Empathetic Sensibilities in the Practice of Cct-Inspired Research

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What unites and distinguishes consumer culture theory and interpretive consumer research is not simply the desire to generate theoretical insights (Arnould & Thompson 2005), but the methodological sensibilities brought to consumption contexts and challenges encountered through participation and immersion. Exploring researcher vulnerability through the lens of emotional exchange, we bring to the fore the terrain of interpretive consumer research in “sensitive” contexts (Renzetti and Lee, 1990). We show that work in such contexts has important consequences for research practice and that it places empathy centre-stage, to reveal reciprocal processes of meaning-making and identity reformulation through exchange.

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without preconceptions, open to experiencing it and embracing vulnerability first hand, as a reflection of the diversity of humanity.

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The paper is drawn from a study that sought to extend the notions of brand community to the domain of a social support community where the brand can be understood as the illness or its symptoms that community members have in common. In this context people are brought together not only by the need for social support and community caring, but also by the need for self-transcendence through being involved in various ways in collective identity work where projects of individual value become objectified through collective efforts to create and recreate social and cultural identities. In terms of the substantive research objectives of the study, the work reveals that interpretive research in the empirical setting of an at-risk community of caring not only helps to illuminate how consumer interaction resocialises commodities as branded goods or services, it also reveals that consumption practice generates community through socializing individuals into a network of social relations marked by mutuality and emotional bonds. In addition to those insights, the researcher’s reflexive account of the data generation processes, including the detailed interaction episodes between informant and researcher, reveals that a variety of “empathetic sensibilities” undergird the subtle processes of identity work and exchange that drive negotiations. Those “empathetic sensibilities” come with an emotional cost and it is the character of those costs that we seek to consider via a reflexive accounting of the data generation processes.

Building upon the insights developed in the previous two papers and taking our cue from previous consumer research into at-risk groups living with serious illnesses (Adelman 1993; Katz 2002; Pavia and Mason 2004; Wong and King 2007), this study seeks to explore the context of people suffering from multiple myeloma.1 Arnould and Thompson propose that as consumer culture theorists we answer the call “for consumer researchers to broaden their focus to investigate the neglected experiential, social, and cultural dimension of consumption in context.” (2005, p.869). In this paper, we argue that what unites and defines CCT and interpretive consumer research (IRC) scholarship is not simply our theoretical and conceptual toolkit, but also the methodological sensibilities we bring to the task of unpacking and working within critical consumption contexts and the challenges we encounter when researching and immersing ourselves in such contexts.

In this respect, we explore researcher vulnerability through the lens of emotional and empathetic exchange, bringing to the forefront the unforeseen terrain of consumer culture theory, focusing upon its associated “sensitive” contexts (Renzetti and Lee 1990). The practice of both CCT and ICR-inspired research within such contexts demands an empathetic sensibility towards those researched, a sensibility characterised by the forging of social bonds which we believe are central not only to the gathering of high-quality data but also the task of generating meaningful insights, for as Harrison et al. suggest: “To get good data—thick rich, description and in-depth intimate interviews— we are enjoined to attend to reciprocity in our method.” (Harrison et al. 2001, p.323). Empathetic exchange attends to the imbalance of power between the researcher and the researched. Reciprocity thus acts to empower the researched: “Through judicious use of self-disclosure, interviews become conversations and richer data are possible” (Harrison et al. 2001, p.323). The invitation we make to respondents to tell their stories results we argue in emotional exchanges wherein the sharing of vulnerabilities is essential. However, such an exposure brings in its wake a dual burden—to those researched, who recount their difficult experiences—but also to the researcher in terms of the psychological costs of entering this sensitive terrain. Through attempts to empathise with the respondent the researcher, to some degree, assimilates the threats and risks recounted—the fear of illness, concerns about relapse from remission, the inevitability of death and dying. Such emotional exposure is re-lived and recounted through the passing months and years. When attending to the responsibility of data analysis and making a theoretical contribution we take on the weight of re-telling stories of struggle and hope, especially when we reflect upon those departed.

Work in such challenging contexts we argue has important consequences for the practice of consumer research—placing empathy centre-stage—to reveal the processes of meaning-making and identity re-imagination which individuals encounter when diagnosed with a serious illness and forcing us to reconsider the limits of the traditional patient role and the possibilities of agentic practices brought forth. To share this journey is not without its psychological costs and emotional risks; but we must not avoid these sites simply because they are difficult; rather, we must look to our discipline to better equip us for the challenges that practising such research brings in its wake.

REFERENCES

1Myeloma is an incurable form of bone marrow cancer. It is estimated that there are 75,000–100,000 myeloma patients at any one time in the USA, and upwards of 15,000 in the UK. Symptoms of this disease include pain, bone loss, anaemia and immune system suppression. Treatment for the disease is usually in the form of gruelling courses of chemotherapy and/or stem cell transplantation. Patients may have the disease for several years and it is characterised by periods of active disease and remission (Durie 2003).


