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The University of Southern Mississippi

*Grey Matter:*  
Investigating the Gendered  
Fan Consumption of *Grey's Anatomy*

by

John T. Barr

A Thesis  
Submitted to the Honors College of  
The University of Southern Mississippi  
in Partial Fulfillment  
of the Requirements for the Degree of  
Bachelor of Arts  
in the Department of Anthropology and Sociology

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Approved by

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### **Abstract**

This study investigates the fan consumption of the television medical drama *Grey's Anatomy*, which is commonly associated with a predominately female fanbase. Utilizing both a male and female focus group with fans of the show, participants took a survey (gathering demographics and their Bem Sex-Role Inventory score) and viewed two episodes of the show, both followed by a discussion of the episode and the show in general. Focus groups were audio-recorded and transcribed in full for analysis, along with the survey data and observational notes taken during the viewing. Coding of the data revealed that males and females held similar gender stereotypes and expectations of what male and female viewers would like about the show. However, during the viewing, male and female viewers reacted similarly to most aspects of the show. In general, respondents described the specific episodes as easy for all people, regardless of gender, to relate to. However, observations revealed that males reacted more positively during sex scenes, and females reacted more uncomfortably to the bloody and violent scenes. Some of these reactions, albeit in accordance to their dichotomous gender script, were counter to the way they described themselves on the BSRI, e.g., a masculine female acting “like a girl” during some of the violent content. In addition, overall, the masculine and androgynous individuals (the majority of the sample) responded more frequently to questions and reacted more dramatically to the content of the show itself.

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## **Chapter I: Introduction**

I learned to read in the OR gallery. I played in the morgue. I colored with crayons on old ER charts. The hospital was my church, my school, my home, my safe place, my sanctuary. I love it here. Correction, loved it here.

—Meredith Grey, “Sanctuary”

Just as the character Meredith Grey grew up with such an intimate connection to Seattle Grace Hospital, for many viewers their favorite television shows and characters form a core part of their lives and sense of self. The shows entertain, but they also provide insight, however fictional, into other people from backgrounds different from the audience’s own. I grew up an avid fan of television programming, and saw these shows as my personal sanctuary where I could go to another world and experience the lives of different people. After a few seasons had passed for the show *Grey’s Anatomy*, I decided to start watching the past episodes over the summer after a recommendation from a friend who watched the show. The medical drama began to grow on me, enveloping me into the characters and plot.

Upon entering college and living in an on campus dorm, I brought many of my television DVD boxed sets, including *Grey’s Anatomy*, to display on a DVD shelf. One night a group of girls I did not know were in the dorm. They stopped by my room because they knew my roommate, and one of them looked at my DVD shelf. My collection included many series such as *Lost*, *24*, and *Prison Break* as well as *Grey’s Anatomy*. When she saw the *Grey’s Anatomy* DVD sets, the girl bluntly said, “You watch *Grey’s Anatomy*? What are you? Gay?” Shocked at her rude question, I immediately assured her of my heterosexuality, ended the conversation, and made sure

that she and her friends left fairly soon. Why did she make that assumption? What was wrong with watching *Grey's Anatomy*? My sanctuary and sense of masculinity had been shattered. From that point on, I knew that it was not “cool” for guys to watch *Grey's Anatomy*. Even amid my other hyper-masculine shows, that one still stuck out like a sore thumb to this girl and probably others not bold enough to make a comment about it. This event had forever opened my eyes to the gendered stigmatization of males associating themselves with things deemed “feminine.”

With this understanding accompanied by my interest in TV and film, my thesis project took shape. Through the analysis of *Grey's Anatomy* fan responses, I delved deeper into fan consumption of the show to examine what role gender plays in why and how people watch the show. My focus was on both male and female audiences, which I studied separately, using focus groups to create a dialogue regarding their investment in the show while also observing their reactions during the show. The result is an exploratory study designed to open some questions regarding the world of television viewing and how gender shapes audiences' reactions.



## **Chapter II: Literature Review**

This study focuses on fan consumption of *Grey's Anatomy*, and three areas of research literature form the foundation for this study. First, research on the connection between realism and the fiction world of scripted television dramas is examined in the beginning of this chapter in a section titled "The Reality of Fiction." To strike a chord with audiences screenwriters must incorporate a sense of realism so audiences can relate with the characters and situations within the realm of the show. Characters are very significant within fiction as these scripted individuals provide audiences with a gateway to experience the action of a fictional work, making decisions and displaying to audiences potential outcomes of certain actions. Following this section, I consider the role of gender in audience viewing in a section titled "Gender and the Audience Experience." The ways in which gendered expectations and stereotypes mold the viewer's experience is an important area for sociological investigation, both regarding what audience members say and what they do. Finally, the last section, "An Autopsy of *Grey's Anatomy*," dissects the show itself and the portrayal of the show in the media along with the viewpoint of audiences. Each of these three sections provides a review of prior research that clarifies the background for this study and highlights the gaps in the literature that this project seeks to address.

### **>>THE REALITY OF FICTION**

Incorporation of current social issues helps a show provide both a large sense of realism and awareness about a topic. A common and widely discussed disease in today's

society is cancer. Shows such as *Sex and the City*, *Desperate Housewives*, and even *Grey's Anatomy* have featured characters that have faced this life-threatening disease. Specific storylines involving breast cancer patients were featured within both *Sex and the City* and *Desperate Housewives*:

By showing diverse survival and coping models and displaying an empowering type of relationship between women, it reinforces the audience's attachment to the show while at the same time raising awareness about serious issues in women's lives. (Fernandez-Morales 2009:673)

Although not a biography of an actual cancer patient, these storylines allow for audiences to consider the disease at a deeper level because someone who they have "gotten to know" and who is in some ways "real" for them is now coping with cancer and bringing the viewer along for the struggle.

Death also is a natural component of life and can be found within most TV dramas. The HBO drama *Six Feet Under* focused specifically on death and the highly methodical process that a body goes through postmortem, as each episode's focus is on a different person who has died and then is brought to the Fischer family's funeral home. The unflinching depictions of normal individuals who have met their demise and then go through funeral preparation made audiences more likely to have awareness of (and desire to avoid) death while at the same time less likely to have a fear about their body following death (Schiappa 2004). Seeing these depictions of death in popular dramas does not make dealing with the process easy, but it contributes to the realism that audiences experience.

For viewers who face situations similar to those portrayed in a show, the fictional content can take on new meaning. Viewers of medical dramas who are practicing or studying medicine, for instance, watch with a different perspective than non-medical

viewers. For example, it was found that medical and nursing students saw *Grey's Anatomy* personally as an “insignificant source of information about bioethics” (Czarny, et al 2008:6), showing that their medical education aided in shaping their perceptions of how accurate or appropriate the scenarios were. Although not a guidebook for bioethics, the show still provided a model for these students how to not handle certain situations while also providing scenarios of how situations could potentially run their course—good or bad.

Fans of *Grey's Anatomy* as well as other medical dramas who are not in the medical field may rely upon these shows for some medical knowledge. The organ transplant storyline from season two of *Grey's Anatomy* depicted Denny Duquette's health crisis as well as his doctor-patient love affair with Dr. Izzie Stevens. Through this storyline, audiences learned about the heart transplant process, which translated over to their “real lives.” Loyal viewers of the show, for instance, were found to be more open to speaking with their family about organ donation while also refuting that money could get a person moved up the transplant list, which is what Denny's case proved wrong within the show (Quick November 2009). On the contrary, the notion that having a relationship with a medical professional allowed a patient the ability to be moved up the transplant list was not found to be significantly different between viewers and non-viewers. Both parties mainly denied the possibility, even though in the show Izzie's extreme measures did improve Denny's chances.

