

## Research on couples: are feminist approaches useful?

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### Abstract

**Title.** Research on couples: are feminist approaches useful?

**Aim.** This paper is an exploration of the utility and value of feminist approaches when undertaking narrative-based research with partner dyads (within both heterosexual and same sex partnerships) and when researching sensitive issues.

**Background.** Adverse life events or conditions experienced by individuals have been found also to have a negative impact on their partners. Most literature addressing partner issues uses quantitative methods, and existing qualitative research on couples has traditionally interviewed only one person in the partnership or coupled partners together. There is little discussion in the literature about the use of feminist research when researching male perspectives and experiences, and even less discussion of the possibilities that feminist research methods bring to the study of couple dyads.

**Discussion.** Qualitative methodologies informed by feminist perspectives, including issues of reciprocity and self disclosure, can be used to unpack structural, personal and political issues related to couples' experiences. A feminist approach allows us to show that the origin of oppression is not personal but very much about power and that men as well as women, regardless of their sexuality, may experience the effects of oppression. Narrative and story-telling complements feminist research because of the value it assigns to the storytellers.

**Conclusion.** To care for women effectively, we must also consider the experiences of their partners as the health of one partner has the potential to impact on the other. The concept of oppression is not absent, but indeed is illuminated, in the lives of some men. Gathering stories using feminist perspectives enhances respect and mutuality in the research process.

**Keywords:** couples, feminist research, narrative, nursing, qualitative research, reciprocity, self-disclosure

### Introduction

Nurses have a great interest in qualitative methods and have a strong research-based discourse around aspects of human experience; however, discourses around coupled experiences are not as strong, despite understandings that adverse life events or conditions experienced by individuals have also

been found to have a negative impact on their partners (Cano & Leonard 2006, Peters 2006, Roberts *et al.* 2006, Sanders *et al.* 2006). Furthermore, the ability of individuals to cope with various difficulties can affect all aspects of their relationships. However, there has been little research in nursing that looks at couple dyads both as a unit and as a partnership. There is value in considering individuals within

partnerships, and in acknowledging that both gender and outside influences may have an impact either directly or indirectly on the couple, differently and together. There is also a lack of discussion about what research methods might be used when working with couples. In this paper we explore the utility and value of feminist approaches, including issues of reciprocity and self-disclosure, when undertaking narrative-based research with partner dyads (in both heterosexual and same sex partnerships) and when researching sensitive issues.

## Background

Relatively few nurse researchers have worked with couples, and even fewer have used qualitative methods to do so. Thompson *et al.* (1995) interviewed couples together 1 month after a heart attack using an interpretive descriptive research design. More recent nursing research exploring couples' experiences of prostate cancer has used qualitative methods and interviewed couples together using semi-structured interviews (Harden *et al.* 2006) or focus groups (Harden *et al.* 2002, Sanders *et al.* 2006). Some researchers have used qualitative methods to gain insights into partner perspectives of a range of health issues. However, for various reasons, many of these studies focus on only one person in the partnership. For example, in a study exploring the experiences of Lebanese female spouses of survivors of acute myocardial infarction, Daly *et al.* (1998) did not capture the perspective of the male spouse.

Ideally, both partners within a coupled relationship should be able to contribute to research so as to allow better understanding of the potential impact of an illness or health issue on the coupled relationship. Literature on couples' counselling acknowledges that the dynamics of the couple need to be explored simultaneously with the individuals, taking into account both historical and current influences in their relationship (Jenkins 2006). By exploring partnered relationships, knowledge to build on knowledge derived from exploring individual experience can be gained. If both partners in a coupled relationship are given opportunities and encouragement to express themselves in relation to various issues and life experiences, then a broader range of issues may become apparent. In this way, research findings have greater potential to contribute to the health and well-being of the couples as well as the individuals who comprise them.

