

LETTERS HOME AND POSTCARDS FROM THE EDGE: MEANING AND RELATIONSHIP IN A LARGE SCALE SURVEY

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ABSTRACT

The qualitative analysis of open ended data collected as part of a large scale quantitative research project raises issues about the gendering of methodology and the nature of the relationship between researchers and the researched. While feminist critics have argued that quantitative research is impersonal and post-structuralist critics are concerned with heightened surveillance, this analysis of women's spontaneous writing from the Australian Longitudinal Women's Health Project suggests the possibility of a trusting relationship which despite or even because of its distant and confidential nature, may be for some women a source of emotional support, a feeling of belonging and feedback about their life progress. As such, the project itself may be a source of 'social support' and health benefit, despite its quantitative nature and normalising effect.

1 INTRODUCTION

In a classic paper about interviewing, Ann Oakley (1981) gives the example of a well trained interviewer administering a structured survey who is asked about the experience of childbirth by a woman who is heavily pregnant and evidently completely ignorant about what is about to occur. Oakley wryly cites the well meaning instructions to deflect the question and continue with the structured survey as if nothing had happened. She asks whether the feminist researcher can with good conscience ignore such a plea for help and puts forward the idea that the relationship between women transcends the demands of objectivity. The paper has contributed to the literature which identifies qualitative research as more feminist because more egalitarian, warmer in tone and less manipulative of the subjects than mainstream experimental or scientific methodologies (Reinharz 1992). Oakley herself is critical of this gendering of methodology, has never done small scale qualitative research and has continued to do innovative multi-method studies including a randomised controlled trial where the intervention was an interview and the outcome an increase in the birthweight of the baby (Oakley 1990; Oakley 1992). She has argued strongly that particular methods are not gendered but that all methods should include respectful relationships between people, including paying attention to the experience of those who participate in research as 'subjects' (Oakley 2000).

Taking seriously the proposition by Oakley and others (Bryman 2004) that there should not be a conceptual gulf between qualitative and quantitative methods, consider the following quotation collected in a very large quantitative survey.

I am upset because I can not find work & money is so tight that I have to worry about buying bread. My mother in law paid one loan off for us, which makes me so stressed that I have to pay her back now. My

manager at my old job tried to rape me & ever since that happened I can't find work. My husband doesn't eat or sleep properly so that makes me worry more. And sometimes I feel if I leave him he would be better off without me. Other rural, year 10.

This quote was collected by Australian Longitudinal Survey on Women's Health (ALSWH) which is funded by the Australian Government Department of Health and Ageing (Lee 2001). The survey was designed by an interdisciplinary group of senior women academics and rests on the broadly social view of health developed by the Women's Health Movement. Yet it is large enough (initially three randomly selected panels of 14,000 women each) to enable rigorous research about associations between social conditions and ill health. Every three years, women enrolled in the study receive a questionnaire which can be up to 32 pages long and which has a blank page for open ended comments at the end of the survey. It is this combination of large scale structured survey and open ended responses which invites reflection on Oakley's work, the combination of methodologies and the relationship between researchers and participants.

2 DISCUSSION

2.1 WORKING WITH THE ALSWH SURVEY.

In 2005 I undertook a preliminary analysis of open ended responses collected by ALSWH. I was intending to sort responses into substantive categories, nine Commonwealth priority themes, to facilitate use of qualitative material by researchers and to identify any issues connected with childbirth for my own work. However as the coding scheme developed I found that a range of themes emerged in addition to those about health and these were predominantly about the relationship of women to this very large longitudinal health study. This paper discusses responses from the third Younger Women's survey. This survey was carried out in 2003 when the younger women were aged 25 to 30.

The open ended responses are filled in at the end in response to the question, "Is there anything else you would like to tell us?" In this survey, 2,266 forms have an entry in the comment field, 147 of which are functional, such as changes of name or address with no qualitative material included. Reports of diagnoses/operations/treatments to supplement other answers account for 467. However, 1652 women chose to write something extra even after they had completed a 29 page questionnaire. The numbers of comments appear small in quantitative terms (20-200 per topic) but they are significant because they are voluntary comments drawn from the whole population. This breadth is unusual for qualitative research which usually relies on depth. ALSWH women appear to write when they feel strongly about an issue or the experience of filling out the questionnaire has prompted a comment. There is potential for combining quantitative and qualitative analysis using a qualitative data analysis program such as N6 which can sort data qualitatively and then send data matrices back in a form which can be analysed using a quantitative program such as Excel, SPSS etc. to check on representativeness. Comments are anonymous – sometimes, people had signed their names as if writing a letter, but this had been removed during the processing of the questionnaires. Although I had no access to identifiers such as post-code, it was possible to use the ID alias to tag each comment with the woman's broad area of residence and level of education.

