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A Sensitive Question: Asking about Race in a Research Interview

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Abstract

Conversations are significant, but often overlooked cultural sites where attitudes, beliefs, and values about race are both reified and challenged. As such, these sites deserve increased scholarly attention (Allen, 2007). We employed Brown and Levinson's Politeness Theory as a framework to examine the discursive strategies used by 11 interviewers in a research context as they asked 115 patient participants (taking part in a larger study of patients at a community-based family medicine residency clinic) to identify their race, as well as to identify the discursive strategies used by patient participants who answered this question. Our analysis revealed that in their attempt to temper potential face threats from patient participants when asking the "race question," interviewers used a number of discursive strategies including clarifying the question, grounding the question, and disarming the participant. Our analysis also revealed that in answering the "race question," patient participants used various levels of face-threatening strategies, including joking, derisive humor, and bald, on-record face threats. In our discussion, we use our own research experience as a springboard to emphasize the need for researchers to examine critically the often taken-for-granted research convention of including race as a demographic variable in their work.

Keywords

Race Discourse, Race in Research, Politeness Theory, Interviews, Qualitative Research, Focus Groups

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A Sensitive Question: Asking about Race in a Research Interview

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Conversations are significant, but often overlooked cultural sites where attitudes, beliefs, and values about race are both reified and challenged. As such, these sites deserve increased scholarly attention (Allen, 2007). We employed Brown and Levinson's Politeness Theory as a framework to examine the discursive strategies used by 11 interviewers in a research context as they asked 115 patient participants (taking part in a larger study of patients at a community-based family medicine residency clinic) to identify their race, as well as to identify the discursive strategies used by patient participants who answered this question. Our analysis revealed that in their attempt to temper potential face threats from patient participants when asking the "race question," interviewers used a number of discursive strategies including clarifying the question, grounding the question, and disarming the participant. Our analysis also revealed that in answering the "race question," patient participants used various levels of face-threatening strategies, including joking, derisive humor, and bald, on-record face threats. In our discussion, we use our own research experience as a springboard to emphasize the need for researchers to examine critically the often taken-for-granted research convention of including race as a demographic variable in their work. Keywords: Race Discourse, Race in Research, Politeness Theory, Interviews, Qualitative Research, Focus Groups

I had my fingers crossed that no patients with diabetes would be scheduled for my research shift. Although they were our "priority population" for our study (a larger, multi-method assessment of mediated patient education materials designed for individuals who experience low-health literacy and who have diabetes) if none showed up at the clinic that day, I was in the clear. However, when I looked at the clinic's patient roster that morning, it turned out there were three potential diabetic patients to interview. Damn. I would have never admitted this to any of the student interviewers on the research team, but I hated these patient interviews. Each one guaranteed a tension headache. Not because the interviews themselves were particularly difficult. As a research team we had devoted substantial effort to designing a tight and consistent interview protocol. Nope. It was just thinking about asking that last question on the protocol that made me reach for the Excedrin bottle in my purse. I hated *that question*.

Laura "Today there are many terms used to describe a person's race. What term would you use to describe your race?"

That question, which was designed to ascertain a "simple demographic fact" from a group of research participants, was not only uncomfortable for Laura; it was uncomfortable for our entire research team. Why? Because as Orbe and Allen (2008) contend "race matters" (p. 201). And embedded within that question was a complex and nuanced history of racial politics that members of our research team found hard to negotiate discursively. If you don't think so, just ask that question out-loud—to a stranger. It is for this reason that we chose to

unpack the asking of that question in one set of research interviews. Such moments are important to investigate because they reveal many of the ways that race talk, as it is manifested in seemingly mundane ways in everyday social interactions, continues as an “enduring, contested phenomenon” (Allen, 2007, p. 259), which influences myriad racial inequities in our culture in systemic and pervasive ways. Asking this uncomfortable question also led us to examine critically the ubiquitous but often unchallenged research practice of collecting data about participants’ race.

Race is a demographic variable reported frequently in academic journals to provide readers one of the bases upon which to make inferences about group similarities and differences among participants in any given study. However, participants are usually asked this question and report their response in written form. Given the circumstances of our larger research study, which focused on patients of varying literacy levels, we believed we needed to ask the race question orally, as we could not assume our participants could read. As indicated in the opening narrative, the prospect of asking someone to identify their race *out-loud, face-to-face* was extremely challenging, causing members on our research team to experience great apprehension and tension. And, after analyzing those portions of our interviews in which members of our research team actually asked patient participants about their race, we verified that the dynamics surrounding the asking of this question were marked with specific communicative indicators of uneasiness, confusion, and resistance.

Our objectives in this analysis were to examine the discourse used in a particular context: The research interview. Specifically, we analyzed the discursive strategies used by interviewers on our research team as they asked patient participants to identify their race, as well as the discursive strategies used by patient participants in the study who answered the race question. Our rationale for attending to how these strategies were used in our own work was simple. By one, acknowledging the saliency of race as a key cultural force that is enacted at micro-levels through verbal interaction, and two, critiquing the convention that privileges the often unquestioned inclusion of the race variable in research, we wished to answer Allen’s (2007) call to add to the nascent, but important work being done in the academic community concerning how scholars “conceptualize, conduct, report, and disseminate research” involving race (p. 261). As Allen notes, such work carries important implications for facilitating better understanding of how people communicate about race, and “inform[s] practice within academia and other contexts” (p. 261), leading ultimately to more productive directions for race relations at various levels of society.

