The field interview draws on both collaboration and interaction. Being a good listener means becoming an active participant in the lives you’re studying during the time you’re in the field. It means posing questions from your informants’ point of view, inviting them to answer from their perspective, from their own worldview. Paul constructed open questions to allow his informants to speak from their lived experiences.

**Paul’s Open Questions**

- “What did you already know about AIDS when you were diagnosed?”
- “How did others respond to you and your diagnosis?”
- “What has helped you most on a day-to-day basis to live with the virus?”
- “Have people treated you differently since you were diagnosed?”

In the following excerpt from his hundreds of pages of transcripts, Paul talks with Jessie, a man who had been living with his diagnosis for eight years. For Paul, this interview was a struggle because Jessie hadn’t talked much with others about AIDS. And because Paul chose to study people whose lives were very fragile, he paid particular attention to the interactive process between himself and his informants. In the following transcript, Paul uses Jessie’s dog Princess just as another interviewer might have used an artifact to get further information:

**P:** What was your reaction when you were first diagnosed?  
(This is one of the questions Paul posed to each of his five informants. Because he was making a training film for public health volunteers, he wanted to record people’s initial reactions on discovering that they had a publicly controversial illness.)

**J:** My first reaction? How am I going to tell my family. And I put it in my mind that I would not tell anyone until it became noticeable. And I wondered who would take care of me....I knew sometimes AIDS victims go blind. I panicked a little bit, and I started thinking of all the things I have to do to make my life livable....I started thinking about the things I could do to make it go easier. And I started thinking of things I would miss.

**P:** Like Princess, your dog?  
(Paul knew from previous talks that Jessie’s dog was an important part of his daily life.)

**J:** I've had Princess for three years. I had another red dachshund, but she got away. I got Princess as a Christmas gift....She comforts me. She knows when I'm not feeling right. She comes and rubs me. She goes places with me. If I'm in the garden, she's right there. She can't let me out of her sight. Sometimes I talk to her, late at night, we just lay there. She seems like she understands....I don't think she can live without me. If something happens to me, she'll be so confused. I
think she'll be so lonely, she'll go off somewhere and just die....I want to give her to somebody. Maybe an older person, someone I believe will take care of her.

(By talking about his dog, Jessie opened himself up to Paul. By following up on Jessie's comment about "things he'd miss," Paul deepened their interaction and intensified their talk. It was not the dog herself that was important in this exchange but what Princess represented from Jessie's perspective. Paul did not intend to make Jessie talk about his fear of dying, but it happened naturally as he talked about Princess. At this point, Paul found a way to ask another one of the prepared questions that he used with each of his informants. And Jessie's answer brought them back to Princess.)

P: What's your typical day like?

J: My typical day is feeding Princess, letting her out, doing my homework. I like to do my work before noon because I'm addicted to soap operas....I like to work in the yard. I've got a garden. I have some herbs. And I like every now and then to pray. I go to the library. I do a great deal of reading.

(Paul continued to interview Jessie about his spirituality and his reading habits. He brought this interview around to another preplanned question that he asked of all his AIDS informants.)

P: What advice do you have for the newly diagnosed?

J: Don't panic. You do have a tendency to blow it out of proportion. And find a friend, a real friend, to help you filter out the negative. Ask your doctor questions. Let it out and forgive. Forgive yourself, you're only human. And forgive the person you think gave it to you. Then you will learn that the key to spirituality is to abandon yourself....I don't want a sad funeral. I want music, more music than anything else. I don't want my family to go under because of this disease.
Sociogeographic (Spatial) Mapping

Anthropologists have always used maps in field research, in part, at least, because early fieldwork was often conducted in places where there were no maps. It was important to bound communities and demarcate residential and other structural units in relation to one another. Mapping "the community"—whether a classroom, organization, neighborhood, or village—is still highly recommended. The process of making a community map, for example, helps researchers select a household sample, generate hypotheses about social relationships among households and between households and other social units, and observe changes over time, especially with respect to household/land and other environmental use patterns.

Now, computerized mapping programs and national and state GIS (Geographic Information Systems), allow for relatively quick mapping of virtually any data across space and over time. Geographic mapping of social networks by residence of network members in relation to primary points of interaction in the community (defined through ethnographic observation) can be used to frame the location of interventions based on natural patterns of spatial use.

In a study conducted in the mid-1980s, Schensul and colleagues first mapped the location of new communities (shanty towns) in the northern quarter of Lima. When communities were identified by age, these choropleth maps (three-dimensional maps showing degrees of altitude) demonstrated graphically that communities were arranged by age, with newer invasions located on steepest hillsides, and older, more established ones lower down or in flat valley beds. Using data collected from municipalities, community officials, and health workers, Schensul and his team mapped the presence of elements of infrastructure, social organization, and major pediatric health problems. These relationships were derived from community-level surveys and also displayed in tables and graphs. However, the mapping strategy showed visual evidence of the disintegration of social organization as communities moved from unofficial to official status and accrued public resources and of the associated shift in priority health problems as the social organizational and resource bases of the communities changed. The information presented through map illustrations had an important influence on decisions about allocating health services resources to communities (Schensul et al. 1985).

Similarly, by mapping residential locations over time, the Institute for Community Research was able to show patterns of intraneighborhood, interneighborhood, and intercommunity mobility for each of Hartford's neighborhoods. The demographic data, portrayed visually, were immediately usable by educational policymakers for school-based planning (ICR 1991). These applications are useful for describing the arrangement of social variables in geographic space, for hypothesis testing, and for eliciting cognitive responses to research-driven questions reflected in such data.