

The Influence of Feminism and Collectivity on the Research Process :

ABSTRACT/RESUME

Au cours de la description et de l'évaluation d'une organisation non traditionnelle de soins de santé pour femmes, nous avons apporté des changements à nos méthodes de recherche pour répondre aux besoins de l'organisation étudiée. Le féminisme et le collectivisme du "Women's Health Collective" de Vancouver ont eu une influence profonde sur nous en tant que chercheurs, en tant que femmes, et en tant que partenaires vouées au changement social.

Notre approche première, celle de la

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The Vancouver Women's Health Collective

recherche traditionnelle, c'est-à-dire "fermée," est devenue une approche innovatrice et coopérative, c'est-à-dire "ouverte." Les principes féministes et égalitaristes que nous épousions dans notre vie personnelle ont également imprègné notre vie de travail quotidien. Le principe du partage de la "collective," en l'appliquant à l'information, au pouvoir et aux responsabilités, est devenu le principe de la recherche. Par conséquent, la recherche, les chercheurs et l'organisation elle-même furent transformées.

Cet exposé se penche sur trois questions: 1) la lutte que doivent mener certaines féministes afin de croître en tant que personnes fortes et autonomes et afin de structurer leurs

organisations de façon à ce que le pouvoir soit un outil de partage plutôt qu'un moyen de domination; 2) les relations entre cette lutte et la distribution des connaissances dans la société et dans une "collective;" et 3) l'intégration de cette lutte à la vie personnelle et professionnelle des féministes.

In the process of describing and evaluating a feminist alternative health care organization, my colleague, Nancy Kleiber, and I clarified our feminist perspectives, found ways in which we could bring our professional practices in line with our feminism and helped create a research experience that was as relevant and as useful to the researched group as it was to us. What started as a fairly traditional research relationship, in which distance and some secrecy was maintained between researchers and the group, early on in the research became an innovative, closely cooperative and completely open relationship. As we came to understand the group's feminist and collectivist ideology and practices, we came to apply these same principles to our own work and relationship with the Vancouver Women's Health Collective. Thus, the relationship between the researchers and group members became one of equals working toward a common goal, rather than one of conflicting interests.

In the course of these changes we gained many insights. Three of these provide the focus of this paper. First, it became clear that one of the crucial struggles of radical feminism is to enable women to develop as strong, autonomous people while at the same time structuring their organizations so that power is shared and no one person or group can dominate another. This belief in the equal sharing of power militated our using our professional status and expertise to maintain positions of power in the Collective.

Second, it became clear that in research as in every transaction, the distribution of power and the struggle for autonomy is inextricably related to the distribution of knowledge. By withholding knowledge of the processes and content of the research from Collective members, we were withholding from them the opportunity to grow and to relate with us as equal participants in the research.

Third, it became evident that we could not keep separated our roles as researchers and our commitments as women and as feminists. One of the goals of the women's liberation movement, and indeed the human liberation movement, is to encourage the development of whole and integrated human beings, who are not fragmented into several completely distinct and often opposing roles. The internalization of

this goal profoundly affected the way we did our research by forcing us to apply to ourselves as researchers the same principles we valued in ourselves as women and as feminists.

The Vancouver Women's Health Collective consists of a group of feminist lay women who are engaged in developing new methods for the delivery of health care. All those women who are engaged in delivering services at the Collective are considered Collective members; thus, the terms 'Collective members' and 'Collective Staff' are used interchangeably. Collective staff members, about 20 or 25 at any one time, are trained within the Collective as health workers and counselors. They offer routine gynecological care, health education and birth control and abortion counselling, serving a wide range of (mostly young) women in the Vancouver area. There is no formal hierarchy in the group, all jobs are rotated and decisions are made by consensus. In common with other groups oriented to medical self-help, this group emphasizes the importance of shared knowledge and power, and opposes a professionalism which defines information as the property of the few. The Collective's focus on preventive health care, self-help, personal responsibility and lay participation in health care delivery contrasts with the focus of the traditional health care system on crisis care and professionalism.

The Collective provides all its services free to clients; it sells supplies such as speculums and diaphragms at cost. If a client is covered by medical insurance, and if the service provided is eligible, the Collective bills the appropriate medical insurance plan, usually one of two British Columbia's government plans. However, revenue from such billing accounts for only a very small proportion of the Health Collective's total income, which now comes mainly from a provincial government grant.

