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# **THE IMPORTANCE OF RESEARCHER'S GENDER IN THE IN-DEPTH INTERVIEW: *Evidence from Two Case Studies of Male Nurses***

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*Sociologists who use in-depth interview methods have become sensitized to the ways that race-ethnicity and class can form barriers to rapport with respondents, but the question of gender has been largely unexamined. This article compares data from two independently conducted in-depth interview studies of male nurses: one by a female researcher and one by a male researcher. Observed differences in how the men in the samples framed their responses to questions in the two studies are discussed. It is argued that in-depth interviewers can and should become sensitized to respondents' negotiation of the gendered context of the interaction, but the existing procriptions against cross-gender research are challenged.*

Qualitative research methods enjoy a popularity in the sociology of gender that is probably unrivaled by any other specialization in the discipline (Grant and Ward 1991). Proponents of these methods argue that they give a voice to women whose life experiences have been silenced or ignored by more standardized survey research techniques (e.g., Smith 1987). The qualitative interview is believed to generate more valid information (vis-à-vis survey

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research) because it allows the researcher to empathize with his or her respondents and view their situations from their own points of view.

Sociologists of gender have recently become sensitized to how race and class differences can impede understanding and rapport in the qualitative interview (Andersen forthcoming; Edwards 1990; Riessman 1987). However, the degree to which gender differences frame or influence the research findings has remained largely unexamined. Ethnographers have written extensively on this topic (e.g., Gurney 1985; Hondagneu-Sotelo 1988; Hunt 1984, 1989; Warren 1988), but with rare exceptions (e.g., McKee and O'Brien 1983), the topic of men interviewing women or women interviewing men has been ignored by qualitative researchers who use in-depth interviewing methods.

The vast majority of in-depth interviewing studies in the sociology of sex and gender involve either researchers and respondents of the same gender or, occasionally, women interviewing men. Many of those who use "same-sex" interviews base this preference on the intuitive notion that rapport is more easily achieved in these contexts. For example, Imber (1986, xii) writes of his interviews with male physicians about their abortion practices that "being a male was no doubt helpful when asking questions of men about a matter that impinges so differently on women," but he provides no evidence or examples to illustrate his perception. Likewise, in a study of divorced mothers without custody of their children, Greif mentions that he asked Pabst to collaborate with him because he "believed that a female interviewer would make the mothers feel more comfortable and would be able to get different information from them" (Greif and Pabst 1988, x). Greif does not cite any research to back up this belief, nor does the book make any subsequent reference to any differences or similarities between his and his female collaborator's interviews.

Women interviewing men is the second most common preference among in-depth interviewers (and among survey researchers as well [Bradburn and Sudman 1989; Fowler and Mangione 1990]). This preference is sometimes based on the general view that men are more comfortable talking about intimate topics with women than they are with other men.<sup>1</sup> In her classic study of working-class family life, Rubin (1976) attributed the intimate rapport she achieved with her male respondents to their greater experience expressing their feelings to women instead of men: "To the degree that the American culture approves male expression of closeness or intimacy," she wrote, "it is between a man and a woman, not between two men" (p. 21). And Scully (1990) notes in her book on convicted rapists that "even though the topic was

crime against women, these men seemed to find it easier and more natural to talk to a woman" than to her male colleague (p. 12).

Although Scully suggests that there were differences in the interviews that she and her male colleague conducted, she does not provide examples of this difference (aside from pointing out that her interviews lasted longer and noting that some respondents articulated a preference to be interviewed by a woman). Indeed, we could find no studies that presented information documenting the importance of the researchers' gender in the in-depth interview. Handbooks about in-depth interviewing methods typically ignore the issue of gender of the researcher altogether (e.g., Converse and Schuman 1974; McCracken 1988; Merton, Fiske, and Kendall 1990; Patton 1980). Most texts on interviewing technique fail to consider the possible ways in which gender might impede or enhance the achievement of rapport or otherwise have an impact on the information obtained in the interview.

But interviews, like any other interaction, always take place in a "gendered context"—the context of either gender similarity or gender difference. To paraphrase Spelman (1988), even when gender is a "constant," it is still "constantly there" (p. 104). The question is therefore not *if* gender makes a difference but, rather, *how* does gender matter?

