“What Does a Gal Have to Do to Get a Guy to Talk?” (Or: Research Is a Gendered Process)

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ABSTRACT

Not only is gender a phenomenon worthy of research attention, it is also a force at work within the research process. We report the first author’s observations of gender dynamics in a study on healthcare service experiences using the Memory Work method. Gender shaped research processes and experiences in the research design, recruiting, and data collection stages including effects on the researcher’s behavior. These observations raise issues that all researchers, not just gender researchers, should consider. How might methods favor one gender? How does a sample’s gender composition affect the data? How does gender influence the researcher?

Despite the debate among theorists on the finer points of categorization, interpretation and operationalisation of gender (see Palan 2001), most theorists seem to agree that gender is a multifaceted, dynamic phenomenon. Through the social constructionist lens, gender is seen as “an ongoing process of negotiating cultural expectations of femininity and masculinity” (Seigfried 1996). And while it is regarded as a fundamental and institutionalized dimension of social life, gender is an aspect of our selves that we constitute and then re-constitute through our interactions with others (West and Zimmerman 1991). We ‘do’ gender many times daily.

Gender is best understood as a process, not an outcome. This notion is firmly grounded in the argument that because meaning is always deferred, gender is indeterminate and ever-changing, ‘produced’ by the human subject within the framework of specific times and locales. Gender is always being constructed, and therefore never fixed nor finite (Halford and Leonard 2001). Contemporary feminism reflects this approach to gender, holding that because social relations are so precarious, gender must be transient by nature (Barrett and Phillips 1992).

Research into gender reflects the development of our understanding of the phenomenon. Whereas research once investigated gender as a simple property of autonomous individuals (see Gilligan 1982), now researchers into gender must meet the challenge of exploring it as one complex dimension of the matrix of socio-cultural and historical circumstances in which we locate ourselves (Olesen 2000). It is important that our research enables us to honour the individual variations
human beings bring to gender, as well as recognising the common patterns and collective expressions of gender that are shaped by the social processes of our lives. Moreover, in order to reflect the complex and fluid nature of gender, our research agendas need to embrace new and experimental approaches that represent the evolving experience of gender for participants.

Finally, ‘gender’ should not remain merely a keyword in our project titles or a final outcome of our research – we need to be aware that gender is an integral part of the entire research process. Research is a coordinated activity of interpersonal exchange, shaped by social conventions - participants are doing gender as they speak. Research practices need to be sensitive to the notion of gender as a ‘work in progress’. Recognising, respecting and responding to gender as a vital dynamic at work in our research processes gives us a chance to enhance the research experience for participants and ultimately to improve the quality of our research data. Along with these benefits though, acknowledging research as a gendered process raises urgent issues and matters for inquiry for us as researchers.

Our insights of research as a gendered process emerged from a study of gender and patients’ trust in healthcare providers. These insights are based on the experiences of the first author as a white middle-aged, middle-class female qualitative researcher. We present them as a starting point for personal reflection and methodological dialogue. Following an outline of the research interests and design, this discussion paper is organised into sections that correspond to general stages in the qualitative research process, in which we describe our observations of gender at work.

THE MEMORY WORK STUDY

The research, for a PhD thesis, investigates gender and patient trust around the main research question “How do male and female patients experience trust in primary healthcare practitioners?” It explores both differences and similarities in the trust experiences of the male participants, and of the female participants. The study also works between genders, looking at the common dimensions of patient trust for men compared to the women. There are two groups involved. The first author took the role of facilitator with a group of four males, and worked as a participant in a group of five females. We use the qualitative methodology known as Memory-Work (see Friend and Thompson 2000), a method that is particularly useful for studying gender.

