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Abstract
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The active role of interpreters in narrative development in two cross-cultural studies in Thailand

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Abstract: *This paper details steps that were taken to ensure authentic narrative development in two cross-cultural studies of oppressed participants when interpreters were used actively in the research process. The recent interview-based studies of migrants from Burma*[1] *living in Thailand highlighted some important issues of narrative methodology and analysis when interpreters were used not just as language translators but as cultural conduits. Recruitment, selection and training of the interpreters were important, and review of their translations was essential, in ensuring that the narratives were authentic. Throughout the interview-based cross-cultural studies we learned to understand the complexity of narrative methodology and analysis in exploited populations; appreciated that a 'life story' is complex and determined and shaped by socioeconomic and political forces; and identified ways of optimising the active role of interpreters in narrative development in cross-cultural research.*

[1] *In 1989 the State Law and Order Restoration Council (SLORC) of Burma (now the State Peace and Development Council, SPDC) renamed Burma Myanmar Naing-Ngan. This article will follow South (2003) in retaining the country name of 'Burma'.*

Key words: *Cross-cultural, interpreter, narrative analysis.*

Introduction

Narrative inquiry using interpreters is an important issue in cross-cultural studies. In dealing with the structure and content of participants' accounts of specific aspects of their lives, it must convey understanding to people who speak a different language. While narrative inquiry foregrounds the 'personal stories' that reside within political structures that shape the parameters of participants' lives, narrative ethnography is challenged to hear those stories from oppressed people in exploited populations when interpreters are needed to bridge the language divide across cultures. In addition, although ethnography traditionally involves long-term immersion in cross-cultural humanitarian research, often researchers of exploited populations cannot remain at the research site for long owing to control of them by foreign governments (Ditton and Lehane 2009b). This imposed briefer period that researchers have with the target population increases the importance of interpreters.

The aspects of the migrants' lives that were of particular interest to us as researchers were:

- poverty level and health status as monitored in the health-related Millennium Development Goals (World Health Organisation 2007) (Study 1); and
- coping strategies adopted in relation to the social determinants of health (Commission on Social Determinants of Health 2008) (Study 2).

Both studies were conducted with participants who were unskilled migrants from Burma living in the Sangkhlaburi District of Kanchanaburi Province, Thailand, abutting the Thai–Burma border. Ethnic community groups were visited, and participants interviewed, within a radius of about 30 km from Sangkhlaburi town. This radius reached to an official Thai–Burma border crossing at the township of Three Pagodas Pass, which was one of our research sites.

The process of gathering migrants' accounts is complex, and requires an interpretive approach. There are five elements that make narrative inquiry distinct (Chase 2005):

- it is a particular form of talking about one's experiences;
- it communicates the narrator's opinions;
- it relates to social circumstances;
- it is socially situated interactive speech;
- it contains the researcher's interpretations.

Cross-cultural studies using narratives are even more complex when an interpreter is needed. The interpreter is made 'visible' (Jentsch 1998) when his or her role is actively acknowledged in the production and analysis of the data of the narrative, which is the ethical and epistemological position recommended by Temple, Edwards and Alexander (2006) and followed in this research.

Using Polkinghorne's (1995: 5) definition of narrative as 'a discourse form in which events and happenings are configured into a temporal unity by means of a plot', we gathered information, through interpreters, on health (Study 1) and coping strategies (Study 2) of migrants and their families from Burma living on the Thai side of the Thai–Burma border. In both these studies, the 'plot' consisted of multiple forms of oppression that constrained the choices available to the migrants.

