Asking the Right Questions in the Right Ways: Strategies for Ethnographic Interviewing

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Speech-language pathologists and audiologists are professionals who facilitate communication. If they are to do this effectively, they must have an appreciation of the client’s and family’s perception of the communication disability and its effects. Thus, not only must clinicians have an understanding of the disability itself, but they also need to see the world through the eyes of the individuals they serve. Ethnographic interviewing provides a means of asking the right questions in the right ways to accomplish this.

In a traditional interview, the interviewer operates from the perspective that “I know what I want to find out, so I’m setting the agenda for this interview” and “I know what is best for the person I’m interviewing. Let me see if I can get her to accept my ideas.” In contrast, in an ethnographic interview, the client, spouse, or parent has the opportunity to select the important information to share. The professional operating from an ethnographic perspective thinks, “I don’t know much about the parents’ point of view, so I need to encourage them to set the agenda” or “I don’t know what the parents want for their child. Let’s see if I can thoroughly understand their ideas about their child.”

One of the great challenges of conducting any interview is to develop and maintain a comfortable, productive relationship. It is best to think of ethnographic interviews as a series of friendly conversations in which the clinician slowly introduces open-ended questions to assist the client or family member in sharing their experiences. Introducing questions too quickly can turn interviews into formal interrogations. Rapport will evaporate and informants may discontinue their cooperation.

Most clients will be unfamiliar with an ethnographic interview. Consequently, the interviewer should begin by explaining the reason for the interview and the types of questions that will be asked. The clinician seeks to discover what clients do, what they do not do, who and what supports them to perform their best, and what compromises their best performance. This information provides a basis for determining the focus of intervention and how the intervention can best be implemented.

The ultimate goal of ethnographic interviewing is for clients to provide a vivid description of their life experiences. To achieve this goal, one must ask the right kinds of questions in the right kinds of ways. Professionals can interview the clients themselves or parents or spouses of clients. In this article, examples are given of questions asked of three persons: Sarah, Jay, and Dora. Sarah is a 49-year-old woman with multiple sclerosis who was attending college and participating in workshops to become a storyteller. Sarah was referred to the clinic because of executive-function difficulties she was experiencing that were affecting her academic performance. Jay is a 36-year-old man with AIDS and a bilateral moderate to moderately severe sensorineural hearing loss since childhood who was
referred by a social worker for audiometric evaluation. Dora is the mother of Paul, a 6-year-old child with severe autism who was receiving services in the university clinic.

**The Right Questions: Ethnographic Questions**

Ethnographic interviews employ descriptive and structural questions. Descriptive questions are broad and general and allow people to describe their experiences, their daily activities, and objects and people in their lives. These descriptions provide the interviewer with a general idea of how individuals see their world. Structural questions are used to explore responses to descriptive questions. They are used to understand how the client or parent organizes knowledge. Interviews begin with descriptive questions, such as those shown in the sidebar on page 5. Typically, the interviewer begins with a grand tour (“Tell me about a typical day”) or mini-tour questions (“Tell me about a typical mealtime” or “Tell me about a typical therapy time”).

Responses to the descriptive questions will enable the interviewer to discover what is important to clients or their families. As interviewers listen to answers to descriptive questions, they begin to hear words or issues repeated. These words or issues represent important categories of knowledge. The interviewer wants to understand the relationships that exist among these categories. Nine relationships can capture the majority of the relationships that exist in people’s lives (see sidebar, below right, for examples of each type of structural question). For example, Sarah frequently mentioned being “overtaxed.” The interviewer then asked structural questions to explore Sarah’s concept of being overtaxed. “What kinds of things do you do when you are feeling overtaxed?” “What are the reasons you are overtaxed?” “What are ways to keep from being overtaxed?”

The strict inclusion, rationale, and means-ends questions tend to be used the most. As you begin to do ethnographic interviews, these three types of structural questions are good ones to learn first. Strict-inclusion questions help you gather information on the categories a person is using to organize information (e.g., kinds of memory problems Sarah experiences, kinds of activities Jay wants to participate in). Means-end questions lead to information on behaviors (e.g., ways Sarah deals with feelings of isolation, ways Dora deals with Paul’s tantrums). Rationale questions lead to information on causes of or reasons for the behavior (e.g., reasons for Sarah’s feeling overtaxed, reasons that Jay rejected hearing aids as a child, causes of Paul’s tantrums).

