

**EMBRACING COMPLEXITY IN COMMUNITY-BASED  
HEALTH PROMOTION:  
INCLUSION, POWER, AND WOMEN'S HEALTH**

by

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## Abstract

Inclusion is increasingly being positioned by health promoters as a way of alleviating exclusion and related health inequities experienced by marginalized women (Shookner, 2002; Reid, 2004). Yet assumptions about inclusion are rarely investigated, especially from the perspectives of the individuals it is meant to benefit. The purpose of this research was to critically examine inclusion as a health promotion strategy from the standpoints of 14 diverse women who were involved in a 5-year community-based health promotion (CBHP) project called Women Organizing Activities for Women (WOAW).

This qualitative feminist participatory action research (FPAR) project developed from my 4-year stint as research manager of WOAW, which was designed to improve poor women's health through a community development approach to recreation (Frisby, Reid & Ponc, 2007). Participants reflected on their varied experiences through interviews, writing, and collaborative analysis. Through my critical feminist lens, the findings reveal that inclusion was a multifaceted and dynamic process produced by the interplay between individual, psychosocial, relational, local/organizational, and socio-political factors. Inclusion and exclusion existed in a fluid relationship that was shaped by contradictory and internalized understandings of power across axes of difference including gender, class, race/ethnicity, age, and (dis)ability. These tensions resulted in significant conflict through issues of leadership, sub-group loyalties, fear, and resistance. Amidst the inclusion-exclusion fluidity, participants' physical and mental health was both enhanced and hindered through psychosocial pathways. Their capacity, confidence, and sense of identity improved through participation, community connections, and consciousness-raising. Although the conflicts produced stress and anxiety, participants continually made health promoting choices to alleviate the effects.

These findings do not measure health outcomes or inclusion processes; rather, they illustrate how coupling FPAR with critical theorizing can inform CBHP (Kesby, 2005; Poland, 1998). Exploring CBHP projects across this length of time and at this depth is rare, but doing so importantly explicates inclusion, participation, exclusion, and marginalization as contestable concepts that must be critically examined if they are to be useful. In the end, I offer an 'Inclusion Tool' designed to cultivate critical dialogues amongst CBHP participants, practitioners, and researchers who seek to embrace and utilize the complexity inherent within inclusion processes.

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# CHAPTER 1

## Introduction

WOAW made life worth living. (Mary Elizabeth's interview)

### **The Inspiration for this Inquiry**

If health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986, p.1), is inclusion in a community-based project an appropriate strategy for obtaining this goal? This question lies at the heart of this dissertation and emerged from my experiences as a feminist participatory action researcher in a community based health promotion (CBHP) project guided by the value of inclusion. During my time with the project, I heard more than one woman living in poverty say that her involvement in the project, ‘made live worth living’, as Mary Elizabeth articulated above, by connecting her to a community of support, thus reducing her social isolation, depression, and stress. I also heard women reveal that conflicts and power dynamics that developed within the project created feelings of disrespect, stress, and exclusion, which in turn reflected the challenges of their daily lives, exacerbated existing medical conditions, and compromised their health. These contradictions, juxtaposed against assumptions embedded in the inclusion and health promotion literature I was reading at the time, led me to conduct this critical examination of inclusion, power, and women’s health in CBHP.

The project that was the site of my dissertation research was called Women Organizing Activities for Women (WOAW, pronounced ‘whoa’). Prior to my study, a long-term feminist participatory action research (FPAR) grant, funded by Social Sciences and Humanities Research Council of Canada (SSHRC), was acquired by my advisor, Dr. Wendy Frisby, to study and work with WOAW. For nearly three years I held the privileged position of Project Manager of the

SSHRC-funded grant, a role that significantly shaped my PhD research. WOAW was designed to promote the health of women on low income through a community development approach to recreation (Frisby, Reid, & Ponc, 2007). Community members, who were primarily women living near or below the poverty line, collectively decided what recreational activities they were interested in and worked with a group of local service providers and university researchers to organize them. WOAW's organizing and research practices were based on a vision of inclusion, participation, and respect for diversity, ideals which are commonly advocated in the CBHP literature (Donnelly & Coakley, 2002; Laverack, 2004; O'Connor, Denton, Hadjukowski-Ahmed, Zeytinoglu, & Williams, 1999; Shookner, 2002). For example, members, service providers, and researchers collectively attempted to foster inclusion by creating a welcoming environment, providing choice in types and levels of participation, developing shared leadership and decision-making strategies, and facilitating collaborative research processes. During my early involvement in WOAW I witnessed and experienced the value of feminist and health promotion practices that I previously had only read about in the literature. I was overwhelmed by the stories I regularly heard from members, including the depths of their despair while living in poverty and isolation and about the ways in which involvement in WOAW changed their lives and improved their health – they spoke passionately about the significance of feeling empowered and heard, developing skills and knowledge, and alleviating their isolation and depression.

Over time, however, as the honeymoon ended, I began to recognize some contradictions and challenges within WOAW's inclusion processes. For example, WOAW adopted a consensus decision-making model because it was presumed to be more inclusive than a majority rules approach. In the consensus model that was used, an issue was discussed until members agreed that all voices had been heard and a decision could be made. Someone in the

room offered a decision (e.g., 'I would like to test the decision to go with strategy A for consensus.') and asked if anyone would like to block this decision. If an individual blocked a decision, it was her responsibility to offer an alternative. If a decision was blocked, the discussion continued until another decision by consensus was offered. A decision stood if no one blocked it. The intention behind this model was to promote collaborative discussions and agreements. However, I began to suspect that many WOAW members were feeling unheard and disempowered because they did not have the confidence, skill, or energy required to fully engage in this demanding process. The model also seemed to privilege the voices of those with power, including the service providers, researchers, and a small group of members who tended to dominate discussions. As I witnessed many members struggle to find the courage to speak up in front of 20-30 people or to clearly articulate their position if they did speak, I began to wonder if the consensus model was resulting in more frustration, silence, and exclusion than voice, respect, and inclusion. The challenge of implementing collaborative and presumably inclusive organizing and research processes was compounded over time, as a number of conflicts and power struggles emerged between WOAW members. Despite the vision of inclusion, it seemed that some members were experiencing a sense of exclusion from decisions, activities, and even moments of celebration. A number of members quit or threatened to quit WOAW because the stress associated with the conflicts was negatively affecting their health.

While bearing witness to these tensions, and struggling with the decision of if and how I might act to help rectify them, I began to reflect on the value of inclusion as a health promotion strategy in WOAW. I questioned whether or not it was possible to foster inclusion in a group such as WOAW given the complexity of negotiating power and conflict amongst a diverse group of community members, service providers, and researchers. I wondered what inclusion really meant to the various members and if the organization had adopted uncritically the

rhetoric of inclusion without considering its ambiguities and complexities. I was also concerned about what the implications might be for women living in poverty if involvement in a project designed to foster health promoting conditions ended up replicating their daily experiences of exclusion and stress, despite the accompanying health benefits.

At the same time that I was experiencing and questioning the value of inclusion in WOAW, I recognized that the notion of inclusion was becoming increasingly heralded by health promotion researchers, programmers, and policy-makers as an important strategy to address exclusion and other related health inequities (Donnelly & Coakley, 2002; Labonte, 2004; Raphael, 2002; Reid, Frisby, & Ponc, 2002a). For example, the Atlantic Region of the Population and Public Health Branch of Health Canada produced a document called *An inclusion lens: Workbook for looking at social and economic exclusion and inclusion* (2002). This workbook suggests that:

Inclusion reflects the need to address poverty and exclusion by including the voiceless and powerless in shaping the policies that affect their lives. It welcomes these individuals and groups into the planning, decision-making, and policy-development processes in their community. And it empowers them by offering the opportunities, resources, and support they need to participate. (Shookner, 2002, p. 16)

While the idea of facilitating the participation of individuals and groups in the health programming and policy-making that directly affects their lives is promising, I certainly did not experience the women involved in the WOAW project to be 'voiceless' or 'powerless' and was concerned about the ramifications of positioning them in this way. This document seemed to be assuming that it was up to privileged professionals and researchers to 'include' those living on the margins into current structures, without necessarily considering whether or not these structures might be problematic in the first place (Hall, 2005; Labonte, 2004). And although the language of empowerment and participation was used throughout, there appeared to be little consideration for how the agency and choices of 'included individuals' would be utilized in a



system that inherently privileged the perspectives of those with resources and other forms of legitimized power. A third troubling assumption underpinning this document was that fostering inclusion would necessarily alleviate the effects of exclusion. Yet inclusion and exclusion are complex and ever-shifting processes and inclusion in one realm of life would not necessarily address exclusion in another (O'Reilly, 2005). This type of compensatory inclusion within an existing oppressive system would likely only help individuals cope with their experiences of marginalization without necessarily addressing them at their root.