This article is an exploratory investigation of this question. We examine men's responses to a male and female interviewer using data from two in-depth interview studies of male nurses. We discuss the possible impact of the gender of the researcher in more general contexts and suggest some strategies for dealing with this issue.

## THE STUDIES

We conducted independent in-depth interview studies of male nurses (Heikes 1991; Williams 1989). Both studies were inspired by Kanter's (1977) "tokenism" thesis—the theory that numerical underrepresentation of a group in an occupation itself results in discriminatory treatment. Consequently, we asked several of the same questions in our respective studies. This coincidence provides an unusual opportunity for conducting an exploratory investigation into the impact of the gender of the researcher in in-depth interviewing.

The two studies were conducted primarily in California and Texas. Twenty-one nurses were interviewed in one study, and fifteen were interviewed in the other. The interviews, which lasted between one and two hours, were tape-recorded and subsequently transcribed for analysis. In what fol-

lows, we will discuss the differences that we observed in analyzing the transcripts of the two studies. Our findings, however, are meant to be merely suggestive, because we did not design the studies with the goal of systematically observing differences during the data-collection stage. In addition, the regional difference in our samples and the small sample sizes prevent us from making any firm conclusions from our research.

Some of the men whom we interviewed asserted that they interacted differently with men and women. For example, when asked about their relationships with their male and female colleagues at work, these men maintained that what they said and how they said it varied, depending on whether they were talking to a male or a female colleague:<sup>2</sup>

I do wish I had more male co-workers just because . . . I wish there were males there for male companionship. I mean, just because you don't relate to women the same way about everything that you do like your own sex. Ninety percent of things—it's the same, whether you're talking about weather, your job, the price of clothes, all that kind of stuff. But then there are some things, certain things, I believe, whether you like it or not, that women want to talk to women about and men want to talk to men about. I don't just mean huntin', fishin', and football, but that does go along with it. I do wish I had more male co-workers because of that. (male interviewer, 11)

Men have a different perspective, there's no doubt about it. I treasure the times when Tony and I just sat around and let off steam. I'm surrounded by women, and the times when I can hang out with men feel real good to me. And it's not just a matter of letting your hair down and talking about women and being dirty, etc. We do that. But there's also just a different perspective. (female interviewer, 14)

Men in the two samples often articulated quite similar beliefs and definitions of the situation to the two researchers, enhancing our confidence in the reliability of our methods. But this claim that there are differences in how men relate to each other (versus how they relate to women) alerted us to the possibility that some differences might also show up in the two sets of interview transcripts.

To assess this possibility, we compared the transcribed comments of men who gave similar answers to our questions. In the following example, these men were asked whether they believed that men and women were suited to different types of nursing practice. Both identified obstetric nursing as more compatible with the interests and capabilities of female nurses. Notice how both men articulate similar stereotypes about appropriate "gender roles":

[Men's interests are] more pharmacological and anatomical; it's more scientific, and I think that the female nurses generally don't prefer the scientific. They more look for emotional gratification. . . . I think a lot of male nurses

prefer [anesthesiology] because it's almost a pure scientific type of nursing. Female nurses . . . are much better in the ob/gyn because they . . . can definitely relate to it more than a man. I know what all the stages of labor are, etc., etc., but if I'm not a female, I don't know what it's like to have my body change. A lot of the [female] nurses, of course, have had children so they can . . . empathize with them. I can try to empathize with a patient, but if you cannot conceive of what it's like to be pregnant, then, no, you really don't know where that patient is coming from. So they do a better job. (male interviewer, 14)

When I was in maternity, I love kids and I started to get comfortable with babies, but there really isn't that much interest for me in that part of nursing. I couldn't quite get as excited about it as some of the women were. Maybe that's socialization, but part of me thinks that if you can have babies, you're going to have more interest in [ob/gyn]. (female interviewer, 13)

Both of these men linked female physiology with the capacity to excel in obstetric nursing. However, upon closer inspection of the transcripts, it became increasingly clear that there were subtle, yet systematic, differences in the respondents' presentation of self. The nurses spoke to the male researcher in a much more direct fashion on the topic of gender roles, conveying a sense of biological inevitability or determinancy in their remarks about male-female differences. In the example above, the male interviewer's respondent stated categorically that "if you cannot conceive of what it's like to be pregnant . . . you really don't know where that patient is coming from." In contrast, those interviewed by a woman tended to suggest that male-female differences were not inevitable. Thus, in the example above, the female interviewer's respondent said that, because of the way he was socialized, "a part of [him] thinks that if you can have babies, you're going to have more interest in [ob/gyn]."