By conducting an ethnographic interview, the interviewer is attempting to gain a good understanding of the social situations in which clients and their families exist and how they perceive and understand those situations. Every social situation has nine dimensions that include people involved, places used, individual acts, groups of acts that combine into activities or routines, events, objects, goals, time, and feelings. Although these dimensions can be discussed separately, in real life, the dimensions interact. People engage in acts, activities, and events in places using objects associated with the activities, events, and locations. The activities and events generally have a time sequence. People engage in them for a reason—that is, they have goals for doing what they do, and they have feelings for what they do, where they do it, and the people involved.

A complete understanding of a client’s or family’s world would involve investigation of all of these areas. For purposes of assessment and intervention planning, however, not all of these dimensions
will be of equal importance to every person. Some dimensions will be more important for some clients and families than others. For Sarah, the many people (children, ill husband, husband’s ill mother) depending on her was a critical dimension that affected her ability to function well. For Jay, the activities in which he wished to participate and his goals to contribute to AIDS education were important dimensions that influenced his realization that he needed to be able to hear. And for Dora, Paul’s mother, events such as family celebrations were problematic, reminding her that her child was different and stressing her as she tried to manage Paul’s behaviors in overstimulating environments.

**The Right Ways: General Question- Asking Principles**

The ways that questions are asked can either facilitate or disrupt the development of rapport and an effective interview. The following are general principles to consider when asking questions:

- **Ask for use instead of meaning.** If the interviewer asks for meaning, clients may provide information that may or may not be useful or specific. For example, asking Sarah, “What do you mean that you are getting forgetful?” may result in her simply saying, “I don’t remember things the way I used to.” This response does not provide the clinician with information about the nature of Sarah’s memory problem. In contrast, the request, “Give me an example of what you are forgetting,” may elicit specific information regarding what Sarah forgets and when she forgets—information that may be important in formulating intervention strategies.

- **Use open-ended questions rather than dichotomous questions that trigger a yes or no response.** For example, asking Jay, “In what ways does the hearing loss affect your participation in the counseling workshops?” may elicit more information than the question, “Is the hearing loss a problem for you at counseling workshops?”

- **Restate what the client says by repeating the client’s exact words; do not paraphrase or interpret.** Restating what is said by the client or parent lets the person know that you are listening and ensures that you are not interpreting the client’s or parent’s statements from your own perspective. If Dora says, “None of my family helps me with Paul,” you might be tempted to say something such as, “That must really be hard” or “That must make you feel angry.” These are your interpretations, not Dora’s, and Dora is likely to respond with a simple yes or no. By restating what Dora has said, “Your family doesn’t help you with Paul,” Dora is likely to explain, “They want to help, but they are afraid they will do the wrong thing and make matters worse.” This provides you with information you can use in planning intervention.

- **Summarize the client’s or parent’s statements and give them the opportunity to correct you if you have misinterpreted something they have said.** It is beneficial to summarize not only at the end of an interview, but also at points within the interview where a change of topic occurs. For example, when Sarah had been talking about being overtaxed, the interviewer summarized what she had mentioned about being overtaxed before moving on to discuss how she prepared for storytelling, a favorite activity. “Before we talk about your work as a storyteller, I want to make certain I understand what you’ve told me about feeling overtaxed. You mentioned that you were overtaxed because the MS makes you feel weak, you must make certain that mother is being cared for, and because of your husband’s illness, he isn’t able to help you like he used to.”

- **Avoid multiple questions.** For example, if the clinician asks, “Sarah, you mentioned you forget things. What things do you forget, in what situations do you forget them, and what do you do to remember things better?” Sarah may become overwhelmed and not know where to begin. Asking singular questions, “Sarah you mentioned you forget things. Can you give me some examples of techniques you use to try to remember things?” allows Sarah to focus on the specific information asked.

- **Avoid leading questions that tend to orient the person to respond in a particular direction.** Leading questions can often be yes/no questions, although they do not always have to be. Dora commented, “We’ve had some problems with Paul’s teacher.” A question such as, “What do you dislike about Paul’s teacher?” would be a leading question because Dora has not said she dislikes Paul’s teacher, only that she has had some problems with her. A more appropriate response to Dora’s statement might be “Tell me about your experiences with Paul’s teacher.”

- **Avoid using why questions because such questions tend to sound judgmental and assume that the person knows why.** Instead of asking Jay, “Why have you refused to wear hearing aids?” the audiologist asked, “What are your reasons for not wearing hearing aids?” In response, Jay described how, as a child, he always felt different. He believed that wearing hearing aids would be another way he would be seen as different.
Information obtained from clients during the ethnographic interviewing can have a powerful impact on devising intervention goals and strategies. It may often mean the difference between successful and unsuccessful intervention. The information Sarah provided the clinician was invaluable in setting appropriate treatment goals.