Feminist approaches to CBHP were similarly espousing the inclusion of women in knowledge-making and programming practices (Minkler, 1997b; O'Connor et al., 1999; Reid, 2004). Despite its grounding in relevant and important theories of power and difference, this literature was also embedded with assumptions about inclusion and its applicability to women's health issues. For example, health promoters seemed to assume that there were clear and consistent meanings of inclusion amongst project participants, that it was possible to facilitate inclusion given the complexity of negotiating power and difference, and that inclusion in CBHP projects could foster health promoting conditions for women who had been chronically oppressed. Yet there was scant evidence that either questioned or supported these assumptions and it appeared that the sustainability of many projects had been undermined because such assumptions and complexities were not adequately addressed (Frankish, Kwan, Ratner, Wharf Higgins, & Larsen, 2002; Guldán, 1996; Minkler, 1997a; Zakus & Lysack, 1998).

A final critique I uncovered in reading of literature during my early days with WOAW was exemplified in the Laidlaw Foundation's (2002) series of "*Working papers: Perspectives on social inclusion*." The Laidlaw Foundation is an Ontario-based organization that supports research and programming designed to foster inclusive communities and enhance health and citizenship. The working papers were written to theorize and reflect upon the notion of social inclusion and

importantly recognized that “social inclusion is not, however, just a response to exclusion” and that structural forces needed to be addressed in order to facilitate inclusion and well-being (Laidlaw Foundation, 2002, p. viii). Yet, as with most inclusion theorizing, these papers tended to focus on the broader dimensions of exclusion at national and economic policy levels (Long & Bramham, 2006; O'Reilly, 2005; Shakir, 2005; Stewart, 2000), largely ignoring the micro and community-level power dynamics within inclusion processes that play out in individuals' lives on a daily basis. The perspectives of women who experienced exclusion and other forms of marginalization were curiously absent from this body of work given both the relevance of their experiences (Bryant, 2002; Milburn, 1996; Reutter et al., 2005) and, ironically, a commitment to their inclusion in CBHP. Overall, it seemed that the notion of inclusion had been under-examined and over-idealized in the CBHP literature, a critique that could also be applied to WOAW's vision and unfolding dynamics, as my experiences and reflections corroborated. This juxtaposition led to me the following research purpose and questions that explore the complexity inherent within CBHP inclusion processes.

### **Research purpose & questions**

The overall purpose of my study was to critically examine the assumptions underlying inclusion in CBHP as a strategy to promote the health of a diverse group of women who had experienced various levels of poverty, exclusion, and isolation. I explored 14 participants' perspectives on their experiences within WOAW, as guided by the following questions:

- 1) What were the meanings and experiences of inclusion in this CBHP project and how did they shift over time?
- 2) How did the complexity of negotiating power and conflict amongst diverse community members, service providers, and researchers in this CBHP project affect possibilities for promoting inclusion?
- 3) Did involvement in this CBHP project create health promoting conditions for its members? Why and/or why not and in what ways?

## **Dissertation Outline**

The ways in which I answer the research questions in this dissertation are, of course, partial and socially situated (Naples, 2003). Feminist theorists have long grappled with the 'crisis of representation,' since all knowledge is generated from a range of contextualized perspectives that are embedded in inequitable power relationships (Fine, Weis, Weseen, & Wong, 2000; Harding, 1991). Rather than claim that the findings here articulate truths, I offer a 'rendered account' of WOAW that is based on the combined perspectives of me and the 14 women who participated in this study. The critical lens that shaped my analysis and write-up of this account was mutually informed by FPAR and contemporary material feminist theories. These issues of representation and authorship will be explored more deeply in Chapter 4.

Each chapter serves to meet the purpose of this dissertation in particular ways. As you have already read, Chapter 1 provides a story that illustrates the impetus for my research purpose and questions and outlines the context of this document. Chapter 2 is the review of literature, whereby I draw on the divergent but mutually informative fields of feminist theory, health promotion, determinants of health, critical social-psychology, social group work, recreation, and feminist community organizing to provide a theoretical framework that positions CBHP, inclusion, and women's health as inherently connected to social processes. In merging these perspectives, I outline a theoretical framework that contextualizes my analysis throughout the findings chapters. Chapter 2 also identifies key gaps in the literature that my research begins to fill.

In Chapter 3, I tell a story of WOAW's development, including the conditions under which it was created, who partnered in its creation, and the recreation, organizing, and research activities that unfolded. This chapter does not report findings per se, but provides a more detailed portrayal of the context within which my research unfolded, based on my experiences

and perspectives. My methodology and methods are presented in Chapter 4, where I describe and reflect on how attempting to conduct FPAR required me to continually recognize and negotiate my own power with the power of participants. I also illustrate how my commitment to a participatory research design that emerged over time provided a template from which I could strive to foster inclusion by responding to the ever-shifting realities of participants' lives against the backdrop of my own academic imperatives.

My findings in relation to the three research questions are presented in Chapters 5, 6, and 7, respectively. Chapter 5 outlines participants' meanings and experiences of inclusion as a multidimensional process that shifted over time and was largely influenced by their agency in a range of forms and capacities. Their experiences of inclusion were also in a constant flux with those of exclusion, rendering unitary and binary depictions of inclusion and exclusion problematic. Chapter 6 explores the troubling conflicts that emerged in WOAW and contributed to its demise. By examining the ways in which participants related to one another across power and difference, this chapter further illustrates the complexity and contradictions embedded within CBHP inclusion processes. Chapter 7 illustrates how participants' involvement in WOAW, and their subsequent experiences of inclusion and exclusion, created conditions that promoted their health and agency through psychosocial pathways, via means that typically go unrecognized in CBHP.

Within each chapter and throughout the dissertation, I have attempted to write-in the messiness and complexity of CBHP processes. Inherently, the knowledge offered in each chapter is connected to the other. I use the theoretical model depicted in Chapter 2 to map these connections and this then becomes the basis for the 'Inclusion Tool' I offer in Chapter 8. The Inclusion Tool consists of a series of 'conversation starters' that are built on the premise that there is no single recipe for conducting CBHP. Rather, the Tool provides participants,

practitioners, researchers, and policy-makers with a guide for the reflective development of inclusion processes amidst its inherent complexity, unavoidable power dynamics, and specific contexts, as a way to create projects and policies that begin to address women's diverse and multi-faceted health issues. In this final chapter, I also reflect on theoretical and methodological implications of this study and offer ideas for future research.

# CHAPTER 2

## Review of Literature

I believe in the idea of WOAW. But it is a process, a thing that every member needs to put a little into, how can I say this, little things that make a bigger thing together. You know, so it's not only one person working for everybody together and then all the other people just enjoying it. I think we have to work as a team together to arrive to a certain point and everybody is at this level of understanding. (Marylu's interview)

In this chapter, I review divergent literatures to create a theoretical framework for exploring the complexity of inclusion processes in CBHP projects designed to address women's health issues. Integrating critical feminist theories with those of CBHP, the determinants of women's health, and social inclusion is mutually informative to those working in the field of health promotion and to theorists seeking more nuanced understandings of how community dynamics shape and are shaped by social processes. According to Coburn (2000), health and health promotion are not separate from social processes but rather, they are embedded within them. "This is important for health promoters because a great deal of our health is determined by the power that we experience and our control over resources" (Laverack, 2004, p. 13). Yet attempts to promote women's health through a critical feminist lens are surprisingly rare, given the apparent synchronicity in values and goals. For those trying to make a difference in women's health disparities, focussing research and practice through this lens may help avoid inadvertently replicating the social and power dynamics that are being addressed (Poland, 1998; Potvin, Gendron, Bilodeau, & Chabot, 2005). The goal of integrating critical feminist theories with community-based initiatives is social change (Fine & Weis, 2005), which means striving to find new ways of relating to one another across our differences, to redress systemic inequities, and to enable individual autonomy. In other words, theory is a tool for critical thought and thus a breeding ground for social justice (Fraser & Naples, 2004; Smith, 1987).

## **Feminist Approaches to Community-based Health Promotion**

Feminist approaches to health promotion seek to uncover, actively negotiate, and shift the imbalances in power that contribute to determining health (Naidoo & Wills, 1994; O'Connor et al., 1999; Reid, 2004). As such, feminist CBHP practices are also those of social justice and thus require attention to the ways in which systemic inequities, cultural ideologies, and individual agency shape women's health (Cartwright & Allotey, 2006; Keleher, 2004; Minkler, 1999; Wallerstein & Freudenberg, 1998). The 1986 Ottawa Charter provided a promising template, based on an ecological health framework, for feminist approaches to CBHP. In its goal "of enabling people to increase control over, and improve their health" (WHO, 1986), the Charter outlined 5 action strategies in the following areas: 1) healthy public policy; 2) supportive environments; 3) community action; 4) personal skill development; and 5) re-orientation of health services. The Charter also named social justice as a prerequisite, a commitment which is bolstered by naming the interconnected structural, community, and individual points of intervention to improve health.