The distinctiveness of qualitative analysis is that it requires examination of everything that has been written, including the style of the language and the discourses invoked in discussing a topic, not only what has been written but how. Neither illustrative use of quotations nor numerical coding of the face content which is often done in quantitative research makes the maximum use of this type of data. The systematic analysis of the qualitative data can be done for several reasons, depending on the conceptual framework employed. Firstly to the idea of hearing individual voices, if only one woman felt strongly enough to write, it has the potential to give rise to theoretical reflection. Secondly there

to trace the narrative style, studying not what people wrote but how they shaped stories of epic struggles against adversity, sagas of a quest for medical treatment or diagnosis, "letters home" or cries of desperation (Riessman 1993). If particular narratives and ways of telling the story appear repeatedly, they may be seen not only as expressions of individual experience, but also as reflections of prevailing discourses and ways of making meaning.

The issue which emerged most strongly from my initial coding of the open ended responses concerned the relationship of participants to ALSWH. True to its feminist origins, the question itself reflects the concerned and egalitarian tone of the ALSWH questionnaire, "Have we missed anything? Is there anything you would like to tell us"? In turn the tone and content of the qualitative data suggest a human response to the researchers including pride and attachment, identification, apologies, hopes and wishes, suggestions and confidences. The women who wrote comments were in the majority of cases positive, 31% of the Y3 comments about the survey were coded by me as positive as opposed to 13% which were coded negative, though obviously women who had a very negative reaction to the repeat survey are more likely to have withdrawn from the project rather than continued to take part. Typical positive comments addressed the research team as known equals with whom the participants had a relationship,

Great to be a part of something so important. Keep up the good work.
Higher University degree -large rural

Others expressed a feeling of obligation to the research and apologies for being late, "don't want to let you down".

Thankyou, I really enjoy being apart of the Women's Health Survey Study.

I am just sorry I took so long to fill it out, But, that is a part of being busy most of the time and not having time to get things done!
Thankyou, regards xxxx Certificate/Diploma Capital city

Women from a range of education levels made positive comments about the survey.

I'm really interested how this will all work out in 20 years time - Keep up the interesting questions. I look forward to the next survey perhaps I'll be married & have kids!! Year 12 - Capital City

Thanks for the survey, keep them coming, they're always interesting!!!!!! Year 10 -

While ethics committees and critics of quantitative method may see filling in 26 page structured surveys as onerous, some participants express pleasure:

And keep up your great work - I really enjoyed filling this survey in.
Certificate/diploma

Women identified themselves as part of the project:

It is a nice feeling to be a part of something so big. Regards xxxx Other Metropolitan

Maybe surprisingly, part of the pleasure of taking part was the opportunity for normalization.

I enjoy doing these & finding out the results ie. am I normal?
Thankyou. Missing (overseas)

Participants receive summaries of results, though not as some requested, the opportunity to look back over their previous forms to 'see how I'm doing', though there is no reason why women could not keep photocopies of their own forms.

Women also sought to participate in the research design, by suggesting items missed which they would like to see, extra information about themselves, worries about the accuracy of their responses. Many of the comments reflect a desire for the results to reflect their lives accurately because they see that as important to the project. They also seek to provide input into the project and to confide issues which are important to them, for instance about their religious beliefs, the impact of the Iraq war or the role of pets in their lives. In general my reading of the qualitative comments indicated that the women who wrote them feel connected to WHA, they have ownership of the project, want it to succeed and feel good about belonging to it. Participation provides them with feedback about their own lives. While social support is a difficult concept to pin down, these responses from ALSWH women fall under the general headings of emotional support and belonging and informational support and feedback (Oakley 1992). While ALSWH does not provide any tangible or physical support, the feeling of belonging to a larger project may act like an on-line support group where the possibility of interaction with others who are not part of one's direct social network may be, if anything, an advantage (Broom 2005).

2.2 LETTERS HOME AND POSTCARDS FROM THE EDGE – THE POSSIBILITY OF SOCIAL SUPPORT.

In her 1992 study, Oakley found that the control group who only filled out a questionnaire were grateful for the social support (Oakley 1992). ALSWH participants also expressed an excess of positive over negative comments and gratitude for the role of the research in their lives. The possibility of a 'social support' function can be read from two of the comment categories which I discuss here. The first category is one of connection with the survey research and the responses read like 'letters home', reporting on the past three year's progress in education, jobs and health care:

I have experienced emotional abuse through aggressive confrontation with a parent. This is a (?part -) of my job. I was also 8 months pregnant at the time. - My life is much better since the last survey. I have got rid of an awful partner. This also got rid of drugs in my life. - My only concerns now are juggling being a mum & being a teacher - it is quite tricky. - I often feel down cause seem to have no time to exercise (every moment is done doing chores of marking & planning work for school). I am carrying an extra 5 kilos and can't see it coming off! (University degree, capital city).

