

ETHNOGRAPHIC INTERVIEWING: ASKING THE RIGHT QUESTIONS TO THE RIGHT PEOPLE IN THE RIGHT WAYS

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Current philosophy in early childhood education advocates family-centered intervention goals for handicapped children. To develop appropriate goals for children from diverse cultures, professionals must understand parents' beliefs and values regarding the family's and child's resources and needs; and they must adopt an ecological framework that considers children's functioning within the broader aspects of their environment. Interviewing provides a means of obtaining the information necessary to develop culturally appropriate, family-centered intervention goals. This paper describes the influence of culture on the interview process and describes an approach to ethnographic interviewing of families of handicapped children that enables professionals to ask the right questions to the right people in the right ways so they can assist families in meeting the needs of their children.

Children learn through social interactions. Although they may spend many hours in daycare and school, they spend the majority of their time with their families. If handicapped children are to reach their potential, intervention programs must consider the role of the children in their families and how children learn in their home environments. The role of a child in a family is affected by the values, belief systems, and interactional patterns of the family's culture (Briggs, 1986; Hale, 1982; Heath, 1983; Tafoya, 1987; Westby, 1989). General information about a racial/ethnic group can provide professionals with some knowledge about children's roles in their families, but because there is individual variation within any racial/ethnic group, the actual role of a child in a family can only be determined by careful observation of the child in the family and by interviewing the family.

Although P.L. 94-142 requires parental involvement in the assessment and development of the Individual Educational Plan (IEP), parents have little actual input to specific IEP goals (Witt, Miller, McIntyre, & Smith, 1984). This lack of involvement in the IEP process is particularly marked for minority families (Lynch & Stein, 1987) - families for whom the interaction patterns of home and school differ the most.

More recently, Public Law 99-457 provides funding to states serving the birth to three population and requires family involvement. In place of the IEP, and Individual Family Service Plan (IFSP) has emerged. The IFSP is to be developed *for* and *with* the family. The IFSP should reflect the family's interests, priorities, and values. In addition to identifying the child's present level of functioning, the IFSP should identify family strengths and needs and develop goals related to enhancing the child's development and the family's functioning.

How should family strengths and needs be assessed and how can the family be involved in the assessment and program planning for their child? If professionals are to work effectively with children and families from minority cultures, it is imperative that they become family centered. By adopting an ecological framework that considers children's functioning within the broader aspects of their environment and by asking the right questions to the right people in the right ways, professionals can develop more family-centered, culturally appropriate intervention goals. This paper describes the influences of culture on the interviewing process and demonstrates one approach to ethnographic interviewing (Patton, 1980; Spradley, 1979; Stewart & Cash, 1988) which is effective in working with families of handicapped children.

Effects of Culture on the Interview Process

Ethnographic interviewing provides a means for the professionals to discover the culture of the family - their perceptions of the world, behaviors, values, and beliefs - and their strengths and needs. We must understand, however, that the cultures of the interviewer and interviewee affect the perceptions and behaviors of the interview. Figure 1 presents the Stewart and Cash (1988) model of the interviewing process. Each component of the interview process is susceptible to cultural influences. This section discusses the ways in which these components can be affected by a person's culture.

The two overlapping circles represent the two parties involved in the interview. The overlap between the circles indicates that the two parties share some environmental influences and perhaps some values and beliefs, even though in many ways they are different. The small circles within the larger overlapping circles represent the roles played by the two parties. The R and E within these circles indicates that the roles of the interviewer (R) and interviewee (E) should be reciprocal, that is, both parties should have the opportunity to ask and answer questions in the interview - to function as interviewer and interviewee. Some aspects of the roles of interviewer and interviewee are culturally determined, for example, who has the privilege of asking and answering questions. Briggs (1985) reported that in his early experiences as an anthropologist in northern New Mexico his interviews were unsuccessful because the people he sought to interview considered him too young for the role of interviewer. Until he was older, he did not have the right to ask the questions he was asking. In some Indian cultures, the grandparents, not the parents, must take the role of interviewee when discussing treatments for the child. In one southwestern city, two male staff members of an early intervention program were unsuccessful in frequent attempts to interview mothers recently arrived from Mexico about their children. After six months it was discovered that in their culture husbands believed it was inappropriate for male staff workers to talk with women alone.