The “Race” Variable in Research

Researchers across most academic disciplines have long- argued about the difficulty of using race as a demographic variable in social science research because of the problems inherent in measuring a construct so complex (Bhopal, 2007; Smedley & Smedley, 2005) and so steeped in “subjective predispositions and biases” (Zuberi, 2001, p. 105). Despite these debates, race continues to be consistently reported as a variable in research, although it is often done as a sort of “knee jerk reflex” (Rivara & Finberg, 2001. P. 119), although data about race are reported but often do not appear in analyses, although race data appear in only superficial analyses, or although scholars fail to state explicitly why race data are gathered at all (Ma, Khan, Kang, Zalunardo, & Palepu, 2007). In summing up the use of race as a demographic variable in social science, Zuberi (2001) notes, “[t]he meaning of race has been transformed in the humanities and in cultural studies, yet most scholars continue to depend on empirical results produced by scholars who have not seriously questioned racial statistics” (p. xx).

Likewise, researchers in our own field of Communication Studies (e.g., Allen, 2007; Ashcraft & Allen, 2003; Davis, Nakayama, & Martin, 2000; Jackson & Garner, 1998; Nicotera, Clinkscales, Dorsey, & Niles, 2009; Orbe & Allen, 2008) call for deeper and more thorough understandings of race as a construct by communication researchers. They also criticize the majority of scholarly work for including race as an isolated demographic category with little or no examination of the complexity of the construct—even in scholarship in which race is the primary variable under examination. As Nicotera et al. (2009) observe in their excellent and detailed discussion of this issue in the applied communication literature, such practices reify a logic in which “racial categories are imposed, implicitly essentialized as identity, and explicitly treated as a primary identifying factor leading to presumed similarities within and differences between groups” (p. 208).

Exceptions to the Communication Studies discipline’s tendency to be rather un-reflexive in the use of the construct of race in research lie primarily within critical cultural and critical rhetorical studies, where scholars have analyzed race primarily as it is discursively constructed, contested, and deconstructed through social interaction in a variety of contexts. For example, Mease and Terry (2012) analyzed how racial identities were performed, imposed upon, and resisted by individuals during the course of two racially divided school board meetings. Drew (2011) examined how journalists’ news investigations of racism prompted their own critical reflection about relationships between racism, news content, production practices, and newsroom culture. Young (2009) used autoethnography to examine how she and her mother negotiated the intercultural and interracial identities inherent within their relationship. Cooks and Simpson (2007) edited a volume of work focusing in large part on “[W]hitenedness as a positioned and representative identity in the communication classroom” (p. 19).

The previous review indicates some of the challenges facing researchers, both in our own and in other disciplines, as they conceptualize, measure, and report race in their research. We were unfamiliar with this literature at the time we embarked on the program of research from which this project stems, and we were guilty of many of the same offenses we report above. For example, although we held somewhat naïve conversations surrounding the pros and cons of collecting data on patient participants’ race, we ultimately decided to do so for practical reasons. In our view, the omission of this particular demographic information would signal a lack of methodological rigor to journal reviewers and editors (see O’Hara, 2013, for the first author’s critique of the naiveté of these research team members and the scholarly community’s reification of particular research practices). Pragmatics notwithstanding, we had ethical concerns about assigning racial classifications to patient participants and we held a meeting with the research team to discuss potential strategies we could use to negotiate the asking of this question with patient participants. The basic discomfort team members expressed within this meeting raised our critical awareness of the need to examine seriously the use of race as a variable in our own work.

Additionally, during this early stage of the project, we discussed the differences between the terms “race” and “ethnicity” and which construct we should measure in the study. Because we initially believed that “race” was the more conventionally accepted demographic variable by both research participants and by the research community, because we desired patient participants to provide us with their own racial identification, and because we could not assume a patient participant’s literacy level, we ultimately designed the following question to be asked orally during the interview: “Today there are many terms used to describe one’s race. What term would you use to describe your race?” Initially we believed that this question was stated clearly and that it demonstrated respect to patient participants because it did not assume our “knowledge” of their race based on their appearance. As we

began to conduct interviews, however, patient participants' responses soon revealed the problems embedded in our "clear question" about race.

Race: An Uncomfortable Discussion

Early in the interviewing phase of the project, research team members experienced apprehension, unease, and discomfort when asking patient participants to identify their race out-loud. Additionally, patient participants used a number of face-threatening discursive strategies, which also suggested a certain level of discomfort about answering the question. This discomfort is consistent with literature reporting the difficulty many people have discussing issues related to race. For example, Allen (2007) argues that the differences among individuals regarding their perceptions of the importance that race plays in their individual experiences can cause anxiety among and within racial groups when discussing the topic. Additionally, individuals often avoid the topic of race for fear of being viewed by others as offensive or even racist (Constantine & Sue, 2007; Crouteau, 1999; Frankenberg, 1993; Moon, 1999; Schultz, Buck, & Niesz, 2000; van Dijk, 1992). Discomfort with race talk may also stem from individuals' fears of inducing unnecessary conflicts and hostilities between parties (van Dijk, 1992; Watt, 2007), individuals' fears of seeming ignorant in light of others' cultural practices associated with race (Cooks, 2003; Roberts, Sanders & Wass, 2007; Simpson, 2007), and individuals' fears that they do not possess the communication skills needed to discuss race in a meaningful way (Ladson-Billings, 1996; Schultz, Buck, & Niesz, 2000).

