

Creativity in ethnographic interviews

Reflexive participatory observation

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Abstract

The article discusses interviews as participatory reflexive observation. It is based on experiences of interviewing policymakers and researchers about knowledge and evidence in health promotion. This particular group of informants challenged an approach to interviews as getting informants to describe their everyday work life. By employing a methodological framework focusing on reflexive processes, interviews became consensual interactions, and the content of the interviews turned out to be analyses, interpretations and meaning making, that is, knowledge production. Interpretation and meaning making drew on ideologies, norms and values central to the field and thereby the strategies employed by the informants as well as by the researcher could be seen as wayfaring strategies; creating the paths in the field as they go along. Such an approach to interviews opens up the creative character of knowledge production and points out the role of the researcher as an active participant in the creative process.

Keywords ethnographic interviews, experts, creativity

Introduction

This article is about qualitative interviewing. It is based on my experiences with interviewing a particular group of informants who could be called 'experts'. I did the interviews as part of my Ph.D. project about knowledge and evidence in the field of health promotion in Denmark.

Bounded for the purposes of analysis, the field of health promotion consisted of actors and events, policy documents and knowledge in different forms; statistics, evaluations and theoretical ideas. The actors were policy makers on different levels of bureaucracy as well as researchers producing knowledge within different disciplinary frames such as public health, sociology, anthropology, health economy and education. The disciplinary frames created diverse approaches to knowledge and evidence as did also the state and its ideology.

Health promotion is a field pervaded by political strategies. As lifestyle-related diseases increased alongside longevity and welfare, public health and health education became issues of pivotal importance for upholding a competitive and economically viable society. By increased effort in prevention and health promotion, expensive medical treatment and hospitalisation should be reduced and longevity should be increased. The aim of health promotion is then to improve the health status of the population and make the state into a competitive and economically viable one. This means prioritising 'what works' in policymaking, to secure economic viability as well as having a positive effect on the health status and longevity of the population. Thus, the idea of evidence and evidence-based policy and practice is based on these political strategies. They are part of a particular worldview and entangle an ideology or a set of norms that influences the everyday work of both policymakers and researchers in the field.

In the article, I will explore interviews as a central practice of my fieldwork in the field of health promotion in Denmark. I did 25 interviews; 7 with policy makers and the rest with researchers and of these, 4 were based in research institution outside the university. The interviews lasted from an hour up to almost two. I recorded and the recordings were transcribed. Although the interviews were an important part of the face-to-face interactions during field work, they cannot be isolated from the rest of field work; they were analysed as

equal to participation in meetings and readings of policies and academic articles. In each and every interview, I drew on the insights I had gained at that particular stage of fieldwork. I often shared insights from my previous interviews, from my participation in policy meetings and conferences and from my readings of policy papers and articles with my informants. I asked for comments and reflections in relation to my understandings and I used also my insights to guide the questions I asked. This means that although I had a question guide, the questions were not asked in a rigid fashion. This way of conducting the interviews created a dialogical process in which both of us gained new or deeper understandings of the problems we discussed. These dialogical processes of knowledge production are what I will explore in the pages below.

Grand tours and open ends

A unifying term for researchers and policymakers in health promotion that I interviewed is 'experts'. This means that they were all highly reflexive, academically trained and many of them had their own experiences of doing what I did – interviewing. I had from the start prepared a guide for semi-structured interviews with about 15 open-ended questions, drawing in the themes of practices in research and policymaking, knowledge and evidence, quality, reasonableness and health promotion. I tried to work with the same question guide in all interviews and I expected all the informants to answer for example: 'what forms of knowledge do you see as relevant or useful for policymaking?' This did not always work, however. For example, one informant in research said: 'I think you should ask policymakers about that, not me'. This led me to reformulate questions to researchers, but in practice, I used these also when interviewing policymakers. For example, the question 'describe what methods you employ in your research (examples)' turned into 'describe the process of policymaking (in relation to an example). Questions in the guide were open-ended, as for example 'describe the most recent piece of research/ policymaking you have been working with and reflect upon the quality of it' or 'how does research influence policymaking/how does policymaking (and the demand for 'applied' knowledge) influence research. This open-ended style furthered more questions to follow the starting point and it promoted dialogue and interaction. The methodological idea