Redressing unbalanced power relations in CBHP requires a commitment to process, rather than a focus on outcome. For feminists this typically means fostering inclusive, participatory, and egalitarian ways of relating to one another, producing new knowledge, and taking action across power and privilege differences, even though these ideals are never fully attainable (Lykes & Coquillon, 2006; O'Connor et al., 1999). The range of CBHP activities from a feminist perspective therefore can include activities across the individual-societal continuum. For example, initiatives have included health education about HIV/AIDS and sexual health choices (Kesby, 2005), community development in recreation initiatives aimed at reducing isolation (Frisby et al., 2007), and social action for employment policy changes (Tau Lee, Krause, & Goetchius, 2003).

Given the scope of feminist initiatives, the community is the ideal site for health promotion because it is the fulcrum between individuals and societies (Raeburn, 2000). Women live and take action in their communities and experience the structural conditions that shape their lives in large part through community-based institutions and relationships. As such, “women’s health resides in communities” (Ruzek, Clarke, & Olesen, 1997a, p. 21) and so too should their health promotion initiatives. Creating projects in communities can also work to alleviate the isolation experienced by many women living in poverty. That said, it is important to remain mindful of the women who are not being reached through CBHP efforts and who remain deeply isolated. Additionally, in light of the tendency for neoliberal governments to off-load responsibilities to local individuals and groups, fostering CBHP projects should not absolve policy-makers from making changes to the structural conditions that hamper women’s health (Arai & Reid, 2003; Thibault, Frisby, & Kikulas, 2002).

Despite theoretical understandings that strategies for addressing women’s health issues require attention to both structural and individual dynamics, a polar, rather than integrated, approach has manifested in much CBHP practice and research. This polarity is underpinned by competing perspectives on who holds responsibility for fostering good health. The social responsibility approach resides in the societal end of the spectrum and is based in the social determinants of health perspective (Raphael, 2004a). At the other end of the continuum, the individual responsibility approach is in line with both neoliberal and medical discourses, which emphasize the role of individual behaviours in determining health (Buchanan, 2006).

While there are some examples in which social and individual perspectives are well-integrated (e.g., Amaratunga, 2006; Minkler, Vasquez, Warner, Steussey, & Facente, 2006; Varcoe, 2006), much CBHP practice and research remains deeply embedded in the neoliberal individualist model (Merzel & D’Afflitti, 2003; Raphael & Bryant, 2006). For example, the



Bangkok Charter for Health Promotion was recently confirmed as a way to build upon the foundations set by the Ottawa Charter (WHO, 2005). While its focus on global economic structures that determine health may seem well-placed, according to Porter (2006) the document illustrates a shift in the language of health promotion from a socio-ecological framework to a new capitalist one. Although its directives towards redressing global inequities may seem to fall in the social responsibility model of health promotion, its capitalist focus is actually more in line with neoliberal economic ideologies (Porter, 2006).

In seeking to alleviate the myriad of women's health concerns, feminist approaches to CBHP must move beyond the tendency to polarize individual and societal approaches and recognize more fully that they can be mutually reinforcing. Participants in CBHP are neither completely determined by structural circumstances nor are they mindless recipients of behaviour-control interventions (Buchanan, 2006; Porter, 2006). In both of these extremes, the autonomy and agency of people is under-estimated and under-valued. Minkler (1999) suggests that "too exclusive an emphasis on social responsibility for health ignores human agency and may, as a consequence, downplay the important role of individuals in ... making important lifestyle changes" (Minkler, 1999, p. 130). Nevertheless, it is undeniable that people's agency and health are shaped by structural determinants (Raphael, 2004a; Williams, 2003). The challenge then for community-based health promoters is to return to Ottawa's focus on "enabling people to increase control over, and improve their health" (WHO, 1986, p. 1) and seek processes that address structural determinants for the primary purpose of facilitating individual agency and power (Laverack, 2004). Or in Porter's (2006) words:

I prefer Ottawa's socio-ecology, which tasks health promoters with asking communities what kind of worlds we should build and supporting the building, over Bangkok's task of coping with the messes we are making without stopping to question their sources. (p. 78)

Her comment brings this discuss full circle to the relevance of community and power in addressing women's health issues.

### **What determines women's health?**

A review of literature suggests that health inequities emerge from the dynamic intersections of the demands of multiple gender roles, environment exposures, the threats and consequences of gender violence, workplace hazards, economic disparities, the cost of poverty, social marginalization, and racism, aging, health conditions and interactions with health services and health behaviours.

Psychosocial factors, whether positive, such as social networks and systems of support, or negative, such as stress and its physiological expressions, also mediate embodied expressions of inequality. (Spitzer, 2005, p. S80)

How women's health is understood and determined is central to how it might be enhanced through CBHP efforts. Women know that their health is a complex mix of biological, psychological, social, and spiritual factors (Barnett, 2000; Cohen, 1998; Polakoff & Gregory, 2002; Rootman & Raeburn, 1994). Yet there is a dearth of CBHP research that adequately conceptualizes women's health from this ecological perspective. In keeping with traditional and dominant medical discourses, most research is built on overly-narrow conceptions that tend to conflate women's health entirely with their biology (Inhorn, 2006; Johnson, Greaves, & Repta, 2007; Krieger, 2003). At the other end of the spectrum, there has been a surge in epidemiological and qualitative research over the last few decades that illustrate how women's health is determined by social forces such as socioeconomic status, racism, social exclusion, and neoliberal policy-making (Anderson, 2000; Raphael & Bryant, 2004; Reid, 2007; Wilkinson, 1996a). While this body of work is invaluable in offsetting the dominance of the medical model, women's bodies seem to have gone missing in the fervour to position health within social processes.

In this light, there have been increasing calls for women's health researchers to incorporate biological and social determinants - or in other words, sex and gender - into their investigations and analyses (Greaves et al., 1999; Krieger, 2003). Johnson, Greaves, and Repta (2007) have

constructed an extremely useful primer that clearly distinguishes between sex and gender research and illustrates how researchers can develop more thorough understandings of women's health by uniting sex and gender analyses. Sex, in this vein, refers to "a multidimensional biological construct that encompasses anatomy, physiology, genes, and hormones that together create a human 'package' that affects how we are labelled" (Johnson et al., 2007, p. 4) as male or female. Gender, on the other hand, "refers to the socially prescribed and experienced dimensions of 'femaleness' and 'maleness' in a society" (Johnson et al., 2007, p. 5), which play out in the roles and identities taken up by individuals, the relations between men and women and boys and girls, and in the ways power is distributed institutionally and culturally. Although the nuances go beyond this scope of this study, it is important to mention that biological sex characteristics and gendered identities are not simple male/female or woman/man dichotomies, but incorporate a continuum of possibilities including, but certainly not limited to, intersexed, transsexual, and two-spirited individuals.

In their primer, Johnson et al. (2007) draw on Kuehner's (2003) research on depression to exemplify the utility of sex and gender analysis. Biologically, women's increased susceptibility to depression, in comparison to men's, can be attributed to sex-specific physiological and hormonal reactions to stress (Kuehner, 2003). From a gender perspective, women are also increasingly at risk of stress and depression because they are more likely to live poverty, be socially isolated, and/or be responsible for multiple care giving roles. The example of depression also points to the significance of psychosocial factors in the determination of women's health. Psychosocial factors refer to the interplay between psychological and social behaviours and experiences such as "stress ... depression, anxiety, helplessness, hostility, isolation, insecurity, and a lack of a sense of control" (Wilkinson, 2005, p. 13). Psychosocial pathways mediate between embodied responses and social experiences, and also play a

significant role in influencing health behaviours (Brunner & Marmot, 1999; Ho, Davidson, & Ghea, 2005; Raphael, 2001). For example, the social experiences of poverty, homelessness, or domestic violence, each of which are significant social determinants of women's health, can perpetuate social isolation, shame, and low self-esteem (Farris & Fenaughty, 2002; Greaves, Chabot, Jategaonkar, Poole, & McCullough, 2006; Mann, Hosman, Schaalma, & de Vries, 2004; Morrow, Hankivsky, & Varcoe, 2004; Reid, 2004; Scheff, 2001). Women who live in material and social scarcity also incur immense stress on a daily basis (Collins, 2005). In turn, such depleted psychosocial states tend to inhibit women's ability to engage in health promoting behaviours such as physical activity and may foster health damaging addictions like smoking, drugs, or alcohol to cope with the suffering (Greaves, 1996; Lyons & Langille, 2000). Psychosocial factors also affect the ways in which women experience and perceive their daily lives, including their self-reported health status (Mann et al., 2004; Svedberg, Bardage, Sandin, & Pedersen, 2006). Based on this multilevel analysis, a CBHP project seeking to address women's depression might be well-served to both alleviate the stress that perpetuates the biological and psychosocial pathways to depression and take actions that counter the systemic forces that induce stress.

Increasingly, CBHP is being positioned as an appropriate research and intervention strategy to address the social determinants of women's health (Minkler & Wallerstein, 2003; Reid, 2004). Yet within this social framework, it is important to remain attentive to the interconnections between sex and gender in order to keep women's bodies present in such investigations, even if a sex-based analysis is not the focus of study. Furthermore, as the upcoming section on feminist intersectionality theory will further explore, understanding the determinants of women's health must go beyond sex and gender analyses and more fully encompass women's diversity within

interconnected systems of inequality based on social categories tied to gender, race/ethnicity, class, age, sexualities, and abilities (Hankivsky, 2005; Weber, 2006).