As a result of the interviews, the clinician understood Sarah’s executive dysfunction in the broader perspective of her whole life, not just in her college activities. The clinician was able to counsel and provide strategies for time management that aided her executive functioning in home and community activities, as well as in college tasks. The clinician also discovered that Sarah was able to employ executive functions in preparing for storytelling events. She was able to help Sarah use some of these strategies in other contexts.

Jay reported that he had never worn hearing aids because they made him feel different. As the interviews progressed, Jay began to talk about what he wanted from life. As he discussed his experiences in AIDS support groups and his desire to be an active spokesperson in the groups, he realized that his hearing impairment was compromising his participation. As a consequence, Jay began to see the benefits of hearing aids and asked for bilateral aids.

Use of ethnographic interviewing in a clinical setting increases the clinician’s understanding of the clients’ viewpoints regarding their needs and preferences. This knowledge can lead to more realistic and meaningful treatment goals. This process enables clinicians not only to develop a better understanding of their clients’ communication needs, but also an awareness of other factors in clients’ lives that may directly or indirectly influence the communication disorder.

**Descriptive Questions**

- **Question Type, Example**
  - **Grand Tour:** Elicit information about broad experiences., -Tell me about a typical day for you (your child).
  - **Mini Tour:** Describe a specific activity or event., - Tell me about a typical mealtime with Paul., - Tell me about a typical storytelling session.
  - **Example:** Take an experience and ask for an example., - Give me an example of what Paul does when he cannot make himself understood., - Sarah, give me an example of overtaxing yourself.
  - **Experience:** Ask about experience in a particular setting., - Tell me about your experience with Paul's teacher., - Tell me about your experience with student services.
  - **Native Language:** Seek an understanding of how a person uses terms and phrases., - What would I see when you say, ‘Paul hurts himself’?, - What's another way you would describe being overtaxed?

- **Structural Questions**
  - **Question Type, Example**
    - **Strict Inclusion:** X is a kind of Y., - What kinds of things has the doctor told you about Paul’s self-abusive behavior?, -What kinds of memory problems do you have?
    - **Spatial:** X is a place in/a part of Y., - What are the parts of a storytelling presentation?
    - **Cause-Effect:** X is a cause of Y: X is a result of Y., - What are some causes of Paul’s tantrums?, -What are the causes of your feeling isolated?
    - **Rationale:** X is a reason for doing Y., - What are your reasons for taking Paul off his medications?, - What are your reasons for not wearing hearing aids?
• **Location for action:** X is a place for doing Y., - What are places that you take Paul to calm him down?, - What places do you visit for outings with your grandkids?

• **Function:** X is used for Y., - What do you use the PECs pictures for with Paul at home?

• **Means-End:** X is a way to do Y., - In what ways does Paul let you know what he wants?, - What do you do to remember your class assignments?

• **Sequence:** X is a step (stage) in Y., - Tell me about the steps you go through to get Paul ready for school., - Tell me about the steps you use in preparing to tell a story.

• **Attribution:** X is attribute of Y., - Describe the characteristics of people who can babysit for Paul.

### Social Dimensions

#### Social Dimension, Examples of What to Explore

• **People involved, Who are the members of the family?** Does the family include just the parents and children, or are grandparents, aunts, uncles, cousins, and close friends all considered part of the immediate family? What are the roles of the persons who are involved with the child? Who is the caregiver? Who is the socializer? Who is the play partner? Who is the disciplinarian?

• **Physical places, Where does the client/family live?** in a small apartment in the city, a spacious home in the suburbs, or a farm in a rural area? What places are used for different activities—where do people eat, sleep, work, play? What places does the family frequent besides their own home?

• **Acts, Single behaviors such as walking, singing**

• **Activities/routines, Series of related acts, such as playing, therapy exercises, working, getting dressed**

• **Events, What events are important for the client/family?** birthday celebrations, naming ceremonies, weddings, holidays? How does the disability affect the client’s/family’s participation in events?

• **Objects, What objects are important/necessary for the client/family?** medications, hearing aids, walkers, ventilator, toys, books?

• **Time, How is time viewed?** Are schedules important? When are acts/activities/events done?

• **Goals, What is the client/family trying to accomplish?** What do they do to reach the goals?

• **Feelings, What are the client’s/family’s feelings about, people, places, objects, acts, activities, events, time, goals?**

### Contributors

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