The Use of Ethnographic Interviewing to Inform Questionnaire Construction

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Many researchers planning a quantitative study begin by conducting qualitative interviews to enhance their understanding of the phenomenon under study and to prepare for constructing a questionnaire. The rich insights that in-depth interviews provide into attitudes, values, and behaviors can be invaluable for survey design and measurement decisions. We incorporated a relatively unusual technique, the ethnographic interview, in developing a survey. In this paper, we describe what an ethnographic interview is, compare it to four other kinds of qualitative interviewing styles, and identify specific ways it can contribute to constructing surveys. We illustrate these points with examples from 10 ethnographic interviews that were conducted for a study of social support among inner-city mothers of children who had chronic illnesses.

INTRODUCTION

Qualitative interviewing techniques are capable of providing valuable insight into the complexity and range of human attitudes, values, and behaviors. Although several excellent texts describe qualitative methods and analysis,[1-7] there is little written that compares and contrasts different types of qualitative interviewing strategies. Further, a review of the literature on qualitative research did not uncover an analysis of the strengths and weaknesses of different kinds of qualitative interviews for the different tasks associated with quantitative research.

This paper reports the experience of using qualitative interviews to help design a quantitative study on the sources, types, and adequacy of social support avail-

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able to African American and Puerto Rican mothers. The study would survey 400 women of ill children three times over a one-year period to identify gaps in support systems and to study how support changed over time. The first step in planning the survey included conducting in-depth qualitative interviews with mothers. This practice is fairly common to identify overlooked areas of importance and inform question wording. What is less common about our effort is that, of the variety of qualitative interviewing techniques available, we used and enthusiastically recommend an ethnographic approach.

In this paper, we identify and describe five types of qualitative interviews. All share some common characteristics, but they have different strengths, and therefore may be more or less appropriate to use depending on the task and the nature of the research question. Further, they articulate differently with quantitative methods. We focus on the ethnographic interview as a particularly fruitful strategy for informing questionnaire construction and item development.

TYPES OF QUALITATIVE INTERVIEWS

We distinguished five types of qualitative interviews in the literature.

The In-Depth Unstructured, Unstandardized Interview

This is the one most frequently described in general methods textbooks. The interview generally contains no predefined set of questions or topics and imposes no order upon the flow of information. Respondents are encouraged to talk about a topic that the researcher has selected, but the specific themes, areas, and orders of discussion are determined by the respondents and their perception of priorities. The interview is simply a framework within which respondents can express their own understandings in their own terms.[8] While it tends to be conversational in style, researchers might ask provocative questions or ask respondents to explain their statements, behavior, or attitudes.

Quantitative researchers could use this type of interview for two purposes: when they begin a new study and when they are analyzing data. First, this type of interview is excellent for familiarizing researchers with new topics under study. It provides information on the scope of the issue, which content areas are most important, and the variety and depth of feelings people have. When tough choices have to be made about what to cut from a lengthy questionnaire, exploratory interviews can help in choosing what is most important. Second, having reached the stage of analysis of survey data, researchers often encounter findings that are counterintuitive, contradictory to hypotheses, or opposite to what earlier qualitative research suggested. Qualitative interviews conducted after analysis can provide new insights into relationships among variables, possible variations among population subgroups, or factors that are important but not measured.

The Structured In-Depth Interview

This type of interview capitalizes on the richness of qualitative open-ended responses, but structures the content of the interview through the use of an

interview guide. This interview is not free-flowing or determined by the respondent's interests; it is focused on a specific issue or set of issues, and the guide specifies the topics that must be covered during the interview. Although this interview requires specific data from all respondents, it is flexible in the order of interview topics and the wording of questions and probes.[9] The quantitative researcher might use this strategy when standard information is needed from all respondents, but the data are too complex to gather in a closed-ended manner. Respondents are free to tell their stories in their own words, unfettered by pre-established categories, but their data are codable into quantitative form.