The arrows labeled perceptions between the E/R circles symbolize that perceptions affect the ways interviewers and interviewees respond to each other. These perceptions may be based on appearance or beliefs and attitudes about a person's gender, age, racial, or ethnic background. A parent of a handicapped child reported that she could not accept the nurse assigned as her case manager because the nurse drove a motorcycle. A speech pathologist working with Pueblo Indian tribes reported that she was not accepted until she had her own child.

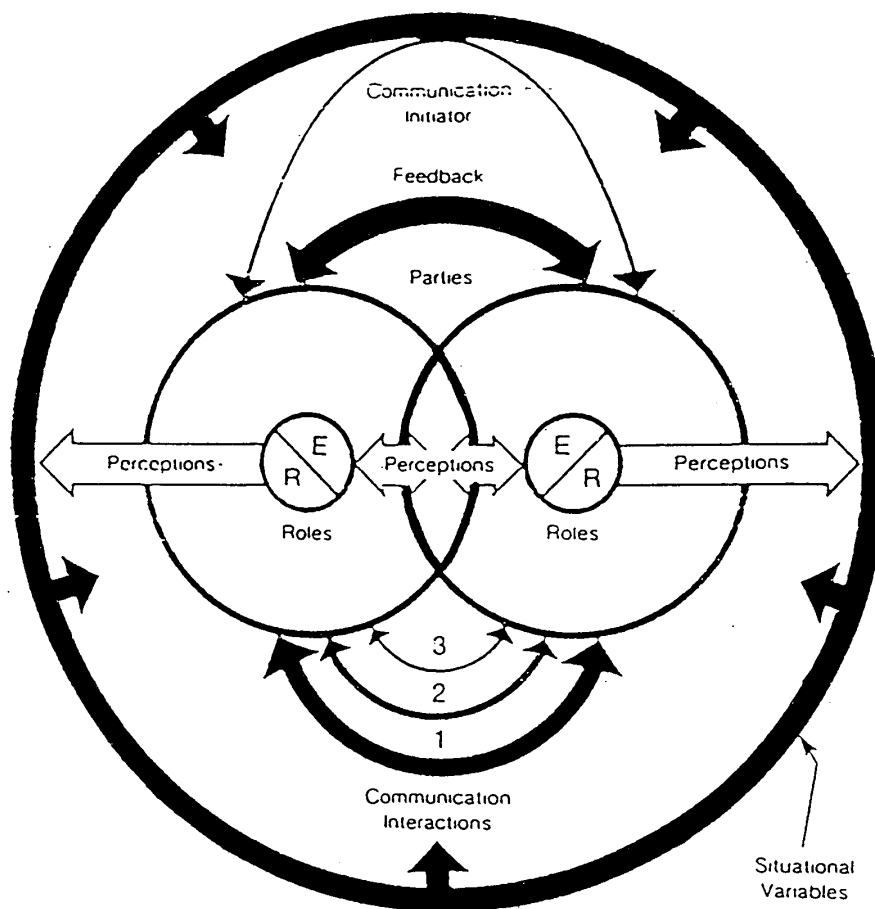


Figure 1.

The perception arrows going to the large outer circle (which symbolizes situational variables) indicate that the parties' perceptions of themselves are a result of interactions with their environments. A speech pathologist with experience with infants will feel confident interviewing a mother of a young infant. A teenage mother who is living with her parents may feel she has nothing to contribute about her infant in the interview situation; a highly educated parent feels comfortable challenging medical decisions, whereas parents with limited education may feel they do not have much information to offer the interviewer and that the doctors and therapists should make the program decisions.

The situational variables, represented by the large outer circle, not only contribute to the parties' perceptions of themselves, but to the perception of the interview itself. The situation in which the interview is conducted may influence the information that is collected. Staff working with Hispanic families in New Mexico report that their best interviews occur when they accept the family's invitation to sit in their kitchen and share food. Staff working with some Indian groups report that they must not attempt to enter the homes. Instead, they drive up to the house and must sit in the car and wait for someone to come out of the house before leaving their car. Interviews may then be conducted standing by the car.