This paper reflects on what we did to ensure a valid representation of the life experiences of the migrants we interviewed. It is a critical narrative inquiry, because it 'involves data analysis processes that build questioning about the analysis into the research design' (Daiute and Lightfoot 2004: xvii). Using a general constructionist approach, we focused on translation and interpretation (Temple, Edwards and Alexander 2006) as we took stock of our actions and role in the research process and critically appraised research relationships (Kincheloe and McLaren 2005: 328-30). We describe the processes of: recruitment, selection and training of the interpreters; direct observation as a means of interrogating interview transcripts; interpreter interaction with preliminary data analysis; and the confirming nature of key informants on interpreters' work. A few abstracts from migrants' narratives are presented to show their definitive form. The discussion deals with the boundary position of the researcher in cross-cultural studies; the interpretative process that acknowledges the triad of the researcher–participant–interpreter in narrative development; and finally, a case is put for the development of interpreter guidelines in cross-cultural research, especially when qualitative rather than quantitative aspects of understanding are sought.

Method

Details of the two studies

Both studies were approved by Human Research Ethics Committee of the University of New England, Armidale, Australia, and conducted with permission from the National Research Council of Thailand.

The Millennium Development Goals research (Study 1) used a mixed-method approach aimed at providing information that could be used to develop community-based projects that could help the village ethnic communities move nearer to achieving the Millennium Development Goals in their resource-scarce environment. Quantitative data were gathered about the health-related Millennium Development Goals and their indicators (United Nations Development Program 2000) from sixty-five women and one man interviewed from sixty-six households in ten migrant-communities within six villages in the Sangkhlaburi District. Examples of quantitative questions asked were:

- How many children do you have?
- Have you been ill in the last year?

Accompanying qualitative data were also obtained from the participants. Examples of qualitative questions asked were:

- Tell me what it is like earning your living here?
- How do you get help when you are sick?

Through the interpreter, we also asked questions about occupation, housing, life experiences and quality of life in order to gain an understanding of the context of the Millennium Development Goals statistics we collected.

Study 2 was an entirely qualitative study. It was conducted about a year after the first study and was aimed at identifying the important social determinants of health in the same migrant population, and the coping mechanisms adopted by the migrants as a consequence of these. Forty migrants were interviewed in depth for between one and two hours, and many were interviewed further, at least once, one to three weeks later.

Again, an interpreter was used. Examples of questions to elicit the migrants living experiences coping with the social determinants of health were:

- How did you come to settle in this village?
- How do you provide food for the children since your husband died?

Because of availability at the time, a different interpreter was involved in each study. Although the migrants were from different ethnic groups, they all spoke the Burmese language as well as their own language. The interviews were conducted in Burmese.

Interpreter recruitment, selection, and training

The interpreters translated the concepts of the research interview schedule from English into Burmese. Many of the research concepts were trans-cultural and universal; for example, health, housing, work, illness and birth. Under ordinary circumstances, these

concepts could be translated fairly simply. However, the target population in the Thai–Burma border community consists of oppressed migrants subject to exploitation, powerlessness, systemic violence, cultural imperialism and marginalisation, which cause poverty and inequality (Human Development Report 2009; Young 1990). These factors influence the attainment of good health, adequate housing, decent work, relief from illness, and good birthing and mothering experiences (Commission on Social Determinants of Health 2008). Because these concepts do not move across cultures easily, interpreters acting only as language technicians/translators would not be suitable for the research. We needed interpreters with whom we could work in the interpretation of the process of data production and narrative content (Temple 2002b). The interpreters needed to do what researchers normally do in interview situations within their own culture, and be able to:

- understand the context in which the questions were being put to the migrants;
- adjust the questions to elicit the information that the research context required;
- negotiate with the migrants so that their responses were appropriate to the intention of the research; and
- report the constructed migrants' narratives to the researchers.

The training of the interpreters was a bilateral and ongoing process throughout the research. In fact it could be described more as an exchange of 'intellectual biographies' between the researchers and the interpreter. 'Intellectual biographies' is Stanley's (1990) term to refer to understanding how we hold the views of the world that we do. Temple (2002a: 47) states that 'Researchers use their own lives (their autobiographies) to understand and interpret the lives of their subjects', as do interpreters.