An excellent example of this type of interview is found in Brown and Harris.[10] Qualitative in-depth structured interviews were conducted with over 600 women to uncover how stressful life events were related to depressive episodes. Data were coded according to a clearly articulated protocol on characteristics of the stressors (e.g., positive or negative; anticipated or not). In this way, Brown and Harris coded *meaning* of the stress for the respondent.

For quantitative researchers, the structured qualitative interview has several applications. First, gathering threatening, complex, sensitive, or confrontative data may be difficult using structured questionnaires. Such data are better collected through indirect, qualitative methods. As long as the interviewer knows the coding scheme in advance, and has been trained in neutral probing techniques, the respondent can answer in his or her own words. Second, this strategy may be particularly useful for pretesting questionnaire. "Think aloud" strategies ask respondents to describe what went through their minds as they answered specific questionnaire items. Analyzing this material would improve the rigor of pretesting procedures while advancing our understanding of the cognitive processes that occur during a survey.

The Focused Interview

This type of interview is also a structured in-depth interview, however, it focuses on respondents' reactions to a specific experience or situation.[11] It employs a stimulus, such as a film or written material, to trigger the discussion. The interviewer aims to collect four kinds of data. *Range* refers to collecting the full spectrum or scope of reactions the respondent had to the stimulus. *Specificity* is achieved by eliciting detail about each of the reactions the respondent reported. *Depth* refers to obtaining a rich understanding of the affective, cognitive, and evaluative meaning of the situation for the respondent. *Personal context* refers to data relevant to the characteristics and experiences of the respondent that may influence the meaning of the situation.

Quantitative researchers would find the focused interview an excellent addition to their research in two ways. First, it is ideal for evaluating respondents' reactions to stimuli to be used in a quantitative study. For example, some studies first contact potential respondents by letter, and understanding respondents' reactions to these letters may improve cooperation rates. Other materials that might be evaluated this way include informed consent forms, new measures, or the experience of being interviewed itself. Surveys that employ new technologies, products, or sensitive questions might be evaluated using a focused interview strategy to understand how respondents interpret questions. This might lead to

improved "marketing" approaches when surveys require special effort from respondents, such as a long time commitment, keeping a diary, or donation of a blood sample.

Second, those conducting experimental research might use focused interviews to establish how subjects perceived the experimental stimulus and to evaluate whether subjects implemented the intervention as requested. For example, many studies of drug effectiveness have floundered when subjects did not take required medication as instructed. Focused interviews are excellent for obtaining information on attitudes toward and barriers of program implementation.

The Psychological Clinical Interview

This type of interview is most commonly used as a tool for client assessment or treatment, but it has been employed successfully for quantitative research purposes.[12] The clinical interview collects in-depth qualitative data to describe or evaluate an individual for the presence of an actual or potential psychological problem. Usually, the clinician formulates a set of tentative hypotheses about the client's problem before seeing him or her, based on the referral information provided. If these data are unavailable, the clinician forms hypotheses during the interview itself, which proceeds in an unstructured way using nondirective and nonleading probes. The interview becomes more structured as the clinician seeks specific information that bears on the validity of the hypotheses.

Clinical interviews are useful for research purposes to identify patterns of thought and feeling about which the individual is unaware. For example, people cannot usually report about their own coping strategies very accurately. They may be able to report what they did consciously to deal with a stressful event, and which of these tactics made them feel better, but they cannot report on processes such as minimization, denial, and projection. Quantitative researchers might consider clinical interviewing techniques to identify reasons why people behave in certain ways or make certain decisions, especially when these have a nonrational or strong emotional component. They are also productive as a tool in mental health research to assess psychological symptoms and to validate standardized measures of psychopathology.

The Ethnographic Interview

The ethnographic interview is part of "ethnography," an amalgam of fieldwork techniques that provides a disciplined way to discover and record people's experiences and how they interpret them. The main tools of ethnography are participant observation combined with ethnographic interviews. As strangers accustomed to research within foreign cultures, ethnographers have a lot to learn fast. The ethnographer is genuinely ignorant, thus, their informants are free to take on the role of expert.