The literature on Whiteness is particularly instructive for helping to illuminate the discomfort interviewers associated with this project, all of whom were White, and patient participants, most of whom were White, may have experienced in both asking and answering the race question. As a host of theorists (e.g., Frankenberg 1993; McIntosh, 2002; Moon, 1998; Nakayama & Krizek, 1999; Simpson, 2008) have posited, Whiteness is an invisible, but engrained system of being that proffers myriad privileges on Whites, upholding their values, attitudes, beliefs, and behaviors as "normal" and "central," while marginalizing "the histories, traditions, languages, cultures, values, and aesthetics of a wide range of [non-White] people" (Simpson, 2008, p. 142). The real influence of Whiteness lies in its slippery, nearly imperceptible nature, which allows it "to simultaneously escape racial meaning while occupying a universal, hegemonic, and frequently panoptic social position" (Jackson, Warren, Pitts, & Wilson, 2007, p. 69). Frequently Whites—intentionally or unintentionally—do not acknowledge their own privileged position in the system (McLaren, 1997), and avoid discussing issues that might reveal that position. Indeed, as Nakayama & Krizek (1999) have noted, Whiteness "resists, sometimes violently, any extensive characterization that would allow for the mapping of its contours" (p. 88).

One particular facet of Whiteness, which is integrally related to the tensions many White Americans experience when confronted with discussing race, is the discourse of color-blindness (Frankenberg, 1993; McIntosh, 2002; Moon, 1999; Simpson, 2008; Warren, 2000). Frankenberg (1993), who describes it as "color/power-evasiveness" (p. 14), observes that color-blind discourse gained purchase in the early 20th century in response to a prior cultural discourse of biological essentialism in which Whites in the U.S. were viewed as inherently superior to Blacks. In contrast, color-blindness "asserts that we are all the same under the skin; that culturally, we are converging; [and] that materially, we have the same chances in U.S. society" (Frankenberg, 1993, p. 14). Frankenberg, arguing that color-blindness remains the primary discourse surrounding race in the United States, observes that color-blind discourse is, "organized around an effort to not "see," or at any rate not to acknowledge, race

differences. . . .[For] to be caught in the act of seeing race [is] to be caught being 'prejudiced'" (p. 145).

Simpson (2008) notes that although the discourse of color-blindness may have come about from "the well-intended notion that 'all people are created equal'" (p. 143), it essentially negates the existence of racial differences. In this way, color-blindness works as another discursive strategy to sustain Whiteness because it allows Whites to dismiss "the difference in lived experience of White people and people of color as an irrelevant distinction. . . uphold[ing] and affirm[ing] dominant ways of being knowing, and doing at the expense of alternatives" (Simpson, p. 142). Given the rhetorical function of color-blindness, it is easy to understand how, as a discourse, color-blindness propagates anxiety, particularly among Whites, when discussing race—even when the context may be as innocuous as a "simple" demographic question at the end of a research interview.

Given our own experiences in this research context and scholars' calls for more careful treatments of how race is examined in the academic literature, we decided to examine empirically the oral negotiation of the race question in our research setting in order to understand better the interactional elements in what may be perceived as a sensitive demographic question to hear and respond to orally. The specific research questions guiding this inquiry are as follows:

RQ1: How do interviewers ask questions orally to elicit information from patient participants about the potentially sensitive demographic of race?

RQ2: How do patient participants respond orally to a potentially sensitive demographic question about their race?

Authors' Roles and Relationship to the Present Inquiry

Laura is trained primarily as an interpretivist scholar, with some background in critical-cultural scholarship. Carolyn is trained primarily as a post-positivist scholar who has recently begun to delve into more interpretivist methodologies. For the past seven years we have both have brought our respective epistemological positions to bear in a number of research collaborations in the field of health communication.

At the start of this particular project we had no intention of examining anything whatsoever about the discourse of race. As we explain in the first endnote, we were interested in testing a digital intervention for patients with diabetes who experienced low-health literacy. From our admittedly naïve perspective, patient participants' race was "one of those demographic variables scholars must report," particularly in the health communication journals in which we had hoped to publish. However, once we made the decision that, given patients' potential low literacy levels, we would have to ask all demographic questions—including "the race question" — *out-loud*, we became apprehensive. When the patient participant interviews began, our worries were, in many cases, confirmed and members of the research team became adept at negotiating various ways to ask the race question. Laura was intrigued because it was clear that race discussions—even performed in ostensibly perfunctory ways such as in demographic interviews—obviously caused great discomfort among interactants. To Laura, this signaled the need to interrogate this process. As a communication scholar, she proposed analysis of the discursive strategies interviewers used when they asked this question of patient participants, as well as an analysis of the discursive strategies patient participants used when answering the question.

Thus, revealing the importance that race plays—even as it is performed at micro-levels through verbal interaction was one of our intentions in this manuscript. Another of our intentions was to question a long-held assumption: Why is race, which has been shown for

decades, to be an imprecise and arbitrary marker of social identity, still so prevalent in the research community? By making visible our own journey regarding “the race question,” we wished to challenge others in the scholarly community to think carefully about why they are measuring particular variables in their own work.

Methods

Setting and Participants

Setting

This research took place at a community-based family medicine residency clinic in a moderately sized, mid-western town. Because the research presented here is from a larger, IRB-approved study of patient-physician communication, low-health literacy, and diabetes, all of our participants were patients at the clinic and had a diagnosis of diabetes. At the time of the study the clinic provided care for approximately 400 patients with diabetes. Approximately 45% of the patients who visited the clinic were insured by Medicaid or Medicare.

Patient participants

One hundred and fifteen patients (59 men, 55 women, and 1 patient participant who did not report gender) ranging in age from 26 to 85 (mean age = 55.43, median age = 58) were enrolled in the study and completed the interview process. Patient participants used 30 different descriptors to answer the race question (see Table 1). All patient participants signed a consent-to-participate form. All interviews were audio-taped and transcribed for accuracy.