Some environments may be inappropriate for an interview because of feelings that are associated with the situation. It might appear that an interview could easily and conveniently be done when the parents bring the child to a medical center clinic because the parents are in town and the interviewer (case manager) is saved a trip to their home. However, clinic days are hectic and finding a private space to talk may be difficult. In addition, the clinic reminds the family of previous negative experiences in the hospital, and their attention is directed toward their child's medical condition and what additional treatment may be needed. Consequently, they may not attend to questions of potential importance to their child in other situations.

Understanding the roles of the parties in the interviews, their perceptions of self and others, and the situation are essential if one is to establish effective communicative interactions. These interactions may occur at three levels. The thickness of the communicative interaction arrows symbolizes which interactions are most common; the length of the arrows symbolizes the relational distance between the two parties. Level 1 communication is most common, but the parties are more distant. Level 1 questions are safe and nonthreatening and the answers are superficial, socially acceptable, and comfortable. This level may include factual information such as the child's birthday, names and ages of other family members, or the medical/therapy treatments the child has received. Level 2 is more intimate and deals with specific behaviors unique to the family and child and their thoughts, feelings, and beliefs about these behaviors. Level 3 is highly intimate and may include information that is not immediately and directly related to issues regarding the child. The interviewer may not be able to reach the third level. Traditional cultures may exclude outsiders from sharing intimate information and from knowing certain aspects of their culture. Attempts to push Level 3 interaction may result in the interviewer not getting past Level 1. To reach at least Level 2, the interviewer must make clear the purpose of the interview, and interviewees should feel that they will receive some benefit from the interview process. Interviewers must be interested and respectful of the information that is presented, even though they might disagree with it. For example the parent may explain that the child's medical condition is due to his father's not properly killing a deer and that therapy cannot begin before the medicine man has conducted a healing ceremony. By listening and accepting the parent's view on this, the interviewer can come to understand how and why the family is handling the situation as they are and can develop a treatment program that meets with the needs and values of the family.

Interviewers must give feedback during the interview, confirming that the message has gotten through, or denying reception, and readjusting their messages. The way feedback is given is culturally dependent. Mainstream professionals have been trained to give eye contact and backchannel responses as the respondent is talking (head nods, "uh huh," "yes," "I see"). They are quick to question when something is unclear. Some cultures avoid eye contact and vocalizations while another is talking and may use silence to convey both understanding and lack of understanding.

The Ethnographic Interview Process

Ethnographic interviewing techniques improve our ability to assess family and child strengths and needs in an ecological framework and from the family's perspective. This reduces potential bias. In traditional interviews, interviewers predetermine the questions that are to be used; and in some cases they predetermine the range of responses that are to be asked; and in some cases they predetermine the range of responses that can be given. In ethnographic interviewing, both questions and answers must be discovered from the people being interviewed. Different information is collected from different families because the values, beliefs, strengths, and needs of each family are different. Ethnographic interviews have the goal of helping the interviewer understand the social situations in which the families exist and how the families perceive, feel about, and understand these situations. This sociocultural perspective is a key element in the effectiveness of ethnographic interviewing – particularly with minority families. Based on the need for more awareness of familial perceptions and behavioral patterns, speech-language pathologists should utilize the ethnographic approach. Initially this may be accomplished by focusing on three facets of the interview process: Developing rapport, using descriptive questions, and careful wording of questions.

Developing Rapport. A successful ethnographic interview requires the development of a good rapport – a sense of trust between the parents and the interviewer. Spradley (1979) suggests three principles that facilitate the development of rapport:

1. Make repeated explanations for the interview. “As I said on the phone, the hospital staff is interested in finding out how things are going with you and your baby so we know how best to help the families of the many babies we see.” Or “You told the doctor you were worried because your baby is always cranky and isn't interested in playing. I want to find out what happens when your baby plays so you can find ways to interest him in playing.”
2. Restate what informants say: Select key phrases and terms used by the family member and restate them. Restating demonstrates an interest in the informant's concerns. Restating conveys the message, “I understand what you're saying. It's important to me.” Restating is not interpreting – a process in which the interviewer states in different words, what the other person said.
3. Ask for use, not meaning: Ethnographic interviewing differs from other types of interviewing by the absence of “why” and “what do you mean” questions. For example, if a parent says, “Sara is really hyper,” say “Tell me what she does when she's acting hyper.” – not “What do you mean by hyper?”