One methodological issue is what exactly constitutes an ethnographic interview. Are "ethnographic" interviews simply any interview done during the course of an ethnography? Or is any interview conducted by an ethnographer

"ethnographic?" We have identified certain techniques of ethnographic interviewing that make it unique. Although ethnographic interviews could never replace an entire ethnography, their characteristics have advantages different from other qualitative interviews in certain situations.

First, they are very unstructured and nondirective. Data about people's interactions, behaviors, and beliefs emerge from within their own personal and cultural context. Ethnographers generally do not begin an interview by telling the respondent what areas interest them. Instead, they wait for material to emerge naturally as the respondent talks and then use neutral probes to steer the flow of information toward that topic. Second, ethnographic interviews collect descriptive data and usually focus on everyday experience. Through questions like "Could you describe a typical day for me?" or "Could you tell me what happened when you went to the doctor?" the informant takes the interviewer on an audiotour of daily life.[13] For instance, if an informant mentions a social interaction of some kind, the interviewer asks for a description of what happened. The result is something like: "Well, she called me on the phone while I was doing the dishes and she said . . . and then I said . . ." In a sense, the interviews mimic the larger ethnographic experience of actually *being* there. Third, the ethnographic interviewer takes on the subordinate role of pupil to the respondent's role of expert, which encourages informants to provide dense descriptive data, to "teach" the interviewer, and to correct misconceptions. Fourth, the explicit objective of ethnographic interviews is to understand an informant's experience from his or her point of view. Although all qualitative interviews aim to elicit the respondents' perceptions, the ethnographic interviewer deliberately sets aside, as much as possible, any previous hypothesized understanding of the topic of the research. The ethnographer assumes no knowledge about the topic and instead assumes ignorance.

Finally, ethnographic interviews treat the informant's language as data. Language is a window to the ways individuals communicate cultural meanings; the words people use provide the structure and categorization of their experience. Language is a tool for "communicating and constructing reality."[13] Thus, ethnographic interviewers avoid introducing their own words in an ethnographic interview and, whenever possible, repeat the informants' own expressions when probing for more detail or additional examples.

SIMILARITIES AMONG QUALITATIVE INTERVIEWING STRATEGIES

All qualitative interviewing strategies share certain characteristics. All permit the interviewer some flexibility in the choice of topics and questions; responses are open-ended rather than fixed-choice; information is provided from the respondent's point of view; and similar strategies are used to avoid influencing respondent's reports (e.g., limiting the use of directive or leading questions). All encourage a high degree of rapport between interviewer and respondent to encourage self-disclosure.[14–17] Finally, advocates for the different interview styles claim that they are excellent for identifying factors, situations, concepts, and interpretations that the researcher has not anticipated. However, this particular

strength tends to be a direct function of how unstructured the interview is: the more unstructured the interview, the more opportunity there is for new, unanticipated material to emerge.

ADVANTAGES OF ETHNOGRAPHIC INTERVIEWS FOR QUESTIONNAIRE CONSTRUCTION: CONCEPT AND EXAMPLES

The ethnographic interview differs from other qualitative interviews in three ways which we think make it particularly useful for questionnaire construction. As we describe each, we will provide concrete examples of how ethnographic interviews can influence data collection strategies and tools. Examples are drawn from 10 ethnographic interviews we conducted with mothers of children with serious health conditions.

The interviews were part of a larger study of the availability, types, sources, and adequacy of social support among African American and Puerto Rican mothers of children who had chronic illnesses. The mothers were recruited through two sources. One was a home care program that served children with complex and multiple chronic illnesses. The second was physicians who provide medical care to children in a pediatric ambulatory clinic. All children received their health care at the same municipal hospital in New York. We asked physicians to suggest mothers who were "experts" in caring for a chronically ill child. We wanted mothers whose child had been diagnosed with a serious, ongoing health condition for at least one year, and who were African American or Puerto Rican. We sought mothers who worked outside the home and mothers who did not. We emphasized to physicians that we did *not* want mothers who were extraordinary or heroic. Instead, we preferred "typical" mothers. We also emphasized that they did not have to be especially articulate.

