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Methodological Journey: Lessons Learned From a Student-led Intercultural Pilot Study

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Introduction

New technical communication scholars face the challenge of developing cultural competence in order to effectively and appropriately carry out intercultural research. With interculturally competent technical communicators in increasingly high demand, instructors wrestle with the challenge of preparing students for cross-cultural work environments (Melton, 2011; Smith & Mikelonis, 2011; St.Amant, 2011). The field has adopted a wide variety of globalization-driven, culture-conscious educational practices over the past few decades, but a knowledge gap still persists regarding how to equip new scholars with training and tools that are necessary for building cultural competence, particularly as it relates to designing and conducting research. In this article, we offer a critical reflection on our recent research journey during an intercultural pilot study in order to share lessons learned along the way about cultural competence, intercultural rhetoric, and multi-lingual interpreter-facilitated interviews.

In the spring of 2012, Price, Walton, and Petersen carried out a qualitative phenomenological pilot study on patients' experiences at a free healthcare clinic. Price, a new graduate student in the field, led the pilot study. This pilot study was designed and conducted as the focus of a directed study that he was taking from Walton, an assistant professor. Petersen, an undergraduate majoring in nutrition science, worked alongside Price and Walton as the study's Spanish-speaking interpreter. Moving forward, we describe the pilot study's background including its context, purpose, and methods. Then we present a literature review of intercultural rhetorical theory, intercultural interviewing, and cultural competence. In the final two sections we present experiences from our research journey and the implications of those experiences for

professional communication scholars, particularly new scholars interested in cross-cultural research.

Pilot study background

This section describes the pilot study to provide a context for the lessons learned for new scholars.

Exigency

For over a decade, the World Health Organization (WHO) has consistently called for a multidisciplinary approach to increase the health of the worldwide population by increasing patient adherence to prescribed treatment plans (Sabaté, 2003). There are many factors that contribute to non-adherence, but one major factor is a lack of trust and effective communication between healthcare providers and patients (Mitchell & Selmes, 2007, p. 339). Quantitative studies have indicated that trust, effective communication, and adherence are all significantly lower for low-income, minority patients than for the general population (Schoenthaler et al., 2009; Vourlekis & Ell, 2007). Based on these findings, much of the current adherence literature calls for qualitative studies that explore low-income and minority patients' conceptions of healthcare in order to ultimately improve patients' overall health (Mishra, Gioia, Childress, Barnet, & Webster, 2011). Although there has been much patient adherence research in the last thirty years and more than 200 variables affecting healthcare have been identified, little improvement has been made since the 1980s (Vermeire, Hearnshaw, Royen, & Denekens, 2001).

Contribution to technical communication

Technical communication scholars have explicated our field's unique contribution to qualitative research (Barton, 2004; Herndl & Nahrwold, 2000; Koerber, 2005, 2006; Koerber & McMichael, 2008; Popham, 2005; Schryer & Spoel, 2005). Koerber (2006) cited numerous scholars (Herndl, 2004, p. 6; Reeves, 1996; Scott, 2003) who agreed that "an awareness of the capacity for rhetorical agency, resistance, and change distinguishes research in the technical communication field from similar projects in cultural studies" (p. 87). With the goal of developing a better understanding of the experience of being a patient at a free healthcare clinic, our pilot study opens the door of rhetorical awareness for such an understudied topic in both technical communication and healthcare communication (Segal, Paré, Brent, & Vipond, 1998). By exploring and distilling low-income patients' experiences regarding healthcare, we hoped to shed light on ways to build trust and facilitate better communication among stakeholders such as low-income patients and healthcare providers. Working from the expectation that patients who sought treatment at the free healthcare clinic shared a goal of being healthy, we hoped that our study could support improved communication and, ultimately, help increase patient adherence, supporting patients in better achieving their self-identified health goals.

Methods

This section describes the methods we used to carry out and reflect upon our pilot study.

Phenomenology

Phenomenological studies are helpful for developing practices or policies informed by a deeper understanding of a phenomenon (Creswell, 2007). This type of research describes a group's

lived experiences of a phenomenon, identifying commonalities among the group members' experiences (Herndl & Nahrwold, 2000). To identify these commonalities, phenomenological studies typically involve five to twenty-five participants who have experienced the same phenomenon (Creswell, 2007). The pilot study was a phenomenology that explored the lived experience of being a patient at a free healthcare clinic based on interviews with eleven participants.