In this paper, we argue that feminist narrative methods have the capacity to contribute to understandings of human experience for individuals and couples, despite differences in gender or sexuality, by highlighting individual as well as

shared experiences within partnerships. We acknowledge that homosexual and heterosexual couples may essentially have very different issues to deal with; however, in the context of coupled relationships, there may be many similarities. There is a common perception that feminist research should be about women and undertaken by women (Webb 1993, Torkelson 1996). Feminist methodologies are characterised by a stance that works *with* women rather than *on* them, and these same methodologies have been used effectively to research and analyse the experiences of men and to unpack the complexities of masculinities (Connell 2001). Central to Connell's analysis of hegemonic masculinity is men's control over women through patriarchy. Connell is keen to show that, as with essentialised femininity, there is no single essential masculinity, but a raft of possible and potential forms of practices of masculinity. Such a view asserts that many men are oppressed by hierarchical patriarchal structures. Thus, the philosophical underpinnings of Connell's work are closely aligned with contemporary feminist theory (Lohan 2000, Connell 2001, New 2001). However, there is little discussion in the literature of the use of feminist research when researching male perspectives and experiences. There is even less discussion of the possibilities that feminist research methods bring to the study of couple dyads.

## Underpinnings of feminist research

An underpinning assumption of feminist research, as its second wave presentation in the 1960s, is that seemingly private issues can be fraught with public and political implications. Qualitative methodologies informed by feminist perspectives can unpack structural, personal and political issues related to couples' experiences. Such a perspective constitutes a key feminist theme that 'the personal is the political', meaning that 'the system' is experienced in everyday life (Stanley & Wise 1983, Smith 1987). That is, what happens in our personal lives is very much dependent on structural political and social forces. A feminist approach allows us to show that origin of oppression is not personal but very much about power and the structures power operates to keep in place. Men as well as women often do not, or cannot, conform to societal beliefs and practices and may therefore experience the effects of oppression.

Oppression is multi-dimensional (New 2001) and Jackson (1997) reminds us that 'feminism was born as a response to oppression' (p. 87) and further acknowledges that men also experience oppression. Men are dealt different hands under patriarchy, with dominant hegemonic masculinity insisting that men prove their manliness in specific heteronormative ways. In an attempt to oppose the oppressive nature of

hegemonic masculinities and define new masculinities, Men's Liberation was born. The new theories on masculinities are inclined to follow feminist principles that advocate social justice for the purpose of creating a more equitable society (Connell 1995). Stanley and Wise (1983) state that in order to resist oppression we need to know how and why it occurs, and with this knowledge we can prevent its occurrence. Couples who do not conform to societal mores, for example gay/lesbian or infertile couples, are liable to experience oppression both as individuals and as a partnership. Feminist approaches work well with couples who do not follow a pathway that is accepted by dominant sectors of society. Using feminist thinking and approaches, disempowerment from the research process of these couples can be minimised by taking into account the stories of both members of the couple.

### Gendered disparities in self-expression: fact or fiction?

Men are given fewer opportunities to tell their individual stories. For example, infertile men have previously been ignored, thought of as having the same story to tell as their female partners, or been presumed to have opposite or conflicting emotions and agendas about the whole concept of parenthood (Peters 2006). Findings of a study by Croyle and Waltz (2002) indicate that in general life situations men and women are equally aware of their emotions. However, Croyle and Waltz also found that emotional awareness related to intimacy or conflict within relationships was greater in women than in men. As infertility and involuntary childlessness involve issues of both intimacy and conflict, men may not emotionally register problems within their relationships.

Certain studies investigating emotional awareness and expressiveness attribute differences between men and women in emotional awareness and expression to learned behaviour (Moore & Haverkamp 1989, Kelly & Hutson-Comeaux 1999). Riessman (1993) acknowledges that men and women have different yet 'distinctive vocabularies of emotion' (p. 43). If this is the case, men's emotions, and more specifically their awareness of these emotions, may indeed be similar to those of women but expressed differently.

Historically, women are recognised as being more willing to self-disclose than men (Jourard 1964). If this is so, women may be easier to converse with than men, as they are more accustomed to telling their stories. Regardless of whether this assumption is accurate, it has been well-documented that level of disclosure increases in the presence of a positive relationship (Certner 1973, Mikulincer & Nachshon 1991, Dindia & Allen 1992).

While it has long been acknowledged that women may have various accounts of their lives, that is, that which is associated with the private and public spheres (Anderson & Jack 1991), there is growing awareness that men too may also have 'private' non-socially-accepted tales to tell (Peters 2006). The public perspective is heavily influenced by, traditionally, a dominant patriarchal stance, and constitutes a publicly-acceptable position to uphold. The private perspective belongs to the realms of personal experience; that is, it is commonly less socially talked about or less acceptable but nevertheless reflects the actuality of personal experience (Anderson & Jack 1991). Where these experiences vary from dominant publicly-acceptable positions, research participants' perspectives may be stifled and remain hidden. Participants may also convey issues relating to their partner's experience rather than their own. Therefore, listening to stories told by all participants, regardless of gender, and being vigilant and receptive to all possible viewpoints that they convey, is necessary to gain insight to the individual perspectives of both partners.