“Why” questions are inappropriate in an ethnographic interview. Many “why” questions have a judgmental tone. These questions also presume knowledge of cause-effect relationships, an ordered world, perfect knowledge and rationality. They presume that there are reasons why things occur and that those reasons are knowable. “Why” questions assume that a person has an explanation for the behavior. They move beyond what has happened, what one has experience, how one feels, and what one knows to the making of analytical and deductive inferences (Patton, 1980).

Descriptive Questions. Ethnographic interviewing involves the use of descriptive questions to describe social situations. Descriptive questions are used to encourage individuals to talk about social situations in their daily lives. By asking descriptive questions the interviewer learns what a family considers important in their world and how they perceive their world.

According to Spradley (1979), there are five types of descriptive questions that may be utilized:

1. Grand tour questions are intended to encourage an individual to talk about broad experiences.
 - 1.1. Typical grand tour questions: These ask a person to generalize about how things usually are (e.g., “Tell me about a typical day with your child, Joey.”). Some people will refuse to answer a typical grand tour questions because they say that nothing is typical; every day is a different experience. In such instances, the interviewer can ask a specific grand tour question.
 - 1.2. Specific grand tour questions: These questions focus on a recent specific time frame. For example, “Tell me about what you did with Joey this morning.” Some parents may not be particularly verbal or may not be used to carefully observing their children and describing their behavior. For these parents, guided grand tour questions are helpful.

- 1.3. Guided grand tour questions: These ask the parents to give a grand tour. The interviewer may suggest, “The next time I come, I’d like you to carry on with your usual routines with the kids and tell me what’s happening.”
2. Mini-tour questions: These are the same as ground tour questions, but they ask the person to describe a specific activity or event. Mini-tour questions usually follow responses to grand tour questions. In their answers to grand tour questions, the family has mentioned several social situations. The mini-tour questions are used to gather more information about each situation. Interviews can begin with mini-tour questions when there is a specific presenting problem that led to the interview. For example, if a mother has requested assistance because her child with a cleft palate is not eating well, the interviewer may begin with a mini-tour question such as “Tell me about a typical feeding time with Sara.”
 - 2.1. Typical mini-tour questions: “Would you describe a typical playtime with Joey?” As you hear the response, listen for information about various dimensions of the social situation -9- where Joey plays (place), who plays with him (actors), what kinds of things they play with (objects), what activities they engage in (activities), when and how long they play (time), do they engage in sequences of play activities (events), how they feel when they play (feeling), and what they want to do when they play (goal).
 - 2.2. Specific mini-tour questions: “Tell me about your playtime with Joey this morning.”
 - 2.3. Guided mini-tour questions: “Let’s bring Joey’s sister, Angela, in so I can see how she plays with Joey.”
3. Example questions: These are more specific than the tour questions. They take some idea or experience and ask for an example. For example, if the parent says, “Mark’s such a lazy baby,” the interviewer might ask, “Give me an example of what Mark does when he is lazy,” “If I were watching Mark when he is being lazy, what would I see?” In another example, you may have had the mother mention that she does a lot of things to get Joey to talk. “Getting Joey to talk” may be a cover term for other behaviors or strategies. You explore this possibility by asking an example question, “What is one way you get Joey to talk?” If the parent responds, you continue, “Are there some other things you do to get Joey to talk?”
4. Experience questions: These ask about experiences in a particular setting (e.g., “Tell me about some of your experiences with the physical therapist.”). Experience questions tend to elicit atypical incidents. Consequently, they are best asked after numerous grand tour and mini-tour questions have provided the interviewer with information about typical behavior.
5. Native-language questions: Interviewers want to be certain that they understand how people are using words and that people understand how interviewers and other professionals are using words. Native language questions are useful for these purposes. Native language questions ask people to use the terms and phrases they would most commonly use and the interviewer seeks to understand what these terms mean to the respondent.
 - 5.1. Direct language questions: These are asked when interviewers think persons are using a word for their benefit or because they think those are the words interviewers want to hear. For example, “You said you have a hard time giving Michael a bath because he’s spastic? What other word(s) would you use to describe spastic?” In the process you may discover that Michael’s mother is referring to his screaming and not to his stiffening and arching his back related to his hypertonia.
 - 5.2. Hypothetical interaction questions: These are used to determine a person’s understanding of information and to get a sense of how the person would usually talk to friends and family. “Let’s imagine your mother were here. Explain Joey’s speech and language problem to your mother.”