Table 1. Self-Reported Patient Participant Classification

Self-reported patient participant classification	Frequency
Race not reported	36
White	26
Caucasian	20
White or Caucasian	4
Just White	2
Human	2
African-American	1
Caucasian or White	1
Caucasoid	1
“Concaution” (potential mispronunciation of “Caucasian”)	1
Eight (potential mispronunciation of “White”)	1
Fat, ugly, bald-headed fella. I’m a race all by myself	1
Hispanic	1
I don’t know	1
I don’t know, I don’t think about race	1
Indian and black	1
Irish and Welsh	1
Just Caucasian	1
Part American Indian but more White	1
Spanish	1
That’s alright (when prompted by interviewer to say “Black”)	1
Typical old American White male [of] German descent	1
Typical White male	1

White American but would rather say American Indian	1
White Anglo-Saxon	1
White Caucasian/White Anglo-Saxon	1
White/Human	1
White Indian	1
White male	1
White or Latino	1
White race	1

Interviewer participants

Given that members of the research team had spent a good deal of time discussing informally the discomfort they felt asking patient participants the race question, approximately one year into the research process, Laura wished to record formally the interviewers' perspectives about the race question, and conducted a focus group with six of the 11 interview team members (including herself, Carolyn, three female members of the research team, and one male member of the research team). During the focus group Laura asked focus groups members such questions as, "What were your feelings as you prepared to ask 'the race question' of each interviewee?," and, "Why do you think you felt as you did?" This focus group lasted approximately 90 minutes and was audio-taped and transcribed for accuracy. Focus group participants ranged in age from 20 to 47 (mean age = 27, median age = 24). Three of the focus group participants identified their race as "White," two as "Caucasian," and one as "White, Non-Hispanic." All participants signed a consent-to-participate form.

Data Analysis

Patient participant interviews

We audio-taped and transcribed all patient participant interviews for accuracy. Initially we reviewed the transcripts separately to identify all excerpts capturing the discussion surrounding patient participants' race. We selected the excerpts for thematic review and categorization, beginning at the point the interviewer introduced the question of race and ending at the conclusion of the post-interview. Employing Owen's (1984) thematic interpretation method to the entire dataset, we identified themes that fulfilled the criteria of

- 1) recurrence,
- 2) repetition, and
- 3) forcefulness (p. 275).

To help reduce researcher bias and to ensure consistency and rigor in our analysis, once we had completed our initial labeling/description procedure, we then engaged in a confirmatory coding process to determine if we had identified all examples of the themes and if we agreed on basic interpretations of the instances comprising a theme. The percentage of inter-coder agreement ranged from 67% - 100% prior to the negotiation process.

Through the constant comparative method (Glaser & Strauss, 1967; Lindlof & Taylor, 2011) we ascertained which instances applied to specific, larger-order categories, or as we termed them, "super-themes (e.g., "interviewers' use of a linguistic framing device to ask a difficult question") and eliminated instances that were not clear representations of the properties of specific categories, and discussed the inclusion of instances identified by the

confirmatory coder as category exemplars that were missed during the preliminary coding procedure.

Focus group

Laura audio-taped and transcribed the focus group for accuracy. Using the same thematic interpretation procedure described above, both authors reviewed the focus group transcript to capture discussion about a number of issues related to research team members' experiences with asking the race question.

Analytic Framework: Politeness Theory

During the process of describing the essence of our categories the patient participant interviews, it became clear that many principles of politeness theory and face-work (Brown & Levinson, 1987) were operating during the asking and answering of the race question. Interestingly, as the focus group participants reflected on their interactions with patient participants, they too, framed many of these reflections in ways that were consistent with the principles of politeness theory.

Given that politeness rituals are ubiquitous in social life, they have been researched widely in the fields of communication, linguistics, psychology, and sociology. For example, researchers studying politeness have investigated such diverse topics as the communicative functions of "maas'aallah" ("what God wishes has and will come true") in colloquial Jordanian Arabic (Migdadi, Badarneh, & Momani, 2010), the politeness strategies occurring between physicians, patients, and patients' parents in pediatrics clinics in Taiwan (Yin, Hsu, Kuo, & Huang, 2012), and how individuals enact face-saving behaviors during on-line tutoring sessions (Brummernhenrich & Jucks, 2013).

The primary assumption of politeness theory is that social actors, in working to meet their own specific goals within a given social interaction, inherently understand the importance of projecting and sustaining the desired identities of self and others. Although there is a wide and varied literature on linguistic politeness (e.g., Fraser, 1990; Fraser & Nolen, 1981; Lakoff, 1977, 1979; Leech, 1983; Watts, 2003, 2005) arguably the most influential theorists writing about politeness are Brown and Levinson (1987), who, building on Goffman's (1963, 1967, 1971) conceptualization of "face," posit that "it is in general in every participant's best interest to maintain each other's face" (p. 61). Thus, it becomes necessary for participants in a social interaction to demonstrate for each other that each is being mindful of the others' negative face needs (to be autonomous from others) and positive face needs (to be admired and appreciated by others) while also working to maintain their own negative and positive face needs. According to Brown and Levinson, politeness is the mechanism through which such face needs are obliged.