### **The status of women's health in Canada**

Despite Canada's relatively advanced social and economic circumstances, Canadian women continue to suffer extreme health disparities (Hankivsky, 2005; Raphael & Bryant, 2006).

Although women live longer than men, they are more likely to have chronic illnesses and inequitable access to health promoting resources (Amaratunga, 2000; Spitzer, 2005).

Increasingly, women have become susceptible to infertility and other hormonal problems, to viral pandemics such as HIV/AIDS, and to debilitating ailments such as arthritis, fibromyalgia, and cancer (Inhorn, 2006; Orfila et al., 2006; Parry, 2004; Raheim & Haland, 2006).

Psychosocially, mental health disorders, depression, anxiety, stress, social isolation, addiction, and violence are also of increasing concern for women (Fioto, 2002; Greaves & Pederson, 2007; Morrow et al., 2004; Sandanger, Nygard, Sorensen, & Moum, 2004; Scheff, 2001).

Gendered, classed, racialized and other oppressive systems tend to render women more susceptible to chronic ailments, more dependent upon failing and exclusionary health systems, and less able to draw on health promoting resources such as access to local recreation services, affordable healthy food, and preventative health care (Amaratunga, 2000; Anderson, 2000; Raphael & Bryant, 2004).

As the gap between rich and poor escalates in the current neoliberal era, so too do the health disparities within Western countries (Auger, Raynault, Lessard, & Choiniere, 2004; Coburn, 2004; Williamson et al., 2006). Wilkinson's (1996; 2005) landmark epidemiological research illustrates that the greater the economic differences between the rich and the poor, regardless of overall national wealth, the larger the health inequities. Recent research has also deduced that cumulative economic hardship is a strong predictor of women's ill health

(Ahnquist, Predlund, & Wamala, 2007). In Canada, the feminization of poverty has deepened in the last 20 years as a result of neoliberal policy shifts that continue to dismantle its welfare state (Brodie, 2005) and the 'colour' of poverty is shifting as new immigrants are becoming increasingly impoverished (Kazemipur & Halli, 2001). Women across the board earn 35% less than men, and women living with disabilities, single mothers, older women, and newly immigrated women are most likely to live below the poverty line (Statistics Canada, 2005). Statistics also show that women are highly dependent on social services in Canada, which makes them even more vulnerable to the depletion of the social safety net (Brodie, 2005; Statistics Canada, 2005; Raphael & Bryant, 2004). Although the majority of Canada's health policy documents recognize such social determinants, these directives continue to be underutilized in health promotion and public health practice, and women's health remains at risk (Hankivsky, 2005; Raphael & Bryant, 2006).

In order to more fully incorporate the interplay between sex, gender, and other social categories of social analysis into CBHP, feminist researchers have increasingly positioned women's health within broader social justice goals (e.g., Amaratunga, 2006; Cornish & Ghosh, 2007; Minkler et al., 2006; Potvin, Cargo, McComber, Delormier, & Macaulay, 2003). Linking women's health to social justice, means acknowledging that women and their bodies can only be healthy when intersecting systems of oppression and domination are replaced by those promoting sound psychosocial health, self-determination, and self-development (Hankivsky, 2005; VanderPlaat & Teles, 2005; Young, 1990). In this light, it remains increasingly important for women be active participants in defining and addressing their own their health concerns and the community-based initiatives and therefore communities continue to be appropriate locations for fostering feminist agendas of inclusion in health promotion (Keleher, 2004; O'Connor et al., 1999; Ruzek, 1993).

### **Defining community as a multidimensional & relational construct**

The notion of community is contestable (Labonte, 2005). In much feminist and CBHP literature, community remains ill-defined and is at times invoked “to describe anything that falls within the rather large gap between individual and society” (Boutilier, Cleverly, & Labonte, 2000, p. 250). The notion of community can be idealized, a trend which veils the complexity inherent to inclusion and participation processes in CBHP. Furthermore, the rhetoric of community is often used by neoliberal governments to dismantle social services by placing responsibilities at a local level, often without appropriate resources (Labonte, 2005; Thibault et al., 2002). However, Raeburn (2000) has emphasized that:

the power of community itself remains strong. Regardless of external or structural circumstances, people have to go on living their lives, and there are tremendous psychological and health benefits to be gained by the power of community. (pp. 280-281)

To invoke the power of CBHP, it is essential that community be clearly defined and critically conceptualized. Rather than label community with static categories of identity, geography, or social cause, Walter (2005) depicts it as “multidimensional to describe the way in which the various dimensions that characterize community – such as people and organizations, consciousness, actions, and context – are integrally related with one another forming the whole that is community” (p. 68). Cornish and Ghosh (2007) extend this perspective by asserting that communities should be defined by “interdependences rather than likeness” (p. 498). Along these lines, then, CBHP does not simply ‘happen’ in a particular community setting, rather it refers to the process of ‘building’ contextualized community relationships that provide the meaning and context for the work of health promotion (Labonte, 2005; Walter, 2005). From a feminist perspective, building such relationships requires alternative means of working together across our differences and is especially important for women who have been excluded, isolated, and otherwise disconnected from community support systems (Mizrahi, 2007; Reid et al.,

2002a). Diversity within relationships is inherent to this concept of community, thus requiring that issues of power and privilege be constantly negotiated (Boutilier, Mason, & Rootman, 1997; Cornish & Ghosh, 2007).

### **Feminist approaches to power**

Community-based health promotion is primarily about transforming power relationships (Laverack, 2004). This focus is based on the feminist assumption that poor health and health inequities are largely determined by power imbalances and oppressive enactments of power (Ruzek, Clarke, & Olesen, 1997b; VanderPlaat & Teles, 2005). Despite a growing recognition of the centrality of power dynamics to CBHP, most people involved have superficial understandings of power (Lavarack, 2004). Further, in the face of dominant ideologies and social structures, it is easy to slip into traditionally oppressive power relationships despite good intentions (Mizrahi, 2007). Because “power cannot be avoided ... it must be worked with” (Kesby, 2005, p. 2038), it is imperative that CBHP participants, practitioners, and researchers thoroughly and reflexively investigate their understandings of power if the desire is to transform social structures and individual behaviours that determine health.

In this section, I offer a feminist critique of traditional and hierarchical enactments of power and envision how power can operate in a more productive and collaborative light. Importantly, this conception is built upon the premise that power is an intention and action that we are all capable of, albeit at different degrees. Enactments of power are both facilitated and hindered by what I term the ‘power tools’ of society (Ponic, 2000). For example, knowledge, discourse, and material resources are not power per se, rather they are social constructed structures that privilege the power of some individuals over others (Fraser, 1997; Giddens, 1984). From a feminist perspective, then, all forms of CBHP practice and research, regardless of where they fall in the lifestyle-social structure continuum, should be underpinned



by a desire to utilize power responsibly, creatively, and/ or resistantly, in order to redress systems of oppression.

### **Power-to, power-with, power-for & power-over**

Feminist theorists offer a view of power that can move all those involved in CBHP beyond traditionally oppressive enactments. Based on interpretations of Foucault's body of work (although his was not distinctly feminist), poststructuralist feminists envision power as a relational force, rather than a fixed entity (Kesby, 2005; Ristock & Pennell, 1996).

Foucault (1977) has best articulated a ... perspective on power as productive and relational. Rather than repressive power being monolithic or a resource to be possessed, he conceptualizes power as built into a web of discourses and practices found in institutions, communities, and families that are exercised through actions in a multiplicity of relationships. These power relationships are inherently unstable and therefore open to challenge. (Wallerstein & Duran, 2003, p. 38)

Given its inherent instability, power is developed in and through social relations and is an always present, structural feature of society whether or not we are conscious of it (Dominelli, 2005; Weedon, 1999). From this perspective, the focus is on how power operates in local situations, including how it circulates between and links individuals and groups as active subjects who experience and exercise it (English, 2006). This view of power is consistent with the idea that power resides in action through a range of dynamic, contradictory and at times reinforcing manners, for example, through practices of domination and resistance. In order to utilize the potential, albeit at times contradictory or structurally-limited forms of power that promote health and social justice, many feminist theorists seek and embrace enactments of *power-with*, *power-to*, and *power-for* rather than those of *power-over* (hooks, 2000a; Laverack, 2004; Ristock & Pennell, 1996; Teske & Tetreault, 2000).