The parents’ responses to the descriptive questions will enable the interviewer to discover what is important to the parents. As one listens to the answers to descriptive questions, one begins to hear words or issues repeated. For example, in response to a specific grand tour question about the child’s day, you hear the mother frequently mention things that worry her – “I’m worried because he doesn’t eat.” “I’m worried because he gets sick so easily.” Or she makes reference to the therapies the child attends. Worry and therapies represent categories of knowledge – issues that are important for this family and child. As you listen or look back over your notes derived from descriptive questions, you may start noticing patterns of words or concerns that are particularly important to the interviewee. For example, in response to a grand tour question about morning activities the parent mentions, “It’s hard to get to therapy because the kids don’t like to get up.” The topic “getting to therapy” may be investigated by asking, “You mentioned it’s hard to get to therapy because the kids don’t like to get up in the morning. Are there some other things that make it hard to get to therapy?” The parent

may respond that the car won't start on wet days. The interviewer acknowledges this response and then asks, "Is there anything else that makes it hard to get to therapy?" The parent responds, "It takes so long to dress Joey and his twin sisters." As you listen to the mother's description of her morning, you realize that an 8:00 a.m. therapy session for this mother with three children is unrealistic. You further explore the family's day and make arrangements for a different therapy time that will be more convenient. The interviewee's perceptions and concerns can be more fully described and understood with other types of questions (i.e., Structural questions; see Spradley, 1979).

The Wording of Questions. The specific wording of questions can also facilitate the development of rapport and an effective interview. Patton (1980) proposed guidelines for the wording of questions in ethnographic interviews:

1. Use open-ended rather than close-ended questions. Close-ended questions trigger a yes or no response and often are worded to presuppose the direction of the answer. For example, "Are you satisfied with Joey's therapy program?" "Do you like his new therapist?" Respondents can answer no, but they would feel awkward if they did so. A major goal of the ethnographic interview is to keep the person talking. Close-ended questions give the interview the aura of an interrogation rather than an interested conversation, and they tend to shut down communication. Open-ended questions allow the person to select from a full repertoire of responses. They permit the persons being interviewed to take whatever direction and use whatever words they want. For example, compare the closed-ended question, "Does Joey have a good therapy program?" with the open-ended question, "What is your opinion of Joey's therapy program?" Open-ended questions convey that the interviewer is genuinely interested in what the informant has to say.
2. Use presupposition questions effectively. By becoming aware of the presupposition structures in interviewing it is possible for the skillful interviewer to use presuppositions to increase the richness and depth of responses and information obtained. Consider the question, "What is the most important experience you and Joey have had in the program?" This question presupposes that Joey and his parents have had an important experience." They have the option of responding, "We haven't had any important experiences," but it is more likely that they will go directly to the issue of which experience to report as important rather than dealing with the question of whether or not an important experience occurred.
3. Ask one question at a time. One of the basic rules of questionnaire writing is that each item must be singular – that is, no more than one idea should be contained in any given question. Multiple questions create tension and confusion because the person being interviewed either doesn't really know what is being asked or which question to answer. Consider the examples, "How well do you know and like the staff?" or "What medical problems does your baby have, how does your pediatrician manage these problems, and how do you feel about his handling of these problems?"
4. Make use of prefatory statements. Prefatory statements can serve two functions. First, they alert the interviewee to the nature of the question that is coming – they direct awareness and focus attention. Second, they give the persons being interviewed a few seconds to organize their thoughts before the question is actually asked. Prefatory statements help the flow of the interview and reduce the amount of time taken up in silence while the interviewee is reflecting or remembering the information necessary to answer the question. There are several prefatory formats that can be used:
 - 4.1. The transition format announces that one topic of the interview has been completed and a new section is about to begin. It says, "This is where we've been and this is where we're going." For example: "We've been talking about the progress Joey has made in therapy. Now I'd like to ask you some questions about the kinds of changes you have seen in Joey at home."
 - 4.2. Summarizing transition format. This format brings closure to a section of the interview by repeating to the persons interviewed what it is they have said in that section, and then asking them if they have anything to add or to clarify before moving on to a new subject. Using summarizing transitions assures that the interviewer is not cutting off any final comments from the person being interviewed. "Before we move on, let me make sure I've got everything you said about Joey's medical treatment for his cleft lip and palate. You said there are 3 surgeries left, first... second... Before we talk about his speech and language therapy, are there any additional medical concerns that we haven't discussed?"
 - 4.3. The direct announcement format is a simple statement telling the interviewee what will be asked next. A preface to a question that announces its content softens the harshness or abruptness of the question itself. Direct prefatory statements can make an interview more conversational and