The Demonstration Grant

From February, 1974, to July, 1976, the Health Collective was funded by a demonstration grant from the Department of Health and Welfare of the Canadian government. In order to be eligible for this grant, Collective members agreed to have two researchers, paid by the same grant, describe and evaluate the Collective's organization and services.

Health and Welfare Canada offers demonstration grants to innovative groups providing health or social services in non-traditional ways. The purpose of these grants is to fund the groups' operations so that they may be researched and information gained from them which may be useful to the government in planning its services. The research is meant to discover those aspects of the non-established groups which could be applied in other set-

tings. The intention of the demonstration grants is not to provide continuing funding for these groups; the federal government makes it clear from the beginning that it is not able to fund such groups on an ongoing basis, but only until research is completed.

The purpose of the research, as set out in the original grant proposal, was to describe and evaluate an alternative structure for the organization and delivery of preventive health care for women. Such a broad prospectus allowed us a great deal of scope from which to select our areas of research and our methods. The government gave us a surprisingly free rein in terms of what and how we researched. When we made what we felt was a fairly radical shift from a traditional approach to our interactive approach, the government did not even look askance. The only major directive ever handed down to us from those government officials in charge of our project was to stop collecting data! They felt that, after two and a half years, we had more data than we would ever be able to handle!

Methodological development

It is important to emphasize that the relationship between the researchers and the researched group was largely a very supportive one. Collective members made this point in a paper they wrote on their experience of being researched:

Although here we concentrate on the problems and how they were resolved, most of the interaction between the Collective and the researchers has been warm and positive. (Harriman et al, 1977, p. 1)

We, as researchers, did not enter the group in an insensitive manner, make unreasonable demands on group members, or in any obvious way alienate those whom we sought to study. We simply did not go far enough in our attempts to be moral, innovative and even radical in our research approach. In a group so self-consciously concerned with the power-sharing implications of feminism, nothing short of total openness and co-operation in research was good enough. We took the opportunity provided by the Collective to re-examine and re-formulate some of our basic beliefs and consequently to alter our personal and professional behavior in significant ways.

A situation of 'compulsory' research such as ours contains obvious problems both for the group and for the researchers. The research did not arise spontaneously out of the needs of the group but was the string attached to the money the group received for operating costs. Furthermore, the government had stipulated that the researchers be 'outsiders,' independent of the group; we therefore had to prove ourselves in the face of some

suspicion from group members.

We began our research task in accordance with the basic traditions of social science research: we wanted to ensure that our results be objective and uncontaminated by too much interaction between us and our subjects. We took care that aspects of our methodology and most of our findings remained confidential and clearly separated from Collective staff members. We felt that this separation would also decrease the degree to which the Collective would be influenced by our methods and findings during the course of the research. However, this approach soon became problematic.

For example, early in the research, we conducted an in-depth interview with each of the twenty-six Collective staff members, to provide us with data on the kind of people who made up the Collective; why they joined, the processes of their involvement, their feelings about the Collective. In order to encourage members to be as open as possible with us, we assured each of the confidentiality of her interview. It never occurred to us to do otherwise. No other Collective member would see the interview in its original form; the information contained in the interviews would be content analyzed and the findings compiled into a report which would then be given to Collective members.

After the interviews had been completed

and transcribed, we found ourselves with some extremely interesting data. We were excited by the prospects of sorting through this wealth of information and eventually presenting the Health Collective with a fascinating and useful report. The Collective's excitement did not match our own. Members wanted to share the information immediately, in its original form, not wait until it had been distilled and adulterated by us.

Through this incident we realized that our professional stance as outsiders was a shield behind which we could no longer comfortably hide. Quite aside from the ethical questions, we saw that our concern with confidentiality was neither relevant nor useful, tending instead to alienate us from the Collective and our access to data. If we were not going to be open with Collective members, why should we expect them to be open with us?

At Collective members' request, and subject to permission from each individual respondent, it was decided that all interview transcripts would be made available, in their entirety, to the Collective as a whole. The fact that all Collective members readily agreed to make their interviews 'public' pointed out to the researchers how unnecessary was our assurance of confidentiality.

This incident embodied all three issues mentioned above. It illuminated both

the problems and their solutions: it clearly indicated the necessity for sharing information and power and for the integration into a coherent whole of our personal, political and professional goals and practices. The closely co-operative research relationship that evolved as a result of this series of events we have called here 'interactive research.'