behind this is to alternate between what Spradley (1979) called 'grand tour' and 'mini tour'. This means that the questions in the guide start from a kind of bird eye-perspective (the grand tour) and then, to stay in that metaphor, the bird fly into the tree, find the nest, see the eggs, feel the movements inside them. Thus, the 'mini-tour' kind of questions comes closer and closer to details. Interview dynamics was precisely the movement between these different perspectives. However, as I will demonstrate by quotes from interviews below, the conversation also became characterized by *reflexivity*. By reflexivity I point to the specific way the informants considered issues at stake in a thoughtful and informed way, drawing in broadly defined knowledge and experiences about societal 'facts' as well as ideological aspects.

Reflexivity and co-fielding as a methodological framing

My initial ideas about interviewing were challenged during fieldwork. Spradley tells us to ask for descriptions, not for meaning and analyses (1979) but my informants constantly provided more or less theoretically informed analyses and abstract explanations of their work situation, reflecting the worldview and the ideology of the field. These framing aspects of health promotion, described briefly in the Introduction, are resources for the interpretations and the production of meaning in the interviews. Reflexivity means thinking and talking about the world at issue and making sense of it through drawing in the word view and ideology as ideas that seem now and then rather internalised. However, internalised should not be understood as ideas unconsciously guiding the way actors think and talk. The point is that internalised ideas influence meaning-making in that they are resources for the process, but the reflexivity produced by the interview situation made them now and then issues of critical consideration.

In this way, interviews were 'co-fielding' - an activity discussed by a Swedish sociologist, Linn Holmgren (2011) who points out that the 'co' is the joint character - pointing to the interview as something *produced in consensual interaction*. 'Fielding' indicates that the field is not a fixed entity out there but rather, it is constructed in a dialogue, not out of imagination (only) but out of shared familiarity with the reality about which the knowledge production is concerned. This indicates that the interviewer and the informant in

their 'co-fielding' come to share language and definitions of concepts, theoretical interests and the knowledge - societal frame, that is the worldview and the ideology. This is then, obviously, a benefit of doing fieldwork in familiar fields – and it is simultaneously, a potential shortcoming in that there is a built-in risk of reproducing the common opinions and prejudices of the field.

The psychologist Svend Brinkmann (2007) has discussed what he called doxastic and epistemic interviews respectively: doxastic are the experience-centred phenomenological interviews focused on life world; epistemic interviews are dialogical in a 'Socratic' way, focusing on reasoning and justification. The 'Socratic' form of interviewing can be seen as producing knowledge rather than extracting information from respondents, in that the informants articulate the basis of their judgement and engage in reflecting on ideologies, norms and values (2007). This is in accordance with my way of conducting interviews. However, I only occasionally challenged my informants the way Brinkmann suggested, that is, in the way a 'Socratic' dialogue would imply. Rather, informants challenged themselves in their aim of explaining and justifying their viewpoints. Sometimes their reason for doing this was in direct response to my questions but in many cases, it was due to a shared endeavour of investigating the theme of the interview, theoretically and politically. Thus, even though Brinkman's 'Socratic dialogue' is helpful in terms of its focus on the basis of judgement and on the ideologies, norms and values that frames the interview, the term 'reflexivity' takes these considerations more directly into the very process of intersubjective exploration of the area discussed.

To make the discussion less abstract, let me quote from two interviews; the first demonstrates how the reflexivity is played out while the second shows how the informant challenges herself in explaining her considerations. Still, both quotes also show how the frame of the interview, that is, the worldview and the ideology were drawn in as resources for justifying choices and priorities.