Plotlines in shows like *Grey's Anatomy* can impact audiences' personal decisions. In TV dramas, characters are often placed in challenging situations where they must make deliberate options and make difficult choices, a process that can influence viewers

(Eyal and Kunkel 2008; Morgan, Movius and Cody 2009; Quick November 2009). The effect of sexual content on adolescent viewers, for example, is a common concern with adults. The negative outcomes experienced by characters following sexual intercourse including contracting STDs, damaging relationships, and gaining social stigma witnessed within multiple TV dramas had a greater impact upon adolescent viewers than the positive outcomes, causing those watching the negative outcomes to be less careless about sexual activity (Eyal and Kunkel 2008). In *Grey's Anatomy*, the organ donor storyline involved a more negative outlook on the donor process, as the character died soon after the transplant due to complications from the surgery. This ending, along with the lack of actual encouragement of people to donate organs, possibly was a factor in fans being “significantly less likely to urge others to become organ donors” (Morgan, Movius, and Cody 2009:146). Also involving Denny’s storyline, the affect upon viewers of his inability to receive a heart faster even though he had a significant amount of funds is also interesting to note (Quick November 2009). The greater likelihood of negative outcomes being instilled in the memory of viewers more than positive ones could arise from the fear of possibly experiencing the negative outcome being greater than the optimism that the positive outcome will actually come true.

Many fans feel close with characters, as they have experienced these (fictional) people through many emotional and intense situations. Typically, some characters stand out in front of others to viewers, and viewers then follow these characters more closely, drawing a closer connection to the character. Viewers were found to perceive these favorite characters as more real in comparison to those less liked (Gardner 2008).

Viewers become invested in these characters, following their personal and professional lives while wishing the best for them.

This fictional reality created on the television screen appears to transition into the real world of audiences. Through watching shows such as *Grey's Anatomy*, audiences many times see this material as credible and these characters as accurate portrayals of real doctors. A direct correlation has even been found between high exposure to *Grey's Anatomy* and “perceived real-world doctor courageousness and patient satisfaction,” as fans tend to see this content as realistic (Quick March 2009:48-49). Viewers compare the characters on the show with the real doctors, expecting their lives to be similar and judging their experiences accordingly.

## >>GENDERED AUDIENCE EXPERIENCES

Gender role expectations exist within society, and these expectations are associated with gender stereotypes, such as masculine toughness and feminine compassion and emotionality. These two genders are also frequently utilized to define one another. It has been found “that boys create and preserve their masculinity through fear and rejection of whatever might be construed as female” (Chodorow 1971:184-189). This then provides men with an understanding of how not to act or what not to like in order to retain their manhood. Research has demonstrated the ways people follow their set gendered “scripts” in a variety of contexts, including what is “appropriate” television viewing (Lin and Tong 2007; Morley 1992; Oliver, Sargent, and Weaver 1998). In Morley’s study of British families and television viewing, females were found to be extremely invested in fictional television shows while males strayed from them and

focused more on factual programming and sports (1992). Females talked more frequently about the latest content on their shows in comparison to males who felt more reluctant “to admit that they watch too much television [for fear it would] put their very masculinity in question” (Morley 1992:143). Feeling a similar gendered conundrum are Korean males who are highly engaged in Korean TV dramas, which they fully acknowledge “belong to ‘women’s genres’ which focus on love and romance” (Lin and Tong 2007:222). Aware of the de-masculinizing stigma associated with the shows, male viewers justify their viewership:

Many male informants are cautious of the gendered hierarchies of cultural tastes and social pressures and norms governing these [Korean Dramas]. Some of them try to restore the boundary by showing the ‘masculine aspects’ of the dramas by also saying that they are informative and educative, rather than purely emotional and entertaining. (Lin and Tong 2007:223)

These men attempt to save face by contrasting their interest in the shows with the perceived interest of female viewers, most likely fearing the social ramifications of breaking the social norms surrounding this content.

In a similar pattern, males and females often react to content in films in similarly gendered ways. In one study, following watching tragic and violent content, males and females scored their levels of enjoyment, disturbance, and empathetic responsiveness (Oliver, Sargent, and Weaver 1998). Males enjoyed violent content while females favored tragic scenes. The tragic film clip disturbed both males and females, but females also had an equally high level of disturbance during the violent content. Females also had extremely high scores regarding empathy during tragic scenes, while male scores were not nearly as high. This study also looked at gender roles that crossed the dichotomous gender lines to evidence more communal (feminine) and agentic

(masculine) responses; each had fairly equal representation of males and females. Utilizing this data helped to discover these individual's more accurately expressed genders. These new gender categories found findings similar to their dichotomous gendered pairs (communal with females and agenic with males).

Advertisements also play a pivotal role in the television watching experience, and they are of course gendered as well. Craig analyzed three different time periods (daytime, nighttime, and weekends) and discovered a particular gender target for each time period: primarily females during the daytime, an equal amount of males and females for nighttime, and primarily males for weekends (1992). Representations of males, females and groups within commercials depended upon what time of day it aired, which correlated with the particular gender expected to be tuning in:

This means that the strategy of day part targeting goes beyond the relatively simple practice of matching a particular product with a particular broadcast time — detergent ads during soap operas or beer ads on weekends; it also means matching a particular image of gender with a particular audience.  
(Craig 1992:208)

Television shows also work along a similar method with some programming targeted toward a particular audience and creating a particular gendered image. Shows such as *Sex and the City* and *Desperate Housewives*, for instance, are marketed toward a female audience and circulate particular images of what women are like:

Although they are obviously not restricted to female audiences, it is true that both *Sex and the City* and *Desperate Housewives* reach out for women as viewers, consumers, and accomplices in a succession of plots full of female experiences, sex-marked humor, and gender-codified situations.  
(Fernandez-Morales 2009:689)

This content is geared toward the female viewers producers expect to tune into their show, and the content utilized is structured off stereotypical female stock characters.

Studies based in gender, though, are complex because so much is based upon socially-constructed perceptions, sometimes even the participants responses in a study. In Judith Lorber's book *Paradoxes of Gender*, she found that "when examined closely, much of what we take for granted about gender and its causes and effects either does not hold up, or can be explained differently" (Lorber 1994:5). This coincides with how sociology acknowledges that gender is a socially constructed set of expectations and obligations. With most studies based on gender and fictional content, the reliability of the male subjects is up for question. As with Morley's study, many of the males recognized that speaking too much about their TV watching would affect their public image and perceived masculinity (1992). This opened a larger investigation into the validity of the males' overall statements due to their prior disclosure of their past fibbing:

It could be argued that the claims many of the male respondents make about only watching 'factual' television are a misrepresentation of their actual behaviour, based on their anxiety about admitting to watching fictional programmes. However, even if this were the case, it would remain a social fact of some interest that the male respondents felt the compulsion to misrepresent their actual behaviour in this particular way. Moreover, this very reluctance to talk about some of the programmes they may watch has important consequences. (Morley 1992:144)

This societal pressure to follow the norm of watching only masculine content has forced these males to conceal their deviant "guilty pleasures." This would almost be the pure definition of guilty pleasure due to the interest of certain males in the content and the potential condemnation that could arise because of it. Just as with the film enjoyment and disturbance findings as well as the Korean males who watch Korean TV dramas, the validity of their responses can be questionable as males potentially rank perceived masculinity above actual honesty, which may even occur somewhat subconsciously (Oliver, Sargent, and Weaver 1998; Lin and Tong 2007). The hegemonic masculinity



that our society cherishes only helps to further the need for males to meet the masculine benchmark in order to avoid stigma.

### >>AN AUTOPSY OF *GREY'S ANATOMY*

Premiering in the spring of 2005, the medical drama *Grey's Anatomy* immediately became a hit show on ABC's primetime lineup and is currently finishing its eighth season. The series follows the professional and personal lives of doctors employed at the fictional Seattle Grace Hospital (see Table 1 for detailed character information).