Recruiting and data collection

Participants of this study were identified based on their presence in the clinic as patients seeking treatment. Before recruiting individuals, we built rapport and developed a better understanding of the basic operations behind the scenes of the clinic by volunteering once a week for three weeks. After receiving not only Institutional Review Board (IRB) approval but also approval from the clinic coordinator, we recruited participants from the pool of patients who were waiting in the clinic's waiting room. Upon recruitment, a time and place was scheduled for the interview. Participants were invited to suggest a location that would be convenient and comfortable for them, although researchers were prepared to suggest a private location as well.

We collected data through semi-structured interviews from February 2012 to April 2012. Eight of the eleven interviews took place in participants' homes. As discussed in the Experience section, these participants felt more comfortable being interviewed in their homes, which we believe helped lead to detailed and honest responses. At the request of participants, three of the eleven interviews took place at the food court in the local mall. Before beginning each interview, we read the letter of information (LOI) to the participant. The LOI was translated into Spanish by Petersen and read aloud in Spanish by Petersen if a participant did not speak English.

We recorded interviews using one of two digital recorders: an Olympus DS-71 or a Livescribe Pen. Price took notes using a Livescribe Pen during interviews that did not require an interpreter (4 interviews). In multi-lingual, interpreted interviews, Price typed notes on a MacBook Pro and audio-recorded using the Olympus DS-71 (7 interviews). We followed an interview protocol that was created based on the outcome of two pilot interviews, asking broad, open-ended questions that allowed participants latitude to describe their experience. On average, the interviews lasted for about 60 minutes and consisted of main questions that were asked in every interview and a variety of follow-up questions based directly on participants' responses. Example questions include:

- What sticks out in your memory of your most recent visit to the free healthcare clinic?
- What is/was your role as a patient and what is/was the role of the doctor?
- Would you please summarize what it's like to be a patient in just a few words?

Analysis and reflection

Transcriptions of the interview recordings were analyzed for patterns and significant statements that led to a better understanding of the group's lived experience of being a patient at the free healthcare clinic. This process included iteratively reviewing interview transcriptions and notes to identify emerging themes or clusters of meaning from which our description of the essence of

the group's lived experiences was drawn. We used the web-based software, Dedoose, for coding purposes.

During the course of the pilot study, Price took reflective notes on his experience as a new researcher, discussing these experiences and the progress of the study in weekly meetings with Walton. In addition, after each multi-lingual interview Price and Petersen discussed how the data collection went, as well as aspects of the interviews that went well or could use improvement. It was in this process of reflection, during and after the pilot study, that we identified the lessons learned about intercultural rhetoric and interpreter-facilitated cross-cultural interviews presented in this article.

Literature review

Rhetorical theory is a touchstone for technical communication, and intercultural rhetoric equips scholars to engage appropriately with participants and to better interpret communication signals and the context surrounding those signals within cross-cultural environments.

Intercultural rhetorical theory

Although much of the literature regarding teaching intercultural communication skills is targeted toward undergraduate learning environments, much of this material is also relevant to introductory research studies for graduate students. For example, budding scholars must become aware of their own ethnocentrism before they can break free from it (Barker & Matveeva, 2006), and they must learn to move past cultural stereotypes to embrace a more nuanced and dynamic understanding of culture (Devoss, Jasken, & Hayden, 2002). To help students identify and then break free from ethnocentrism, Smith and Mikelonis (2011) advised technical writing instructors to guide students through three stages of building cultural competence: (1) generating consciousness, (2) transforming consciousness, and (3) expanding consciousness (2011). The first stage consists of bringing students' current knowledge and assumptions of cultures (different from their own) to the surface in activities such as simulations or role-plays. The second stage enables students to enhance their ability to question their existing assumptions about other cultures; to reach that goal, instructors use methods such as constructing controversies, engaging students in debates, and reviewing case studies. The third stage, expanding consciousness, uses discussions, simulations, and international speakers to equip students with "an expanded set of personal assumptions" (Smith & Mikelonis, 2011, p. 97).