In each study, we were assisted by a Thai non-government organisation, Pattanarak Foundation, that is active in the area. Initial meetings were held in the Pattanarak Foundation Training Centre at Viakady in the Sangkhlaburi District to discuss research implementation strategies. Pattanarak Foundation staff advised us about research sites, the means of approaching migrants, and ways of seeking informed consent. They also assisted us to find and hire suitable interpreters in the nearby town of Sangkhlaburi. We discussed working arrangements with the interpreters, including pay, hours of work, length of the project and travel, and mutual agreements were reached.

It was essential that the interpreters were themselves migrants from Burma and trusted by the participants. The interpreter–insider view of migrant health was formed by the interpreters' life experiences of escaping the worst of the migrant situation into a life of comparative good living and education. The interpreter from Study 1 was of Mon ethnicity and had travelled overseas with Burmese benefactors for additional education and returned to the community to work for the migrants to improve their circumstances. She lived in a two-room cement apartment with her mother and sister. The interpreter in Study 2 was of Karen ethnicity, married and lived with her family in Sangkhlaburi town. Both were women in their forties. The salaries we paid them helped both them and their families. Like people from most minority ethnic groups from Burma, they spoke Burmese as well as their ethnic language; English, as they had been educated in Burma to tertiary level; and Thai, because they had migrated to Thailand several years ago for a better life.

In each study, the principal researcher (Mary Ditton in the first study and Leigh Lehane in the second) spent considerable time talking to the interpreter in advance of the data collection and making sure she was familiar with our methods and goals. Subsequently, in each case, the interpreters, both of whom had community work experience, assisted the migrants in understanding the research and its purpose, the concept of informed consent, and the fact that maintaining confidentiality was of paramount importance. All migrants approached in this way were happy to participate in the projects.

Transcripts, direct observation, and interaction between researchers and participants

We interviewed the migrants in their own houses (usually bamboo huts) in small villages or ethnic communities, learning about their living and working conditions and how they raised their families. Although language was a barrier between the participants and us, we could see the food they ate, the poverty of their surroundings, their body language and the looks on their faces. The context of this 'situated interaction' was clear (Temple, Edwards and Alexander 2006). Often neighbours would drop in and listen to the talk and contribute their thoughts about various issues. This neighbourly participation seemed to be common in the communities. It did not stop or interrupt the flow of the conversation, but rather expanded the details.

The production of data was influenced by the language translation from Burmese. The interpreters needed to reconstruct meaning for us in English from concepts originally expressed in the primary language. Creating dialogue with the interpreters about issues that arose in the interviews allowed us to test the accuracy of the data and the interpreter's commitment to seeking deeper information about the topics. Their prior knowledge of the projects gave them scope to influence the flows of narratives, if necessary, to keep the participants on track to record context and meaning vital to answering our research questions.

The interviews were a triadic affair between the participant, interpreter and researcher. They were not clean question and answer sessions, nor were they monologues from the participants. They were active exchanges where true understanding was sought. For example, participants often took us and the interpreters around their bamboo huts to show us what food they ate and how they cooked it; they talked about their sick children while they were holding them; and they walked with us to the local well to show us where they got water, and how they carried it back. When we thought a response was limited, we suggested more probing questions, and the interpreter asked these, provided they were culturally appropriate. The participants were not distracted by the three-way exchange. They were delighted by the attention, and wanted to tell us their story through the interpreter by any means they could. This willingness of the participants to work hard to make themselves understood was facilitated by the cultural affinity of the interpreter, and the fact that we were interested in the details of their lives and willing to spend time sitting in their huts and walking around their villages in order to understand more. There was more than adequate time for making detailed, hand-written transcripts.