**Table 1. *Grey's Anatomy* Characters and Producers**

Character	Description
Dr. Meredith Grey	Main female character whom show is named after; romantically involved with Dr. Derek Shepherd throughout series
Dr. Derek Shepherd	Main male character; romantically involved with Dr. Meredith Grey throughout series; target of shooter in hospital in Season 6 finale
Dr. George O'Malley	Male intern and later resident; romantically involved with Dr. Callie Torres for first few seasons
Dr. Callie Torres	Female orthopedic resident; romantically involved with Dr. George O'Malley for first few seasons; becomes lesbian further into series
Dr. Reed Adamson	New female resident; first casualty of hospital shooter in season 6 finale
Dr. Izzie Stevens	Female intern and later resident; romantically involved with heart transplant patient Denny Duquette in season 2; leaves show in season 6
Dr. Alex Karev	Male intern and later resident; marries Dr. Izzie Stevens before she leaves the show
Shonda Rhimes	African American female creator of <i>Grey's Anatomy</i>

While the medical cases that the physicians encounter in each episode typically are finished by the conclusion of each episode, the relationships between the doctors serve to tie together the story storyline much in the same way as a standard soap opera. With a

large fan base, the show reaches viewers across the nation along with those of different genders. For its third season premiere, *Grey's* started their season on a high note, “drawing over 13.7 million viewers” (Strauman and Goodier 2008:129).

As previously stated, *Grey's Anatomy* is frequently associated with a female audience. With a lead female character and heightened relationship and situational drama, this show is frequently seen as more attractive to female audiences. Other TV shows have even utilized *Grey's Anatomy's* female fanbase reputation for comic relief. In the musical comedy *Glee* that follows a high school show choir group, the stigma of joining the glee club is even compared to that of watching *Grey's Anatomy*:

Last month, they held down one of their teammates and shaved off his eyebrows just because he watches *Grey's Anatomy*. – Ken Tanaka, head football coach (*Glee* 2009)

This retaliation for the player's transgression against this gendered norm was used as a warning against recruiting any more male students to be on the glee club. The CW's *Supernatural* even created a fictional TV show holding an extremely close resemblance to *Grey's Anatomy*, involving doctors and extreme drama just as in *Grey's Anatomy*. In this scene, Sam finds his brother Dean watching this show:

SAM: What are you watching?  
 DEAN: Some kind of hospital show. *Dr. Sexy, M.D.* It's based on a book.  
 SAM: [*laughs*] When did you hit menopause?  
 DEAN: It's called channel surfing! (*Supernatural* 2009)

Dean realizes the gendered significance of the show, and utilizes different tactics to defend that he wasn't really watching the show or that it has some redeeming qualities for male viewers. Sam, though, makes sure that he is aware that watching the show still is breaking a norm. Later in the episode, Dean is proven to have watched a significant amount of the show rather than just once during channel surfing due to his knowledge of

it, showing that he had lied previously to cover up his viewing history. These shows are on opposite ends of the gender spectrum with *Glee* attracting a more feminine audience and *Supernatural* attracting a more masculine audience, but both recognize and utilize the stigma placed upon male viewership of *Grey's Anatomy*.

Social media outlets, though, have begun challenging this stereotype. Whether through online blogs or interviews with famous politicians, people have begun talking about the elephant in the room. On the Internet, many blogs have been started by both men and women to discover if and why guys watch *Grey's Anatomy*. Titles range from “Is it weird that I watch *Grey's Anatomy* as a male?” (Yep Yep 2011) to “How many guys watch *Grey's Anatomy*???” (MD Fan 2009) and much discussion was raised about why they watch it, who got them into it, and more. Former President Bill Clinton was even interviewed by *Time* while his wife Hillary was in the 2008 Presidential race, and one question was what TV show he and his wife liked to watch to which he replied, “We both love *Grey's Anatomy* and did our best to watch it together whenever we could before the campaign began. In the new season, we'll have to TiVo it!” (Clinton 2008). President Clinton admitting to watching it, although with the shield of his wife, is a pretty bold statement, which articles have even commented on. One in particular is titled “The guys’ guide to *Grey's Anatomy*” (Bellmont 2007). The article written by a male who watches the show recognizes the female audience stereotype and then proceeds to counteract it with facts such as how 6.4 million men watch the show each week along with how it really is not “only for the ladies” (Bellmont 2007). The key points the article hits on that defy the feminine reputation of the show include the interesting characters and plot along with the “weekly window into the female psyche” that the show provides (Bellmont

2007). These online postings point toward the reputation and stigma associated with *Grey's Anatomy* being a more feminine program as the source of the discomfort men have with watching the show rather than the show itself being unappealing to men.

Some episodes of *Grey's Anatomy* even appear to be geared toward attracting a male audience. One of the first episodes that did this was the second season episode "It's the End of the World" (*Grey's Anatomy* 2006a). The action packed episode involved a patient who is rushed to the hospital with a bomb inside of his chest, unbeknownst to the Seattle Grace doctors. The episode aired following the 2006 Super Bowl XL that had 90.7 million viewers (Susman 2006). Following the game, 38.1 million proceeded to watch "The Bomb" episode as many fans have coined it. This tremendous viewership watched as the hospital goes into "Code Black," and the fates of many of the doctors are put in jeopardy. Some credit to the viewership could go to the "girl-on-girl-on-girl shower sequence" at the start of the episode, which definitely attracted some male viewers (Susman 2006). This trend of attracting male viewers with extremely action-packed episodes has even happened in recent seasons with season six finale nicknamed "The Shooter" episode by fans (*Grey's Anatomy* 2010).

With all of this public interest into the role of gender within the fan experience of the *Grey's Anatomy*, the lack of academic research in this specific area is surprising. As previously described, the validity of such research is extremely difficult to confirm, but through varying techniques of observing viewers' interaction with the show, different conclusions can be made. The purpose of this study is to begin the academic exploration into this phenomenon.

### **Chapter III: Research Methodology**

This chapter contains four sections that discuss each phase of the research for this project: Research Question, Research Design, Research Participants, and Data Analysis. Each section will provide background information on the research setting and methods behind the study's structure. Understanding the data collection and analysis process is crucial to gaining a deeper insight into the findings for the study, as well as their limitations.

#### **>>RESEARCH QUESTION**

##### **RQ—Does gender play a factor in the fan consumption of *Grey's Anatomy*?**

This exploratory study examines the relationships between self-identified gender, sex-role traits, and reactions to the show *Grey's Anatomy*. To identify gender, participants selected “male” or “female,” then each participant completed the Bem Sex-Role Inventory, which classified them as masculine, feminine, androgynous (masculine and feminine combination), or undifferentiated (neither masculine nor feminine). These categories allowed for analysis into different ways that gender could play a factor within the realm of TV fan consumption. Analysis of the data explores the possible role of gender and sex role identification in fan responses.

The format of this study is structured to fill a hole in the literature. Much of the literature focuses on quantitative data or just interviewing individuals when dealing with gender issues and TV/Film content. With this study, the incorporation of observation as they watch the episodes along with the qualitative focus group discussions will provide

opportunity to compare how the participants interact with the actual content followed by their perspectives during the open dialogue focus groups. This phenomenon of the socially constructed reputation and stigmas on TV programming has very minimal research and most studies involving it only incorporate the relationship between audiences and these stereotypes as a side note rather than a solid focus. This gap in the body of research in both gender and media studies is a significant one that needs to be addressed.

## >>RESEARCH DESIGN

Participants in the study completed a survey and participated in a gender-segregated focus group that included the viewing of two *Grey's Anatomy* episodes (see Appendix for plot descriptions of the episodes). With such a high focus on gender, these gender-segregated focus groups allowed for studying male and female perspectives separately to differentiate between their responses without any influences from the other gender. These episodes also contained a high variability in content (sex, romance, violence, etc.), allowing for the sample to relive and react to these plotlines; they both also related with a particular gender as well (Episode 1 being more feminine and Episode 2 being more masculine). This provided an understanding of fan reactions to this specific type of content.

The focus groups took place in a living room setting with couches and chairs facing a television. The setting simulated a typical TV viewing environment, which was necessary to make it a comfortable environment for typical watching and interacting. Each gender's focus group was only held once. The female focus group was held on

February 12, 2012 around 2pm followed by the male focus group a few days later on February 15, 2012 around 5pm. The entire viewing and discussion process took around two hours. Prior to collecting my sample and conducting these focus groups, this study received Institutional Review Board (IRB) approval from the University of Southern Mississippi (see Appendix-C for IRB approval letter). This study follows the guidelines and procedures regulated by the board.