Mothers were contacted by letter and then by telephone. We explained that we wanted to talk to them because we were planning to study the issues for mothers who had ill children. We wanted to talk to mothers themselves because they could help us decide what the study should ask mothers about. An appointment was made for them to be interviewed at their convenience. Most interviews were held at the hospital, but some were held in the home or place of employment. All mothers signed an informed consent form and were paid $10 for their time. The interviews were tape recorded with the mother's permission (all agreed) and mothers were told that they could turn off the tape recorder at any time. The interviewer kept notes during the interview to keep track of questions that needed to be asked, and to note the informant's own words for concepts, people, and things so that these could be used (rather than our words) in follow-up questions. Interviews averaged one hour in length, with a range of 45–90 minutes.

All interviews were transcribed and the interviewer's notes were used as an aid in the transcription. Two analysts read each interview independently to identify themes, issues, and word usage. Then the two analysts met together and reviewed each interview word for word. The analysis strategy followed the recommendations of Strauss[3] and memos were written on each topic and idea.

On average, each interview required five to six hours of independent analysis time and eight hours of joint analysis time.

The purpose of the interviews was to alert us to issues that were important to mothers themselves, to gain insight into how social support was accessed and used by mothers, and to help in wording questions for the planned survey of 400 mothers of ill children. The ways the ethnographic interviews helped us accomplish these goals are described below.

Avoid Assumptions

Ethnographic interviewing technique insists that the interviewer/researcher avoid making assumptions about the topic under study, whereas other forms of qualitative interviewing do not. Although we had a great deal of knowledge about social support, we deliberately set aside our previous theoretical formulations, although we acknowledge that creating self-conscious, theoretical distance is extremely difficult. This approach served two distinct advantages: it increased the legitimacy of anticipated findings when they did emerge, and simultaneously increased opportunities for discovering unexpected themes.

When factors that we *anticipated* to be important emerged without our asking, we knew that they were important to the respondent and were not "created" through our questions. One example from our interviews was particularly striking. We knew that caring for a chronically ill child could be physically wearing for mothers, and had emotional and physical costs. The ethnographic interviews provided clear evidence for these perceptions. The extent of sleep deprivation, the hard physical demands of care, and the emotional toll mothers experienced was severe. In response to the very general question, "Can you describe what a day is like?" mothers said:

> I get tired. There's times she wakes up in the middle of the night . . . it's about 1 o'clock in the morning. Her blood sugar is high, and sometimes you're out of it, you're exhausted . . . and your child wakes up like that and you have to deal with her, you have to get your energy up to deal with it. Sometimes you just get tired. You just want to give up.

> Sometimes like these two days, I'm being woken up 3 or 4 times during the night. When I cannot go anymore because I'm so tired, then my husband takes her . . . but when he's working, that's another story.

> I don't sleep that hard because I know if he cries I cannot hear him, and if something is the matter with him, I have to get up and look at him. I know that's not good for me, really. The nurse comes to visit and sometimes, the doctor, they say, you look so tired, you are not getting enough sleep. I say I can't help it, 'cause I can't hear him and I am worried, if I really put myself off to sleep, and I get up and something happened, I am going to blame myself you know, so, I have to keep every five minutes, I have to jump up and look.

Because descriptions of sleep deprivation emerged without our asking about it directly, we feel more confident that fatigue is a major issue for mothers of children with serious health conditions. Analysis of the quotes relevant to fatigue

identified three dimensions we had not conceptualized previously: (1) sleep deprivation and feeling tired; (2) interruption of sleep; and (3) fatigue described in emotional language. For our planned survey, we developed measures for all three. Measures of "emotional" fatigue were drawn from standard psychiatric symptom checklists. Physical fatigue was measured by asking about extent of sleep ("How many hours of sleep do you get each night?") and perceived adequacy of sleep ("Do you feel the amount of sleep you get is too much, just right, or not enough?"). Broken sleep is assessed by asking ("On average, how often do you wake up at night to care for or check on your child?")