We did not pay an incentive to the participants. However, we gave the children tennis balls and marbles. On one occasion, we approached a woman who would have agreed to participate, but was unable to because she had been suffering for four days with a tooth abscess, and her child had diarrhoea. We took her to the local hospital and paid for her

and the child's treatment. She and the child received several medications, and our interpreter translated the dosage regime from Thai to Burmese for her so she could understand how and when to use them. On another occasion, when a mother had no rice to feed her family we gave her 100 baht (about $4 Australian). In addition, when we were concerned about the health of a participant — for example, when a person had a history of coughing and weight loss and was possibly suffering from tuberculosis — the interpreter, through her community networks, arranged for the person to receive attention and we gave a small amount of money to assist.

Development of narratives and data analysis

The compiled narratives were reconstructions of participants' primary data from interviews that centred around the interpreters' translations of research questions in English. As mentioned above, as part of the interpreter training much attention was given to talking to the interpreters about the aims of the research. We explained why we were asking the questions so the interpreters understood the context of the questions and the research. This understanding allowed the interpreters to adjust the questions to elicit the information required in better or more appropriate ways.

In the triadic interview situation the interpreter was given free rein to negotiate with the migrants if they thought their responses needed more explanation, or if they thought that the participants did not understand the intention of the question. The participants' primary data interacted with the interpreter and the researcher before the narratives were developed. The participant–interpreter–researcher trio constructed the migrant's narratives actively. Consequently, the narratives were not primary data, or even secondary data. Perhaps they were tertiary data. As Temple, Edwards and Alexander (2006) implied, the influence of field-work relationships and language is an active part of data production and analysis in cross-language research. Inevitably in the construction of the narratives there is some preliminary data analysis.

The narratives were entered electronically each evening and analysed using the indicators for the health-related Millennium Development Goals (World Health Organization 2007) in Study 1, and the social determinants of health (Commission on the Social Determinants of Health 2008) and coping strategies in Study 2.

Key participants

Key participants, many of whom spoke English, were used to verify and supplement the interpreters' work and they gave a greater understanding of the context of the data. Many of the key participants were from the communities or from non-government organisations working with the communities, and their association with and knowledge of the migrants from Burma expanded the trustworthiness of the data-production process. These additional perspectives validated issues, highlighted inconsistencies, and confirmed viewpoints. We used viewpoints of the key participants to discuss issues with the interpreters. As there is always a risk of well-intentioned distortion by an interpreter, even when recruitment, selection and training are seriously conducted, evaluation was also very important. In light of information from key participants and discussion with the interpreters, where relevant, some participants were interviewed again to ensure that the constructed narratives under the participant–interpreter–researcher arrangement were meaningful and trustworthy.

The definitive results of Study 1 are published in the *Journal of Empirical Research in Human Research Ethics* (Ditton and Lehane 2009a, 2009b). Study 2 is the subject of a PhD thesis in preparation.

Examples of constructed narratives

In each study, with the aid of interpreters, the cross-cultural interviews yielded a similar picture — or at least a mosaic — of the way the migrants lived. Examples of extracts from the constructed narratives illustrating this are presented below.

The migrants identified themselves by their ethnicity, mainly Mon or Karen. Although the different ethnic groups generally lived separately in communities within villages, there was some mixing of ethnicities, and the migrants shared the experience of counter-insurgency violence in the ethnic civil wars in Burma.

Wah Wah, who was co-opted to become a carrier or 'porter' for the *Tatmadaw* (Burmese military), told us how he came to Thailand:

> I had malaria and told them I was going to buy herbal medicine to treat myself, and ran away. I joined with other porters who had run away and we stayed in towns, where they would not shoot us [unlike in the jungle]. I went to Moulmein to get treatment and met up with others and we all walked to Thailand.