There are three phases to Memory-Work:
1. Each participant writes a detailed personal narrative, or ‘memory’, on a particular topic (chosen by the group);
2. Participants come together to read and discuss their narratives. In this group-work stage, the participants themselves analyse and interpret the narratives for the ‘common’ sense or the social aspects of the experiences common to the group, and the processes used to make sense of them. In our study, both groups had five of these sessions lasting three hours each.
3. Finally, the group’s analyses are related to other theories. An individual researcher using Memory-Work for a thesis does this theorising alone, but it can also be done by the group itself (see Cadman et al, these proceedings;
Memory-Work is a collective and deconstructive social method of inquiry. A group of German feminist researchers and scholars who were dissatisfied with the dominant cultural ideologies and research methodologies devised the method (Haug and Others 1987). It differs in several crucial ways from other qualitative methods such as accounts and case history methods.

The ‘texts’ of Memory-Work are individual, written memories. Memories offer the advantages of enabling participants to review problematic episodes and actions from their pasts. These memories describe what was subjectively significant about past events and actions. They provide participants with a base for trying new resolutions to past conflicts and contradictions, or understanding episodes now that were experienced as unintelligible then. Memories also give participants opportunity to see how they have ‘constructed’ themselves, in a way that the talk of accounts and case studies cannot (Crawford et al. 1997; Haug et al 1986). This last characteristic gives Memory-Work the potential to be empowering for participants. Other distinguishing characteristics of Memory-Work will be discussed in the following section.

Memory-Work was especially appropriate for this inquiry because of its history of application in gender research. The method was developed specifically to explore a gender issue; namely, women’s gender socialisation and its relation to the process of sexualisation of the female body. Since then scholars have used the method for research into various feminist and gender topics. Memory-Work is particularly well-established in Australia and New Zealand as a qualitative method for exploring gender. It has been used for researching gender in the marketplace, in such studies as the student consumption of leisure activities (Friend and Grant 2001), and consumer satisfaction and dissatisfaction in retail exchanges (FitzPatrick, Friend and Costley 2001; Friend 1997; Friend and Rummel 1995).

Because it was designed for women at a time when their realities were typically neither seen nor heard, Memory-Work seemed a good way for our research to ‘hear’ the trust experiences of these male and female consumers. It is easy to view both male and female patients as comprising marginalised groups in a discourse context in which power is both appropriated by and relinquished to the practitioners. Moreover, its focus on socialisation processes makes Memory-Work ideal for understanding gender as one aspect in patients’ socialisation as healthcare consumers.

Its historical basis remains relevant. The method’s creators viewed gender as a process whereby women and men, “as subjects within culture, are ‘made’” (Haug and Others 1987, p. 14). They saw gender as a phenomenon that is constantly being produced anew by individuals who, as active agents acquiesce in the social relations of their situations, but also unconsciously participate in the construction of gender as a social structure (op. cit.). Clearly, this is in line with current conceptions of gender. Memory Work’s acceptance of gender as a process suited it to this study.

The notion of gender relationality, that we live out our masculinity and femininity relative to others of the same gender and to others of different gender, is one of the important tenets
of feminist ideals and practices within gender research (Brabeck 1996; Lykes 1994; Penaloza 2000). The Memory-Work framework leads us to identify differences between individual experiences and also to find the shared gender patterns and processes that link those experiences. Moreover, its focus on both the differences and similarities among and between genders allows us to explore gender as a relational phenomenon.

Memory-Work is a method that is flexible and adaptable by design, and has been implemented in numerous ways. The original method was structured around a set of underlying methodological principles presented as ‘guidelines’ rather than hard and fast ‘rules’. In conclusion to the method details, Haug cautions against rigidity in method, and calls for researchers to embrace diversity and use “imagination” (Haug and Others 1987, p. 71) in its application. This meant that we were able to extend to the male and female participants in this research an invitation to adapt the method to find the structure that best suited them, provided they followed the key principles.