Apart from gender differences between parties to a conversation, a variety of other differences may warrant consideration regarding the type and quality of the stories collected. An interviewer's age, ethnicity, culture, sexual preference and previous life experience all influence the process of conversation (Hutchinson *et al.* 2002). Both Presser (2005) and Stacey (1988) argue that multiple power effects require a feminist reflexivity during the entire research process, including the interview as well as a 'research-situated dynamics [brought] into data analysis' (Presser 2005, p. 2087). Furthermore, feminist concepts such as self-disclosure and reciprocity also have the potential to influence the quality and richness of data collected.

### Self-disclosure

Researcher self-disclosure assists in building rapport with participants and therefore results in a richer narrative (Webb 1984, Polkinghorne 1988, Reinharz 1992). The term self-disclosure can be defined as the extent to which a person divulges information about themselves to another (Derlega & Chaikin 1976), and in research encounters self-disclosure is advocated by several researchers as good feminist practice; however, it is recognised that the disclosure requires careful use so as to not influence the participant's responses (Reinharz 1992). Reinharz illustrates this very point with an example from an interviewee, who reported that she was second-guessing what the interviewer wanted to hear based on what the latter had disclosed. To counteract the likelihood of this happening, it is possible to situate oneself briefly prior

to recording conversations but refrain from continuing to share, unless participants indicate that they are interested in knowing more. Unlike relationships that develop in a clinical situation, relationships between researcher and researched are not primarily care-based; instead, they aim to enhance an individual's comfort in divulging personal and often sensitive information without biasing the response.

Nevertheless, issues of personal comfort in disclosing information may arise. When conversing with participants, researchers are bound by confidentiality regarding participants' stories. Researchers themselves have no such privilege, nor are participants bound by confidentiality. Therefore researchers need to address these issues carefully and determine the level of self-disclosure they are comfortable with prior to embracing this principle. However, the previously-mentioned concerns are often significantly outweighed by the important benefits of self-disclosure for many areas of the research process, including recruitment, data collection and analysis (Peters 2006).

### Reciprocity

The aim of reciprocity in research is essentially to minimise inequality in the power relations between 'the researcher' and 'the researched' (Kleiber & Light 1978, Stanley & Wise 1983) and is defined as 'the condition of being reciprocal', 'mutual action' or 'give and take' (Moore 1997, p. 1126). The statement 'disclosure begets disclosure' (Jourard 1971, p. 27) illuminates the reciprocal nature of self-disclosure, which can be considered integral to the feminist principle of reciprocity. Apart from self-disclosing to participants, time needs to be invested in building rapport and engaging in mutual dialogue throughout encounters to contribute to a milieu of equality. Reciprocity also stems from the mutuality of interests in undertaking and participating in research. Both participants and researchers potentially gain something from such conversational encounters. Researchers gain the benefits of conducting and completing their research projects, and participant couples are given the opportunity to tell their stories to an attentive audience and be part of a study that has the potential to improve care and generate new knowledge and understandings about the human condition (Peters 2006).

### Stories, narrative and feminist research

Although the term 'story' has multiple meanings and contexts, it is commonly defined as 'a narration of a chain of events told or written in prose or verse' (Butterfield 2003, p. 1593). The art of storytelling is one of the most

enduring modes of conversation and remains one of the earliest skills learned and encouraged in our society. Kemper (1984) proposes that storytelling is the foundation of language that develops gradually throughout childhood, the content of which stems from our experiences. Life stories are particularly valuable when told for research purposes as they 'reveal how life events affect people and how people give meaning to these events' (Minichiello *et al.* 1999, p. 134).

The telling of stories can help to make sense of life events and provide understanding and bring meaning and order to an otherwise chaotic situation (Polkinghorne 1988). This point of view is supported by Pennebaker and Seagal (1999), who assert that 'painful events that are not structured into a narrative format may contribute to the continued experience of negative thoughts and feelings' (p. 1243). Research with couples has the potential to generate storied understandings from coupled persons both as individuals and a unit.