Respondents were given a survey upon arrival at the research site. This survey asked questions about their show viewing as well as demographic information (see Appendix-B for full survey and decoder). Questions included demographic information along with their amount of previous *Grey's Anatomy* viewing and a series of questions designed to tap into their gender identity. This survey was an adaptation of the well-known Bem Sex-Role Inventory (BSRI):

The BSRI asks a person to indicate on a 7-point scale how well each of the 60 masculine, feminine, and neutral personality characteristics describes himself. The scale ranges from 1 ("Never or almost never true") to 7 ("Always or almost always true") and is labeled at each point. On the basis of his responses, each person receives three major scores: a Masculinity score, a Femininity score and, most important, an Androgyny score.  
(Bem 1974: 158)

Respondents' outcomes on the test (masculine, feminine, androgynous—masculine and feminine mix, and undifferentiated—neither very masculine or feminine) as well as their self-identified gender (male or female) were utilized when analyzing the qualitative data collected during the focus groups. Participants had to have a score 4.9 or higher in the masculine or feminine category to be considered "masculine" or "feminine." Having a score higher than 4.9 in *both* the masculine and feminine subcategories gave the participant an androgynous score while less than 4.9 on both gave the participant an

undifferentiated identity (full BSRI score analysis process detailed in Appendix-B). According to Bem, masculine was defined as more “assertive” and “instrumental” as compared to feminine’s classification as “yielding” and “expressive” (1974:155). For androgynous individuals, Bem saw them as a combination of many of these traits mainly “depending on the situational appropriateness of these various behaviors,” showing that they are able to tap into certain traits in certain situations as compared to “strongly sex-typed individuals [who] might be seriously limited in the range of behaviors available to them as they move from situation to situation” (1974:155).

As respondents were given their survey, they were also assigned a number to use for the survey and focus group in order to keep their responses anonymous but traceable to see patterns. Prior to completion of the survey, I informed them of the purpose and description of the study, the details of each episode to be watched with a quick recap of the preceding information, as well as any risks. After being informed of the nature of the project and any associated risks, they each signed a consent form indicating that they understood the terms of the study. The participants were also instructed to create an alias to be used in the final paper, which would replace the numbers.

After the surveys were completed, the participants watched the first *Grey’s Anatomy* episode—the second season finale titled “Losing My Religion” (*Grey’s Anatomy* 2006b). During the episode, I recorded any of the participants’ comments or visible reactions, using their number to track each participant. Following the episode, I led a focus group discussion focused on general issues about the show. For example, participants were asked how they started watching *Grey’s Anatomy*, what their favorite part of the show is, and what keeps them invested in watching the show. Because the



first episode dealt with the death of one of the doctor's significant others, I also discussed how the participants react to the deaths of show characters. Discussion flowed from the responses to these questions. Audio recording was used during the focus groups to keep track of the participants' responses.

After the first focus group ended, I began the second episode—"Sanctuary," the season six finale (*Grey's Anatomy* 2010). I followed the same procedure during this episode, recording any comments or actions of the participants. Following the episode, the second focus group discussed more specific issues related to the episode and violent content more generally. Discussion also arose as to the difference between violent and emotional content within the show and how episodes such as the shooter and bomb episodes play within the greater scheme of *Grey's Anatomy*. At the end of the focus group, an open discussion on gender in regards to the fanbase of *Grey's Anatomy* as well as other shows was conducted to get a sense of the fans' perspectives on the topic.

## >>RESEARCH PARTICIPANTS

For this project, I was interested in the opinions of men and women about the show *Grey's Anatomy*. In particular, I wanted to observe whether gender differences exist in how fans respond to certain episodes of the series. I generated my sample from the student body at a Mississippi university. In order to participate, respondents had to be a fan of *Grey's Anatomy*, meaning he or she has both watched a significant amount of the show and also enjoyed the content. To recruit participants, I circulated announcements about the study on social media sites and through social networks. Because there are fan pages on Facebook for *Grey's Anatomy*, identification of fans on that site was the

primary avenue for recruitment. In total, five females and three males participated in the study.

The female participants were found through this *Grey's Anatomy* site, through my own casual conversation with the fans I knew, and via additional snowball sampling. In general, the female fans were very interested in the study and were either eager to participate or disappointed because they were not able to attend due to a time conflict. Because I wanted to have a similar number of participants in both the male and female focus groups while also wanting to keep the groups fairly small to insure an intimate group setting, I avoided recruiting too many women and thus kept the size close to the male study size.

Recruiting male participants was more challenging. The male fanbase of the show is not as large or overt as the female, which originally posed a problem. Two of the males who attended the focus group session were found by contacting them directly through a description of my study. Another participant was discovered through a recommendation of a mutual female friend. Some people I contacted individually regarding participation in the study, but I never even heard back from them. In part, the show *Grey's Anatomy* is stereotyped as a “girl’s show,” and this stigma may have dissuaded men from volunteering.

The sample was very familiar with *Grey's Anatomy* even though some had watched more than others (see Table 2). Racially, the group was either white or black with slightly more white participants. All participants fell within the typical college student age range as well (19-23 years old). All BSRI gender types were represented within the sample at least once with androgynous taking the lead with four participants.

**Table 2. Sample Demographics**

Name	Sex	Age	Race	<i>Grey's Anatomy</i> Viewing	BSRI Gender Type	BSRI Masculinity Score	BSRI Femininity Score
Camille	Female	21	White	Occasional	Androgynous	5.15	5.65
Kamryn	Female	21	White	Moderate	Masculine	5.15	4.4
Leigh	Female	19	White	Avid	Feminine	4.05	5.2
Susie	Female	20	Black	Avid	Androgynous	5.65	5.15
Taylor	Female	20	White	Avid	Undifferentiated	4.75	4.75
Hoyt	Male	22	Black	Occasional	Masculine	5.15	3.8
John	Male	19	White	Moderate	Androgynous	5.2	4.9
Seymour	Male	23	Black	Moderate	Androgynous	6.1	5.05

## >>DATA ANALYSIS

Following the data collection during the two focus groups, the material had to be formatted to discover any patterns. The audio recordings from the focus group sessions was transcribed into two different files for the male and female focus groups. The notes taken during the episode viewings were also typed into a more descriptive format. In the notes, each comment or action was typed with the participant's number and an F or M to signify male or female (e.g. F1, M3, etc.). This helped to easily differentiate who was involved with each comment or action.

To prepare these transcriptions for analysis, the documents were then coded. The episode viewings and focus group discussions were coded separately with the male and female comments combined. Coding was conducted multiple times. For the episode viewings, I first coded for the actual actions occurring (e.g. laughter, comments, and physical reactions). Subsections were created underneath to separate the moments of laughter into whether it was targeted at females, males, couples, etc. and the same for the other sections. Next, the episode viewing data was reevaluated for organization by the

content of the show that caused a reaction from the participants (e.g. characters and action), splitting the sections into subcategories of each individual character or couple along with violent and romantic/sexual content under action. The focus group discussions were separated similarly. The data were split into a few core categories such as content of the show (e.g. characters, plot, etc.), fiction meets reality (e.g. actors lives, character deaths, connection to personal life, etc.), and gender and *Grey's Anatomy* (e.g. perceptions of outsiders and different genders, stereotype creation, etc.). This allowed for easy comparison between comments.

Once the sections were finalized, the participants' number identifiers (e.g. M1, F3, etc.) within the transcriptions were highlighted to signify their BSRI score. This was done for both the episode viewing and focus group discussion transcriptions. With this method, both the dichotomous and BSRI gender identities were visible and easy to track. After all of the data were coded and highlighted, the comments were tallied and recorded for the amount of comments by the different genders (dichotomous and BSRI). This method allowed for easy comparison to see which groups were most reactive to certain comments. The groups were not all equal, though (three males, five females, two masculine, one feminine, one undifferentiated, and four androgynous), so the numbers of comments were weighted according their representation in the group (i.e. there are three males and six laughed at romantic content during the episodes; they receive a score of two, essentially two comments per person). This provided a way to find any significant patterns within the comments.