The interactive method

As a feminist and a collective organization, the Vancouver Women's Health Collective is committed to relationships of equality among human beings. It has translated this commitment into an organizational structure (collectivity) and a structure for the delivery of services (lay participation and self-help). It was this same concern with equality in relationships that led to the Collective's dissatisfaction with our initial approach to the research. In the process of the research, we expanded this egalitarian and participatory model to include a symmetrical relationship between researchers and those who were studied.

The interactive method of research is based on the assumption that researchers and those who are being researched are equals. Therefore, those being researched are assumed to have as much right as the researchers to decide

what is to be researched, how the research is to be done and what is to be done with it when it is completed. If the researched group is thus to be able to participate freely in the research, the researchers must not withhold from group members any information pertaining to the research. The purposes and techniques of the research must be thoroughly understood by all participants. Any disagreements must be openly discussed and solutions found without anyone "pulling rank." Attempts must be made at all stages of the research to share research skills and information, so as to neutralize as far as possible any advantage the researchers may have over those they are researching.

An important purpose of the interactive method is to make the research responsive to needs of subjects, as well as those of researchers and funding bodies. Such research is directed toward goals shared by researchers and the researched group. The goal of describing and evaluating the Health Collective's structure, for example, was, in the beginning of the research, seen by most Collective members as quite distinct from any of their own goals. In fact, the researchers perceived that the research was viewed by some Collective members as mere theory, as opposed to their real world of politics and service. To most Collective members in those first few months the research was

largely irrelevant. Most members did not particularly object to our being around, but neither did they think us very interesting, let alone an asset to the group.

Through the process of developing an interactive method of research, Collective members came to realize how valuable the research and the researchers could be for them. As researchers and Collective members worked together to formulate research goals and methods, and to carry out data collection and finally report writing, members were able both to appreciate and to increase the usefulness of the research for the group.

The close relations that developed among the researchers and Collective members became increasingly free of competitive power struggles and inhibiting inequalities that often plague both personal and professional relations among people. The strong friendships that developed are a testimony to the depth of the sharing that occurred during the course of the research. We valued each other as people and as feminists. We understood that, through research, through the delivery of alternative health care and through our mutual participation in egalitarian forms of relating and of organizing groups, we were all working toward the same ends.

It became clear that the goals of our

work with the Collective were broader than simply a description and evaluation of the Health Collective. We came to see our work as an important part of the women's movement and the collectivist movement in Vancouver and feminism and collectivism as concepts crucial to our whole enterprise. The goals of feminism and collectivism, therefore, or at least those goals which we espoused, had to be included as goals of our research. Information and power-sharing, central to radical feminism and to collectivism, became crucial components of the research process. Similarly, the struggle against the divisiveness of rigid role separations, a struggle common in both those movements, became one of our struggles. It is to these issues that the paper now returns.

Two concepts of power

It is important to define the concept of power as I will use it here. For present purposes, power can be divided, theoretically and practically, into two different types. These two types of power are different, but they are very often intricately related. On the one hand, power can be social power or power over someone else. Social power is associated with such phrases as dominance of control over others, hierarchies or power structures. It may be attained by divine right, persuasion or coercion, but it relies on the dependence or submission of others. Personal or psycho-

logical power or strength, on the other hand, is associated with such words as independence, self-reliance self-actualization, ego-strength, competence and confidence. It depends not on the domination of others, but on the ability to control one's own life: to know what one needs and to have the personal resources to fulfill those needs. Although in many cases the relationship between these two types of power is close, it is important to point out that they are not necessarily related.

Janeway (1975) notes these two definitions of power. She identifies two distinct dictionary definitions of power, one referring to ability to do something, and one referring to dominance, or the ability to compel obedience. She relates these two meanings to liberating power, on the one hand, and limiting power on the other. She suggests that these two types of power are not distinct, but parts of the same process. What is experienced in oneself as liberating strength or capability may be experienced by others as limiting domination. However, she does not stop at this pessimistic observation; she goes on to suggest that alternative ways of looking at the power relationship may include a consideration of the powers of the weak; for example, in granting or withholding their consent to be governed. Her analysis here departs from mine. I would suggest that an alternate way of looking

at power relations is to look at the potentialities in the first kind of power she describes, that of liberating power, and to consider the possibilities of avoiding the governing or dominating relationship. Watson suggests the possibilities:

I believe that we will find that the experience of women helps to clarify the definitions of power and the distinctions between them. The definition of power as dominance covers one range of uses. The definition of power as ability, competence, and the closely related definition of power as energy, cover another, much wider and more interesting cluster of meanings. . . . The complex relations between the kind of power that involves dominance, with its requisite submission, and the kind of power that involves competence and energy, have never had enough explicit consideration. Literature suggests that for women the two are likely to be in conflict but also suggests that the two kinds of power are more separable in practice than they have been so far in argument. (Watson, 1975: 113-114)

The Women's Movement, as exemplified by the Vancouver Women's Health Collective, has succeeded, to some degree, in separating the two. Collective members are attempting, relatively successfully, to develop self-knowledge, inner strengths and the power to control their own lives, without adopting

the prevalent male model of domination over others.

Many see in the Women's Movement the potential for working through these personal and social interpretations of power. Watson comments:

Separating conceptually the power that depends primarily on personal domination of others from the power that depends on civil rights, educated skills, and the management of energies, some women in some positions of power, may be able to reject megalomania without allowing themselves to be shunted into illusory. . . or peripheral forms of power. If women cultivate. . . their dearly bought insights into the abuse of power. . . it may be possible to make some progress toward detaching the ego from power and experimenting with more humane and liberating uses of power. (Watson, 1975: 118)

The Collective's mode of organization, with its participatory democracy, consensus decision-making, job rotation and determined flexibility, is remarkably successful in preventing the concentration of power and control in any one person or group. At the same time, it encourages and positively reinforces every member's participation in both the daily operations and the policy making of the group, thus

stimulating their growth into strong, autonomous people. In a very real sense, it raises its members' consciousness so that they are brought face to face with issues of personal strength and power relations both within the organization and within society. For example, women who feel inadequate or unsure of themselves in the group are encouraged to see the development of their personal strength as crucial to their well-being in the world. Such growth is seen as the responsibility of each individual woman herself, supported but not spoon-fed by the group. On the other hand, women who are aggressive and therefore tend to provide leadership in the group, are encouraged to appreciate these qualities of strength in themselves, and at the same time to restrain themselves from dominating other individuals or the group. While high levels of competence, creativity and energy are recognized and appreciated, 'stardom' is frowned upon. Group members pay attention to how these struggles with power are enacted both within the group and in a society that rewards aggressiveness and treads upon the weak. The changes they make within their group they also work toward in the larger society.

Within such a group, then, it was inevitable that two social scientists, entering with their expertise, higher salaries and relatively professional ideas about how to do research, would

be resoundingly challenged!

The relationship between information and power

The individual who, by virtue of position or expertise, has the greater amount of information in any given relationship has more power in that relationship. To withhold information is therefore to withhold power. Such an understanding is the basis both of competitive, hierarchically structured organizations and of non-hierarchical collectives. In hierarchical bureaucracies information is withheld precisely in order to exercise control. In collectives information is shared so that control may be shared.

This principle of sharing also formed the basis of the Collective's challenging of our research methods. The main function of the Collective is to encourage the use of knowledge to combat mystification and domination by the medical profession in particular and by society in general. Their goal is people learning how to control their own lives. Externally, the Collective works against the hoarding of information and power by challenging the medical system and traditional methods of social organization. Internally, by its collective structure, job rotation and consensus decision-making, the group works to disperse information as widely as

possible among its membership. By these methods, all members may know what is going on in the rest of the organization and therefore share in its control. It was a natural extension of the Collective's goal of sharing information and power for members to apply it to their relationship with us, the researchers.

Knowledge sharing leads to a more equal distribution of power and responsibility, which can then lead to a co-operative rather than a competitive relationship between individuals. After we, the researchers had worked through the social scientific issues of research objectivity and the influence of the research on the Collective, and decided that it was more politically correct and more ethical to do research co-operatively and openly, the personal issues of competitiveness and vulnerability still remained. The need to shield the evolution of our methods and findings from view reflected, at least in part, a competitiveness and a need to protect ourselves. To reveal the processes as well as the product of our work was to make ourselves vulnerable; to present the research as a fait accompli was to show only our shiny exterior. This fear of vulnerability is not unique to the research situation, but is a condition of human relations in general. It should be dealt with as such, not elevated to the realm of professional necessity. Once we

recognized and could let go of our fears and our competitiveness, we became free to discuss our doubts and problems with group members, and to ask for discussion on thoughts and on papers while in progress.