Trying to avoid assumptions also maximized the opportunity for unanticipated issues and topics to emerge. The planned support study was based on the stress process model which argued that stressful life events can lead to psychological morbidity and that various buffering factors, such as social support, can mitigate the effects of stress.[18-20] The stressor we planned to study was caring for a child with a chronic illness such as diabetes, asthma, cancer, sickle cell anemia, and epilepsy. We hypothesized that this stress could lead to psychological morbidity, and that the presence of social support would reduce that risk. In addition to describing our larger theoretical orientation, the stress process model guided the selection of variables that we would need to measure in the questionnaire.

This model of the stress process did not address a central theme in our ethnographic interviews. In listening to women talk about their sick children, what emerged strongly was the importance of motherhood. Each mom's understanding of what it means to be a mother shaded her experience. Mothers spoke of their other children, other mothers, and their mother or mother-substitute. They described the tasks, the rewards, and the emotions associated with motherhood. The women uniformly had an extraordinary investment in their motherhood. Mothers stressed the importance of support interactions which simply said "You're doing a good job."

All the mothers described some way that having a child with a chronic illness challenged and defined their role as mothers. For instance, some mothers described inherent tensions in being a "good mother" to all their children when one child was special; some detailed the emotional and physical toll of the routine of providing care to their child. Anthropologically, the conceptualization of motherhood was intriguing in itself; sociologically, role theory led to new interpretations of descriptive statements of what "being-a-mother-is." We identified many statements consistent with the concept of role strain, what William Goode[21] defines as "felt difficulty in fulfilling role obligations."

Role strain is a ubiquitous phenomenon which is associated with all roles, and is experienced by all people. Sociologists begin with the premise that all social roles are overdemanding. Given that fact, all people routinely confront the challenge of trying to fulfill the myriad tasks, duties, responsibilities, expectations, and behaviors associated with their various roles. People experience difficulties in fulfilling role expectations to different degrees, and in different ways, and a variety of mechanisms for reducing the difficulty are part of normal social interaction.

Role strain comes in different types, from pure overload to more complex strains that are rooted in contradictions or tensions in expectations either within a role or between different roles. How people resolve competing demands and paradoxes is of interest not only to sociologists, but also to psychologists who

seek to identify the conditions under which role strain might be associated with psychological symptoms.

Several different types of role strain emerged from the interview descriptions. First, we found that mothers clearly described difficulties related to resolving the competing needs of all their children. Most of the mothers raised concerns about favoring the ill child over the well one or about distributing their time and affection equitably between siblings.

> I found . . . [my other son] . . . in his room sitting on the corner of his bed and he looked like he was going to cry. And I sat next to him and said, "What's the matter?" And he said I didn't love him any more. And I just felt so bad, I felt so bad. And I said "Joe, why do you think that?" And he said that ever since his brother was born, it was Juan, and that I didn't think about him anymore, and I just felt so bad that I put him through that.

> Because Alice's handicapped and my son walks, that don't mean that I have to love my son more than my daughter. I love both of them; I think that I feel a little more love for Alice because of the condition she has but I cannot love one more than the other.

> She would start screaming with an attack, and then the baby would start crying and I didn't know which way to turn to, you know, 'cause he's crying, but if I leave her something bad would happen to her, God forbid, so I would leave the baby.

A second type of role strain occurs when required role tasks were seen as noxious or unpleasant:

> I'm not a professional nurse, and it's hard for me, it's hard for me because I don't like sticking cold steel into his body anymore, it bothers me.

> When Roger got the trach [tracheotomy tube] put in, they were teaching me how to do it, you know, how to clean his trach and change it. So I would clean his trach, and I would get kind of sick to my stomach, I had to hold it away . . . and I would go downstairs and throw up.

Another dimension of role strain is role overload, and the extent to which the role of mother of a seriously ill child is a totally encompassing dominating one:

> You don't have a life of your own, we live through our children and that's a sad, sad life . . . and its painful, and its nerve wracking, and its physically a lot . . . I'm not saying I'm a modern day Joan of Arc or anything, but Atlas couldn't carry what I had to carry the first three or four years.