Brown and Levinson (1987) and other social linguistic scholars examining politeness rituals (e.g., Alcón, Safont, & Martínez-Flor, 2005; Márquez Reiter, 2000; Sifianou, 1999) are quite specific in claiming that asking questions in general often poses potential negative face threats because the very act of requesting demonstrates that the speaker (in our study, the interviewer) is encroaching on the hearer's (in our study the research participant's) freedom of action. Additionally, in the particular context of our study, when the interviewer asks the patient participant a question about a "dangerously emotional or divisive" (Brown & Levinson, 1987, p. 67) issue such as race, it creates a positive face threat to the patient participant because the asking of such a question can demonstrate that the interviewer "does not care about (or is indifferent to) [the patient participant's] positive face" (Brown & Levinson, 1987, p. 66).

Analysis

Theme One: Learning How to Ask an Uncomfortable Question

Given some of reasons cited in the “race discomfort” literature presented earlier, some interviewers on the team were well aware of the potential face threats that a question about a patient participant’s race might pose to both self and the patient participant, as is evidenced by the following account from a 37 year-old female interviewer who participated in the focus group:

[I worried about asking] a question I felt [that] may be perceived as maybe offensive, you know. I didn’t want to offend [patient participants] by asking this question.

To temper such face threats, interviewers developed a number of methods of asking patient participants about their race, including attempts to clarify the question, attempts to ground the question, and attempts to disarm the patient participants when asking the question.

Attempts to clarify

When responding to a question asking them to identify their race, patient participants often requested clarification. In such cases, the transcripts revealed instances of interviewers inadvertently supplying for the patient participant their own perception of the patient participant’s race. These “clarifications” may have been genuine attempts to help patient participants understand the question, or attempts to erase the face threat inherent in being asked by the patient participant to “clarify” such a potentially face-threatening question. In any case, as the excerpt below suggests, this particular form of “clarification” contradicted one of the original intentions of the question: To allow patient participants to self-identify their race.

[Interviewer: Female, 37; Patient Participant: Black, female, 67]

I: Um, today there are many terms used to describe a person’s race, so what term would you use to describe your race?

P: My?

I: Your race or ethnicity.

P: My what?

I: Race or ethnicity. Would you use the term “African American?” Would you use the term “Black?” Would you use the term? ...[W]hat term would you use?

P: That’s [Black is] alright.

As we argue above, the very act of asking the race question out-loud potentially posed both negative and positive face threats. The excerpt above demonstrates that the negative face threat imposed by the interviewer asking the race question may have been compounded by the patient participant’s potential inability to understand the question or by her potential surprise/shock that the interviewer even needed to ask (or chose to ask) the question at all. Such potential face threats may have necessitated the patient participant’s subsequent request for clarification from the interviewer, which, in turn, may have posed a threat to the interviewer’s positive face. Throughout the course of the data-gathering period, interviewers

continued to “clarify” the term “race” by conflating it with the term “ethnicity,” a practice that may have been used by the interviewers to “obfuscate or dilute the political implications” embedded in the question (Ashcraft & Allen, 2003, p. 8). Moreover, interviewers volunteered race categories from which patient participants could choose, which can be interpreted as a method of hastening patient participants’ responses, thus reducing face threat to both self and the patient participants. The focus group account below reveals the discomfort of an interviewer who, when called upon by patient participants to clarify the question, experienced tensions between “sticking to” the interview script and attempting to ease this uncomfortable question by deviating from the script in the ways described above.

[female interviewer, 22]

In terms of the study you want to be as uniform with every question . . . but then after a while. . .we still noticed people were. . . . confused That’s when we all tried to almost change [the question’s phrasing]. . . . We gave our own interpretation of what to say so that [patient participants] would feel comfortable with answering, but then that’s where [I began to think] “like am I messing this study up?”

Grounding the question

The comments above reveal that as the interviewing process evolved, interviewers continued to experience discomfort when asking the race question and were looking for a way to ask the question that might ease the tension they anticipated experiencing during future interviews. One solution we derived was to frame the question to patient participants as a mandate from a higher authority—a vague and unidentified “they” who exercise power over our research team, obliging us to ask this question. Although we did not realize it at the time, the strategy we generated in response is consistent with Brown and Levinson’s (1987) observation that speakers will often impersonalize a potentially face-threatening request by removing agency from either the requestor or the hearer. A 37 year-old female member of the interviewing team commented on the utility of this strategy:

[This strategy indicated] that someone else, not me, is requiring [the question] to be asked, so it separates me personally from the question. . . . I think that made it a little bit more palatable [for me] to ask what I perceived [to be] a potentially offensive question.

This strategy is what social linguistic researchers (Alcón, Safont, & Martínez-Flor, 2005; Márquez Reiter, 2000; Sifianou, 1999) refer to as a “grounder,” the act of a requester providing a reason for the necessity of a request in the hopes that the recipient will understand that the request is justified and thus will be more willing to cooperate. In this case (justified or not) we hoped that the patient participants’ unquestioning trust in a well-established “research community” would provide the warrant in the unspoken claim that the race question was appropriate in this context. The comments of a 22 year-old female interviewer on the research team reflected acceptance of this logic. As she noted, “a lot of people understand [that] with any study you have to have demographics and how they are important they are in the studies.”

Various iterations of interviewers’ use of this device are evidenced in the following excerpts:

Excerpt one [Interviewer: Male, 20; Patient Participant: White, female, 43]

I: It's something we have to ask, mandatory for the research . . .

Excerpt two [Interviewer: Male, 20; Patient Participant: White, male, 63]

I: [W]e're supposed to by rule to ask you . . .

Excerpt three [Interviewer: Female, 21; Patient Participant: White, male, 74]

I: Yeah, they make us ask the question 'cause you can't assume, y'know.

This strategy seemed to work very well, as is verified by this 22 year-old female interviewer, who described how someone whom she believed held a higher social position than she, acquiesced to the race question when it was posed as a research mandate.

