed 15 minutes of interpretation. This was standard in that community, where she had been interpreting for over a decade.

Through my Turkish coffee head rush, I made the calculations: the in-person, interpreted portion of informed consent would cost about \$1500, provided the students showed up for class on the days informed consent took place, which was difficult to ensure in advance. To this would be added translation costs of about \$2700 for the informed consent documents, plus additional costs depending on how long it took each interpreter to complete and achieve a passing score on the multi-hour, online Collaborative Institutional Training Initiative (CITI) training mandated by the NSF, which explains the history, philosophy, and instantiation of informed consent, and which is required of all interpreters by my university's IRB. I knew the interviews later in my study would further add to this total. I was relieved I had already applied for grant funding to cover some of these costs, even if it was only partial.

Abaayo was familiar with high standards for confidentiality, but it was her first time interpreting for university research. I described some of the pieces that may be new. First, CITI training: of course, I would need to pay each interpreter for her time while completing the training, even if the only occasion she came to interpret for was informed consent (e.g., if the student(s) she interpreted for

declined to participate or be interviewed later on). Next, oral informed consent: after speaking with mentors, I decided the informed consent documents would be read aloud to potential participants. My IRB office required that interpreters read aloud forms that had previously been professionally translated. In other words, interpreters could not listen to someone explain orally the contents of the form in English, then interpret consecutively; they were required to read a form that had already been translated.

No problem, Abaayo assured me; she could also find translators for each of the languages I needed. But she shared some of my questions related to ‘just reading’ a translated consent form. First, we wondered together, isn’t it possible that an interpreter might request to expand upon what is written to provide further context or explanation if they deem an already-translated message is not clear to listeners? Abaayo looked down as she pushed around the rice on her plate. Official-sounding documents can be difficult to understand, even if they’re translated, she warned gently. (Agreed, I thought to myself.) And a lot of the things you’re describing could be new to many students. (Yes, that matched my prior experience in adult ESOL.) We’re not just translating words, like neutral messages on a page. We have to bridge cultural understandings. (Yes.) I choked back tears of relief. You’re hired, I said silently, unaware until that moment that finding an interpreter with Abaayo’s experience, knowledge, and resources had been such a large source of stress.

Could the interpreters also have copies of the consent form in English? she asked. Some of them are more comfortable reading in English; the English versions

could help them ensure they understand the form better. I said yes and sighed through a cloud of second-hand hookah. What I had expressed to my professor a few weeks prior was likely: while consent form translations may have value for participants whose languages have written forms and who have access to literacy brokers, those translations may not be particularly effective in aiding some interpreters in comprehending the messages they were responsible for interpreting. Abaayo would help me negotiate the delicate dance of asking interpreters to ‘just read aloud’ forms that were already translated into languages they may not feel as comfortable reading as they do reading English. I wondered: is it expected that researchers will hire only interpreters that also feel comfortable reading in their interpreting language(s)? Or perhaps the possibility that interpreters’ interpreting language(s) may not also be their language(s) of print literacy has not yet been considered.

4 Reflecting on informed consent in multiple cross-cultural contexts

I was concerned about the requirement to carry out procedures that were culturally- and linguistically-appropriate for some, but not all, of the students and interpreters involved in my study. I did not see a way to comply with IRB requirements and simultaneously flex them to accommodate students and interpreters whose experiences did not match the requirements. I wondered if a more thoughtful standard might be possible, such as researching and acting in alignment with the varied and contingent social and cultural literacy practices in our local research settings, even if that means that informed consent and interpretation are carried out differently for different students in the same research site.

I also began to wonder who it is that the informed consent process intends to protect, if some consent procedures take precedence over local knowledge and local literacy practices. How was prioritizing top-down procedures that alienate rather than protect participants *not* a form of cultural imposition? What is a researcher to do when she feels she needs to shield potential participants from some of the procedures that supposedly, ideally, exist to protect them?

My concerns surrounding informed consent generally do not center on the ethical principles in question; as both a researcher and a former research participant on more than one occasion, I agree that humans should not be coerced or deceived, that risks should be made transparent, and data should be confidential, amongst many other important ethical principles. Rather, I am concerned that the socially- and culturally-constructed nature of informed consent is not always recognized in our field. In other words, the procedures and documents involved in informed consent are not neutral, but rather reflect culturally-informed beliefs related to which consent procedures will achieve which macroethical principles (e.g., beliefs that: anonymity equals privacy; private, one-on-one conversations achieve non-coercion; stating that research won't benefit participants achieves non-deception; translating documents makes them accessible to anyone who uses the language in question).

There is no tidy conclusion to this story. I have not yet found a way to resolve these tensions. However, I am encouraged by the work of Kubanyiova (2008), who reminds applied linguists that, 'certain macroethical principles are inadequate to offer guidelines for situated research practices and can in fact be at

odds with microethical considerations,' (p. 504). She goes on to argue for balancing macro- and microethical concerns, which involves researchers developing 'the three cornerstones of ethical practice (Haverkamp, 2006): macroethical principles, ethics of care, and virtue ethics' (p. 507) as we navigate sticky ethical dilemmas, such as those I've described above. As I work toward ever-more contextualized research practices, Kubanyiova's scholarship provides a touchstone for my decision-making and professional development, as well as fodder for conversations surrounding the importance of attending to micro-ethical principles with entities that may have a stake in my work (e.g., IRB offices, external funders).

Notes

- ¹ We recognize that the term 'L2 (learners)' does not do justice to the complex multilingualism of many of the people to whom, for expediency, we apply this label.
- ² Faden and Beauchamp (1986: 280–287) point out a second sense of 'informed consent' that foregrounds the satisfaction of specific legal or institutional rules (e.g. about disclosure, waiting periods, age of consent, etc.), rather than the autonomous authorization of the consenter. The first, more basic, sense of informed consent is Faden and Beauchamp's central concern.
- ³ In Canada, Research Ethics Review boards have similar oversight, as do Research Ethics Committees in the United Kingdom, and Human Research Ethics Committees in Australia. The European Union also carries out extensive preemptory supervision of research through a network of Ethics Review procedures, requirements, and documents.
- ⁴ Note that the researchers' own culture defines what counts as 'harm', which may not match participants' definitions. Koulouriotis (2011: 3) presents the point starkly: 'It is arrogant to assume that the culture of the researcher or the culture in which the research takes place must take precedence'. We return to the issue below.
- ⁵ An anonymous reviewer reminds us of another source of information about informed consent: the websites of specific institutions' ethics panels. However,

material posted there typically addresses a cross-disciplinary, institution-wide, readership which may or may not be adapted to the circumstances of L2 research. Conversely, for individual institutions to carry too much of the burden of defining ethical practices may introduce inter-institution inconsistency, and disrupt the assumption that there are general professional responsibilities.

- ⁶ Ghandour, Yasmine, and El-Kak (2013) report a similar result in research conducted in Lebanon .
- ⁷ Haggerty also mentions that ethics creep complexifies gathering data on the internet, since the privacy of material posted online is moot (at least in 2004 when his article appeared), and its authorship often obscure. This matter extends beyond our concerns here.