## **Chapter IV: Data and Analysis**

In this study, the relationship between gender, masculinity/femininity, and perceptions of *Grey's Anatomy* were examined utilizing the data collected through the episode viewing observations and focus group discussions. All participants identified themselves as either male or female, which determined the focus group in which they were placed. Through the Bem Sex-Role Inventory that the participants completed during the study, these facets of the participants' masculinity and femininity could also be taken into account. This chapter will delve into a few different areas to answer this study's primary question: Does gender play a factor in the fan consumption of *Grey's Anatomy*?

First, the background of the show's stereotypes and perceptions in relation to gender will be addressed in "A Girl's Show': Stereotypes and Perceptions." The following section titled "Gendered Consumption Differences" will address the aspect of the research question that involves how gender does play a factor. The opposing end of the argument will be addressed in "Breaking the Gendered Mold," as the ways gender fails to become significant are detailed. These sections divide the content of the observations and discussions into focused sections that will shed light on these areas as well as the overarching theme of gender and its role within the realm of TV consumption. Refer to previous chapters for character (p. 11) and participant (p. 21) information.

## >>”A GIRL’S SHOW”: STEREOTYPES AND PERCEPTIONS

Part of the focus group discussion centered on gender and how it plays a role in the reason or way that someone watches a television show, in this case *Grey’s Anatomy*. Nearly everyone felt that there were stereotypes placed on TV shows as to what gender typically watches it. In other words, some shows are seen as “girls’ shows” and others are “for guys.” In some cases, shows that are seen as for women can be perceived as stigmatizing for men to watch or enjoy. Taylor summed this up very simply, saying guys will sometimes have people “think they’re girly if they watch the show because their girlfriend watches it.” Other men who discover another a guy who watches the show also have this mindset that these men who watch the show are not sufficiently masculine, which is the source of social condemnation and ostracism for those men “caught” watching *Grey’s Anatomy*. This need to be separate from all things feminine is a common phenomenon as men attempt to live up to society’s hyper-masculine ideal. The question then is what qualities make things “girly” and therefore unattractive or stigmatizing to most men. Most of the participants (even females) had the perception that women enjoyed and focused more on “relationships,” “intimacies,” and “dramatic stuff” in the shows they liked and chose to watch. The assumption is that men do not enjoy viewing shows for their interpersonal storylines and romance, but rather watch other shows with more “masculine” topics, such as violence. With these assumptions, an imagined line is created between content that men and women find interesting.

When asked about what kinds of topics men enjoy, respondents noted specific ways men might watch a show and what they would be interested in seeing. Kamryn felt that the participants in the male focus group would “focus on what’s really happening in

a particular episode” such as the action, patients, and surgeries. Susie noted that the perspective that the show takes in certain situations is also crucial. If the story is told through the female characters’ perspectives and experiences, she thought that the male viewer would not connect with the show or care about it. Looking at the male characters made a difference, though; as she said, “if you show [a situation] from McDreamy’s perspective [males watching the show] can be like ‘I feel him.’” Susie’s demeanor of acting “manly” when she made the final part of her comment made the females in the group roar with laughter. The male focus group pointed out that males would enjoy two key classically masculine topics—sex and violence. Hoyt said that if he was going to get another guy to watch *Grey’s Anatomy* that he “would mention that the show is filled with action and has a lot of sex because guys like sex and violence.” In Seymour’s opinion, he “would personally recommend them watching the shooter episode or one of the more exciting ones since that’s how [he] got hooked.” Both participants confirmed Kamryn’s assumption regarding the males’ perceived attraction to content.

The gendered nature of advertisements for episodes of the show as well as those airing during the show seem to contribute to audience perception of *Grey’s Anatomy* as a “girls’ show.” As Taylor says, “I think [the producers] aim their show toward whoever they think are going to watch them,” and you can see the commercials for women during the show. This point is very interesting when looking at the relationship between the media and audiences. The cyclical relationship between society and media’s role in shaping audiences perceptions tends to reinforce stereotypes about gender. The content also seems to have a significant affect on the gendered stereotyping that occurs with aspects like the makeup of the main cast as well as the perspectives and connotations of

the actions playing a key role in how audiences view the show. Taylor pointed this out during the female focus group. “With all shows you have drama and action like *Desperate Housewives* is in the middle of a murder issue right now. They just don’t capitalize on it in the same way.” The capitalization of the action and drama within the show is definitely key as a murder scenario that focuses more on the impact the situation has on other characters compared to one that focuses more on the suspense and violence will definitely receive a different perception. But, as said before, the content might be fairly similar between a masculine and feminine show, but the advertisements and ways that the show is portrayed to audiences ultimately helps create this division amongst shows.

#### >>GENDERED CONSUMPTION DIFFERENCES

Male participants were, as expected, highly reactive to the sexual scenes during the first episode (no sex scenes were present in the second episode). From merely “eye sex” as Seymour coined it between Meredith and Derek across the dance floor to full intercourse between the lovebirds shortly afterward, there was definitely a strong response from the males (*Grey’s Anatomy* 2006b). The females laughed at the eyes meeting on the dance floor, as they all knew from previous viewing of this episode that they would soon be having sex. Once Meredith and Derek began having sex, Seymour gave his sign of approval saying, “There we go.” The sex was something that enhanced his viewing experience. Following this scene, Derek repeatedly asks Meredith “What does this mean?” as he was still married and had just cheated on his wife. She ignored the subject and left without giving him an answer. This scene is interesting in how the



gender roles are reversed with the male concerned about the future of the relationship while the female ignores it. All of the males laughed at this scene, and Seymour decided to answer Derek's question with a simple answer: "unprotected sex." This reaction to the sexual content during the episode shows either high engagement during the scene or a strong need to be overt in how they follow the masculine expectation of being drawn to sexual content.

The sexual content of the episode showed also high reactions from androgynous participants. Both counting the female laughter and the various males' comments, this BSRI category reigned as the primary responders to the content. This fits somewhat with the gendered expectations of masculine individuals being attracted to sexual content since these participants all had high enough masculine scores to be considered androgynous. Looking at it from a different perspective, though, these individuals also have a high feminine score, which shows that not just purely masculine individuals find this content appealing.

Females, on the other hand, were highly reactive to scenes containing high levels of blood, violence, and tension (mainly from the second episode). The general attitude was an uncomfortable one as they squirmed in their seats, shouted at the television, and even grabbed each other. To compare a male and female reaction to the same scene, the first doctor who was shot the second episode is a perfect example (*Grey's Anatomy* 2010). When the shooter approached Dr. Reed Adamson, he abruptly shot her in the head after she failed to give him the attention he requested. Her body lay on the ground in a pool of blood. While watching this scene in the focus group, Kamryn freaked out in her seat, moving around and shaking her arms when the doctor was shot, and Camille

leaned forward very nervously. Camille and Kamryn had both not seen this episode, which only intensified their reactions, as the other participants knew what to expect. On a surface value, the females appeared to react negatively to this violent content while the males reacted much more positively. Seymour commented immediately following the doctor being shot that when he saw the scene the first time he watched the episode that “that’s really where I was like oh my gosh keep on watching.” The big factor in this instance is once again gendered scripts of how males and females are supposed to react to certain content. Although Kamryn was categorized using the BSRI as “masculine,” she still acted in an extremely stereotypically feminine fashion during the violent scene. Would her reaction be different if she was alone? To what extent was her behavior socially conformist in the group setting? Also, Seymour’s positive acknowledgement of this content follows the masculine ideal of enjoying violent content. There is no way of knowing in either case, though, what their true feelings were toward the content. Even after watching this episode, both genders were still fans of the show, so the violent content obviously did not deter the females—whose reactions could on the surface seem negative—from watching the show.

In regards to interactions between characters in the show, those involving female characters actually had a very high frequency of reactions from masculine individuals. These scenes included females dominating males, high tension involving females, and females acting stereotypically feminine (consoling, emotional, etc.). With such a high amount of reactivity from masculine individuals (e.g. laughter and comments), it raises an interesting case of these individuals being reactive to more than merely sexual and violent content. This blurs the line of what masculine individuals are “supposed to” be

attracted to in the content they watch. Content involving male characters and couples or groups held fairly comparable rankings between both males and females and BSRI scores, although male character interactions had higher masculine and androgynous reactivity.