Interviews

Jacob, a university-based researcher in health economy, talked about an investigation he was currently working on, of the difference in resource consumption in two different treatments of a certain disease. We had been talking about different models and de-

signs of studies as marks of quality and reliability, after which Jacob reflected on the investigation he is working on. The dots in between sentences mark pauses.

Lene: Ok, could you say something about this relation between models and quality on a more concrete level?

Jacob: In the investigation I mentioned, we choose to talk to the users and the providers about the processes of the two treatments. This was instead of, for instance, counting minutes of the treatment processes ... the choice of method has created an *expert assessment* that is not really high ranking; it goes all the way to level d or something, in the 'evidence hierarchy, *you know ...* We aim to demonstrate that there is a difference between the two different treatments – I believe there is. It is of course interesting if the difference financially is one of fifty 'kroner' or of several thousand. So, we investigated systematically, we use an economic model for assessment, so that it is transparent how we reach our results, and then we can discuss them with others.... We bring in objectivity... it is the *transparency and the systematic way* in which we work that makes the assessment reliable ... still, it also matters that the knowledge comes from a university; this is more *trustworthy* than if the investigation was performed by the producer of the drug used in the intervention that we investigated.

The way Jacob speaks here about 'evidence hierarchy', 'systematic investigation' 'transparency' and 'objectivity' shows how he drew in certain criteria for, and categories of, knowledge, in interpreting what kind of knowledge is needed to decide which intervention is cost-effective. The evidence hierarchy, with its methodologically delimited value ascription to knowledge, and the ideals of systematic, transparent and objective research are the resources taken into the interpretation of the knowledge produced. With a more classical ethnographic approach, I would have asked him to describe the hierarchy, define what level d is and to exemplify what is meant by transparency and systematic assessment. But having learned that such questions led the informants to refer to the literature where I could find information about these issues, I had become more inter-

ested in the interpretations interviewees performed when they employed ideas about knowledge as evidence, as systematic, etc. Thus, when Jacob said 'you know', I nodded and allowed him to continue his explanations and justifications. He started off by saying that the investigation was an expert assessment, not high-ranking in the evidence hierarchy, which led him to reflexive considerations about how the research conducted was systematic and transparent. In so doing,, he justifies the quality of knowledge in relation to decision-making. 'We bring in objectivity' he said, marking that this is an important sign of quality, and then he paused again, before saying that quality is also a matter of what kind of institution conducted the investigation.

In talking like this, Jacob constructed the value and trustworthiness as concrete aspects of the knowledge production. He did this by drawing on resources offered by the frame, that is, the ideology, norms and values, but at the same time, he seemed to consider these critically, with his comment about the value ascribed to knowledge produced in the university.

My role as a researcher in this example is not very obvious. Of course, I was more active in other parts of the interview, but the aim here was to demonstrate how Jacob interpreted his work situation by drawing in aspects of the worldview and the ideology in health promotion. I listened and left Jacob thinking when there were pauses, which brought him to reflexive interpretation of criteria of validity. My role as interviewer was to observe the process of thoughtfulness and to participate in the reflexivity by realising when not to interrupt the train of thought.

Let me now turn to the second interview quote, this time with a policymaker in the National Board of Health. The quote is rather lengthy as it contains elements 'of co-fielding' and if not 'Socratic dialogues', then at least it promotes reflexivity that challenges the norms and ideologies.

As all the policymakers in my study, she was well educated – she holds a Ph.D. degree. We talked about the role of knowledge in policymaking and Alice explained that she does not have the time to investigate details about knowledge or check if the quality is good. Still, she would look into reports or reviews and if she finds there is some documentation about interventions that work, that can be part of the decision making process. Our conversation started as

a description of a particular mental health policy that Alice had been responsible for. Let me quote a section of the interview:

Lene: So, good documentation is needed for good decisions, - that is the message; that is what is meant by the comments about evidence in the policy papers?