I am usually happy with life, despite being a mother of children who do not share the same father and being stereo typed and talked about. I've worked very hard and between juggling children, home, study & work I have accomplished Certificate IV in Health and am a Qualified Registered Nurse, Division 2. I am getting married and I feel that life is generally good. I will feel more rewarded once I can finish my Uni. degree (Capital City)

The 'letters home' seem to assume that the research team remember what the participant has already written and are interested in developments in individual lives. It is hard for the lay person – or the qualitative researcher, to come to grips with the quantity of data produced by ALSWH and the degree of aggregation and anonymity involved, but these comments indicate a sense of belonging to a larger whole.

A category I called 'Postcards from the edge' indicates women's confidence and desire to confide in the survey researchers. Here writers disclosed serious circumstances, including some apparent cries for help, like the quote which opened the paper.

...having had 4 months off previously for exhaustion in 2000, I have had to reevaluate my life. Despite having strived for a successful career throughout my schooling, my mental health has destroyed my hopes and dreams. I haven't given up altogether, however, I have had to re-evaluate an appropriate work/life balance for the benefit of my health. I haven't achieved this yet and I wonder how long my finances will hold out, how long my partner will have the strength to provide me with support, how long I can fight the daily battle I face with my internal struggle. My hopes for a family and children seem untouchable until I can get a handle on myself. I could accept giving up on career goals for the chance of a family, but at present this seems the most unreachable goal of all (ie to be stable enough to manage being responsible for another life).University Degree.

While direct appeals for help and information are responded to by the research team, women appear to take the opportunity to write open ended responses to the team of researchers in order to gain indirect emotional support at a distance.

This analysis of the ALSWH qualitative data bears on the risks and benefits of survey research as a potential social support intervention. For ethics committees this implies that the risk of offering participation in a questionnaire study are to be offset by the potential benefit. From a methodological point of view, it raises the issue of whether a control group of comparable women drawn from the Medicare database would show that participating in the research had been itself a form of social support and had conferred a health benefit, or whether the benefit was only to the women who chose to use the open ended comments as a way of relating to the researchers.

2.3 QUANTITATIVE AND QUALITATIVE RESEARCH AND SURVEILLANCE.

The originators of the ALSWH project believed it to be emancipatory and many participants hope that it will prove to be so, gathering data about women, hearing their concerns, revealing unknown causes of morbidity and improving services (Lee 2001). But these comments about normalization raise issues about the role of data collection in the neo-liberal state. Is this a form of increased surveillance of women's lives which raises expectations of perfection and controls through the constant monitoring of risks and the creation of self against norms (Petersen and Lupton 1996)? Is participating in the Women's Health survey intensifying surveillance in a negative way or is it an aid to self-creation?

Women's comments raised the issue of self-surveillance in many ways. As well as wondering whether they were 'normal', a number of answers discuss the role of the survey and its accompanying newsletters in prompting reflection on the past and on present behaviour, for instance - 'I didn't realise what a slob I was', 'I realised that I should book a holiday' or see a psychiatrist. Women reflected that their lives were better or worse than they had thought, that they were coping well considering or that others were worse off than they were.

The degree of normalization involved in filling out the survey is reflected in the concern to explain 'negative' answers as if the good opinion of the team was valued - or their own self image was threatened, so a whole category of comments gave reasons for weight gain, for eating junk food, for not exercising, for having a termination, and asserted that they were 'not usually like this'. However, the idea of a distant source of 'social support' prompting beneficial reflection rather than an oppressive self-surveillance is exemplified in this quote,

Thanks for letting me be involved in this study of Women's health. I've just returned from a 2 year, working/holiday, in the UK. I've had to make, & am still making a lot of new beginnings/changes etc to my life

due to this transition. I'm having a pretty rough time of it. You soon quickly discover when arriving back from a long time away, that friends & family are busy with their own lives. The loneliness sets in quickly unfortunately. It's a Friday evening. It's refreshing and liberating to do this questionnaire for me. At this particularly difficult time in my life, it's helped me to become clearer about certain forgotten past issues & facts & what they can now mean more reassuringly, to decisions I make for my future. You've made my evening.

CONCLUSIONS

This consideration of some qualitative responses to the ALSWH longitudinal survey suggests that far from being both impersonal and objectifying as feminist researchers have traditionally maintained or an oppressive form of surveillance as argued by post-structuralist critics, there is at least the potential for a relationship of trust between researchers and researched. While there is some suggestion that women are afraid of negative judgments if their responses are less than optimal, the unseen gaze of the women's health researchers also appears to allow confidences, ventilation of issues and a positive accounting for one's life and progress.

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