less like an interrogation. “Let me ask you to think about the changes you see in Joey as result of his program. (pause) How has Joey changed since he entered the program?”

5. Maintain control of the interview. Just because an ethnographic interview is open-ended and the questions asked arise from the specific situation, this does not mean that the interviewer has no control over the interview. The goal of interviews with families of handicapped children is (1) to convey empathy and acceptance of the world as the family defines it and (2) to collect information necessary for generating family-centered intervention goals (Winton, 1988). When time is limited, the interviewer must maintain control of the interview so that time is available to focus on the critical questions and concerns. Control is maintained by (1) knowing what you want to find out, (2) asking the right questions to get the desired information, and (3) giving appropriate verbal and nonverbal feedback to the person being interviewed. Knowing what one wants to find out means that one is able to recognize and distinguish appropriate from inappropriate responses.

Q. What happens in a typical playtime with your toddler?

A. Well, I try to be sensitive to her mood and not get her overly tired. I hope she’ll develop an interest in the toys and learn to play more by herself.

It is not enough just to ask the right questions. The interviewer must listen carefully to make certain that the responses received provide answers to the questions that are asked. In this interaction the interviewer is asking a descriptive, behavioral question. The response, however is about beliefs and hopes – the mother has not actually described what happens in a typical playtime, but has provided important information about family values. The interviewer should note that information and work to discover what actually happens in a typical playtime. At times it may be necessary to give more direct feedback about the kind of information that has been received and the kind of information that is desired by recycling and rephrasing questions. For example, “I think I understand what you want to happen at playtime. Now I want you to describe for me what you and your daughter actually do.” Maintaining control, therefore, requires both a flexibility of perspective and a responsibility toward obtaining essential information.

SUMMARY

Traditional educational and therapeutic intervention models have not been effective with minority populations. School-age minority students have high drop out rates, and minority parents with preschool handicapped children do not participate fully in services that are provided. Mainstream professionals have attempted to solve these problems by suggesting to minority students and families what they should be doing. The answers we propose are, however, our answers, not the families’ answers. Poyadue (1979), the mother of a handicapped child has expressed this situation well:

“Don’t put the other fellow in your shoes – wear his. Tis true if “I were you” I could use the logic that you espouse solve my problem. But since I am me, we must find a solution that fits well into the scheme of my mold. We must cloak the solutions of my problems in garments wrinkled by my needs and desire, otherwise, what you are saying to me is not, “If I were you,” but “If you were me,” and since I am not, your answers help me little.”

Through ethnographic interviewing professionals can ask the right questions to the right people in the right way; and by listening to the answers, they can assist families in discovering the answers to their problems.

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From: Journal of Childhood Communication Disorders, Vol. 12 #1, 101-111. The Division for Children with Communication Disorders.