One useful way to equip new scholars to develop these more complex understandings of culture is to help them develop a solid understanding of intercultural rhetorical theory to serve as a framework for interpreting or making sense of culturally rooted differences that could otherwise be misinterpreted. Barker and Matveeva (2006) argued that students must engage in "discussions of theories and analytical models that students, once their awareness has been addressed, can use to structure their perceptions of other cultures" (p. 194). In other words, students must become aware of cultural variables, what Thatcher (2012) called "etic borders." This theory-based awareness of cultural difference and similarity can equip students to develop the mature view advocated by DeVoss et al. (2002), in which new scholars realize "that intercultural communication is not a problem or barrier but rather an experience to be negotiated by all communication participants" (p. 83). These scholars are better equipped to engage in

hands-on, student-led intercultural research, a widely advocated strategy (Barker & Matveeva, 2006; DeVoss et al., 2002; Ford, Bracken, & Wilson, 2009; Starke-Meyerring, Duin, & Palvetzian, 2007).

In preparing to conduct a student-led intercultural pilot study, we found it instructive to study recent areas of focus for intercultural rhetoric. There have been two major shifts in what has become known as intercultural rhetoric: (1) broadening the focus from textual analysis to include social context of creation and use and (2) addressing culture as a complex, multi-level influence on communication (Connor, 2004; Matsuda & Atkinson, 2008). A fuller understanding of intercultural rhetoric requires an "attempt to understand why and how individuals behave rather than simply study[ing] cultural artifacts and products" (Connor, 2008, p. 11). This approach to intercultural rhetoric resonated with Price, a graduate student who wanted to develop a better understanding of patient perspectives at a local free healthcare clinic. By shifting his early research focus from product (e.g., developing communication situation products for this audience) to process (e.g., developing a better understanding of how people view their experiences as patients at a free healthcare clinic and how these experiences could shape future communication), we were able to address issues relevant to intercultural rhetoric such as questions of power and authority (Flower, 2003), influence on stakeholders (Bazerman & Prior, 2004), and social activities relevant to participants' experiences.

A second shift in intercultural rhetoric is toward more explicit and complex conceptions of culture (Atkinson, 2004; Connor, 2004, 2008; Thatcher, 2006). Because people and information cross cultural and national borders, people influence and are influenced by a variety of cultural and rhetorical traditions. As Matsuda and Atkinson (2008) explained, "No rhetorical tradition is pure or purely indigenous... Therefore everything exists in an in-between space. That's the 'inter.' Between cultures" (p. 283). To get at this "in-between space" and develop a more nuanced understanding of culture, some scholars examine culture at multiple levels. For example, in an analysis of technology transfer in Mexican maquilas, Thatcher addressed culture at national, regional, organizational, and individual levels (2006).

Although some scholars have advocated for a multi-level conception of culture as a strategy for enabling a complex and comparable analysis of cross-cultural communication (see Atkinson, 2004; Holliday, 1999; Thatcher, 2006), this approach is not universally embraced by professional communication scholars. For example, Hunsinger (2006) critiqued comparative frameworks as essentializing—an approach that invites ethnocentrism and stereotyping. However, other scholars argue that comparative frameworks equip scholars to avoid these very dangers. To avoid stereotyping, cross-cultural analytical frameworks should be used *not* to predict the behavior of all people in a particular culture (i.e., stereotyping) but to establish a common ground for analysis (Thatcher, 2012). This common ground eliminates the subtle ethnocentrism of directly comparing one culture to another—an approach that sets up one culture as a normative standard against which other cultures are compared. Several scholars have introduced comparative frameworks for intercultural research (see Hampden-Turner & Trompernaars, 1994; Hofstede 2001; Thatcher, 2012). In preparing for our pilot study, we found Thatcher's (2012) work useful because he (1) introduced the concept of borders as a way to investigate and discuss the influence of cultures on each other in intercultural situations and (2) distilled a large body of

extant comparative intercultural work into eight areas of focus that are most relevant to our field of professional communication.