This subtle difference arose again and again. It was also detected in these two examples about the division of labor in nursing:

Well, I think overall that there's just this mothering instinct as far as floor nursing goes. As far as taking care of patients that aren't critically ill that just have to be in the hospital and need medication, and need a smiling face coming in every once in a while. . . . I think [women] are a little more suited for that just because there is something in a female about stuff like that. . . . From my personal encounters, the majority of floor nurses that are male are very [effeminate] type guys. Not all of them are homosexuals, some of them are, but they have a little more femininity about them than the male nurses that work in the critical care areas. (male interviewer, 10)

The med-surgical floor . . . means just the place where you pass bed pans, doing bed care. In ICU, you're dealing with intensity, death sometimes. There's always something there to keep you excited. I like the pressure; I need something to do. I just can't go with the mellow, mothering types of things a floor nurse [has to do]. Most men it seems either gravitate towards intensive care or ER. They're always involved in acute care settings. (female interviewer, 4)

These two respondents agree that general bedside nursing is “women’s work” and that men are more suited to work in critical-care areas. But here again, the respondent talking to the male interviewer is more forceful and direct in his statement that all women are suited to general bedside care, whereas the man interviewed by a female suggests that this stratification within the profession is a product of men’s choices, not an inevitable outcome of their biology.

This difference is partially explained by what survey researchers have termed *social desirability bias*. This is the tendency of people to “adjust the truth” so that they sound nicer, richer, and more desirable to the researcher. According to Babbie (1983), “Whenever you ask people for information, they answer through a filter of what will make them look good. This is especially true if they are being interviewed in a face-to-face situation” (p. 135). This bias is most likely to be a factor when interviewing volunteer research participants, who usually have an interest in the topic or some kind of stake in the outcome of the study. The respondents may have felt that stating opinions reflecting a deterministic model of gender differences would make them appear sexist and therefore socially undesirable to a female interviewer. In contrast, the men interviewed by the man tended to speak categorically about men and women, using an us-versus-them framework. In both cases, responses were framed in a way to maximize social desirability in the particular gender context.

We found the most blatant examples of this difference when we compared the transcribed comments of men who expressed derogatory opinions about their female colleagues. In the course of discussing different aptitudes that men and women bring to their practice of nursing, some men articulated rather unflattering descriptions of female nurses:

Females, like it or not, as far as I’m concerned, have a bigger temper than men; they can be downright bitches when they want to be (and so can my wife).  
(male interviewer, 15)

That one researcher was female did not inhibit some men from expressing similar opinions to her:

The snippiest women I’ve ever met were critical care nurses. They were too rigid, too concrete, and I was really critical of that as a gender thing rather than as a professional thing. (female interviewer, 1)

The same sentiment is expressed, but the male interviewer’s respondent is direct—“females, like it or not, as far as I’m concerned, have a bigger temper than men”—whereas the female interviewer’s respondent reacted to the “snipiness” of his female colleagues, which he labels a “gender thing.” He



did not say that “females, like it or not, as far as I’m concerned, are snippy,” perhaps because that would have offended the female researcher.

These examples all attest to the importance of triangulation of survey results with in-depth interviewing. Survey researchers typically ask questions with forced-choice answers. Respondents do not have the opportunity to explain their replies or use diplomacy to diffuse potentially offensive or controversial ideas. If respondents are not given the chance to explain themselves or use this diplomacy to state their opinions, they may be more prone to report misleading and potentially invalid answers (Suchman and Jordan 1990). Qualitative interviews, on the other hand, allow people to negotiate their responses, taking into account the multiple expectations they have about the interviewer’s beliefs.