Memory-Work has been used extensively with groups comprised solely of female participants. It has been used for research into a range of feminist and gender topics, e.g. emotion and gender (Crawford et al. 1992); gender and mathematical practice (Johnston 1998); gender and tourism (Small 1996); gender and the study of economics at tertiary level (Ingleton 1997); and gender and educational assessment issues (O’Connor 1998). Apart from use within gender and feminist studies, Memory-Work has also been used for researching women’s experiences of nursing practice (Mitchell 1991); leadership (Boucher 1997); the role of emotions in learning (Ingleton 1994); and consumer behavior (Friend 2000; Friend and Thompson forthcoming).

Few research projects have used the method with male participants only e.g. the construction of racist attitudes (Schratz 1996); and environmentalism (Davies 2000). Only one reported instance used Memory-Work with mixed gender groups. Undergraduate students used the method in an assignment to examine their consumption of leisure as a commodity (Friend and Grant 2001). Gender was not under study. Ours appears to be the first reported research using Memory-Work specifically to study gender with separate groups of female participants and male participants. As such, it provides an excellent opportunity to observe how different genders use the same method.

In summary, Memory-Work seemed the method that would best enable us to explore gendered experiences of trust as a socialised dimension of the relationship between healthcare service providers and their patients.

The following sections of the paper, corresponding to the early stages of qualitative research, detail our observations of gender at work in the Memory-Work research process. Rather than reporting the range of different ways individual participants expressed their gender throughout the study, these observations describe some of the shared patterns of behaviour among these particular participants. We present these details as personal observations and reflections only - in no way are they intended to be regarded as generalisations. These insights derive from the experiences of the researcher who worked face-to-face with the participants. Therefore when we report
DESIGNING THE RESEARCH

The research originally focussed on patients’ trust in their General Practitioners (GPs) specifically. This was partly because I was intrigued by the apparent reluctance of New Zealand males to visit their GPs - a reluctance reflected in our country’s growing rates of cancer and cardiovascular disease for men.

As a PhD candidate I saw the gap in the research on that topic as one that was just waiting for me to fill. And in my naivety I assumed that the New Zealand men surrounding me would be happy to tell me all about it. In the face of my bewilderment at a zero response from males on the original topic, one astute colleague asked gently if I had thought about why no-one had previously conducted research in this area. Realising that I might be struggling to find male respondents who were firstly, experienced and secondly, willing to talk about a trusting ‘relationship’ with their GPs, I revised the research topic, broadening it to any ‘primary healthcare practitioner’ instead of only GPs.

There might well be dimensions of gender that mean it is difficult for men or women to respond – as researchers we need to ensure our research is designed to be gender-friendly. Can women/men understand the topic? Are they, in fact, ‘experienced’ in the topic? Are they at ease responding to the research questions?

CHOOSING THE METHOD

In determining that Memory-Work was the ‘right’ method for my research, I must confess that initially I gave no thought to considering how comfortable respondents would be using Memory-Work. After several men had declined the opportunity to be involved, I began to consider that Memory-Work, with its emphases on personal stories, full details of the emotions experienced, and intense group work, might be a method that the majority of New Zealand men would find difficult.

We can use our knowledge of gender to ensure that we choose research methods that are not only appropriate for our research objectives but also respect respondents’ gender communication preferences. Our research methods must be flexible enough to adapt to suit any gender needs that emerge during the research process. Such development and refinement of our research methods will help to ensure that participants are able to ‘voice’ their experiences clearly and safely.

RECRUITING PARTICIPANTS

This was the stage where I felt gender had the biggest impact on the research process.