The dominant conception of power in Western societies is predicated on the notion of *power-over*. This definition is based in patriarchal, hierarchical, colonialist, and other oppressive

understandings of how individuals relate to one another. According to Kesby (2005), such enactments of power emanate “from the top-down and from the centre outward” (p. 2040) in order to maintain relations of control and domination. Power is understood to be a limited commodity that you either have or don’t have and “thinking is dichotomous – you win or you lose” (Teske, 2000, p. 108). In this model, the power of those with gendered, racialized, classed and otherwise privileged social locations is hegemonically maintained through material, authoritative, and ideological structures (Giddens, 1984; McCall, 2005). Mohanty (2004) suggests that “the major problem with such a definition of power is that it locks all revolutionary struggles into binary structures – possessing power versus being powerless” (p. 39). It is important to note that *power-over* strategies are needed at times when an individual’s safety or well-being is in danger, for example when a parent enacts *power-over* a child to prevent her from being struck by a car. With this in mind, however, I use the notion of *power-over* throughout this dissertation in reference to actions that seek to dominate and oppress rather than protect, as illustrated in the parent-child example.

In CBHP, *power-over* strategies often dominate research and practice because they are built upon the assumption that those living on the margins are ‘powerless’ and in need of help from those with power to intervene (Buchanan, 2006; Cornish & Ghosh, 2007). Yet Aboriginal organizer Lily Walker succinctly challenges such authority by saying: “If you are here to help me, then you are wasting my time. But if you come because your liberation is bound up in mine, then let us begin (in Valverde, 1991)” (Lavarack, 2004, p. 138). In this light, critical feminist perspectives that situate power as relational, cumulative, and expansive through *power-with*, *power-for*, and *power-to* strategies offer a potential framework for the co-creation of more socially just and mutually beneficial relationships, and therefore better health.

Although women's power is unequally facilitated by dominant material and ideological structures, we still have the capacity to utilize power in enabling rather than controlling or dominating manners (hooks, 2000a; Ristock & Pennell, 1996). By working in collective and mutually supportive partnerships, *power* can be created *with* one another, a process which can aid women's *power-to* take action and initiate change (Teske, 2000; Tett, 2005). These critical feminist notions of power are fuelled by creative and life-affirming intentions, that can support alternative or more egalitarian relationships and resist practices of oppression and domination (Collins, 2000a; hooks, 2000a). *Power-with* and *power-to* strategies have both individual and collective ramifications. For example, in CBHP, naming, contributing, and valuing the diverse resources that participants, service providers, and researchers bring to the table provides a grounding from which power can be shared in ways that jointly benefit and facilitate women's capacity to resist, redefine, and recreate their life circumstances (Dominelli, 2002b; Pinnington, 2001; Reid, Tom, & Frisby, 2006). Importantly, the notion of *power-to* does not imply that power is something that one can give to another, a common assumption in empowerment processes (Rappaport, 1987; 1995). Rather, the sense of our individual *power-to* create and act emerges through relationship and collective learning, as VanderPlaat's (1999) discussion of relational empowerment suggests:

In a relational approach to empowerment, everyone involved, regardless of position of power and privilege, recognizes that he or she is both an agent and a subject in the empowerment process. The ability to be empowering or to support someone else's capacity to be empowering grows out of the mutual recognition that all of us can contribute to the construction of knowledge and social change but that, in that process, all of us have a lot to learn. In a truly empowering process, everyone changes. Empowerment is always mutual. (p. 778)

Yet it is important to remember that *power-with*, *power-to*, and even relational empowerment concepts are not solely dependent upon individual or collective actions. The capacity to enact power is always shaped by structural conditions that differentially privilege the power of some

over others, especially across gendered, classed, racialized, and other oppressive systems (Bunjun et al., 2006; Fraser, 1997; Young, 1990).

Many researchers and activists intentionally utilize *power-for* strategies to resist, destabilize, and transform dominant social relationships and structures (London Feminist Salon Collective, 2004; Fraser, 1997; Hartsock, 1990). The process of doing so, for example through *power-with* and *power-to* strategies, also holds the potential for personal transformation and the development of a critical consciousness about the systemic nature of one's oppression (Freire, 1970; Lykes & Coquillon, 2006). "Feminism's insistence that the personal is political has provided a rich resource for theorizing; not as a way of reducing the politics to the personal but as a way of interrogating both" (Clegg, 2006, p. 320). *Power-for* strategies therefore require that all involved in CBHP, especially individuals with access to legitimized community resources, question their own uses of power and seek to utilize their resources in ways that promote social justice goals and avoid recreating oppressive *power-over* systems (Ristock & Pennell, 1996). However, the positive and responsible use of power and privilege is a fine line to negotiate especially in the context of *power-with* strategies of grassroots CBHP projects and hegemonically reinforced *power-over* approaches. Critical feminist practitioners and researchers are commonly torn between not wanting to dominate processes yet desiring to 'make a difference' by facilitating inclusive and participatory processes (Frisby, Reid, Millar, & Hoeber, 2005; Varcoe, 2006) and working to reflexively interrogate their own uses of power and privilege (Pillow, 2003; Shope, 2006; Wasserfall, 1997). Despite these efforts, those with relative privilege in CBHP projects might be called to task, if participants perceive that the responsibilities associated with that privilege are inadequately fulfilled (Varcoe, 2006). This tension highlights Foucault's perspective "that power is not inherent within powerful subjects but that power is dispersed through complex networks of discourse, practice, and relationships" (Kesby, 2005, p. 2040). It is therefore important to

remember that the relative power and privilege of all participants, practitioners, researchers and policy-makers involved in CBHP projects are inherently connected and must be negotiated from this perspective if improved health through social justice is the goal (Anzaldúa, 2002; Barcinski & Kalia, 2005; Cornish & Ghosh, 2007). This is particularly so for feminist approaches to CBHP which aim to foster inclusion.

### **The Impetus for Inclusion in Community-based Health Promotion**

Inclusion is central to CBHP practice and research, especially from a feminist perspective, such that women play a role in determining their own health and the structures that affect it:

A feminist model would include women in the activities of knowledge making. It would create knowledge and theories, which present women as embodied, social and historically situated in social structures and discourses. And it would eliminate structures and discourses, which are oppressive in order to improve women's daily lives, the lives of their family members, and to create healthier neighbourhoods and communities. (O'Connor et al., 1999, p. 17)

Inclusion means creating spaces for diverse women to work together to create supportive environments that foster women's opportunities to make choices about how and when to give voice to their perspectives, to contribute to knowledge development, and to take action in their communities. Such efforts are important given the degree to which exclusion compromises women's health. According to Galabuzi (2004), social exclusion is a crucial mediating factor between ill-health and poverty, racism, sexism, and other forms of prejudice. Reid (2004) suggests that poor women's experiences of material, institutional, and cultural exclusion compromise their psychosocial health, limit their access to health care, and perpetuate unhealthy behaviours. Furthermore, systemic exclusion has limited women's ability to participate in health promoting activities and research, since much of this work continues to be blind to the effects of gender, race, class, and other dimensions of power and privilege (Keleher, 2004; Ruzek et al., 1997a). However, the terms inclusion and exclusion are inherently

problematic and require thorough scrutiny before they can be productively utilized (Shakir, 2005). In the following sections, I define the terms inclusion and exclusion from a critical feminist perspective, which informs the ways in which I apply them throughout this dissertation, unpacks common assumptions made about inclusion theoretically and practically, and positions these terms firmly within an ideology of social justice.

### **Defining inclusion as a social justice process**

Inclusion must be understood as a multifaceted and dynamic process that has the potential to foster socially just outcomes (Lister, 2000; Stewart, 2000; Wotherspoon, 2002). Yet rarely do those involved in CBHP envision inclusion as long-term dynamic process, because it is often assumed to be an endpoint or project outcome (e.g. Allison & Hibbler, 2004; Doveston & Keenaghan, 2006; Turner & Martin, 2004). According to Shakir (2005), this is especially true in Canada where most programs and policies tend to 'water-down' inclusion processes. For example, if participants are invited to participate in action research or if government policy-makers make attempts to alleviate barriers to employment, many assume that the work of inclusion is complete. However, experiences of inclusion are fleeting, in large part because of the multitude of dynamics that influence them (O'Reilly, 2005). Conceptualizing inclusion as a process in CBHP, therefore, highlights the understanding that individuals have varying life circumstances that are shaped by inequitable power relations (Luxton, 2005).

The interplay between structural determinants and individual agency lies at the heart of inclusion processes. Luxton (2005) suggests that an inclusion model "assumes that individuals play a role in shaping their lives" (p.84), while Mitchell and Shillington (2005) recognize that individuals play a role in fostering and/or inhibiting the inclusion of themselves and others. According to Kershaw (2005), citizens not only have an entitlement to be included in the decisions that shape their lives, they also have a responsibility, at some level, for their own

inclusion. Definitions of inclusion that employ agency are able to consider “how individuals transcend structural limitations to create resources that promote inclusivity” (Dominelli, 2005, p. 16). However, assumptions about individual agency in CBHP tend to be unilateral, such that those who hold relative privilege and power are expected to ‘include’ those with less, which negates the agency and power of marginalized social groups. While health promoters and researchers who have greater access to resources certainly have a responsibility to facilitate conditions for inclusion, community members who have been disenfranchised and excluded are also active players, rather than passive recipients, who also hold power and responsibility for their own inclusion (Kershaw, 2005; Shookner, 2002).