The eight variables for intercultural research (what Thatcher called "common thresholds of human interaction") are framed first according to the issue of focus (e.g., public/private life) and then according to cultural positions on the issue (e.g., diffuse versus specific). It is a subtle shift from previous research that emphasized binaries (see Hall 1976, Hofstede, 2001), and the benefit is in starting with common ground, an issue addressed by all cultures, and then looking at cultural positions on that issue. This approach enables intercultural comparison that illuminates similarities and differences in cultures and identifies which are relevant to the inquiry and why. The "why" is an important and difficult area of intercultural work because much of the why may be implicit, linked to values underlying norms, which affect how rhetorically effective or ineffective communication is. Thatcher's model of culture and rhetoric addresses this difficulty with an onion structure comprised of two observable outside layers that facilitate scholars in inferring information about the interior two layers. From the outside in, these layers are rhetoric (based on the rhetorical triangle of author, audience, topic, and communication media), ideology (how appropriate social behaviors are in a particular cultural context), epistemology (thinking patterns comprising a lens through which to view the world), and subject (both the product and shaper of cultural rhetoric, ideology, and epistemology).

A firm understanding of intercultural rhetoric is especially beneficial for technical communication scholars who are new to the field and interested in intercultural research. Intercultural rhetoric equips scholars with the know-how to build and enhance one's own cultural competence, and, as we discuss in the next section, it is cultural competence that equips intercultural researchers to carry out productive research.

Multi-lingual interviews and cultural competence

Our pilot study was a phenomenology designed to help us better understand the essence of the experience of being a patient at a free healthcare clinic. In order to carry out our study, we worked with an English-Spanish interpreter. Although interviewing is certainly not a new data collection method in technical communication studies, little has been written in our field concerning intercultural multi-lingual interview methods (Koerber & McMichael, 2008, p. 461-462). Much of the literature relevant to our pilot study that addressed interpreter-facilitated cross-cultural interviews came from anthropology and nursing and healthcare, which is congruent with Koerber and McMichael's qualitative sampling method article, in which they drew much of their information from healthcare literature because of the scarcity of discussion of these methods within our own field (2008).

A major thread weaving throughout not only intercultural methods literature but also nearly all aspects of our research journey is the importance of cultural competence. Andrews (2008) defined cultural competence as "a complex integration of knowledge, attitudes, beliefs, skills and encounters with those from cultures different from one's own that enhance communication, and appropriate and effective interactions with others" (p. 16). For technical communication researchers, intercultural rhetorical theory can be a useful tool for generating cultural competence. According to Thatcher (2001),

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starting with the larger cultural patterns and then moving to the organizational and personal levels of analysis permits a more ethical and accurate basis for cultural comparison and for situating the organizational and personal patterns. This approach ensures greater validity in the literature review, design of methodology, data gathering, and, especially, data analysis. (p. 466)

The cultural competence of an interpreter is crucial to the success of multi-lingual research. Effective collaboration with a culturally competent interpreter is, likewise, crucial to a study's success (Melton, 2011). When a trusting relationship is built and maintained between researcher and interpreter, researchers in the process of developing their own cultural competency can rely on their interpreters' cultural expertise to compensate for particular competency gaps (Melton, 2011). Clearly, in intercultural research, interpreters' roles involve more than just translating documents; rather, the role of an interpreter greatly influences the actions of the researcher, as well as the study's findings (Larkin, Dierckx de Casterlé, & Schotsmans, 2007; Shimpuku & Norr, 2012; Shklarov, 2007; Squires, 2008; Wallin & Ahlstrom, 2006). Interpreters are able to play in what Rubin and Rubin (1995) called a "cultural arena":

> A cultural arena includes those who have similar understandings, expectations, and values; such people usually have had common experiences or a shared history. A cultural arena is not defined by a single belief or rule, or by a handful of phrases unique to the group, but by a whole set of understandings that is widely shared within a group or subgroup. (p. 22)

Positioned in such a cultural arena, interpreters can serve as culture brokers by linking researchers and participants. Culture brokers connect people and increase understanding between culturally disparate people, but they are rarely professional interpreters (Eide & Allen, 2005). Culture brokers may be individuals who are simply interested in a particular community (Sixsmith, Boneham, & Goldring, 2003). Interpreters who are culture brokers are valuable stakeholders in intercultural professional communication research because of their unique capabilities to access and interact with participants from a culture other than the researcher's.