[S]itting face-to-face with . . . a White older man . . . you know you'd seem pretty silly to . . . ask him what race he was, but as long as I say, 'it's just a necessary question we have to ask for the study, for the record. . . . He still kinda . . . got the idea after that.

Disarming the patient participant

Social linguistic researchers (Alcón, Safont, & Martínez-Flor, 2005, Márquez Reiter, 2000, Sifianou, 1999) conceptualize disarmers as external modifying devices made by the requester that attempt to "disarm" the addressee from the possibility of refusing the request. As Sifianou (1999) notes, when a requester uses a disarmer he or she tries to remove reservations the addressee might harbor about the request through "complementing phrases, entreaties, or formulaic promises, and in general, phrases which express the speaker's awareness and concern that the requests might impose upon the addressees" (p. 187).

Although the research team did not discuss or overtly advocate use of this particular set of rhetorical strategies, transcripts revealed that interviewers often "disarmed" respondents as they asked the race question. This was enacted in five specific ways:

- 1) hurrying the request for the question,
- 2) diminishing the importance of the question,
- 3) using slang,
- 4) insulting the question, and
- 5) ensuring that the patient participant understood that all patient participants were being asked the same question.

The following excerpts demonstrate one research team member's use of the first three strategies.

Excerpt one [Interviewer: Female, 47; Patient Participant: White, female, 58]

I: Just have one more quick, quick question and [I will] skedaddle. Um, today there are a lot of terms used to describe a person's race. Um, what term would you use to describe yours?

Excerpt two [Interviewer: Female, 47; Patient Participant: White, female, 65]

I: Alrighty, and then just one quick little question and that is, um, what term would you use to describe your race?

Excerpt three [Interviewer: Female, 47; Patient Participant: White, female, 60]

I: Umm, and um, the only other question I have and this is really quick, um, there are a lot of different terms today to describe a person's race or ethnicity.

In the previous three excerpts, the interviewer's attempts to disarm the patient participants by hurrying the question and diminishing its importance are clear. For example, in addition to the use of adjectives such as "quick" and "little," the interviewer also employed adverbs such as "just," "really," and "only," as well as slang/colloquial terms such as "skedaddle" and "alrighty." According to Sifianou (1999) such "downtoners" can also disarm participants by making tentative "what speakers say, thus allowing them not to fully commit themselves to what they are saying" (p. 172). The excerpts below demonstrate yet another disarming strategy: insulting the race question.

[Interviewer: Female, 23; Patient Participant: White, female, 79]

I: Um, kind of a hokey question I have to ask, but we don't make any assumptions. Today there are a lot of terms that people use to describe their race. Um, what term would you use to describe your race?

Finally, as the following excerpt demonstrates, researchers on the team attempted to disarm patient participants by making it clear to them that other patient participants were being asked to answer the race question.

[Interviewer: Female, 37; Patient Participant: Caucasian, White, female, 61]

I: We just have, we have to ask that question to everybody.

The analysis above illustrates specific ways in which interviewers attempted to ameliorate face threats to patient participants as they framed the race question. It was apparent, however that their asking of this question prompted at least two types of critical responses from some patient participants: Jokes and more serious face threats. In the following section we examine these responses and those used by interviewers as these interview dyads actively negotiated the face threats inherent in dialogues surrounding the race question.

Theme Two: Negotiating Critical Responses

Jokes

As the following excerpts illustrate, patient participants frequently expressed their criticism of the race question by making jokes about it. Brown and Levinson (1987) argue that joking is both a form of "socially acceptable rudeness" (p. 97) and "a basic positive-politeness technique for putting [the addressee] 'at ease'" (p. 124). Yet, Perinbanayagam (1991) observes that jokes can imply risk to the face of both self and other because they often

function to demonstrate simultaneously “mirth, mild hostility [and] challenge” (p. 129). In the four excerpts that follow, we examine carefully the various functions of face-threats embedded within each of these “joking” dyads.

Excerpt one [Interviewer: Male, 20; Patient Participant: Caucasian, male, 62]

I: O.k. some mandatory questions you have to ask when doing research. Um, what race, uh what race would you associate yourself with today?

P: Caucasian.

I: Caucasian, that's fine.

P: Good guess?

I: [Laughs] That's a good guess.

In the exchange above, the patient participant threatens the positive face of the interviewer by framing the obviousness of the question as a humorous request for validation that he answered this evident question correctly. In turn, the interviewer provides this “validation,” completes the joke, and thus maintains positive face for himself and for the patient participant.

Excerpt two [Interviewer: Male, 20; Patient Participant: Caucasian; female, 43]

I: [W]hat term do you use to describe your race?

P: Caucasian.

I: Caucasian. Ok, that's fine, it's simple. It's something we have to ask mandatory for the research so. . . . We get funny answers sometimes but uh, as long as we understand, but...

P: [Laugh] I could've gone, “I'm a cracker,” you know [laughter] but you [would have] looked at me like, “Ok, she's lost her mind.”

I: No, no, not by any means no. But, uh, no, I think those are all the questions I have for you today. So is there anything uh, anything else you'd like to share?

The patient participant seems to take the explanation that other patient participants answer the race question “funny” as an opportunity to joke about a term [cracker] that she *might have used* to answer the question that would be both self-disparaging and racist/elitist. One interpretation of this exchange is that the patient participant might have used this joke to put the interviewer at ease (Brown & Levinson, 1987) or to “test” the interviewer's response, and thus his attitudes about race in a way that provides plausible deniability of her own potentially racist attitudes (van Dijk, 1984). In either case, like many such jokes, this one places the patient participant's own positive face at risk. In turn, the interviewer's response [No, no, not by any means no] suggests his attempt to repair the patient's participant's positive face after she told the joke.