From descriptive quotes like these, we identified maternal role strain as a key part of the phenomenon. A second review of the stress literature resulted in our returning to the work of Pearlin et al.,[22,23] who proposed a different model of the stress process than the one we originally used. According to Pearlin, stress affects mental health through the exacerbation of role strain. The data from the ethnographic interviews led us to change the theoretical model of this research and include a measure of role strain in the questionnaire.

Descriptive, Not Analytic

The second strength of ethnographic interviews is that they collect descriptive data and avoid using questions that call for analysis, evaluation, or opinion. Descriptive questions ask about the informant's world to elicit unprocessed description of daily activities, routines, and interpersonal relationships. Descriptive questions elicit descriptive data, that is, the life experiences, as well as the thought patterns, metaphors, and structures in which they are expressed. Geertz[24] calls this "thick description;" from thick description, layers of meaning can be found through interpretive analysis.

The descriptive focus of ethnography is especially successful in collecting material on the meaning of experiences and on behaviors that are so integral to personality or culture that they cannot be reported on directly. In surveys, we routinely ask people to report on the cognitive processes underlying their decisions or choices about political candidates, products, jobs, or contraception. But as Nisbett and Wilson[25] point out, people may not have direct access to these processes of evaluation, judgment, or problem solving. Cognitive psychologists conclude that "people often cannot report accurately on the effects of a particular stimuli . . . on the existence of their responses, and sometimes cannot even report that an inferential process of any kind has occurred" (ref 25: p. 233). Ethnographic interviewing techniques, with their emphasis on description, are particularly suited to collecting behavioral or cognitive data.

We have one particularly good example of this. We were especially interested in learning how women accessed their social support network to obtain the help they needed. Our interest was rooted in the need to phrase support questions for the survey. We hoped to gather descriptions from mothers of their support interactions to learn how support is obtained and provided. We were surprised that, of all the support interactions that were described to us in the interviews, only one was in response to a mother's request. Mothers did not usually ask others for help; instead, they described two situations. In the first, they made their need known to trusted individuals. For example:

> Right away that I told her Alice is in the hospital, right away she told me "Who's going to stay with the baby, with the boy? If you want, you can bring him here on Saturday and Sunday, I'm not going to work." She don't wait that I ask her, she just told me right away, "I know you need help, if you want I could stay with the baby."

In these interactions, mothers described receiving support from people in their network who understand their situation and offer to help without needing to be asked. In the second type of situation, the mother has an exchange relationship with someone she is close to and trusts. Each feels free to tell the other what kind of help is needed because the nature of their relationship is reciprocal:

> Well, just, whenever I have to go out and take care of things . . . we just make arrangements. It's never a matter of asking, we just plan and talk about it ahead of time what she has to do and what I have to do.

Most human behavior is difficult for people to report on directly. Had we asked mothers how they accessed needed social support, it is unlikely they could

have reported on the process intellectually. Descriptive data are particularly useful for clarifying this kind of issue, because respondents describe multiple instances of the situation under study (e.g., supportive interactions), which together can be examined for patterns.

The analysis of support interactions had direct implications for the measurement of social support in the survey. When we reviewed frequently-used support measures, we saw that many assume a help-seeking process. For example, some measures asked: "If you needed someone to (. . . babysit for your child,) (. . . talk to about your problems) is there anyone you could ask?" We avoided such ˋ measures, and instead of asking about things people do for **you,** we asked about things people do for **each other.** We also added a measure of the reciprocity of social relationships. In a series of questions about the mother's social network, ₎ we ask: "Does she give you more support than you give her, or do you give her more support than she gives you, or is it about equal?" We will use these data to analyze whether extent of reciprocity in a mother's network is associated with her use of support and her self-esteem.