Although much of the literature on research interpreters focuses on the cultural background of interpreters, Squires (2008) identified differences between professional translators and lay person translators, emphasizing the importance of an interpreter's domain knowledge. Squires (2008) gave the example that a bilingual person with a degree in medical sociology would be well equipped to precisely translate medical terms, in contrast with a lay person whose potential lack of domain knowledge would affect the way that he or she translates both researcher questions and participant answers. As described below in the "Results" section, this point was relevant to our intercultural pilot study of the experience of being a patient at a free healthcare clinic. Petersen's cultural expertise, domain knowledge as a pre-med and nutrition science undergraduate student, and shared knowledge of the clinic played a crucial role in the success of our study.

Another methods-relevant concern with intercultural research is how researchers gain access to target populations through a research site. Research site selection is an important decision in

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qualitative methods (Charney, 1996) with implications for building relationships and research credibility, as noted by Sixsmith et al. (2003): "Forging links with the community and building a platform of credibility for the project were essential first steps toward recruiting participants" (p. 581). These researchers emphasized the ethnographic value of "being there." When researchers are operating in the community with their participants, there are more opportunities to recruit participants and to better understand how potential participants view the research (Sixsmith et al., 2003). This onsite communication can be vital for building trust across stakeholder groups, resulting in more sustainable long-term intercultural research (Walton, 2012). Walton (2012) noted that when culture brokers have already built trust with participant communities, it may be possible to share that trust with researchers:

> Trust [that is] built with key individuals can be leveraged across those individuals' social networks. This strategy also allows outsiders seeking to build new relationships across cultures to 'borrow' and build upon the credibility of advocates who are already trusted members of a community. (p. 99)

This finding is congruent with Thatcher's work, which has noted that many researchers engage in successful intercultural research by building relationships guided and informed by the participants' cultures (2001, p. 483).

Results

We found Thatcher's intercultural rhetorical theory to be a productive lens for viewing actions and interactions among the players in our intercultural pilot study—players including ourselves. This theoretical foundation enabled us to gain a deeper understanding of not only how participants' values structured much of how they felt about being a patient at a free healthcare clinic but also how culturally rooted differences led to different expectations of the interview interactions. Thatcher (2012) listed eight common human thresholds that researchers should focus on when analyzing patterns in intercultural rhetoric in the context of professional communication: (1) I/Other, (2) Rules, (3) Specific-Diffuse, (4) Virtue, (5) Status/Accomplishment, (6) Context, (7) Time, and (8) Power Distance. Each threshold or "etic border" helps researchers to assess a cultural and rhetorical pattern based on the most valid units of analysis (p. 64). In this section, we describe how looking through the lens of intercultural rhetorical theory equipped Price, a new researcher in the field, to increase his cultural competence and generate deeper understandings of certain elements of the research journey.

Relevance of public/private domains to intercultural research

One common human threshold at work in our pilot study was the relationship between public and private domains. Thatcher (2012, p. 49) identified approaches to this threshold as "diffuse" and "specific." People ascribing to specific approaches to the public/private domain may easily make and break connections with new people in various spheres of what they consider to be public life. However, once categorized into a certain sphere, such as "my coworkers" or "my church friends," individuals find it much harder to cross over into any of the other spheres. Although it is easy for individuals to enter into relationships within one of these public spheres, it is quite difficult to enter into the closely protected private sphere of people ascribing to specific approaches. People ascribing to diffuse approaches to the public/private domain, on the other

hand, do not easily allow individuals into any sphere of their life; there is a greater barrier to forming new relationships. However, public and private spheres are blurred, and once a relationship is formed, that new contact is not restricted to a single facet of life like work or church. With an understanding of the diffuse-specific aspect of intercultural rhetorical theory, Price was better able to navigate through his first intercultural multi-lingual research study, particularly regarding (1) recruiting participants, (2) identifying appropriate topics of discussion before and during interviews, and (3) taking on unexpected roles.

Before finalizing our study design, we asked the coordinator of the free healthcare clinic that became our research site if we could observe at the clinic to get a better idea of who the patients were and of the clinic's inner workings. The coordinator suggested that we serve as volunteers to get an even closer look at how the clinic was run and what kinds of situations the patients normally encountered. We quickly discovered that the majority of patients were exclusively or almost exclusively Spanish speaking, many of these patients being immigrants from Mexico and Central America. We also were able to establish a working relationship with the clinic. By "being there," we were able to generate a better understanding of the social context of interactions among clinic stakeholders, a practice recommended by Sixsmith et al. (2003). At that point in our research journey, our next objective became finding an interpreter.