While the centrality of agents in inclusion processes is important, the structural and relational elements that shape individuals’ ability to take action should not be under-emphasized. To do so might serve to ‘blame the victim’ for her exclusion (Crawford, 1977; David, 2002; Morrow et al., 2004). If efforts to redress the ideological, material, and political structures that unequally benefit some and disadvantage others are not at the heart of inclusive processes, then they run the risk of assimilation, whereby the agency of the less powerful becomes stifled, consumed, or assimilated by the mainstream (Lister, 2000). Therefore, the multiple, overlapping, and dynamic dimensions of inclusion processes must be fully considered both in terms of their interplay with individual agents and to the degree that they shape the systems and structures individuals are to be included within.

Inclusion theorists working from a critical perspective increasingly acknowledge the structural dimensions that shape inclusion processes (Donnelly & Coakley, 2002; Shookner, 2002). Early policy-making and research on social inclusion focused its attention on addressing broader social issues such as poverty and exclusion and called for the reduction of barriers that limit access to employment, education, and other material spheres of life (Mitchell &

Shillington, 2005). More recently, social psychologists have named the psychological, emotional, and relational dimensions of inclusion (such as acceptance, respect, and hope) and of exclusion (such as shame, anger, and alienation) (Abrams, Hogg, & Marques, 2005). Shakir (2005) illustrated that inclusion within community-based organizations is based in collaborative and cooperative relationships, the open negotiation of power and conflict, and flexible and responsive organizing structures. Certainly, all of these macro, micro, and meso elements are critical to understanding inclusion dynamics across power differences, particularly as they influence women's health. Yet few CBHP documents or projects identify inclusion across this range, and those that do, often fail to fully consider the complexity of interactions between them, and between these structural dynamics and human agency. This is a significant gap in the CBHP literature that my research begins to fill.

### **Exclusion, marginalization & 'Othering'**

Fundamentally, inclusion strategies were developed to counter exclusion (Mitchell & Shillington, 2005; Reid, 2004; Shookner, 2002). Exclusion is the social process of being marginalized, powerless, and essentialized as 'Other' (Young, 1990). According to Young (1990), marginalization refers to the process whereby "a whole category of people is expelled from useful participation in social life and thus potentially subjected to severe material deprivation and even extermination" (p. 53) and "involves the deprivation of cultural, practical, and institutionalized conditions for exercising capacities in a context of recognition and interaction" (p. 55). In this vein, marginalization refers to both social conditions and possibilities for taking action, and about material issues of distribution and cultural issues of recognition (Fraser, 1997; Giddens, 1984). Exclusion and marginalization are two forms of oppression, which refers to "institutional constraint of self-development" (Young, 1990, p. 37)



through experiences such as material scarcity and a sense of unworthiness or 'Otherness' (Reid, 2004).

'Othering' results from sexist, racist, classist, and homophobic (among other) ideologies that are underpinned by a fear and intolerance of differences (Lerner, 1993; Lorde, 1984; Moraga & Anzaldua, 2002). According to Young (1990), cultural imperialism results in exclusion and marginalization when dominant cultural practices and individual experiences are universalized and normalized, such that any cultural practices or experiences that are different from the norm are deemed deviant. Members of 'Othered' social groups are stereotyped by essentializing assumptions such that their social experiences, meanings, and identities go unrecognized by dominant groups and are marked as inferior. As such, "exclusion is not about difference; it is about our responses to difference" (Sapon-Shevin, 2003, p. 26), which is especially relevant when negotiating power and diversity within CBHP projects.

The hegemonic ideologies that teach us to fear difference and mark 'Others' also serve to legitimize institutional and material inequities that compromise women's health and their ability to participate in CBHP. Exclusion is institutionalized through discriminatory policies and practices in both public and private bureaucracies, which can lead to experiences of material deprivation and social isolation (Reid, 2004). The excluded are also held powerless in social institutions, such that at times they lack authority, status, respectability, and a sense of self (Young, 1990). The effects of exclusion include cultural and material deprivation, marginalization from social practices, reduced access to public resources, denial of human rights, alienation from decision-making and civic participation, and isolation from community (Galabuzi, 2004). Given the centrality of these effects on women's health, remedying exclusion, to whatever extent possible, certainly is central to CBHP practice and research (Raphael & Bryant, 2004; Reid, 2004).

### **Inclusion/exclusion dialectic**

While the concepts of inclusion and exclusion are inherently connected, the connection is not dualistic because inclusion is not simply the flip side of exclusion and nor do inclusionary efforts necessarily address exclusion in all of its forms and outcomes. Given the complexity of social life, individuals are never fully 'included' or 'excluded.' Experiences of inclusion and exclusion are fleeting and related to variable social contexts that shift from moment to moment, across time and space (O'Reilly, 2005). As Hall (2005) understands it, "social inclusion and exclusion are fragmentary and relational, 'entangled' within each other in particular ways and in particular contexts" (p. 108). Understanding inclusion and/or exclusion then, requires understanding both concepts and their 'entangled' relationship. For example, it is important to consider how specific health promotion strategies or definitions of community may include some individuals, while simultaneously, and perhaps inadvertently, excluding others (Dominelli, 2002a; Reid, 2004). Also, an individual may experience inclusion in one realm of life or moment in time, but experience exclusion in another. Again, the context is imperative, as are the numerous variables that construct experiences of inclusion and exclusion. O'Reilly (2005) suggests that the concepts are mutually dependent and "only if the question of what constitutes inclusion is addressed can the question of what constitutes exclusion be posed" (p. 84).

Hall (2005) argues that negotiating inclusion/exclusion dialects requires a critical re-imagining of inclusion as social justice. According to Young (1990), social justice requires the elimination of institutionalized domination and oppression in order to foster self-determination and self-development. In this vein, inclusion as social justice is primarily about power and difference (Shakir, 2005). The key consideration here is who and what are required to shift for inclusion to occur. Failing to "unmask" the cultural, material, and institutional facets of power differentials runs the risk of perpetuating oppression under the "guise of inclusion" (Shakir,

2005, p. 207). Simply opposing exclusion runs the risk of assimilation such that the inherently inequitable centre does not change (Labonte, 2004; Lister, 2000). Critically advancing inclusion, on the other hand, means transforming mainstream social structures in order to promote the individual agency of all (Mitchell & Shillington, 2005). According to Young (2000):

Inclusion ought not to mean simply the formal and abstract equality of all members of the polity as citizens. It means explicitly acknowledging social differentiations and division and encouraging differently situated groups to give voice to their needs, interest, and perspectives. (p. 119)

Yet acknowledging diversity in CBHP does not in and of itself promote social justice or inclusion. Rather it is the socially constructed ways in which differences are ideologically, materially, politically, and culturally negotiated that serve to resist and perpetuate exclusion (Juteau, 2000; Silver, 1994). Fraser (1997) contends that in order to address the layers of inequity that perpetuate exclusion, inclusion as social justice requires both the socialist redistribution of material resources and relations of production and the deconstruction of relations of recognition that re-structure the ways in which we conceptualize differences. The challenge, however, is that these strategies are at odds with one another because redistribution strategies serve to ameliorate group differences (e.g., treat everyone equally), while recognition strategies seek to specify and affirm group difference (e.g., treat everyone differently) (Fraser, 1997; Labonte, 2004). This inherent tension is based on the premise that a coherent social centre that 'includes' is possible and desirable. Yet, as Shakir (2005) ponders, "surely the whole point of 'diversity' is accepting the lack of a universal point of reference?" (p. 206).

Fraser's (1997) concept of subaltern counterpublics is helpful in this regard:

... parallel discursive arenas [are created] where members of subordinated social groups invent and circulate counter-discourses, which in turn permit them to formulate oppositional interpretations of their identities, interests, and needs. (p. 81)

While this theory speaks specifically to the resistance of socially marginalized social groups against a dominant mainstream, Fraser's vision of a multiplicity of publics provokes interesting possibilities for inclusion. If any universal point of reference can be rejected, as Shakir (2005) suggested, perhaps what we are left with is the absence of a centre, replaced by overlapping public spheres where individuals and groups can negotiate their own inclusion without privileging or normalizing one way of being over another. Idealistically, in such an inclusion scenario, the 'Other' is not feared, power relations may be minimized, and differences are respected and celebrated (Anzaldúa & Keating, 2002). The consideration of inclusion in terms of a multiplicity of publics thus calls into question the notions of marginalization and marginalized social groups, since both are steadfastly connected to the notion of a dominant centre. For those of us committed to conducting CBHP in inclusive and socially just ways, we must aim to create projects – or counterpublics - that resist traditionally oppressive systems of power and domination harmful to women's health and that offer new ways of relating to one across our differences. Such projects could be well-informed by a theoretical framework that captures the complexity of dimensions that simultaneously infiltrate inclusion processes, CBHP projects, and women's health. In the following section, I offer such a theoretical framework and highlight the various ways that multiple spheres of structural influence and individual actions can shape CBHP, particularly as they applied to my analysis of WOAW.