Excerpt three [Interviewer: Female 22; Patient Participant: Caucasian, female, 77]

I: O.k., with race, would you say, like Caucasian or...

P: Oh, I'm Caucasian. I know that.

I: O.k., those are all the questions I have for you [patient participant laughs]. Is there anything else you'd like...?

P: Now, you know I'm Caucasian. Can't you tell?

I: Well, I just, I mean, we don't like to make assumptions and there are, I mean, there are people who...

P: Chinese...

I: Would prefer to be called something else.

P: Well he's [indicating 3rd party] got Indian in him [interviewer chuckles] but I don't have none of that [patient participant chuckles].

I: Oh, wow.

Both positive and negative face threats towards the interviewer are demonstrated throughout the entire previous exchange, as are the interviewer's attempts to counter such threats. First, the patient participant laughs after answering the question directly, indicating perhaps a subtle critique of the question, hence a potential threat to the interviewer's positive face. In a move apparently designed to counter this face threat, the interviewer ignores the patient participant's laughter. Next, the patient participant issues what appears to be a stronger threat to the interviewer's positive face by citing the obviousness of the question in a way that could be easily interpreted as an insult to the interviewer's intelligence. Subsequently, in moves that seem to signal the interviewer's recognition of a threat to her positive face and her attempts to overcome it, she uses hesitant speech and continues to ignore the joke in favor of a declaration that she does not wish to make incorrect assumptions about the patient participant's race. In turn, the patient participant heightens the challenge to the interviewer's face by interrupting her statement and identifying herself as "Chinese," a joke that well may be viewed as sarcastic, but which is also ignored by the interviewer.

The patient participant's entire series of positive face threats towards the interviewer, taken together, seem to constitute a large negative face threat towards the interviewer, in that they increasingly encroach on the interviewer's autonomy/freedom of action in this particular circumstance. However, the interviewer's face threat countering tactics seem to work eventually. After her jokes about the race question are repeatedly ignored by the interviewer, the patient participant reduces the positive face threat to the interviewer by changing tactics, focusing instead on the race of a third party in the room, who has "Indian in him." The interviewer finally chuckles and acknowledges that this fact is interesting. This last exchange can be viewed as the patient participant's removal of both positive and negative face threats, which the interviewer acknowledges by chuckling.

Excerpt four [Interviewer: Female, 23; Patient Participant: White/Caucasian, White/Anglo Saxon, male, 66]

I: [S]o if you could tell me what you consider your race to be.

P: My race?

I: Yeah.

P: Mexican [laughs]. Nah, I'm a White Caucasian. White Anglo-Saxon.

I: We keep getting those answers. People being, because I know. . .

P: Yeah, I'm a W.A.S.P.

I: I, I. Like I said, I didn't want to make any assumptions.

P: Sure. You have to ask.

I: Exactly.

This excerpt differs markedly from the previous one in that each party is more careful about maintaining the other's positive face. As in the previous example, the patient participant potentially threatens the interviewer's positive face by providing a humorous, but potentially sarcastic response to a question he might have interpreted as obvious. This joke

might have been used to “test” the interviewer’s attitudes about such a politically incorrect joke. Nearly instantly, however, he corrects himself and provides a genuine response in what could be interpreted as recognition that his joke might be face-threatening. The interviewer then assures the patient participant that others have responded in ways similar to the patient participant’s. This positive face-saving assurance seems to invite the patient participant to joke that he is a W.A.S.P., a comment that could be perceived as deprecating to himself, his race, his ethnicity, and his religion. Alternatively, this comment could be interpreted as an attempt by the patient participant to conflate his own Eurocentric social position with his race while ignoring “the [raced] power relations embedded within that history” (Nakayama and Krizek, 1995, p. 302). The interviewer demonstrates discomfort with a short hesitation [I, I], then assures the patient participant that she asked the question because she did not wish to make any assumptions about the patient participant’s race. The patient participant subsequently supports the interviewer’s positive face by acknowledging that it is the interviewer’s duty to ask the question.

Serious face threats

More serious threats, including derisive humor and clear protests of categorizing people by race, are seen in the following two excerpts.

Excerpt one [Interviewer: Female, 47; Patient Participant: White, female, 66]

I: What would you, would you describe yourself in terms of race?

P: Now wait a minute. Whadd’ya you mean?

I: Well, Caucasian, or White...?

P: I’m White.

I: Okay, that’s...okay.

P: Yeah.

I: We just have to ask...

P: Let me see [laughs, looks at arms].

I: Um, alright.

The patient participant’s order to stop the interview and ask for clarification is a clear example of what Brown and Levinson (1987) characterize as a “bald, on record” face threat in that it requests without ambiguity and without “redressive action” (p. 69) the interviewer’s explanation of the question. Further, the face threat can be viewed as both positive (e.g., a challenge to the interviewer’s credibility) and negative (e.g., an infringement on the interviewer’s freedom to continue with the interview). The interviewer acknowledges the face threat and attempts to diminish it by using both hesitancy and deference in her subsequent remark, which begins with the term “well” and is phrased as a question. After the patient participant states unequivocally her race is “White,” the interviewer further diminishes the face threat by approving the patient participant’s response and apologizing by framing the question itself as a research mandate. The level of the patient participant’s face-threatening actions is reduced and she ultimately jokes that she is “checking” to make sure she is indeed, White.

Excerpt two [Interviewer: Female, 47; Patient Participant: Human, female, 29]

I: Um, today there are very many terms described to, used to describe a person’s race, what term would you use to describe yours?