Before meeting Petersen, Walton and Price volunteered at the free healthcare clinic to get a feel for the organization and to begin building relationships. Initially, Price had assumed that recruiting participants would require him to use a certain degree of salesmanship. In fact, five years earlier he had been a satellite TV salesperson, and he imagined that recruiting participants would be, if anything, a lot easier. He was generally optimistic about the recruitment process until he realized that the majority of the patients spoke little or no English. When he began recruiting several weeks later, Price first tried to interact with potential participants who seemed to speak some English, but they waived him away. Shortly thereafter, we met Petersen, a volunteer interpreter at the clinic. With qualifications relevant to our study, he soon joined our team as an interpreter. With Petersen's help, we were able to easily recruit people who wanted to participate in the pilot study and not just because Petersen could eliminate language barriers. He also circumvented cultural barriers.

As a first-time researcher, Price felt discouraged that patients were so unwilling to talk to him. In fact, some participants, after talking with Petersen and getting to know Price, admitted that they did in fact speak English, but they just did not want to talk to Price. Without viewing this interaction through the lens of intercultural rhetorical theory, Price would have been hurt and offended. However, his understanding of specific and diffuse approaches to the public/private domain enabled him to generate a deeper understanding of the recruiting process and of patients' perspectives on building new relationships. Because of potential participants' diffuse approach to the public/private domain, he encountered a great of difficulty in his initial attempts to enter into their private worlds from the public sphere. When Petersen approached the patients, he served as a culture broker, or liaison, between potential participants and Price. Price realized that in order for him, a cultural outsider, to be allowed to enter into participants' private spheres—which was absolutely necessary in order to carry out the interviews—he needed an interpreter not only to speak Spanish but also to bridge a cultural gap that he had not foreseen.

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Once we began the interviews, Price came upon another unexpected intercultural challenge. Nearly all of the participants preferred to have us conduct interviews in their homes, which was, at first, uncomfortable for Price. Approaching the public/private etic border from a specific approach, Price found it difficult to enter someone's home—the place in his life that is private and reserved for his family—for purely professional purposes. However, he realized that once Petersen and he passed through the front door of participants' homes, they were not simply a researcher and an interpreter. Rather, participants seemed to assign us other overlapping roles. For example, when asked if he had children, Price shared that he has three young daughters. Based on this new connection, one participant began talking about home remedies for issues such as getting children to go to bed easier, relieving cold symptoms, and others. In this way, she took on the role of a concerned mother. In turn, Price was no longer solely a researcher gathering data. Instead, he felt like he was taking on multiple roles at once: son, father, friend, guest, student, tall white man, and counselor, just to name a few. He found himself feeling uncomfortable taking on so many roles upon entering homes of people who belonged to a diffuse culture. However, because he had a foundational understanding of intercultural rhetorical theory, he was able to see past his feelings of discomfort and engage with participants in a natural and respectful way, which resulted in much more fruitful interviews.

Researcher/interpreter collaboration in intercultural research

Petersen, the study's interpreter and culture broker, was a volunteer interpreter at the clinic whom we met while volunteering. Looking back, we see the value of spending time onsite before finalizing the details of the research design: by spending time at a site that was familiar to our target audience, we found a culture broker, someone who had already gained access into and was working within the cultural arena. Through conversations while volunteering together, Price and Walton learned that Petersen had spent two years on a humanitarian mission in Oregon, working with Spanish-speaking communities. We also learned that he was an undergraduate student studying nutrition science and preparing to go to medical school. We told him about our research, and eventually Petersen asked if we would need an interpreter, offering to join the team. His cultural background and his domain knowledge of healthcare were fruitful qualifications in the context of our study.