Initially, I printed 80 A4-sized posters calling for volunteers for the research, and put them up around campus. I personally gave them to department secretaries and asked that they be posted in high-traffic staff areas, e.g. tea-rooms, mail-rooms, photocopying rooms. Eight females contacted me in response to the poster, two of whom went on to become participants. No males responded to the posters. So I waited for a month. I talked to my supervisors about it, to friends and colleagues, to a sociology professor, a psychology professor, my Dad. In the process, I began to realise that what I could be dealing with here was a gender effect.
Recruitment Plan B began to take shape. I decided to stay out of the public places – the tea-rooms, the photocopying rooms – and go small, discreet and private with an ad in our university’s electronic events newsletter. Because I already had enough female participants, I was able to target males specifically. My strategy advisors at this stage were my supervisors, both experts in consumer behaviour; an expert in gender studies; a marketing strategist; and one of the university’s experts on teaching and learning. I was also consulting with assorted sympathetic males. I designed the ad very carefully. I got rid of the fuzzy words like ‘story’, ‘trust’, ‘relationship’. I stated as one of the goals of the research the aim to improve healthcare delivery to New Zealand men. On the advice of the marketing strategist I left out of this ad any specific details of the method e.g. it involved writing stories and group work; each group session would last for three hours; there would be five group sessions. This plan aimed to “engage” the men’s interest enough to have them phone me, at which point I made a time for a face-to-face meeting when I proceeded to “sell” to them the chance to be a part of this research.

The ad went in. Three men responded to it. A fortnight later, the ad went in again. Two men responded to it. No men signed up. I was left with two choices: Give up on men entirely or come up with another plan.

Applying both marketing and gender concepts to the whole experience so far, I came to realise that my ‘product’ was in fact being regarded by the men as very high-risk (perceived personal risk, ego risk, social risk, time risk), and involved a considerable gender-stretch. The most effective promotion for such an offering is Word of Mouth. So I abandoned the ad approach and concentrated solely on strategic snowballing – identifying likely prospects, talking through the research project with them, and asking them to recommend any males they thought might be interested. It was hard work but three months after the poster ads went up I had a group of four males sitting around my dining room table ready to do Memory-Work.

IMPLEMENTING MEMORY-WORK

Differences emerged in how the males and females in this study used the method as they worked through the data collection stage. We believe these differences are more examples of gender at work in the research process. These differences were most apparent in the groups’ choices of trigger topics, the content of their narratives, and in their analysis and discussion styles.

In choosing trigger topics, the men’s decision-making processes seemed to be more focussed and faster and produced very specific topics, e.g. “The first visit to a new General Practitioner”. The women’s choices of trigger topics appeared to involve more discussion, and resulted in topics that were quite broad, e.g. “Being vulnerable”.

The most noticeable difference between the men’s and women’s narratives was in the number of characters. The narratives of these women were heavily populated, peopled with Significant Others – partners, spouses, children, friends; as well as the other people present at various stages in the service encounter. In one particular narrative written by a woman about a visit to a dentist, there were 11 children and three adults present. The narratives of the men’s group tended to focus on the individual male, in the role of patient,
and the particular healthcare practitioner involved in the encounter.

These females and males worked with the method differently. The men decided as a group to experiment with the structure of the method. One session they chose to begin by reading all the narratives first, then went back and analysed them separately to see if this gave them a clearer overview of the points of similarity and difference between their narratives. They also expressed concern that during the group work they were losing points or not developing ideas to their full potential. They decided to use a whiteboard during the next session to record main points. During one session these men also discussed modelling their findings so they could clarify connections between the points they were making. Such adaptations of the method by these men to make it ‘better’ for them to use, are not surprising when we consider that Memory-Work was designed originally by feminist researchers as a method specifically for women.

The groups differed in the focus of their work. These men seemed to enjoy working with their stories as a ‘group’ of narratives, and collectively theorising how the individual stories taken together displayed ‘male’ experiences of trust. The women appeared to enjoy working to uncover the intimate details of the network of relationships underlying each individual narrative.

Several times during the course of data collection, one or another of these men would check with me that I was getting what I needed, that they were doing the job right. These regular checks suggested that these men had a task-orientation toward the research. The women relished the social aspects of their sessions and it was not unusual for the session proper to start 30 minutes after everyone had arrived.