The migrants were poor and lived in bamboo huts of one or two rooms, generally situated on the fringes of villages, away from small stores and access to roads. The villages were built on private, monastery or public land, and had varying levels of amenities and protection. There were no paved roads, waste-management services, or refrigeration. The huts had no clean water supply, and sanitation was inadequate or non-existent. However, about one third of the dwellings had one electric light. Cooking was done on wood fires or with charcoal portable heating. Domestic food production by households was rare and food was generally bought at markets, with small stores selling additional food and domestic items. Signs of wealth in some dwellings were a motorbike, television, locks on the door, a wardrobe for clothes, and primus gas cooking. The ultimate in wealth was a hut made of wooden planks rather than bamboo. Most households had mosquito nets, but many had holes in them and usually there was only one per household.

Htoo Htoo was eighty-five years old. He lived alone in a bamboo hut without any amenities, and told us:

> Once a day I walk down the hill to bathe in the river. I carry water back for cooking and drinking in a plastic bottle. I walk with a stick, and I am afraid of dogs, which do not like me, and worry me.

Some participants spoke of their poverty as a result of lowly paid, irregular manual labour. There was often insufficient money for daily rice (the staple diet), health costs, transportation, or children's education. Some families were in debt, which they reported was as a result of borrowing for food or to pay fines. Usually the men went out to work, or sought work or food, during the daytime while women minded children. Many children did not attend school. Most of the migrants could not speak Thai and this deterred them from seeking access to educational or health facilities. Few households

contained a wage-earner with a full-time job. Most young people were married by 21 years of age and started a family soon after. Many of the women had large families (up to ten or eleven children) and few used any form of contraception.

So Ro Jar, a woman of 53, was the sole provider of food for her husband, sick with tuberculosis, and her five remaining children:

> My family often does not have enough food. I do not mind what work I do. Sometimes I cut grass on farms. Sometimes I mend umbrellas for 50 baht [about $2 Australian dollars] a day. Sometimes I walk a long way to the forest and scavenge for food such as beetles, vegetable shoots and fruits. I asked around for work at the Sangkhlaburi markets, and obtained a job one day a week doing laundry for 70 baht for the day, and I have to walk 4 km each way.

So Ro Jar had just completed six-month's treatment for tuberculosis herself. However, because tuberculosis is chronic, and mainly affects the young and the elderly, it is sometimes endured without help being sought.

Although the women were willing to talk about tuberculosis and maternal and child health matters, they were reluctant to talk about HIV/AIDS, conveying the idea that knowledge of the topic was inappropriate in their lives. However, HIV/AIDS was prevalent and the families who had lost sons and daughters from the disease felt intense shame about the cause of death and they said they felt uncomfortable in their communities.

Ei San, a 33-year-old widow, told us:

> After my husband was diagnosed with HIV infection he became very ill. He refused to take treatment to the end, saying he was ashamed he had the disease and just wanted to die. He died four years after the diagnosis and now I have to provide for my four kids alone. I do not want to know whether I am HIV positive or not and refuse to be tested.

Discussion

The boundary position of researchers in cross-cultural research

The outsider position of the researcher is obvious in cross-cultural research. Most often in humanitarian research, members of the target population cannot speak for themselves because of political oppression. Therefore, it is the researcher's responsibility to bring their story to the wider world. In these studies, we achieved a worthy representation of migrants by taking what Said (1994) called a 'boundary position' in relation to participant's vulnerability, and interpreting the narrative in relation to the limitations imposed on the lived space of the migrants by the socioeconomic and political forces operating on them.

In Beyer and Kass's (2002) advice about research in settings where human rights violations are suspected they suggest that researchers learn about the political and human rights conditions and get local opinions about local risks first. We did a feasibility study tour of migrant areas, and selected our research site, some months prior to undertaking the data gathering.