Petersen's cultural expertise was a valuable resource for understanding how to interact appropriately with participants. For example, a participant in his late fifties suggested his home as the interview location. Passing through the doorway, we immediately smelled the appealing scent of simmering soup coming from the kitchen just around the corner. Price assumed that the participant had just finished eating dinner, so he was ready to get started right away with conducting the interview. As Petersen conversed with the participant, Price kept nodding and smiling and followed them to the kitchen. The participant gestured for Price to sit at the table, so he sat and began preparing for the interview—readying his digital recorder, pulling a consent form from his red interview folder—but Petersen quickly instructed him to put his things away until after dinner. The participant had prepared a meal for us to share before starting the interview. Price became pretty uneasy at that point, for, as he had experienced in some of the other interviews, he was no longer a professional researcher responsible for conducting the interview. Instead, he had become a dinner guest, unable to participate in the dinner

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conversation. The specific boundaries that he had envisioned to separate his role as a researcher from other roles had dissolved. The private/public boundaries that he had been accustomed to were no more.

For the next half hour, Price ate the participant's El Salvadoran homemade shrimp soup, while the participant and Petersen made small talk. In between bites, Petersen summarized parts of their conversation so that Price could be more involved. The participant discussed topics such as religion, family, recreation, and business. As Petersen explained, it was a show of politeness and respect to begin the interaction by sharing a meal and personal conversation.

Working together, Price, a graduate researcher with a solid foundation of intercultural rhetorical theory, and Petersen, a culture broker with an interest in the community and thirst for research experience, learned from one another, ultimately increasing their cultural competence. Rather informally, oftentimes Petersen would share his cultural knowledge, for example, by telling a story about something interesting that he had encountered during his two-year humanitarian mission. During interviews, he was culturally competent enough to understand the context in which certain things were said and to convey his understanding of that context in the moment. After each interview, Price and Petersen debriefed, discussing our impressions of the interview, our own interactions, and interesting information we had just learned from the participant. By reflecting upon our experiences, we generated deeper understandings of the data, which ultimately led to a more in-depth data analysis. These reflections also addressed how we worked together to communicate with each other and with participants during interviews. For example, initial intentions for the interpreter role were to strictly interpret Price's and the participants' words. However, we quickly learned that because the participants consistently responded by either telling a lengthy narrative or by offering an indirect response, that it would be much more productive if Petersen operated more as a partner than a conduit.

While Price gained cultural competence by learning from Petersen, Price taught Petersen many things about qualitative studies, rhetoric, and academic research that he was learning in the directed study with Walton. As Price and Petersen continued working together in the field, Price was able to teach Petersen not only about what he was learning in his directed study, but he was also able to share additional insights that he had gleaned during graduate school, such as the application process, working with professors, and helpful writing tips. Price also taught Petersen about the process he had followed in the directed study to design the research study at hand. For example, Price explained how he had initially searched through literature in his field, looking for gaps in medical rhetoric that required further research. Price explained how his research question was guiding the research approach and how his understanding of intercultural rhetoric served as the foundation of his research practice. Drawing upon readings and discussions in Walton's directed study, Price taught Petersen about qualitative approaches, focusing on the study's phenomenological methods and how using them appropriately led to valid, rigorous research.

Conclusions & implications for intercultural research

In sharing this reflection on designing and carrying out an intercultural pilot study, we aim to contribute to the ongoing scholarly conversation about the dangers and usefulness of

comparative cultural frameworks. We agree with scholars like Hunsinger (2006) that comparative frameworks such as intercultural rhetoric have the potential to facilitate stereotyping when misused: for example when researchers attempt to *predict* behavior of individuals based on their association with a particular culture. On the other hand, comparative frameworks such as intercultural rhetoric can be useful tools for *interpreting* behavior, as well as for categorizing and comparing, when researchers consider culture as one of many potential influences on behavior. We see comparative frameworks as useful tools not only during data analysis but throughout the research cycle—during recruitment and data collection, as well as analysis.

Thus, the first implication of our research journey is that not only do new researchers need to increase their cultural competence, but they also need to be able to view intercultural encounters through the lens of intercultural rhetoric *in the moment*. In the literature review, we summarized scholars' advice (Barker & Matveeva, 2006; Devoss et al., 2002; Smith & Mikelonis, 2011) for teaching students to be more culturally competent, and we suggested that having a solid understanding of intercultural rhetoric can increase cultural competence. Our own experience suggests that when students can view research interactions through the lens of intercultural rhetoric in the moment, they will be better equipped to avoid misunderstandings and to interact in a way that invites connection. For example, recruiting hurdles included not just language barriers but also a higher bar for developing relationships with participants who had a diffuse approach to the public/private domain. With this understanding, Price partnered with an interpreter not as a language conduit but as a culture broker to help him build a level of connection with participants that facilitated recruitment and also laid a foundation for richer data collection during interviews. This distinction in the role of interpreter—culture broker versus conduit—was key to facilitating the relationships that enabled rigorous research.