Alice: oh yes Well, we could not argue that advanced investigations such as RCTs (randomised controlled trials) are necessary, because in this particular area (health promotion), such do not really exist. In the policies, we used documentation that is published in journals, peer-reviewed Studies, where the method is well described and there is *transparency* It is clear that if possible, we prefer some kind of certainty, that is, if it is with *control groups, randomised, you know* but in this field, mental health We cannot accept such conditions, such strict criteria of what can count as the knowledge; we cannot do anything if we stick to these criteria, because there is no documentation of that kind. Therefore, we must look into grey literature and more soft knowledge...

Lene: So, it is softer knowledge that can be found about this issue?

Alice: Yes ... sometimes is this about evidence ... I mean, sometimes it is a cheat. Sometimes it refers to classical, I mean the evidence hierarchy, but other times....

Lene: *Other times it is more like documentation? Is that the word you use?*

Alice: We have often talked about that it is disturbing, that concept of evidence, because it can have a rather broad or a very narrow meaning. As broad it means just knowledge, right? And then there are all sorts of knowledge.... It is maybe more reasonable to talk about knowledge then, and for all sorts of knowledge then, ... for qualitative knowledge there are specific criteria of quality, right, and for case studies, and so on, so in relation to each question, we should look into what kinds of knowledge, what methods, to ensure that it is the best available For evidence, it is sometimes reserved for those advanced studies, although the National Board of Health has struggled to

broaden it ... But here, there is also a question of strategic use of the concept.... I don't know really if that strategy is wise, though.

Lene: Strategy, like political or what do you mean? In relation to medicine or.... In academic articles in medicine they do in fact point out these days that evidence is only part of the decision making process, many other aspects are part of it too. In other disciplines it seems that the strategy is to *broaden the concept* itself so that more knowledge generating methods can fit in ...

Alice: Oh yes, broadened, yes ... What we talk about is just knowledge, but maybe there is a sort of movement ... As you know, the health promotion field was marginal to the health care system as a whole and to get a position, to be acknowledged as a field in the health system, it was necessary to operate with concepts that were acknowledged there, and then we just tried to broaden the concept, because, if we cannot talk about evidence, we might be excluded ... This is of course just speculations, but health promotion and prevention has now a much more central role in the health care system, right? I would suggest that we just talked about knowledge, documentation, and that we were then paying attention to criteria of knowledge, what questions are posed and what methodologies are employed. There is nobody that for real believes that there is evidence for real, in the finest meaning... So there are misunderstandings about what we can actually know with certainty.

Lene: Is this something you discuss with your colleagues?

Alice: No, not really ... well maybe sometimes...I think we (in the department) agree on at least some of the issues we have talked about now...That is interesting; if research, if there is a change in the way ... I think we are on the move, things change also here, maybe even without much notice ...

Although the quote is, of course, just an extract, its lengthy character underlines how the questions I asked were of a particular kind. I had asked for descriptions of the particular policy process related

to a policy on mental health, and this part is just after that in the interview. Alice had described how it had been a challenge to work on a new area, with a problem placed in between two policy areas; health and employment, and an area where there was not much research, at least in comparison with the more classical health promotion like smoking. Thus, I had understood that mental health was an area where the problem with evidence was perhaps exceptionally challenging and I was eager to learn more about her considerations about this.

The first question about documentation takes Alice to reflect on randomised controlled trials, peer review, transparency, certainty and soft knowledge. The concepts are in line with what Jacob in the quote above also talked about. Then Alice takes a different route than Jacob in that she talks about evidence as a 'cheat'. This is an important issue for her and she even ignores my next question. Thus, although she continues with pauses, I nodded and listened carefully. In the question that follows, I share some of my own reflections on the question about evidence, and Alice seem to use this as a springboard to reflect upon the changes in the status of health promotion and she ends up suggesting what she could think of as relevant criteria for judging the quality of knowledge. The final part demonstrates how the dialogue produced thoughts and considerations that might extend what is an everyday consideration; the dialogue created in a way the world in a new way and challenged the ideology, norms and values dominant in the field.