Frank (1995) explains:

Storytelling is *for* an other just as much as it is for oneself. In the reciprocity that is storytelling, the teller offers herself as a guide to the other's self-formation. The other's receipt of that guidance not only recognizes but *values* the teller. The moral genius of storytelling is that each, teller and listener, enters the space of the story *for* the other. Telling stories in postmodern times, and perhaps in all times, attempts to change one's own life by affecting the lives of others. (p. 17–18)

Frank (1997) also elaborates on the importance of those who are ill telling their stories in their own voices, particularly as medical categories operate by presenting an individual as not simply *having* but *being* the illness/disease. This labelling is not restricted to those in poor health. People are frequently interpellated (hailed) by the medical profession; for example, an individual who is unable to have children is perceived as *being* an infertile person rather than *having* a diagnosis of infertility (Peters 2006). A lack of individualisation becomes further apparent in the way in which people with a 'condition' or illness are categorised. Although there are numerous circumstances that may contribute to a person's diagnosis of infertility, they continue to be positioned as *infertile* without acknowledgement of the unique situation of each individual. This generalisation and interpellation of infertile childless people changes the identity of the persons categorised, if not personally, then certainly socially. Therefore, being encouraged to tell their stories in their own way may assist participants in retrieving their preferred identity independent of what is referred to in Frank (1997) as their *bailed* identity, which is the identity bestowed upon them by an institution.

In addition to assisting researchers to understand better participants' experiences, the storytelling approach may prove to be a therapeutic process for participants. We agree with Hutchinson *et al.* (1994) that catharsis often occurs through having the undivided attention of a genuinely interested party, and being able to convey innermost thoughts and feelings in a safe, non-judgemental and confidential environment. Also we suggest, along with Frank (2002), that 'being narratable implies value and attributes reality' (p. 5). Apart from the potential impact that research may have on the delivery of care for those who tell their stories, additional positive outcomes for participants may include a sense of being valued as worthwhile and narratable beings.

### Narrative and feminist approaches

A well-rehearsed point from a feminist perspective is that women's stories, mostly oral, have been subsumed and silenced by the written narratives of patriarchy. To overcome this, it is important for feminist research to recuperate women's stories through researched accounts of their everyday lives (to name a few, Gilligan 1982, Smith 1987, Haraway 1991). These recuperated stories are then presented as a counter to the dominant stories of patriarchy. From the perspective of the use of narrative analysis within a feminist framework, Silbergeid (1997, p. 159), suggests that 'although narrative exists as a space in which to reproduce the cultural dominant, it also serves as a valuable medium for contesting that ideological program'. This means that narrative and storying complement feminist research because of the value they assign to the storytellers. Furthermore, Gluck and Patai (1991) acknowledge that storytelling empowers individuals by validating their experience. Anderson and Jack (1991) identify barriers to hearing the 'honest voices' (p. 17) of storytellers as being the ability/inability of the interviewer to listen to and accept what the storyteller imparts. Anderson and Jack also advise that we listen critically to our responses as well as our questions during interviews, as both of these influence the information that participants feel comfortable in sharing, and contribute greatly to the structure of the story.

Etter-Lewis (1991) warns against the positioning of one 'centre' for all life experiences which has the power and authority to represent others, regardless of race, gender or social class, and advocates that all women's stories should be heard as told. Etter-Lewis states that 'We must replace male standards within our previous research paradigms with more equitable, realistic and culturally-appropriate measures.

We must cease to view the world around us in terms of duality and/or opposing pairs' (1991 p. 56).

### Confidentiality

Research that collects narratives from both members of a dyad poses some challenges regarding confidentiality. Whilst conversing with one partner of a couple, the proximity of the partner not involved in the conversation at that time needs to be taken into account. If participants are not comfortable disclosing information due to the perception that their partner is listening, the purpose of the encounter may be jeopardised.

Confidentiality between different participant couples is easily maintained; however, confidentiality between partners is more difficult as both would usually be aware of the other's involvement. Also it is reasonable to expect that participants will be able to identify their own partners through their stories. Tolich (2002) refers to ethical concerns about both internal and external validity when conversing with connected persons such as partnered couples, and suggests that consideration be given to joint interviews for the purpose of research to eliminate the risk of a breach of internal confidentiality. However, as Tolich (2002) acknowledges, data collected in joint interviews are rarely as informative as those collected in individual interviews. As the objectives of this type of research would normally include gaining individual accounts from both members of a couple, conducting joint interviews is not always a viable or acceptable solution. The problem of internal confidentiality needs to be addressed to protect participants from potential harm. Therefore, prior to the conversations participants need to be informed that, whilst confidentiality and anonymity will be protected as much as possible, there is a very real chance that their own partner will be able to identify their stories, and therefore confidentiality within couples or internal confidentiality may not be able to be maintained. This gives participants an opportunity to withdraw from the study or only divulge what they are comfortable disclosing to their partner. As well as this, participants can be offered a copy of their transcripts to give them the opportunity to review their text and confirm that they are comfortable with the inclusion of any or all information in reports and publications.