P: You want complete honesty?

I: Complete honesty.

P: Human.

I: Human? O.k., very good, very good. ... Alrighty ma'am. O.k., I really...

P: Sorry, that's a, that's a smart aleck answer, but for most people ...

I: No, no...

P: I'm so tired of being "White" or Black" why can't we all just be human?

I: I hear ya, I hear ya.

In the excerpt above, the patient participant's first rejection of the typical categories for race demographics may undermine the interviewer's positive face in that it indicts the research community, of which she is a part, and in particular its assumption that such categories are necessary and appropriate for research. However, the patient participant tempers the face threat by asking for permission to answer the question honestly, which the interviewer grants, thereby establishing clear negative face for the patient participant. The interviewer also maintains the patient participant's positive face by complimenting the patient participant on her honest response. The patient participant further reduces the positive face threat to the interviewer by apologizing for her "smart aleck" response to the question, to which the interviewer provides assurance that the patient participant's response was appropriate. While the patient participant's final comment is certainly critical, it seems aimed at the larger socio-racial structure encompassing both interviewer and the patient participant, rather than at the interviewer and her research community.

Discussion

Limitations, Contributions and Implications

It is true that this study does not benefit from any preconceived research design and that our participants do not represent a wide cross-section of U.S. citizens, which some in the research community would frame as a limitation. However, this study demonstrates vividly and honestly the value of an inductive research process, presenting a cautionary tale about taken-for-granted assumptions we hold about conventional research practices. It is true that when we originally designed the larger multi-method study from which this research derives, we experienced discomfort when thinking about asking patient participants, out-loud, to identify their race. However, we did not imagine the degree of resistant responses we would receive as patient participants answered the question orally. Our study has provided important empirical insight into how such questions are negotiated in an authentic research setting. In particular, politeness theory has provided us with an excellent framework for dissecting some of the challenges inherent in posing such questions, how participants might respond to such questions, and how such questions might be framed more appropriately and effectively in similar research situations.

Our experience throughout this project has taught us another important lesson: In those cases when race (or ethnicity) is a critical construct to measure, it is imperative that scholars work toward generating clearer conceptualizations of these constructs that take into consideration context-specific elements of participants' lived experience. It is also vital that we share our definitions of race with participants when we attempt to measure the construct. As we demonstrate in our own study, despite our well-intentioned plan to allow patient participants to self-identify their race, the fact that we did not define for them what we meant by the term "race," resulted in a multitude of descriptors that would not have been particularly helpful should we have needed to make claims based on participants' race

demographics. Additionally, our practice of prompting patient participants to answer this particular demographic question by conflating “race” with “ethnicity” further perpetuated our collection of vague and arbitrary results. We are certainly not alone in our culpability. Communication scholars (e.g., Davis, Nakayama, & Martin, 2000; Jackson & Garner, 1998; Nicotera et al., 2009) contend that the majority of social science researchers treat “race” quite imprecisely and call for them to be more vigilant in designing research that measures demographics such as race more carefully. Although this is a daunting project, Bhopal (2007) and to lesser extents, Davis, Nakayama, & Martin, (2000), and Oppenheimer (2001), provide recommendations to help scholars clarify differences between the “race” and “ethnicity” constructs, which will hopefully result in a more careful treatment of race in scholarship.

Perhaps most importantly, our study encourages scholars to think about their reasons for asking a question about participants’ race (or any demographic variable) in a given research project. In our own study we spent substantial time and effort designing *how* we would ask our participants to describe their race. We needed to spend more time asking ourselves *why* we were asking participants to describe their race. In other words, we ascribed uncritically to the ubiquitous research convention which privileges the inclusion of certain demographic variables (in this case, race) in scholarship without calling on researchers to provide much more than a “surface level” treatment of such variables. This practice often essentializes and depoliticizes the cultural identities of participants (Allen, 2007; Ashcraft & Allen, 2003; Nicotera et al., 2009; Orbe & Allen, 2008) and fails to inform the research in meaningful ways. As we reflect critically on our project, we realize that it would have been far more useful for our original research purposes to gather information on more complex contextual factors such as patients’ access to education, access to health care, and access to health promotion services. As Nicotera et al. (2009) admonish, “The extent to which [such] factors are ignored leads to misplaced and inaccurate conclusions about “race” (p. 209). Hopefully, “laying bare” to the reader the lessons we learned in this regard will encourage other scholars to be more thoughtful about the reasons they wish to measure particular variables in their own work.

Future Directions

Although the current analysis focuses quite specifically on discursive strategies interviewers and patient participants employ to deal with any potential discomfort they may experience when encountering a demographic question about race, there are other dimensions of the social interaction in this context that we did not investigate, given the scope of this paper. In future work we might focus more specifically on how participants discursively negotiate some of the other sociological variables accounted for in Brown and Levinson’s (1987) politeness theory. Such variables include the social distance between the speaker and the hearer, the relative power distance between the speaker and the hearer, and way the impositions might be ranked in this particular context. These variables are most certainly salient in this context, and may offer a rich picture of all participants’ choice of politeness strategies.

Additionally, although we have provided a detailed and specific analysis of how sensitive questions are asked and answered in the research context, we are not trained ethnomethodologists. As Whitehead and Lerner (2008) argue, “few studies. . . have examined the ways in which racial categories are themselves produced in the course of talk-in-interaction, and hence the ways in which race as a social institution is reproduced” (p. 3). We believe that such an approach to analyzing these interactions, specifically conversation

analysis, would provide a productive interrogation of the micro accomplishments inherent in discussing race during these, or similar interactions.

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