Competitiveness in this situation was not one-sided. Group members, too, confided to us that at first the process of being studied made them feel competitive and defensive. One member said:

. . . it's competitiveness that makes (our behavior that you are observing) seem like performance. But if the research is being done for good reasons and everybody feels comfortable with what's going on, then we can all learn from it. It ceases to be a test when everybody is there to help everybody else, instead of to get one up on anybody.

Information is a unique and very interesting commodity: supplying information to others does not diminish one's own store. A person is no less able to act autonomously and to take responsibility for those actions as a result of sharing her information. What is reduced by the information-sharing process is the differential amount of power of the giver and receiver of information. It is a shock to recognize one's dependency on this differential as a personal and professional prop. But with the recognition

comes the opportunity for change. Such change can be difficult and is made easier by a supportive environment such as the Health Collective. In our case, letting go of this prop led to a co-operation that was both personally and professionally gratifying. The personal gains, quite aside from the benefits such co-operation had for the research itself, far outweighed any loss we may have experienced in prestige or social power.

Integration of roles

Many of us are accustomed to dealing with such issues of personal strength, competitiveness, and emotional vulnerability in our personal lives as wives, lovers and friends. We are less accustomed to dealing with such areas on an everyday basis in our professional work lives. In the Health Collective, as in many other feminist and collectivist organizations, such a relegation of emotional, moral issues to places other than the workplace, is unacceptable. For example, emotional states of workers at the Health Collective are aired in meetings as a matter of course, so that all participants may know what a worker is bringing to her work. Furthermore, both emotional and practical conflicts between the roles of, for instance, worker and mother, are dealt with as crucial problems of both the individual and the organization. In decision-making at the Collective, emotional or intuitive

reasons for supporting one decision or another are accepted as valid and do not need to be rationalized or intellectualized.

Many radical feminists believe that it is morally wrong and personally destructive to keep clearly distinct the separate and, in practice, often conflicting roles of wife, mother, lover, friend and worker. They feel that values that are central to one role must be seen as valid in the other roles one takes on, or else serious personal conflicts can, and do, arise. For example, for the traditionally 'female' traits of sensitivity, intuitiveness, warmth, and concern for others to be seen as inappropriate in a business meeting or on a shop floor causes problems for women workers. Women in organizational settings often feel particularly confused, stifled, and alienated from large parts of themselves.

Similarly, feminist principles are relevant to all aspects of life and must not be restricted to one role or another. Health Collective members pointed out that "Nancy and Linda had not seen sharing information as part of feminism in the same way that we had." (Harriman et al, 1977, p. 2) We would not have found acceptable in our personal lives practices such as monopolizing information and maintaining distance between ourselves and a whole group of women who were help-

ing us. But we felt that such practices were necessary in our work. As we thought through the whole alienating process of rigid role divisions and realized the potential for wholeness contained in the argument for greater integration of women's roles, our practices changed. As we got more involved with the research of the Collective, we realized that we could not believe in egalitarian relationships throughout society, recognize the relationship between information and power, and still conceal much of the process and the findings of the research from Collective members. We could not share openly with Collective members as friends, and withhold information from them as research subjects. We could not believe in emotional and intellectual honesty in one part of our lives and not in another. We could not believe in restructuring society without restructuring the research process.

And so, the development of an interactive method of research was, in fact, the bringing together of the various threads of our personal, political and professional lives into an integrated whole. Ideas and beliefs that we had worked out with some degree of confidence in our personal and political lives, when applied in a professional context, took on new meaning. The clarification of certain concepts of power, information-sharing and control and role integration, and the

application of these concepts to our relationship with the Health Collective formed part of a circular process. These insights emerged from our research experience with the Collective and, in turn, profoundly affected both the research and the group. Concepts were introduced to us, either directly or indirectly by Collective members; we came to more fully understand them as a result of our interaction with the Collective. We, in turn, worked through, clarified and articulated for the Collective these ideas in ways which were exciting and useful to all of us.

We will continue to work out the details of information- and power-sharing and role integration in the various situations in which we live and work. The solutions which were appropriate in this particular context may not be appropriate in others. We are under no illusions that the task will always be easy or even possible. We were fortunate indeed to have had the opportunity in our work with the Health Collective to weave the strands together in such a satisfying way.

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