As this type of research involves conversing with both partners of a couple dyad, it needs to be anticipated that some participants may ask questions regarding what their partner divulged during their conversation. Prior to all conversations, it is necessary to emphasise that no information will be disclosed by the researchers about participants' stories and that their privacy will be maintained at all times.

### What is already known about this topic

- Couples' experiences are not well-researched, despite understandings that adverse life events or conditions experienced by individuals also have a negative impact on their partners.
- Most literature addressing partner issues uses quantitative methods, and existing qualitative research on couples has traditionally interviewed only one person in the partnership or coupled partners together.
- There is little discussion in the literature about the use of feminist research when researching male perspectives and experiences, and even less discussion of the possibilities that feminist research methods bring to the study of couple dyads.

### What this paper adds

- Men, as well as women, often do not conform to societal beliefs and practices, and may therefore experience the effects of oppression, and this has the potential to impact negatively on their partners.
- Feminist narrative methods have the capacity to attribute value to participants, and contribute to understandings of human experience for individuals and couples, by highlighting individual as well as shared experiences within partnerships.
- Feminist thinking and approaches, including perspectives of reciprocity and self-disclosure can minimise disempowerment from the research process and result in the collection of stories rich in experience.

### Benefits of feminist narrative research for nursing and healthcare

Awareness of the effect that both the actual condition and the inherited identity bring provides greater insight into individuals' and couples experiences'. Such stories can contribute to the knowledge base of nursing and thus have the potential to enhance holistic care. Eliciting participants' stories is vital to gain insight into the meanings participants attach to certain life event or events *they* considered particularly meaningful. Significantly, Frank (1997) stresses that stories are re-shaped as they are re-told, and become the [healthcare] professional's story of the ill person's story and therefore become part of their professional discourse. Using a feminist lens on such story-telling implies that such an appropriation would not occur, as the tale is never owned by the researcher.

Using a feminist perspective is likely to result in a more positive outcome of storytelling, thus enhancing our understanding of situations and individuals within those situations, with the hope for more holistic care (Bowles 1995, Benner *et al.* 1997, Banks-Wallace 1999, Pennebaker & Seagal 1999, Cronin 2001). Within individual stories, insights may be gained about the cultural, social and economic background of participants, thus increasing understanding about individuals in particular contexts. This contribution to knowledge has the potential to influence the care that is available to people (Banks-Wallace 1999). Intricacies within stories may alert readers to a variety of issues experienced by the storyteller, and may allude to the order of their preferred prioritisation. These intricacies serve to guide researchers in the interpretation of individual stories, thus assisting with the creation of new understandings which have the potential to provide meaningful contributions to nursing knowledge.

### Conclusion

Using feminist methods to interview couples could create controversy among scholars who avow that feminist research should be purely about women and for women. However, it is indisputable that men remain a significant part of women's lives. Irrespective of our social, political and sexual preferences, they remain our fathers, brothers, sons, friends and colleagues and, if heterosexually inclined, they are also our partners/husbands. Further to this, men can be advocates for women within men's conversations. To care for women effectively, we must also consider the experiences of their partners, as the health of one partner has the potential to impact on the other. Therefore qualitative research with couples may benefit men and women in both heterosexual and homosexual relationships. Furthermore, foremost in this argument is that the feminist concept of oppression is not absent, but indeed illuminated, in the lives of some men. Therefore listening to and collecting the stories of both partners attributes value to that couple. Gathering stories using feminist perspectives enhances respect and mutuality in the research process. The decision to use feminist perspectives of reciprocity and self-disclosure to inform and guide research on couples contributes to the collection of participants' stories that are rich in experience.

### Author contributions

KP, DJ and TR were responsible for the drafting of the manuscript. KP, DJ and TR made critical revisions to the paper. DJ and TR supervised the study.