The interview quote demonstrates how the creation of meaning is a shared endeavour; we both observed how evidence is contested; Alice in her work with the policy on mental health and I in my own work with knowledge production. My participation in the meaning making process, built on observing and listening carefully to the words and moments of silence, opened up different versions or interpretations of the meaning of evidence in health promotion.

Psychologists work with a type of questions they call 'reflexive'. These are questions that aim at activating reflexivity in relation to the meanings (Tomm 1992). In psychology, the aim is to bring forth or expand realisation in the client or family that are in therapy. In the ethnographic interview, these kind of questions can facilitate considerations and possibly new realisations, in other words, creative processes. Alice explained that she only rarely discusses these

issues with her colleagues, , but my questions seem to encourage reflection on these issues..

Interviews as wayfaring

Hallam and Ingold (2007) point to the difference between painting and puzzle making as similar to that between life itself and ways of living. In the puzzle, the picture is made from the already existing pieces, while the painting is created from intuition; following the traditions and techniques in interpretive ways, creating the world anew in each painting. Meanings - of the patterns of particular Indian drawing techniques in their example 'can be grasped only by an intuition that enters into it, or follows its trails, rather than by [...] attempts to reconstruct the puzzle from its solution' (ibid: 49). It has been crucial for me to see the interviews I conducted not as something I should interpret independently of the interactive process itself as reconstructing 'the puzzle from its solution'. Rather, following the trails by intuition is the core heuristic device of the way of interviewing that I suggest. This implies exploring interpretations, sometimes also challenging them in a 'Socratic' way, but also sometimes listening to silence, to give the informants space for their own thoughtful exploration of them.

In relation to his work on 'lines', Tim Ingold has distinguished wayfaring from travelling. Travelling is destination oriented, has a route-plan and a pre-composed plot (2007: 75). It builds on a static landscape in which the movement can follow its route. Wayfaring, on the other hand, is a movement in the landscape where actors thread their own paths though the environments, 'tracing paths as they go' (ibid). The way the informants and their interpretations 'took the lead' more than the questions I had prepared set me off on what Ingold calls wayfaring; tracing the meanings as we talked. In relation to the discussion of lines, he connects wayfaring with the line that is free to go where it will for movement's sake (ibid: 73). This is a great image of the second interview; the informant feels free to let her train of thought go where it will for the movement's sake. She still uses the frame as a set off, but she questions profoundly – in a Socratic way, perhaps, the meanings of health promotion and of knowledge.

Conclusion

In this article, I have discussed interviews as reflexive processes, and I pointed out different characteristics of such approach; it is 'co-fielding' in its consensual interaction, it opens up spaces for critical considerations in a 'Socratic' way and it asked for a wayfaring strategy, leaving space for creativity. I suggest that the strategy is called reflexive participatory observation. It relates not to a physical place or event visible for the researcher, but it builds on a shared creation of meaning as people interpret, maintain or break down versions of reality. This is precisely the process described in the examples provided. Different versions of reality are explored by the researchers' participation in the interpretive processes. It makes the role of the researcher more participatory and it brings forward the knowledge producing character of interviews.

References

- Brinkmann, Svend, 2007. Could Interviews Be Epistemic? An Alternative to Qualitative Opinion Polling. In *Qualitative Inquiry* 13. Pp 1116-38
- Hallam, E. Ingold. T, 2007. *Creativity and Cultural Improvisation*, edited with Tim Ingold, ASA Monograph No.44 Berg, Oxford, UK
- Holmgren, L. Egebjerg, 2011. Cofielding in Qualitative Interviews: Gender, Knowledge, and Interaction in a Study of (Pro)Feminist Men. *Qualitative Inquiry*17: 364-378
- Ingold, T., 2007. *Lines. A brief history. City?* Routledge, Oxford, UK
- Spradley, J., 1979. *The ethnographic interview.*: Holt, Rinehart and Winston, New York, NY.
- Tomm, Karl (1992): "Er hensigten at stille lineære, cirkulære, strategiske eller refleksive spørgsmål?". *Tidsskriftet Pædagogisk Forum* nr. 4.