Language Sensitivity

The third major advantage of ethnographic interviews is their scrupulous care about language. Other qualitative interviewing approaches do not emphasize purity of language on the part of the interviewer, but in the ethnographic interview, the interviewer avoids introducing words that do not originate with the respondent. For ethnographers, language is a tool for discerning the shared ˥ understandings of the community, and therefore it is treated as data. The importance of this for survey construction is clear: in the ethnographic interview, the language respondents use is their own, not a reflection of the interviewers' or the resarchers'. Their words can provide ready alternatives for wording of questions and for understanding how informants might interpret (or misinterpret) survey items.

We found one instance in which the word mothers used differed from those in established measures: "problem." Mothers did not use this word to describe the care of their ill children—no one said she had a problem with caring for her child, a problem with the illness, or that there were problems due to the child's health condition. Instead, the word they used to describe the impact of the child's illness was "difficult," "hard," or "hardship."

> It's very difficult, I find it extremely difficult. It's been hard from the beginning, and as time goes by it's gotten easier but at the same time it's gotten harder.

> It's been rough, hard that nobody could understand what I been through. Everyday I was crying and never knew, never knew if she was going to get better. It was hard, because she was my first baby, and . . . I've seen babies before, but never like that, my baby was only one pound.

In contrast, the word "problem" was used to describe specific challenges that needed solutions, such as finding a way to pick up a healthy son from day care, or how to do laundry in public washing machines when it meant leaving the

children alone. We checked our interpretive qualitative analysis by counting the number of times mothers used the word "problem" and "hard" and found that hard is used about four times more often than problem. We sought to test the observation further by using two existing data sets available at the Preventive Intervention Research Center for Child Health (PIRC). We compared two similar items from a measure of parenting stress.[26] Of the 60 or so items in the scale, one read "Being a parent is harder than I thought it would be," and another read "I've had many more problems raising a child than I expected." In one data set, of mothers who had given birth to very premature infants, 47% agreed that parenting was harder, but only 14% agreed that they had more problems. In a study of mothers of healthy toddlers, 65% said parenting was harder, but only 32% said they had more problems.

DISCUSSION

The results of our analysis of the ethnographic interviews—the extent of mothers' physical fatigue; their concern about meeting all their children's needs; the burden of performing unpleasant, painful care tasks; the encompassing nature of the mother's role; and how mothers did not usually ask for help—led to changes in our research design and informed the questionnaire development in specific ways.

First, ethnographic interviews helped identify how support is obtained, revealing the ways people offer and ask for support. As a result, we have rejected a help-seeking model, which assumes a dependency position on the part of the mother who must identify a need and access help by asking for assistance from potential helpers. Instead, we found that people have complex, culturally defined obligations to each other. Most of the time, these mothers did not ask for help, but made their need known to people in their network. In our interview, we worded support questions to avoid the implication of "needing" help, or "asking" for help, but instead asked about who provides support of specific types.

Second, a great strength of the ethnographic interviews was how they identified unanticipated areas of importance. Discerning role strain as a major theme lead to a change in the theoretical model guiding the study, and we developed a measure of maternal role strain that was included in the questionnaire.

Third, data from qualitative interviews provided ideas for questions and item wording. We had specific question wording problems we wanted to answer, including the language mothers used to describe the impact of their child's health. The mothers' use of the word "hardship" rather than "problem" resulted in our rejecting one of several planned measures and led to revisions in another.

But the ethnographic interviews did so much more for us than clarify questionnaire items or teach us about how support is given and received. We found some new puzzles that are unsolved. We made discoveries that are simply isolated insights, and not part of any larger whole. We hazarded interpretations of mothers' words that can never be adequately validated in the narrow, structured format of a quantitative interview study. In short, nagging questions remain that are worthy of future ethnographic research. We hope that we can build on the provocative material in the ethnographic interviews, to do some ethnographies

within single cultural contexts, to better understand conceptions of motherhood and illness, to better understand the process of social support and its meanings.

In the meantime, we look forward to the quantitative study to do what it does well—quantifying "most of the people, most of the time." It can tell us how common role strain is, how much support mothers have, which kinds of mothers lack what kinds of support, and whether psychological symptoms are more likely associated with different kinds of role strain.