## References

- Anderson K. & Jack D.C. (1991) Learning to listen: interview techniques and analyses. In *Women's Words: The Feminist Practice of Oral History* (Gluck S. & Patai D., eds), Routledge, New York, pp. 11–26.
- Banks-Wallace J. (1999) Storytelling as a tool for providing holistic care to women. *MCN, The American Journal of Maternal/Child Nursing* 24, 20–24.
- Benner P., Tanner C. & Chesla C. (1997) The social fabric of nursing knowledge. *American Journal of Nursing* 97, 16BBB–16DDD.
- Bowles N. (1995) Story telling: a search for meaning within nursing practice. *Nurse Education Today* 15, 365–369.
- Butterfield J. (Ed.) (2003) *Collins Australian Dictionary*. Harper Collins Publishers, Pymble.
- Cano A. & Leonard M. (2006) Integrative behavioral couple therapy for chronic pain: promoting behavior change and emotional acceptance. *Journal of Clinical Psychology* 62(11), 1409–1418.
- Certner B. (1973) Exchange of self-disclosures in same-sexed groups of strangers. *Journal of Consulting and Clinical Psychology* 40, 292–297.
- Connell R.W. (1995) *Masculinities*. Allen & Unwin, St Leonards.
- Connell R.W. (2001) Studying men and masculinity. *Resources for Feminist Research/Documentation sur la Recherche Feministe* 29(1–2), 43–55.
- Cronin C. (2001) Storytelling...“The future of nursing”. *Nursing Forum* 36, 4.
- Croyle K.L. & Waltz J. (2002) Emotional awareness and couples' relationship satisfaction. *Journal of Marital and Family Therapy* 28, 435–444.
- Daly J., Jackson D., Davidson P.M., Wade V., Chin C. & Brimelow V. (1998) The experiences of female spouses of survivors of acute myocardial infarction: a pilot study of Lebanese-born women in south-western Sydney, Australia. *Journal of Advanced Nursing* 28(6), 1199–1206.
- Derlega V.J. & Chaikin A.L. (1976) Norms affecting self-disclosure in men and women. *Journal of Consulting and Clinical Psychology* 44, 376–380.
- Dindia K. & Allen M. (1992) Sex-differences in disclosure: a meta-analysis. *Psychological Bulletin* 112, 106–124.
- Etter-Lewis G. (1991) Black women's life stories: reclaiming self in narrative texts. In *Women's words: The feminist practice of oral history* (Gluck S. & Patai D., eds), Routledge, New York, pp. 43–58.
- Frank A. (1995) *The Wounded Storyteller: Body, Illness and Ethics*. University of Chicago Press, Chicago.
- Frank A. (1997) Enacting illness stories: when, what, and why? In *Stories and Their Limits: Narrative Approaches to Bioethics* (Lindemann Nelson H., ed.), Routledge, New York, pp. 31–49.
- Frank A. (2002) Why study people's stories? The dialogical ethics of narrative analysis. *International Journal of Qualitative Methods* 1, Article 6. Retrieved 22/08/03 from <http://www.ualberta.ca/~ijqm/>.
- Gilligan C. (1982) *In a Different Voice: Psychological Theory and Women's Development*. Harvard University Press, Cambridge MA.
- Gluck S. & Patai D. (1991) *Women's Words: The Feminist Practice of Oral History*. Routledge, New York.
- Haraway D. (1991) Situated knowledges: the science question in feminism and the privilege of partial perspective. In *Simians, Cyborgs, and Women: The Reinvention of Nature* (Haraway D., ed.), Routledge, New York, pp. 183–201.
- Harden J., Schafenacker A., Northouse L., Mood D., Smith D., Pienta K., Hussain M. & Baranowski K. (2002) Couples' experiences with prostate cancer: focus group research. *Oncology Nursing Forum Online* 29(4), 701–709.
- Harden J., Northouse L. & Mood D. (2006) Qualitative analysis of couples' experience with prostate cancer by age cohort. *Cancer Nursing* 29(5), 367–377.
- Hutchinson S., Wilson M. & Skodol Wilson H. (1994) Benefits of participating in research interviews. *Image: Journal of Nursing Scholarship* 26, 161–164.
- Hutchinson S., Marsiglio W. & Cohan M. (2002) Interviewing young men about sex and procreation: methodological issues. *Qualitative Health Research* 12, 42–60.
- Jackson D. (1997) Feminism: a path to clinical knowledge development. *Contemporary Nurse* 6, 85–91.
- Jenkins H. (2006) Inside out, or outside in: meeting with couples. *Journal of Family Therapy* 28, 113–135.
- Jourard S.M. (1964) *The Transparent Self: Self Disclosure and Well-Being*. Van Nostrand, Princeton, NJ.
- Jourard S.M. (1971) *Self-Disclosure: An Experimental Analysis of the Transparent Self*. Wiley-Interscience, New York.
- Kelly J.R. & Hutson-Comeaux S.L. (1999) Gender-emotion stereotypes are context specific. *Sex Roles* 40, 107–120.
- Kemper S. (1984) The development of narrative skills: explanations and entertainments. In *Discourse Development: Progress in Cognitive Development Research* (Kuczaj S.A. II, ed.), Springer-Verlag, New York, pp. 99–122.
- Kleiber N. & Light L. (1978) *Caring for Ourselves: An Alternative Structure for Health Care*. Vancouver, University of British Columbia.
- Lohan M. (2000) Constructive tensions in feminist technology studies. *Social Studies of Science* 30(6), 895–916.
- Mikulincer M. & Nachshon O. (1991) Attachment styles and patterns of self-disclosure. *Journal of Personality and Social Psychology* 61, 321–331.
- Minichiello V., Sullivan G., Greenwood K. & Axford R. (1999) *Handbook for Research Methods in Health Sciences*. Pearson Education Australia Pty Limited, Sydney.
- Moore B.E. (1997) *The Australian Concise Oxford dictionary of current English* (3rd edn). Oxford University Press, Melbourne.
- Moore D. & Haverkamp B.E. (1989) Measured increases in male emotional expressiveness following a structured group intervention. *Journal of Counseling and Development* 67, 513–517.
- New C. (2001) Oppressed and oppressors? The systematic mistreatment of men. *Sociology* 35, 729–748.
- Pennebaker J.W. & Seagal J.D. (1999) Forming a story: the health benefits of narrative. *Journal of Clinical Psychology* 55, 1243–1254.
- Peters K. (2006) *Misguided Hope: A Narrative Analysis of Couples' Stories of Childlessness Despite Treatment with Assisted Reproductive Technology*. Faculty of Health Sciences. Flinders University of South Australia, Adelaide.
- Polkinghorne D. (1988) *Narrative Knowing and the Human Sciences*. State University of New York Press, Albany, NY.