A related implication is that researchers should be reflexive and careful about the metaphors they use to describe stakeholder roles, particularly that of interpreters. The common metaphor of conduit best fits a role limited to translating word for word, as much as possible, from one language into another. A conduit in this context is analogous to an electrical conduit, tubing made from plastic or metal used for the routing of electrical wiring. Electrical conduits protect and facilitate the flow of electricity from point A to B, much like interpreters facilitate the flow of communication. However, we think this metaphor over-simplifies the contributions of interpreters, much like the window-pane metaphor of language rejected by Miller (1979) minimizes the contributions of technical communicators. Many of our participants responded to interview questions by telling lengthy narratives or by offering indirect responses. In these cases, a mere conduit would be an insufficient piece of material to facilitate flow of meaning, to "conduct" relationships. In fact, it was the active engagement of all three parties (interpreter, researcher, participant) through restating, clarifying, and contextualizing that was required to build a shared understanding of patient experiences. Because metaphors have significant implications for shaping roles and expectations, they should be carefully considered for limitations.

Another implication of our experience is that researchers ought to be flexible and to expect participants' cultures to shape research interactions. Researchers should expect to be faced with complicated cross-cultural interactions that will require them to show patience, humility, and

respect. In doing so, they will be better able to develop "theories and methods that are successful at explaining, researching, and interviewing appropriately in intercultural situations" (Thatcher, 2012, p. xii). For example, Price found that when he was willing to take on and adapt to a variety of roles assigned to him by participants, his role as a researcher was strengthened. Upon seeing his eagerness to show respect and to accommodate a way of interacting that felt comfortable for them, participants responded in kind, not only providing detailed and thoughtful responses during semi-structured interviews but also showing genuine concern for the success of the study: for example, by suggesting family members or friends who may also be interested in being interviewed. By showing respect and a willingness to accommodate, not change, participants' culturally informed expectations of research interactions, Price's ethos progressively increased during each interview.

To prepare for such in-the-moment application of knowledge, researchers need an in-depth understanding of both intercultural rhetorical theory and as much background information as possible on participant cultures. Working with an interpreter who is knowledgeable about the culture is certainly important, but through background research, technical communication scholars can develop a nuanced and historically rooted understanding of some factors that may affect interactions during the research process. For example, by spending time at sites within the target communities (with or without a culture broker), researchers make themselves available for connections and deeper understandings.

A final implication of this work is the value of establishing trust and credibility with participants by partnering with a culture broker who is by definition likely to be associated with organizations, sites, or activities of that community. Working with a culture broker helps outside researchers to more easily enter participants' private sphere of life. Our research journey suggests that new researchers would do well to both accept and learn from the inevitable unknowns of their research journeys, including recruitment strategies for both participants and interpreters. For example, Shimpuku and Norr (2012) offered a long list of specific questions for researchers to ask themselves as they systematically look for interpreters that match ideal requirements. We agree that researchers ought to carefully consider how interpreters may influence data collection, but we suggest that researchers ought to consider a multi-faceted range of interpreter qualifications, including: (1) cultural competence, (2) domain knowledge, (3) language ability, and (4) level of commitment to the research project. As we learned from our experience, by taking time to assess the research site and get a clearer idea of the stakeholders involved, researchers will be better equipped to identify research partners such as interpreters, participants, and community liaisons.

In this article, we have reflected upon our intercultural research journey so that other graduate students and new researchers may benefit from the lessons that we learned along the way. Overall, this paper addresses (1) how an understanding of intercultural rhetorical theory can help new researchers be more culturally competent in the moment of an intercultural encounter, and (2) how new researchers can gain cultural competence by partnering with an interpreter who is a member of a relevant cultural arena. Ultimately, by using intercultural rhetorical theory to frame a research study, new researchers can generate deeper understandings of their intercultural research experiences, or in other words, researchers can increase their cultural competence.

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