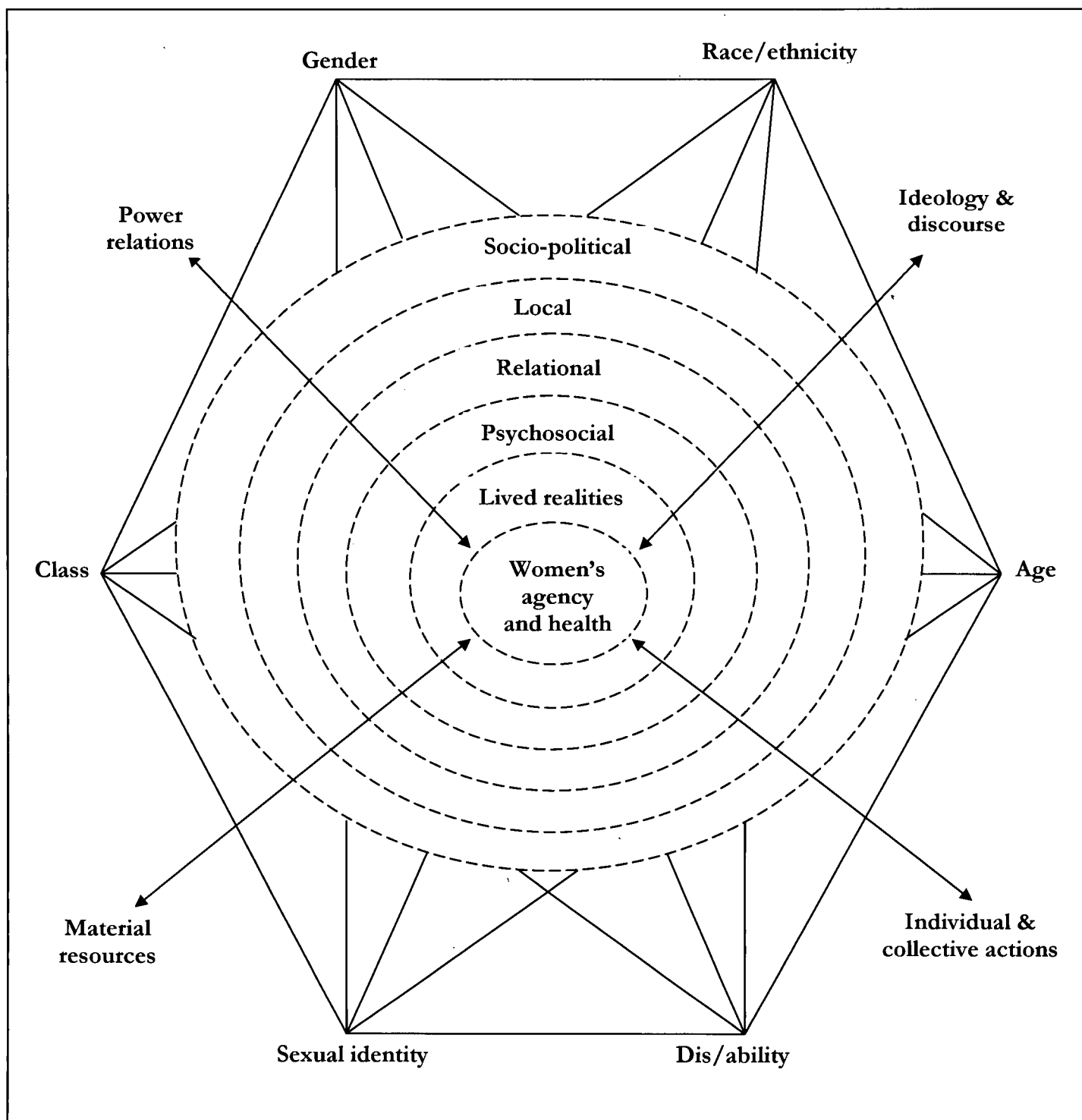
### **Conceptualizing the Complexity of Community-based Health Promotion**

CBHP processes, such as fostering inclusion across power and difference, and women's health are each intricately shaped by the interplay between structural conditions and individual agency. Williams (2003) has suggested that although there are growing bodies of literature exploring issues of structure and health and agency/behaviour and health, there is little health research that captures "the complex intersection of structure and agency within the material

world of everyday life” (p. 139). I suggest that his argument also rings true for the CBHP literature, which continually fails to capture the multi-layered micro, meso, and macro dimensions that women must negotiate in projects designed to promote their health. In particular, the ways in which psychosocial and relational dimensions impact CBHP practice and research is often overlooked. These dimensions are meaningful because they play a crucial role in mediating and are significantly shaped by the interplay between broader social conditions and women’s agency. And despite a tendency to over-emphasize individual behaviour or lifestyle factors in health promotion (Buchanan, 2006), the choices made and actions taken by women within CBHP processes remain mostly invisible. Women’s agency, bodies, psychosocial constitution, and relational patterns, are not only essential dimensions of women’s health, they also play a significant role in how women engage in CBHP inclusion processes and therefore influence the benefits that may be gained. Importantly, our understandings of these more personal dimensions must remain contextualized by broader structural conditions in order to avoid the dangerous possibility of blaming the individual for not taking ‘appropriate’ actions to overcome her oppressive life circumstances (David, 2002).

The theoretical framework in Figure 2.1 offers a means through which CBHP inclusion processes, in all their complexity, can be conceptualized. This framework provides those of us working in the field with a way to more fully understand the scope of dimensions that impact women’s health and CBHP in order to navigate them productively. Certainly, all of the dimensions outlined cannot be tackled within a single project. Yet it is crucial that the point of entry that participants, practitioners, researchers and policy-makers decide upon and the ongoing dynamics that unfold are informed by an understanding of CBHP as multifaceted and dynamic.

**Figure 2.1: Theoretical Framework for Inclusion in Community-based Health Promotion**



A framework can be defined as a set of assumptions, values, and practices that describe a social concept and create a structure for written work (American Heritage Dictionaries, 2006). The iterative development of this framework has been mutually informed by my reading and analysis of divergent literatures and my co-created data set. At this stage, I demonstrate the utility of the framework by reviewing relevant literatures that explain its various dimensions and exemplify their interconnections. That said the framework is data-driven, rather than theory-driven: I developed it initially from Maria Manuel's quote that opens Chapter 5 and expanded upon to organize my analysis in all three findings chapters, before I 'pulled it back' into this chapter. Finally, I also draw on this framework as the basis for the tool I offer to CBHP participants, practitioners, researchers, and policy-makers in Chapter 8. While I recognize that the circular diagram is not particularly original or innovative (see Dominelli 2002a for a similar structure), I did utilize it in a unique way to organize and explain the intricacies of my literature review, data set, and subsequent analysis.

The circles in this framework represent what I call the spheres of influence on CBHP processes. Beginning at the centre and moving outwards, these spheres include women's agency and health and their lived realities, the psychosocial sphere, the relational sphere, the local/community sphere, and the broader social-political sphere. The lines in the circles are perforated to illustrate that each sphere is connected to each other sphere, through a range of pathways. The connections between spheres are mutually dependent, such that each is influenced by and influences the other to certain degrees and in varying ways that shift over time. The arrows that run across the spheres represent the ways in which ideological and material structures cut through them, creating imbalanced power relations. Additionally, the actions that women take also have the potential to impact other spheres and, of course, are impacted by them. As such, the interactions between spheres are shaped by the systemic

patterns of power that privilege some individuals, ways of being, cultural values, organizational practices, and political structures over others. A web of power relations encompasses the entire framework to illustrate the intersectionality of gender, race/ethnicity, class, physical and mental ability, sexual identity, and age as systems of power, privilege, and inequality (McCall, 2005).

This logic of interconnections in this framework is based on my feminist reading of Giddens' (1984) duality of structure theory, which suggests that the structure/agency relationship is dualistic and self-perpetuating. Social structures shape women's agency, which in turn shapes social structures (Giddens, 1984). From this perspective, both structure and agency play pivotal roles in recreating, reinforcing, destabilizing, facilitating, and/or inhibiting one another, and also serve to influence the determination of women's health and the ways in which CBHP initiatives unfold. Yet, as critical feminist theorists point out, this dynamic does not equitably affect all individuals because dominant power relationships and social structures that have been created and reinforced to differentially privilege members of some social groups over others pervade the structure-agency duality (Fraser, 1997; Young, 1990).

In the following sections, I will further describe these spheres of influence by drawing on seemingly divergent, yet deeply connected bodies of literature. My description of each sphere cannot capture the breadth of all elements that might be encapsulated within it, for that would be an impossible task. Rather, it provides examples of the elements that pertain particularly to the CBHP project that was the focus of this dissertation and illuminates my findings and analyses in Chapters 5, 6, 7, and 8.

### **Women's agency, health, & lived realities**

Women and their lived realities are at the heart of this framework for three reasons: 1) the intent of CBHP processes such as inclusion is to enhance their lives and health, 2) the ways in which women understand and experience CBHP gives evidence to the meaningfulness of these



processes, and 3) women make everyday decisions about if, how, and when to engage in CBHP. As such, I envision individual women as embodied and active social agents embedded in particular lived realities that may or may not facilitate their action and health.