Finally, each group accomplished closure quite differently. I was aware that because of the intimacies shared and the bonds established, it was important for me to take a proactive role in managing the groups’ closing ceremonies. I very carefully scripted the words beforehand, put much thought into choosing personal thank-you gifts, then structured the closure so that it flowed naturally and had the participants leaving with an appreciation of individual accomplishment, and pride in the value of the work they had done together. This was not enough for these women. “This feels really strange - I don’t want to go,” wailed one participant. They did not leave the room until they had made arrangements to meet for lunch six months on, an arrangement that effectively continues their relationships with each other. The men, on the other hand, seemed quite comfortable saying their final goodbyes to each other on the day.

GENDER OF THE RESEARCHER

The researcher does gender too. While theorists acknowledge that the gender of the researcher influences participants (Denzin 1989; Fontana and Frey 2000; Oakley 1981), I observed the inverse as well; participants’ genders influence the researcher. I behaved differently with the two groups.

the men and orange syrup cake for the women.
I dressed differently for the two groups. I dressed ‘down’ for the women’s group, into jeans, to be one of the group. I chose my clothes for the men’s sessions very carefully, aiming for a casual, self-assured, androgynous look. I needed to be able to move physically around the group in a totally a-sexual manner; but also managed my clothes to send a relaxed, confident, professional facilitator message.

I behaved differently - much more relaxed as a participant in the women’s group; continually ‘checking up’ on my behaviour in the men’s group. Was this because, as a female researcher operating within a paternalistic social system, I was treating the women’s data as less important than the men’s? Was it because, as the solitary female with a group of males, I had to work harder with the men to establish and maintain my trustworthiness? Or, was this New Zealand woman merely out to minimise her presence among the men? Understanding the dominant gender discourse of the individual researcher may reveal answers. Questions such as these underscore issues about the effects of researcher gender on the participants and their data; and how researchers frame their roles and their responsibilities according to the gender of the participants.

Researchers need to be reflexive. That is, we need to reflect on how our behaviour as gendered individuals affects the research experience of our participants. Doing so will enhance our awareness of the gender interplay between researcher and participants, and help us manage the effects more proactively and responsibly.

DISCUSSION

Gender effects have emerged at every stage of our research thus far: research questions and design, methodological considerations, and implementation. At times the effects have been clear and dramatic, e.g. recruiting participants. At other times the gender dynamic has been obvious only in retrospect, e.g. the choice of food provided by the researcher. We reacted deliberately to gender in some cases, e.g. changing the research question to make it easier for men to respond. Other reactions, such as the food choice, seemed to have been subconscious responses to gender at work. This particular research is not complete – data analysis, interpretation and reporting remain to be done. How will gender manifest in these stages? As always, the challenge will be to recognise gendered dimensions and respond with integrity.

In summary, Memory-Work has proved to be a valuable method for exploring gender. The method’s flexibility allows the researchers and participants alike to adapt it to suit gender needs and styles as they emerge. In this way, Memory-Work provides us with the methodological freedom to express and explore gender, both in relation to the research question, and as it is expressed in interaction with others and the method itself. Finally, implementing and observing Memory-Work in progress has highlighted for us how very gendered the research process is.

CONCLUDING COMMENTS

At the end of data collection it is clear that gender is not something that participants take off before the microphone goes on. Gender is right there with us – a vital and exciting part of the whole research process. The research experience raises issues that all researchers, not just gender researchers, must consider urgently. Do our research methods favour one gender?
How do single gender groups affect the data compared to mixed gender groups? What effect does the researcher’s gender have on participants? -- on data analysis? Does gender have more effect in certain research contexts, e.g. qualitative/quantitative research, sensitive topic/non-sensitive topic?

Until scholars formally answer such questions, we are obligated to apply our current knowledge of gender to our own research processes. We need to consider gender right from the beginning stages of our research design – establishing our objectives and articulating our research topic(s). As we move through the research process, we need to be aware of gender’s potential impact, and be prepared to react responsibly and with sensitivity. Honouring gender as a critical factor ‘at work’ throughout research assures us of better quality data and a more enjoyable journey through our projects. It will ensure that our research -- into gender or otherwise -- is more respectful, ethical, sympathetic and useful for our participants.

To get our participants to talk we must respect the gender in them.

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