On a larger scale, the experience of combining ethnographic interviews with quantitative research helped us conceptualize the kinds of qualitative interview styles and how they can contribute in different ways to quantitative research. The traditional unstandardized, unstructured interview remains an ideal tool for researcher sensitization and exploratory research to better understand the situation, topic, or population under study. The focused interview is a relatively neglected strategy that would be suitable for examining respondents' reactions to the various quantitative research stimuli, including interviews, introductory letters, consent forms, measures, and experimental stimuli. The structured interview and the clinical interview both have narrower applications, but each has special strengths that make them particularly useful under specific circumstances. Finally, we enthusiastically endorse the ethnographic interview for questionnaire development and interview design. Although normally a part of the larger methodology of ethnography, the ethnographic interview can be successfully used as a technique in itself. All qualitative interviewing styles require practice and skill, but ethnographic interviews are no harder to learn than any other type of qualitative interview. We believe that ethnographic interviews have distinct advantages over other styles of qualitative interviewing for questionnaire construction.

The ethnographic interview has some of the same limitations that any qualitative interviewing strategy has. Interviewer experience and quality is a major determinant of data quality, so training is critical. Further, ethnographic interviews are best done by the researchers rather than interviewers, since the researchers are in the best position to follow up on unanticipated responses.

It is possible that ethnographic interviewing is a bit less vulnerable to interviewer bias than other forms of qualitative interviewing. Since the informant is in a teaching role to the interviewer, it is less likely that she will alter her reports to impress the interviewer. Also, the interviewer plays a relatively inactive role in ethnographic interviews compared to other qualitative interviewing styles, which reduces the opportunity for respondents to discern the researcher's hypotheses, or for the questions to bias responses.

Selecting informants for ethnographic interviews should be done on the same basis as one would use for any qualitative interview project. Ethnographers select strategic people as informants when they are studying culture—this might be someone in a leadership role, a particularly articulate person, an elder, or a "boundary" person who interacts with people from another culture and can contrast one with the other. For the purposes of exploratory interviewing, it may be unnecessary to select informants on any grounds other than the eligibility criteria for the study sample. Although articulate respondents might be preferred, we have found that the ethnographic approach works well even with people who are not especially verbal.

In conclusion, our experience in combining our different skills and perspec-

tives at this one early stage in a study has been, in our eyes, a success. The ethnographic interviews made a substantial contribution to the conceptualization and development of the study of social support. Because of these interviews, the voices and concerns of the community are included within the structure of our questionnaire.

Our modest experience serves as a simple example of a successful inter-method, interdisciplinary effort. We can pass on several pieces of advice to those thinking of trying it. First, you must share a commitment to understand the same phenomenon. This sounds obvious, but different disciplines look at the same issues very differently and find radically different things of interest in the same data. Unless you focus on the same aspects of the phenomenon, you will have parallel, not interdisciplinary, efforts. Second, you must be willing to accept that the research methods of a different discipline have an integrity worth respecting. During the course of our collaborative work, some abuse was tossed— "Oh, stop being such a, such a scientist" (which is apparently the worst thing an anthropologist can think of calling a sociologist!). Some gauntlets were thrown—"If you think ethnography is so wonderful, let's see you do it." All in all though, we developed a pretty effective team because, despite our frequent serious doubts, we learned to accept the strengths as well as the weaknesses of each others' methodological techniques. Last, you must believe that the integration of different world views will improve the scope and depth of your research. In applied work, this may be easier because most interventionists acknowledge that the contribution of multiple disciplines is needed to develop effective programs. In basic research, however, differences in disciplinary theories, concepts, and reward structures push people toward the comprehensible purity of their own views rather than the challenge of the ambiguous boundaries among disciplines. It is much harder to integrate different conceptual visions than to deepen and perpetuate one's own comfortable ones. We therefore suggest that before becoming involved in interdisciplinary and intermethod efforts, you choose colleagues with a sense of humor and plan on occupying separate offices.

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