- Presser L. (2005) Negotiating power and narrative in research: implications for feminist methodology. *Signs* 30(4), 2067–2090.
- Reinharz S. (1992) *Feminist Methods in Social Research*. Oxford University Press, New York.
- Riessman C. (1993) *Narrative Analysis*. Sage Publications, Inc., Newbury Park.
- Roberts S., Bushnell J., Collings S. & Purdie G. (2006) Psychological health of men with partners who have post-partum depression. *Australian and New Zealand Journal of Psychiatry* 40, 704–711.
- Sanders S., Pedro L.W., Bantum E.O. & Galbraith M.E. (2006) Couples surviving prostate cancer: long-term intimacy needs and concerns following treatment. *Clinical Journal of Oncology Nursing* 10(4), 503–508.
- Silbergeid R. (1997) Women, utopia, and narrative: toward a post-modern feminist citizenship. *Hypatia*, Fall 12(4), 156–177.
- Smith D. (1987) *The Everyday World as Problematic: A Feminist Sociology*. Northeastern University Press, Boston.
- Stacey J. (1988) Can there be a feminist ethnography? *Women's Studies International Forum* 11(1), 21–27.
- Stanley L. & Wise S. (1983) *Breaking Out: Feminist Consciousness and Feminist Research*. Routledge & Kegan Paul, London.
- Thompson D., Ersser S. & Webster R. (1995) The experiences of patients and their partners 1 month after a heart attack. *Journal of Advanced Nursing* 22, 707–714.
- Tolich M. (2002) *An Ethical Iceberg: Do Connected Persons' Confidentiality Warrant Vulnerable Person Status*. International Institute for Public Ethics/Australian Association for Professional and Applied Ethics, Brisbane, Queensland.
- Torkelson D.J. (1996) Feminist research. *Journal of Neuroscience Nursing* 28, 121–124.
- Webb C. (1984) Feminist methodology in nursing research. *Journal of Advanced Nursing* 9, 249–256.
- Webb C. (1993) Feminist Research: Definitions, methodology, methods and evaluation. *Journal of Advanced Nursing* 18, 416–423.