Beyer and Kass (2002) also recommend that informed consent be explained by trusted intermediaries of the participants. Informed consent is the cornerstone of ethical research. The ability of research participants to give informed consent is sometimes qualified or even compromised by the circumstances (e.g. of exploitation) in which they live. Researchers also need to consider concepts like undue inducement, poor understanding, historical expectations, and coercion (Pace and Emanuel 2005). Oppressed populations live in violent and restricted environments and often survive only through humanitarian aid from Western governments. Voluntary consent is hard to determine when these people live in a condition of subservience to outside agencies. The test, according to Pace and Emanuel (2005), is whether the researcher is gaining more than the participants in the exchange. Of course 'gain' is difficult to define, but it does imply that the research should be concerned about solving the practical immediate and long-term problems of living that the participants are experiencing, and not just enhancing the researcher's career with another publication. The favourable risk–benefit ratio must not lie with the researcher — meaning that the participant should not risk more than he or she will get in return. All of these concepts are difficult to evaluate. In the two studies referred to in this paper, we relied on honest and lengthy communication with the participants and their intermediaries to come to mutual agreement about the research and their participation in it.

Trusted intermediaries — a non-government organisation and interpreters

We used two levels of trusted intermediaries to assist the participants to comprehend the information about the research and assess the risks of involvement and possible benefit that could arise from it — the Thai non-government organisation Pattanarak Foundation, and the interpreters.

The migrants from Burma were familiar with Pattanarak Foundation, as its staff visited the migrant communities frequently helping them learn the rudiments of sustainable farming and pig, fish and chicken rearing; taking children to be enrolled at school; retrieving women abused in domestic help work from cities and returning them to their communities; providing food parcels to people with HIV/AIDS; educating young people on environmental issues and retaining ethnicity; and transporting people to hospital.

Pattanarak staff, through local leaders of communities (headmen), helped us enter the communities and approach individuals, and the migrants saw that we were 'with' Pattanarak and were reassured. Because the participants could not read or write English and they feared bureaucratic forms, the Director of Pattanarak Foundation suggested that consent be requested and recorded verbally.

The interpreters were trusted intermediaries of the participants because of their 'belonging' to the participants, being also migrants from Burma who had sought refuge in Thailand. They shared ethnicity, networks, solidarity, knowledge and background of oppression at home in Burma and in Thailand with the participants. They were politically aligned with Aung San Suu Kyi's 'war of endurance' — using the political conscience and freedom of Westerners to work for human rights for people in Burma and for those that had fled Burma (Wintle 2007: 401).

The interpreter is not only important as a trusted intermediary of the participants to facilitate informed consent, but also important in the faithful recording of participants'

narratives. Traditional ethnography involves long-term engagement in a culture or community (Chase 2005: 659), but when investigating oppressed populations it may not be possible for foreigners to stay in the research site for long periods (Ditton and Lehane 2009b). Rather, they rely on shorter periods of involvement and ongoing contact with community networks and key stakeholders to truly understand the experiences of those they represent in findings and discussion of the empirical work.

The interpretive process

Our research used an 'active interpreter model' (Pitchforth and van Teijlingen 2005), allowing the interpreter herself to shape many questions and keep the flow of the conversation going with the participant. The constructed narratives were a worthy depiction of the lived experience of the cross-cultural and oppressed 'other', because this model energetically pursued details that illuminated the lived experiences of the migrants. Rich information was gathered that was confirmed by direct observation and key participants' perspectives. Geertz refers to this as 'thick description' of particular events, rituals and customs. Thick description refers not only to the microscopic detail of descriptive data but also to the interpretation of those data in their cultural context (Geertz 1973, reprinted in Bryman and Burgess 1999: 346-68).

Our sensitive interpreters participated in 'representation, legitimation and praxis' (Denzin and Lincoln 2005: 19) by learning about the research inquiry process, engaging the participants with probing questions that we sought answers for, and tracing similar issues through the responses of one participant to another. In each case, we had an ongoing dialogue of thought-provoking analysis of interviews with interpreters and participants at the time of the interview and with the interpreters as we moved from one participant to the next and at the end of the day. This reflective dialogue, described by Temple, Edwards and Alexander (2006), encouraged the interpreters to feel an essential part of the team, and allowed us to pinpoint possible problems caused by language differences in concept and word meaning. Sometimes, it also made us retrace our steps back to the participants if it was necessary to clarify issues in their constructed narratives.