During the focus group discussions, most of the topics resulted in similar reactions among males and females, but there were some differences. The females had a much higher response to some of the character development as well as the relationship between the fictional world of *Grey's Anatomy* and that of the real world. The focus groups indicated that the females were more highly invested in the show's current events as well as the actors' personal lives, decisions of the show's staff, and associated topics. This information is typically streamed to fans through various tabloid and celebrity gossip sources, which is also a highly feminized type of content. The males may also stay updated on the show through these methods, but they were not vocal about it, possibly because of the feminine association to reading these tabloids for television gossip. A key example of this theme shown by the females was that female participants commented that some of the actors might want to advance their careers and not be tied down to a show. For example, Izzie left the show in season six after surviving cancer and marrying fellow doctor Alex Carev. In response to this plot shift, focus group participant Leigh said she was upset with the rift Izzie's removal from the cast created in the show, but she also pointed out that she "knew in the background about how [Katherine Heigl, the actress playing Izzie,] wanted to be an actress" in major films. Taylor also commented that knowing that a primary reason for the actor's departure from the show was not completely just plot-related helps it to "kind of [not] really affect the show to

[her].” Taylor has been able to combine the fictional world of the show with reality to justify the loss of a character in the show and therefore not allow it to affect her viewing experience of the show.

The creator of the show Shonda Rhimes also played an interesting role for Susie, as she spoke of her in multiple contexts as if she knew her personally. Rhimes is a 42-year-old African American media professional who created *Grey’s Anatomy* as well as some other shows. Whether calling her by name or just saying “she,” it was clear that Susie saw a clear connection between the show content and its creator. Regarding a recent episode in which characters’ lives were altered with a “what if” storyline, Susie became very anxious as she wondered what was going to happen to these characters she knew but didn’t quite know in the context of that episode, which evoked the comment “oh my gosh, what are you doing Shonda.” It shows that Susie saw her as the ringleader of the show and knew that she was pulling the strings to alter the storylines. In another instance, Susie commented on the music in the show:

The music. Oh my God, she’s so good with the music. I mean I don’t even know how she perfectly gets this one song and makes it start here and get louder there. I’m just like ‘uh uh, you just need to calm down Shonda’.

This participant clearly connects the content of the show with Shonda Rhimes, while also seeing her own relationship to Ms. Rhimes as almost a personal one. Susie was the only participant who talked of Shonda in these terms, and she was also the only black female in the group. Perhaps because of their race and gender connection, Susie sees a tie between herself and Shonda, or perhaps Shonda is someone for Susie to look up to.

In contrast, none of the males discussed personal relationships with the characters or speculated on the actors; instead, they talked more about gender stereotypes and

methods of making men interested in watching the show. Their conversations focused many times on what they enjoyed about the show and frequently appeared defensive about their interest in *Grey's Anatomy*, stating frequently that their viewership of the show was gender-appropriate. Seymour's main enjoyment spurred from the suspense of the show. "The suspense keeps you coming back. There are plenty of TV series about doctors and such, but some of them are just lame or blah. This show keeps you surprised." This type of material is very prevalent in typical masculine and action-packed content and thus his focus on that reassures the show contains masculine elements. As stated previously, Hoyt felt confident that males would be convinced they should view the show after knowing that it had sex and violence, two other stereotypically masculine programming characteristics.

The masculine and androgynous members also were the most reactive during the episode viewings, contributing the majority of responses during the focus group. A core aspect of masculinity is dominance and assertion, which clearly was demonstrated by these individuals. Their prevalence in the conversation and reactions shows that these individuals not only felt a certain way but also wished for others to know how they felt.

In regards to males and females, the amount of comments and reactions were comparable, but the types—especially during the episode viewings—showed a distinct difference. The males were extremely vocal during the episodes while the females had much more nonverbal communication in reaction to the content on the screen. This pattern follows the gendered concepts of males being dominant and females being expressive. In respect to these occurrences, individuals were following fairly closely to their gendered scripts.

## >>BREAKING THE GENDERED MOLD

Through the participant's discussion of the gender stereotypes surrounding *Grey's Anatomy*, one common theme surfaced—despite the clear stereotype of *Grey's Anatomy* as a “girls’ show” in reality the show was not particularly gendered in content and clearly appealed to both males and females and to people with a range of BSRI gender identity classifications. Even though there is the general perception in people's minds about what the show is like or who it is catered for, Leigh said that if males “sit down and actually watch it, they will actually enjoy it.” Even Hoyt pointed out that “people make it seem like a soap opera,” which is very highly associated with a female viewership. The key word that he used was “seem,” meaning it isn't quite that in reality. These perceptions that people have and that are reinforced through different media outlets hide the ways in which the show seems to be breaking the gendered mold of television. With a diverse cast with nearly equal male and female main characters and a good mix of ages and racial backgrounds (who are all shown on the posters and advertisements), the show has something to which everyone can relate, despite its image as “girly” and its marketing largely as such.

The majority of the material that I collected through the focus groups and episode viewings showed no drastic differences between males and females, just those relatively small ones mentioned in the previous section. The data thus indicate that besides a few areas that might just deal with personal taste, most of the show's content is appealing to all genders and gender identifications. The plot and characters were the real areas that tied the participants to the show. Leigh commented about how the creators “develop the characters really well, and it brings you back because you want to know what happens to

them and you've grown to care for them.” This strong focus on character development allows audiences to gain a personal relationship with the characters, which ultimately invests the audience into the show. Camille felt that “with *Grey's Anatomy* there is always character development and always emotional back story, and [she] thought that's why people enjoy [the show] so much.” The diversity of the show also provides audiences with characters that are relatable, whether it be because of gender, race, sexuality, or even just shared experiences.

The personal lives of the viewers can also help make a connection to the show. Seymour and Kamryn were actually able to relate with the show on a different level than others in the study since they both wanted to pursue a career in the medical field. Kamryn stated that she wants “to be a doctor, so the whole medical aspect of it is intriguing as well as the dramatic interplay.” This connection could potentially help give aspiring physicians a different perspective (although possibly not realistic at all times) on the medical field. Looking at just the situations presented within the show, Hoyt mentioned how “there are situations in the show that are completely relatable in real life.” The perspectives of the characters in these situations also help to open wider the potential of audience connection. Hoyt also commented on the duality of some of the stereotypical “feminine” subjects:

I feel that this show is based more toward females mostly because they focus on people's relationships and intimacies, but there are some of these scenarios that men face too like being married and wanting something else and not knowing how to make your relationship work after your wife cheated. What do you do?

The range of storylines, characters, and topics creates a viewing experience that is both relatable and also foreign, such as giving male viewers insight into some “female perspectives” with the various situations the female doctors on the show encounter.

Seymour did not even contemplate the idea of content being gendered until it began being discussed during the focus group. “Personally this is my first time ever thinking about a male or female type of show. I just feel like it’s a great show period for everybody.”

This could be actual obliviousness on his part or a deeper method of following his masculine script and saving face to appear he had not previously considered this possibility.

On the surface, males and females appeared to differ with their reaction to sexual and romantic encounters and relationships, as discussed earlier, but looking at it a little deeper, the difference may not be so significant. Males definitely reacted to the sexual content, showing their interest in the content, but sex involves a very intimate relationship between two individuals, which always involves something more complicated than just the physical nature of the act. The male participants also had some interest in the relationships between the characters. Although they did not speak much of their interest in it during the focus group, different comments during the episode viewing showed that there was some interest in the character’s relationships. Regarding the doctors George and Callie, two of the male participants discussed their relationship while viewing a scene with the two together (*Grey’s Anatomy* 2006b):

HOYT: She’s so much bigger than him

SEYMOUR: She becomes a lesbian, so it really doesn’t matter.

The males recognize the relationship and openly analyze the compatibility of the two doctors. This shows that they at least do care somewhat about the relationships of the characters. The use of size as well to denote their incompatibility is also a bit unique. It definitely allows Hoyt the ability to vocalize that they are not a couple without venturing into deeper relationship analysis, which could be perceived as feminine. Seymour’s



connection he makes to Callie's sexuality also provides a potential perspective that her imminent shift in sexual preference could be the cause of this lack of cohesion for the couple. Overall, the intense similarity that was found between the male and female reactions and comments contradicts the notion of a "girl/guy's show."