This strength of in-depth interviews is apparent in the following excerpts. We asked our respondents what they thought about men’s increasing representation in nursing. Some men claimed that men could contribute in special ways to the profession of nursing not only by bringing different interests and aptitudes to nursing practice but also by improving the professional status of nursing:

The biggest advocate[s] of men in nursing are other female nurses and nursing leaders. . . . They’ve come to the conclusion that unless more men get into nursing, nursing is not going to thrive. . . . [If] fifty percent of the nurses were male and fifty percent were female, I can tell you right now the salaries for nurses would double, the prestige of nurses would increase. . . . But right now because it’s a bunch of divorced women or single women . . . and there’s a few fairy guys getting into this thing, it’s not prided as a scientific profession. (male interviewer, 14)

I would like to see more men in nursing because I definitely think the presence of men has helped the females to assert themselves more. Not always. I’ve worked with some very assertive female nurses, and I don’t stereotype, and I don’t want to generalize at all, but I think that a large number of female nurses have learned having males in those roles. Because they can see that having many of us, they can assert themselves more—it’s more socially acceptable. (female interviewer, 2)

If this second respondent were asked by a survey researcher if men had improved the status of nursing, he might have disagreed to “save face” in front of a female interviewer. But the form of the in-depth interview gives him the opportunity to clarify his position without seeming sexist. Supplementing surveys with in-depth interviews therefore can enhance the researcher’s sensitivity to respondents’ negotiation of the gendered context of the interview and thus provide additional insight in the interpretation of results. Careful examination of the interview transcripts can suggest ways in



which the gender context of the interview frames the expression of social desirability bias.

In addition to demonstrating that social desirability bias is expressed within a gendered context, comparing the two sets of interview transcripts also reveals something about the gendered process of constructing shared meanings. Mishler (1986) has shown that a successful interview involves the active participation of both interviewer and respondent in a joint construction of meaning. DeVault (1990) further describes how this process of developing shared understandings is thoroughly gendered. She argues that individuals in same-sex pairs usually assume that they share certain background experiences. Throughout the interview, these assumptions frequently are checked or tested by both parties. This process of testing is clearly evident in the previous three excerpts with the male interviewer. In all three cases, the men allude to sexuality and sexual orientation: Respondent 10 describes male floor nurses as homosexual or feminine; Respondent 15 makes it clear that he has a wife; Respondent 14 blames the low status of the profession on the "few fairy guys" who are in nursing. These respondents apparently were attempting to communicate something about their own sexual orientation thereby "checking" to make sure that the interviewer understood that any disparaging remarks about women were not intended as blanket rejections of all women. Given the pervasive stereotype that male nurses are gay, they may have felt particularly compelled to make this point, especially because no questions on either interview schedule explicitly asked about sexual orientation.

The men who were interviewed by the female researcher did not introject statements about their sexual orientation in the course of responding to questions about gender differences. Perhaps because they were more diplomatic in phrasing their opinions, they may have felt it less necessary to point out to her that they were not negatively disposed toward all women. Equally likely is the possibility that they used different, nonverbal techniques to convey this information. At any rate, these examples indicate that the process of developing a joint understanding involves gendered assumptions about the background experiences shared between the interviewer and the respondent.

There is also evidence that the men assumed a different sort of shared experiences and understandings with the female interviewer. For example, the men interviewed by the woman seemed to be more critical of the sexist treatment of nurses by physicians.

I think the number one [benefit of being a man in nursing] is better communication with the [male] physicians. Not greatly, I mean, there's not a vast difference, but I realize that, for example, when I call a physician in the evening

time for orders I usually could get what I needed from the physician without a problem. They were more cooperative in their interactions with me; they kind of berate the female nurses. (male interviewer, 13)

Nurses aren't given the respect that they deserve. . . . They're being dominated by male doctors who are real arrogant and abusive. And I encounter less of it because I'm physically imposing. Some of the doctors are smaller. Sometimes I get a mad look on my face and they back off. (female interviewer, 7)

The men who talked to the male researcher apparently assumed that he could empathize with the physicians, whereas those interviewed by the female researcher assumed that she could empathize with the female nurses' point of view:

When I started [working with my current firm] eight years ago, they [the doctors] were all fairly young guys in their mid-thirties or so and they probably would have rather had a good looking female nurse than a guy. (male interviewer, 10)

A lot of [the male physicians] think they can "suave" the nurses, especially if you're a pretty nurse—these guys think they're so cool. It's funny because these nurses just turn around when the doctor leaves and say, "That guy's a dick." (female interviewer, 6)

In both sets of examples, the men interviewed by the male researcher seem more hesitant about expressing their negative opinions about physicians. Perhaps because these men had observed physicians' treatment of women and women's reactions to that treatment firsthand, they felt more comfortable sharing this insider's point of view with a woman. In addition, men may have been more reluctant to report physicians' mistreatment of them to a male researcher, fearing that such disclosure would lower their status in another man's eyes. The interview transcripts thus reveal differences in the taken-for-granted assumptions that are used by respondents to convey information about their experiences to a male and a female interviewer.

## SUMMARY AND CONCLUSION

Our research suggests that in-depth interviewers should be aware of how respondents take into account the gendered context of the interview. Voluntary research participants will likely try to avoid offending or threatening the interviewer with unflattering or socially undesirable opinions and will tend to frame responses in ways designed to minimize this possibility. We found that people used the interviewer's gender as a cue to gauge the interviewer's orientations and opinions, and they developed their responses within that gendered context.

Analysis of these two sets of interview transcripts also suggests that respondents assume different shared experiences with a male and a female researcher. The men in these studies checked to verify these assumptions throughout the interviews, indicating that the process of constructing a shared understanding during the interview is itself “gendered.”

These two studies strongly suggest that the gender of the interviewer is not an insurmountable barrier to establishing rapport and achieving reliable results in in-depth interviewing—at least not with our two samples of male nurses. The “definitions of the situation” conveyed by the men in our two studies showed remarkable similarity and overlap, even on topics involving gender and sexuality, which have been identified by survey researchers as the topics most sensitive to “sex of interviewer effects” (Barker 1987; Bradburn and Sudman 1989; Landis, Sullivan, and Sheley 1973; Schreiber 1979). It is a great strength of the qualitative interview that it allows individuals to clarify their positions on issues; to frame their responses diplomatically, depending on the particular gender context of the interview; and to check constantly on the mutual understanding that develops. Our respondents were very adept at framing their views—even if they were hostile and sexist—in ways that did not directly challenge or threaten the interviewer. The differences that we did observe in the two sets of transcripts did not undermine our original conclusions. Rather, the differences taught us even more about gender by showing us how individual men negotiate their presentation of self in single- and mixed-sex interactions.

The men in this study were “unusual” in that they work in a predominantly female occupation. Male nurses may be more sensitive to gender differences in communication than are men in predominantly male jobs. Men who seldom interact with women as colleagues may be less concerned or knowledgeable about how their conversational styles might affect a man and a woman differently. Consequently, they may be less adept at negotiating their presentation of self in an interview than were the men in our samples. Further research should address whether our conclusions are warranted for different groups of men.

The question also remains whether our conclusions apply to research involving female respondents. In our studies, members of the dominant gender were the focus of the research. Men who study women using qualitative interviews may confront more formidable obstacles to rapport. Members of a subordinate group may be more wary and careful about what they say—as well as how they say it—to someone who represents the interests of powerful groups in society (Andersen forthcoming). What is needed is research that explicitly examines how gender matters in different research contexts.

Clearly, all interviews are gendered contexts, whether they are single- or mixed-sex. No Archimedean point exists outside the sex/gender system where “unbiased” interviews can be conducted; every understanding about the social world and social identity is necessarily and inevitably partial. We hope that this research will motivate other researchers to speculate more openly about the possible impact their gender has on their research findings. We also hope that others will be encouraged by our findings to “cross over” to terrains occupied by the “other” gender for their research.

## NOTES

1. The other often-stated reason for preferring female interviewers is their general availability to do this work (Bradburn and Sudman 1989, 96; Fowler and Mangione 1990, 99).
2. The gender of the researcher and the case number of the respondent are identified after each quote.

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