Need for interpreter guidelines

Guidelines need to be developed when interpreters are used actively in narrative development in cross-cultural studies. This paper contributes to the development of those guidelines by explaining what processes were undertaken to verify the reliability of the constructed narratives that were obtained. Professor Patricia Marshall (2006) has written a good review on informed consent in international health research and covers many issues relating to interpreters as intermediaries cross culturally. This research highlights some other areas of concern with linguistic interpreters in cross cultural research, namely:

- research ethics involved in recruitment, selection, and engagement of interpreters;
- training requirements of interpreters; and
- evaluation of interpreters' roles in interviewing, data analysis, and narrative construction.

Although the 'interpreter effect' on cross-cultural research has been noted (Jentsch 1998) and the push to render the interpreter visible in cross-cultural research and

methodology is acknowledged, the ethics of interpretation has not been explored fully in cross-cultural qualitative studies. In this study we used interpreters who were of the same culture as the participants, so that the cross-cultural issue was between the researcher and the participant-interpreter, although there were sub-cultural differences between participants and interpreters in terms of poverty levels and sometimes ethnicity. There would be another level of complexity again if the interpreter were of a different culture to both the participants and the researcher.

Interpreters require cultural as well as linguistic knowledge of the community being researched and preferably some training in the discipline of the research. Rapport between researchers and interpreters needs to be developed, and understanding about the nature of the interviewing needs to be reached. The training of the interpreters is a bilateral and ongoing process throughout the research. Confidentially of participants information should be discussed. Creating dialogue with the interpreter about issues that arise in the interviews allows the researcher to test the accuracy of the data and also to test the interpreter's commitment to seeking deeper information about the topics in the interviews beyond the surface answers that are first given by the participants. This process goes some way to teaching the interpreter about in-depth interviewing (Minichiello, Aroni and Hays 2008) and generates richer data. Following our research (Study 1), one of the interpreters has embarked on her own Master's research project using similar in-depth interviewing techniques.

The value of the constructed narrative in cross-cultural research rests on the transparency and integrity of the participant–interpreter–researcher triadic relationship. More research into this relationship would improve cross-cultural research so that the reality of the lives of oppressed people would more meaningfully reach an audience.

Conclusion

In this paper, we present the processes that we followed in developing narratives obtained from participants in oppressed migrant communities in two cross-cultural studies in Thailand. The narratives were necessarily 'constructed' within the triadic relationship of participant–interpreter–researcher.

Acknowledging the construction of the narrative is important in being honest about critical ethnography as methodology, and critical narrative inquiry as method, when research is done across cultures and an interpreter is used. The five elements of narrative inquiry that make narrative inquiry distinct (Chase 2005) recognise the researcher's interpretations in the development of the narrative. Cross-cultural research necessitates that the interpreter's interpretations also be included in that development.

The processes used in the development of a meaningful and trustworthy, yet constructed, narrative involved recruitment and selection of suitable people as interpreters. In our case, these people were adequate linguistic translators; culturally competent in the research field; and able to grasp the link between our aims and questions, and render those questions appropriate to the cultural situation. Training of the interpreters was active and ongoing throughout the research. Our direct observations and participation in the interview process, together with information from key informants, provided a means of evaluating the participant–interpreter–researcher output. There was a continuous cycle of reflection on the data with the interpreters, and as a result some participants were re-interviewed to adjust original perceptions and

clarify issues. The interpreters were active in discussion and negotiation of informed consent with participants, active in in-depth interviewing and data collection, and active in narrative construction and data analysis. Training of the interpreter focused on getting authentic information from participants.

As part of the process of improving narrative ethnography, guidelines in making interpreters more visible would enhance narrative methodology and analysis in cross-cultural studies. In detailing the processes undertaken in two cross-cultural studies in Thailand, this paper contributes to the development of those guidelines.

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