## **Chapter V: Concluding Discussion**

To bring this study to a close, this final chapter addresses the overarching trends and findings of the research. First, the connections between the literature and the findings are noted in the first section, “Not So *Grey* Conclusions,” which considers how this study merges with those previously completed. Larger implications of these findings are addressed to apply this study to society today. Next, in the section “Limitations of the Study,” any possible limitations that could have altered the outcomes are investigated to provide an understanding of the ways different variables can affect a study. To close out the chapter, “Potential for Future Research” examines ways that this exploratory study can potentially be expanded for future study to provide more generalizable data.

### **>>NOT SO *GREY* CONCLUSIONS**

Gender is part of a person’s life experience from the moment of birth, when parents, doctors, and others speculate on the child’s future in gendered ways. Whether considering the baby boy’s potential to be a quarterback or comparing the newborn girl to a ballerina, adults commonly attribute gendered motives and interpretations to children from infancy forward. The socially constructed scripts that individuals receive once they are tagged male or female forever change them and their decisions, as well as how they are seen (and reacted to) by others. Within this study, whether it was males getting excited about a sex scene or females convulsing from fright during a hospital shooting, these reactions could get traced back to how males and female are supposed to act. Through utilizing the Bem Sex-Role Inventory, I was able to compare the participants’

self-identified gender with their gender identity score on the BSRI's masculine-feminine scale. Given these data, I was able to see a "masculine" (BSRI) Kamryn acting "like a girl," freaking out during an episode's violent content. Kamryn's masculine score and her "girly" actions do not coincide. These scripts also formulated their perceptions that they provided in regards to what males and females would enjoy during the show. Both males and females repeated the same things about both themselves and the other group, so a factor larger than personal opinion was structuring this conclusion. People have lived with these gendered stereotypes all their lives, which makes this divide between "male" and "female" preferences and traits appear natural. These socially constructed concepts have now begun controlling our lives and the opportunities available to males and females.

A large finding, though, was that males and females reacted similarly the majority of the time. Only during extreme situations that already had previous gendered associations were any significant differences between males and females noticeable. The outward reactions of individuals are also not necessarily accurate signs of positive or negative feelings toward content. These could be attempts to fulfill gendered expectations in a group or social setting. Males and females also differed by males being more verbal and females being more nonverbal during the episode viewings, as girls laughed many times and guys would provide commentary about how they felt on the content on the screen. This lack of major differences in what males and females truly enjoyed provides an opportunity to contradict the perceptions that shows are either a "girls' shows" or "guys' shows."

As Craig (1992) notes in his study on commercial demographic targeting, marketing and business professionals most likely wish choose a method of marketing that will ultimately be the most profitable for their company. Within *Grey's Anatomy*, demographic targeting of men to expand their audience base also occurs such as with the bomb and shooter episodes (*Grey's Anatomy* 2006a; *Grey's Anatomy* 2010). These utilized violence, heightened tension, sex, and more that falls in line with a stereotypical male interests. These marketing strategies work, though, as Seymour displayed when he stated that the shooter episode was what got him hooked on the show. These hook episodes could also be used as a “free pass” to become invested in the show without condemnation due to the masculine structure of the episode(s) that attracted a male to the show.

These males who are deviant in their interest in “girly” material, though, must manage their identity to maintain their social standing as a man. Just as I was confronted regarding my interest in *Grey's Anatomy* and was forced to defend my masculinity, others most likely do the same. To avoid an awkward confrontational encounter like I experienced, many male *Grey's Anatomy* viewers most likely stray from vocalizing their interest in the show to random individuals. Rather, they most likely keep their conversations on the show between those who also enjoy the content. The male focus group was an open environment for the male participants to vocalize their obsession with the show. A similar occurrence appeared in Morley's study on gendered TV viewing framework, as males were hesitant to reveal that they watched fictional content and would rarely have a conversation regarding current events on the show (1992). This

stigma management allows for these men to enjoy their fictional content while also maintaining their image of a masculine individual.

This similarity between males and females in regards to their consumption of TV content could also have implications that cross over into other countries and cultures. As was found with the literature, men feel stigmatized in other cultures as well for watching “feminine” content (Lin and Tong 2007; Morley 1992). After finding mostly similar reactions and appreciations for the content within *Grey’s Anatomy*, it could be suggested that many other “feminine” shows and similarly associated content in general could also have a similar connection to both male and female audiences. The need for males to separate themselves from feminine content appears to resonate within multiple cultures, praising the traditional dichotomous view (Chodorow 1971; Lin and Tong 2007; Morley 1992). Findings such as those within this study uncover that these social constructions exist mainly on the social level while the personal level contains many more similarities between genders.

The interesting aspect of the BSRI is the intersectionality of both masculine and feminine traits. Rather than a defined box, males and females have the potential to be expressive as masculine and feminine in the androgyny category. The similarities found between males and females in regard to the reactions and interest in the show’s content proves the fluidity of people’s interests in relation to their potential dual-natured gender identity. This allows for utilizing strengths in different situations when they are most needed. For instance, leadership requires a person to demand authority and control a situation while also nurturing those who are following to ensure their growth and cooperation. These first traits are more masculine identified while the latter are much

more feminine. This combination, though, is the recipe for true servant leadership, which can lead to greater success as a leader. This duality, then, is quite useful and applicable in countless scenarios.

### >>LIMITATIONS OF THE STUDY

Within the study, many different limitations existed. My gender was one possible limitation as I administered both the male and female focus groups and may have altered the topics from what they would have been with a female researcher and no male present. That said, the impact of my gender was mitigated by the fact that I also knew all of the participants fairly well, so they reacted more to me as an individual than as a man, most likely. My relationships with all of the participants and their relationships with each other from knowing each other on campus, I felt, allowed them to be comfortable and open with me and the others in the room during the discussions. So, although the potential for them to self-censure given that they knew me was present, I felt that their increased comfort outweighed that risk.

The age range of the participants was also very narrow. The viewership of *Grey's Anatomy* contains individuals from both very young to very old age ranges, so this study does not represent the entirety of the show's fanbase. Having too varied of an age range, though, would have included too many variables. Gender was the key variable I wished to analyze, so this similar age range allowed participants to relate with both age and *Grey's Anatomy* viewership. This study also was conducted in America while the show is extremely popular in as many as 80 countries. These findings are therefore limited to just American fan reactions, although these findings could have implications that resonate

far past this sample. Also, the Bem study was conducted nearly forty years ago, which could raise the issue that these adjectives categorized for the different genders might be less valid now than they were when originally conceived.

Although the sample was fairly diverse, it was also small and not randomly selected, which means that these exploratory findings that cannot be generalized to the larger *Grey's Anatomy* fan population. There were also uneven numbers of males and females. An ideal study would have had an equal male and female representation with equal representation of the four BSRI categories amongst both males and females. This would help to provide a greater amount of material to compare and analyze patterns. A final limitation was the larger issue of having limited time and resources to utilize in conducting the research. In spite of the limitations I did experience, though, I feel that I was able to collect some very interesting findings.

### **>>POTENTIAL FOR FUTURE RESEARCH**

The exploratory nature of this study has provided much material to open new questions for additional research in the future. To improve upon the method utilized in this study, multiple small focus groups (with randomly chosen participants) could be used with a similar methodology, which would provide more generalizable findings for the topic as researchers probed further into the relationship between gender and TV fan consumption. As mentioned in the limitations, equal representation of males, females, and BSRI gender identities would be key in finding appropriate data. Use of the actual BSRI rather than an abbreviated version might also provide a more accurate reading of a person's gender identity. Other demographics besides gender could also provide a

different insight into the area of fan consumption. As noted in the previous chapter, Susie seemed to have a close bond with show creator Shonda Rhimes, which could be related to the relation between their shared gender and race. More on that would be fascinating to explore. Although exploratory, the findings of this study indicate the possibility that males and females enjoy more similar content than perhaps often assumed. Additional research should explore this possibility in more depth.

Utilizing a similar construction to this study but including different focus groups with different age groups could also show differences between these age groups. This variability could uncover whether this similarity between genders also occurs at different age levels. These findings could also be compared to fans from other countries, seeing if other cultures have this similarity and if these cultures have similar gendered associations to content as in America.

The idea of producers targeting content to specific demographics is a possible avenue for research. A simple method would be to do a content analysis of two similar episodes in relation to content that differ in their masculine or feminine association for the show in general. This could compare and see what differences there were between the shows that utilized similar plot points. Another idea would be to track shows from their initial marketing start and pilot on television to observe how stereotypes about a show are created as well as how rapidly it occurs.

Bringing in a new theoretical framework is also another possibility with this study. The media Uses and Gratifications Theory could potentially help in discovering what individuals actually get out of the show itself. Although not focused on gender, the theory does help to analyze the justifications for viewing particular content, which,



coupled with more sociological based theory, could develop this subject further. Erving Goffman's studies on stigma and the spoiled identity would also be a perfect tie-in to the management of males being attracted to feminine content. Stigma is such a core part of everyday life, especially within the context of this study. Researching the management of these stereotypes and how a fan's interest in the show overpowers his or her care of the stigma surrounding it could provide insight into the deeper implications of such stereotyping as well as the confinement of traditional gendered scripts. Much potential is available to further this topic utilizing these methods.

In conclusion, this exploratory study has identified key themes that can be utilized for future research on the topics of gender TV fan consumption. The study's true benefit came from the separation of the dichotomous gender roles from the BSRI scores. This enabled the study to compare and contrast the societal gendered classification with the true personal classification that allowed for a wider range of character traits. After gaining the ultimate finding that the interests of fans do not always follow traditional gender scripts, this research has provided a starting point for future investigation into this topic, allowing others to venture into an area that might not be so *Grey* anymore.

**Appendices**

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## >>APPENDIX A—EPISODE DESCRIPTIONS

### **Episode #1: “Losing My Religion”**

This second episode of the two-part season two finale brings the storyline of heart transplant patient Denny Duquette to a climax. Seattle Grace doctor Izzie Stevens has grown too emotionally attached to her patient Denny, and as she more rapidly falls in love with him, her medical ethics begin to deteriorate just as rapidly. The episode starts following the discovery that someone has cut Denny’s LVAD wire (which runs his heart) to ensure his survival by being pushed to the top of the transplant list. The interns now are under investigation due to this lapse in medial ethics. Simultaneously, the romantic lives of the other doctors start to intensify as the season draws to a close. This episode contains many romantic and sexual encounters. (*Grey’s Anatomy* 2006b)

### **Episode #2: “Sanctuary”**

This first of the two-part season six finale shows the Seattle Grace Hospital under great turmoil. After his wife was taken off life support by the current surgical chief Dr. Derek Shepherd, an angry widower comes back to the hospital with a grudge and a gun, taking his anger out on anyone who gets in his way on his journey to find and kill Derek. The hospital is soon in a state of panic with every doctor and patient hoping for survival, a wish that doesn’t come true for all of the doctors. This episode contains very high levels of violence and tension. (*Grey’s Anatomy* 2010)

**>>APPENDIX B—SURVEY AND DECODER***Grey's Anatomy* Survey

Please read each question carefully and circle the letter next to your answer choice. This survey is to be taken prior to the start of the *Grey's Anatomy* episode viewing.

1. What is your sex?
  - a. Male
  - b. Female
  
2. What is your age?
  - a. Under 18
  - b. 18-19
  - c. 20-21
  - d. 22-23
  - e. 24 and Older
  
3. What is your race? (Select up to 2 different ones depending on what you relate with)
  - a. Caucasian (White)
  - b. African American (Black)
  - c. Asian
  - d. Hispanic
  - e. Arabic
  - f. Other: \_\_\_\_\_
  
4. Have you ever watched the TV show *Grey's Anatomy*?
  - a. Yes
  - b. No
  
5. What kind of a *Grey's Anatomy* viewer would you call yourself?
  - a. Avid (Have watched every episode)
  - b. Moderate (Have watched most episodes—skipped some here and there or not caught up)
  - c. Occasional (have watched some episodes of the show before here and there but not regular)
  - d. Slim (Have seen one episode)
  - e. I have never watched *Grey's Anatomy*,

Rate yourself on the following items on a 1-7 scale using the answer section at bottom of page:

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true

- |                        |                                      |                                 |
|------------------------|--------------------------------------|---------------------------------|
| 1. self-reliant        | 25. has leadership abilities         | 47. gullible                    |
| 2. yielding            | 26. sensitive to the needs of others | 48. inefficient                 |
| 3. helpful             | 27. truthful                         | 49. acts as a leader            |
| 4. defends own beliefs | 28. willing to take risks            | 50. childlike                   |
| 5. cheerful            | 29. understanding                    | 51. adaptable                   |
| 6. moody               | 30. secretive                        | 52. individualistic             |
| 7. independent         | 31. makes decisions easily           | 53. does not use harsh language |
| 8. shy                 | 32. compassionate                    | 54. unsystematic                |
| 9. conscientious       | 33. sincere                          | 55. competitive                 |
| 10. athletic           | 34. self-sufficient                  | 56. loves children              |
| 11. affectionate       | 35. eager to soothe hurt feelings    | 57. tactful                     |
| 12. theatrical         | 36. conceited                        | 58. ambitious                   |
| 13. assertive          | 37. dominant                         | 59. gentle                      |
| 14. flatterable        | 38. soft-spoken                      | 60. conventional                |
| 15. happy              | 39. likeable                         |                                 |
| 16. strong personality | 40. masculine                        |                                 |
| 17. loyal              | 41. warm                             |                                 |
| 18. unpredictable      | 42. solemn                           |                                 |
| 19. forceful           | 43. willing to take a stand          |                                 |
| 20. feminine           | 44. tender                           |                                 |
| 21. reliable           | 45. friendly                         |                                 |
| 22. analytical         | 46. aggressive                       |                                 |
| 23. sympathetic        |                                      |                                 |
| 24. jealous            |                                      |                                 |

1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.
13.	14.	15.	16.	17.	18.
19.	20.	21.	22.	23.	24.
25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.
37.	38.	39.	40.	41.	42.
43.	44.	45.	46.	47.	48.
49.	50.	51.	52.	53.	54.
55.	56.	57.	58.	59.	60.
1.	2.	3.	4.	5.	6.

## Survey Decoder

Do the following calculations:

1. Add up the scores in columns 1, 2, 4, and 5 (ignoring columns 3 and 6)
2. Add the sum of column 1 to the sum of column 4. Then divide this total by 20.  
This is your “masculinity score”
3. Add the sum of column 2 to the sum of column 5. Then divide this total by 20.  
This is your “femininity score”

---

Find out your gender type by consulting the following chart:

	<b>Masculinity score greater than 4.9</b>	<b>Masculinity score less than 4.9</b>
<b>Femininity score greater than 4.9</b>	“Androgynous”	“Feminine sex-typed”
<b>Femininity score less than 4.9</b>	“Masculine sex-typed”	“Undifferentiated”

## &gt;&gt;APPENDIX C—INSTITUTIONAL REVIEW BOARD APPROVAL

**INSTITUTIONAL REVIEW BOARD**

118 College Drive #5147 | Hattiesburg, MS 39406-0001

Phone: 601.266.6820 | Fax: 601.266.4377 | www.usm.edu/irb

**NOTICE OF COMMITTEE ACTION**

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the “Adverse Effect Report Form”.
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **11121301**PROJECT TITLE: **Grey Matter: Investigating the Gendered Fan Consumption of *Grey's Anatomy***PROJECT TYPE: **Thesis**RESEARCHER/S: **John Thomas Barr**COLLEGE/DIVISION: **College of Arts & Letters**DEPARTMENT: **Sociology & Anthropology**FUNDING AGENCY: **N/A**IRB COMMITTEE ACTION: **Expedited Review Approval**PERIOD OF PROJECT APPROVAL: **01/24/2012 to 01/23/2013**

**Lawrence A. Hosman, Ph.D.**  
**Institutional Review Board Chair**

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