Women's agency refers to the intentional ability to act, or refrain from acting in the social world (Giddens, 1984). Agency is inherently intertwined with power and social structures since agency presumes power and is only realized through interaction with social structures at micro, meso, and macro levels (Clegg, 2006). Giddens (1984) goes as far to say that "power is all action" (p. 15) and structures are the primary means through which individuals exercise agency. This vision of power and agency is in keeping with the ideas of *power-to* and *power-for*, which presume that we all have capacity at some level to make a difference in our lives (hooks, 2000a; Lykes & Coquillon, 2006). As his duality of structure framework explicates, structural conditions or systems of privilege and power inequitably shape women's ability to enact their agency; "as collective and individual agents we have choices about how we intervene, not necessarily about the conditions of our successful actions" (Clegg, 2006, p. 320).

The tendency in feminist theorizing has been to focus on how structural and power relations serve to oppress the agency of members of socially marginalized groups across axes such as gender, race/ethnicity, class, nation, sexualities and abilities (Bunjun et al., 2006; McCall, 2005; Young, 1990). This focus remains important because the structural realities of our social world have served to privilege few while oppressing many. However, in light of the mutually exclusive relationships between structure, agency, and power, feminist theorists have recently suggested that more attention be paid to feminist visions of agency in social change efforts (Clegg, 2006; London Feminist Salon Collective, 2004). They suggest that a deeper understanding of women's agency is needed to more fully explore the possibilities of enacting *power-to*, *power-for*, and *power-with* strategies in order to resist the dominating social circumstances

and create new structures that foster social justice. Importantly, the London Feminist Salon Collective (2004) have identified the need to consider how women's emotional, psychosocial, and internalized response to oppressive conditions influences their ability to see themselves as active agents within, rather than passive victims of, inherently oppressive systems.

Intentionally positioning women as active and reflective agents within the theoretical framework on page 34, acknowledges their capacity to make decisions and take actions, based upon their best ability to negotiate their social realities within multiple spheres of influence. Highlighting women's agency in this way, intentionally points to their power and desire to make a difference, albeit often in challenging social circumstances. Dominelli (2005) suggests that:

Marginalized individuals draw on a whole range of strategies and knowledge in everyday interactions to empower themselves and highlight subject agency in negotiating social inclusion and exclusion. (p. 15)

Women who experience chronic marginalization seldom have their agency and power recognized (Reid et al., 2006), a tendency which is often perpetuated by relatively privileged practitioners, researchers, and policy-makers in CBHP (Porter, 2006; VanderPlaat, 1999). Yet, despite their social status, women continually make decisions about how to participate in such projects in the attempt to control their own lives and health. This reality must be embraced by all involved in CBHP if our projects are to be successful.

As the earlier section on health determinants begins to articulate, women's health is embodied and experienced through biological, psychosocial, and broader social, political, and economic pathways (Ho et al., 2005; Johnson et al., 2007; Krieger, 2003). I place women's health at the centre of the theoretical framework, and alongside women's agency, to illustrate the inherent and mutually informative connection between women's health and well-being and their ability to take action. Women can take actions that enhance their health, yet, at times, women's poor health at physical or psychosocial levels, can impair their ability to adopt health

promoting behaviours or to engage in their communities at any level (Greaves, 1996; Lyons & Langille, 2000). Similarly, women's health and agency are also shaped, and serve to shape, the micro to macro spheres of influence identified in the framework (Giddens, 1984; Ponc, 2000). Since women's health and agency are so closely intertwined, the ability to enact change at individual, community, or broader social levels remains affixed to their embodied and psychosocial beings.

Finally, women's lived realities are often a reflection and manifestation of their locations within broader socio-political conditions, systems of power and privilege, and of the decisions they make within them. As such, their realities are mutually informed by the spheres of influence articulated in the theoretical model as well as women's health and agency. For women who live in chronically oppressed conditions, the realities that they must negotiate on a daily basis include material deprivation, inadequate shelter, lack of transportation and childcare, violence, cultural insensitivity, un- or under-employment, dependency on social services, extreme stress, and ill health (Bryant, 2004; Collins, 2005; Frisby & Hoeber, 2002; Morrow et al., 2004; Moss, 2002; Reid & Golden, 2005; Stewart et al., 2006). These realities have a significant impact on women's daily decisions and therefore must be accounted for in CBHP. The challenge in this regard is not to overly focus on women's lived realities in isolation of the structural conditions that create and perpetuate them or through victim-blaming tendencies that de-value the decisions and actions women take to negotiate them.

### **Psychosocial sphere: Internalization & conscientization**

The psychosocial sphere of influence refers to the deeply embedded ways that individuals understand their social worlds and their places within them. Giddens (1984) refers to this process as the development of a 'practical consciousness' such that the assumptions that individuals make about what is appropriate and possible become internalized and normalized.

In this section, I explore the ways in which the internalization of oppression and domination implicate and limit CBHP processes in different ways for different women. Given the fluid and multifaceted nature of individual and collective experiences, our practical consciousness is not fixed. I thus draw on Freire's (1970) notion of conscientization to explore how collective and critical analysis of our assumptions about social life can serve CBHP processes dedicated to social justice.

Developing a sense of self occurs as individuals navigate relationships in their social worlds and come to understand their place in them (Tappan, 2005). Experiences of oppression and domination are commonplace within individual and collective relationships, given the degree to which patterns of '*power-over*' have been naturalized in Western society (Dominelli, 2002a). The accumulated experiences of such systemic power imbalances over time can become internalized by individuals (Prilleltensky & Nelson, 2002), as described by Pheterson (1990):

Internalized oppression is the incorporation and acceptance by individuals within an oppressed group of prejudices against them within the dominant society. Internalized oppression is likely to consist of self-hatred, self-concealment, fear of violence, and feelings of inferiority, resignation, isolation, powerlessness, and gratefulness for being allowed to survive. Internalized oppression is the mechanism within an oppressive system for perpetuating domination not only by external control but also by building subservience into the minds of the oppressed groups. (p. 35)

The psychological manifestation of internalized oppression refers then to a developed sense of self as negative, inferior, and powerless. At a social level, those who experience chronic oppression learn to adopt patterns of helplessness, obedience, fear, and/or anger (Prilleltensky & Nelson, 2002). Thus, women who have internalized their oppression become complicit in the oppression process through internally regulated self-denigration (Freire, 1970; Hertzberg, 1996). For example, Russell (1996) explores how the internalization of classism manifested in shame, grief, and a sense of being 'Othered' for her female clients in psychological therapy.

Importantly, the internalization of oppression is not the result of an isolated incident, but of

reoccurring patterns over time and across contexts. Living in poverty therefore consists of the accumulated and perpetuating experiences of material deprivation and being stereotyped, which can reinforce low self-esteem and a sense of powerlessness (Reid, 2004; Russell, 1996).

Not surprisingly, negative mental and physical health outcomes are similarly compounded by the often-interconnected experiences of exclusion, economic hardship, racism and other forms of oppression (Ahnquist et al., 2007; Anderson, 2000; Ryff & Singer, 2001). Some of the psychosocial effects of exclusion that researchers have identified include anger, frustration, hostility, a high need for control, withdrawal, compliance and/or emotional denial (Abrams et al., 2005). CBHP projects that engage women living in poverty, women of colour, or other members of marginalized groups must certainly be affected by the psychosocial effects of internalized oppression and exclusion. Yet there is little evidence that this level of analysis has been taken into consideration in the planning or ongoing negotiation of CBHP inclusion processes. It may be unreasonable to expect that women who have been chronically excluded and harmed by oppressive social relations would be able to participate in projects in positive, cooperative, and egalitarian ways without first addressing their deeper psychosocial wounds, (Anzuldua, 2002; Nelson & Prilleltensky, 2005; Young, 1990). While this recognition is embraced in some social work group practice (Brandler & Roman, 1999; Lee, 2001; Mullender & Cohen, 2003), it is a significant gap in CBHP and most researchers and practitioners lack the skill to facilitate such healing. In fact, the tendency to overlook the effects of internalized oppression may help explain why the positive impact of CBHP remains difficult to evaluate (Butterfoss, 2006; O'Neill, Pederson, & Rootman, 2000; Zakus & Lysack, 1998).

For practitioners and researchers working in CBHP, it is important to remember that the effects of internalizing systemic social patterns are not limited to those who are oppressed. Patterns of domination also become internalized, as Pheterson (1990) describes:

Internalized domination is the incorporation and acceptance by individuals within a dominant group of prejudices against others. Internalized domination is likely to consist of feelings of superiority, normalcy, and self-righteousness, together with guilt, fear, projection, denial of reality, and alienation from one's body and from nature. Internalized domination perpetuates oppression of others and alienation of oneself by either denying or degrading all but a narrow range of human possibilities. (p. 35)

Those with structural power develop feelings of elitism that serve not only to mark those who do not fit into the mainstream as 'Other,' but also to justify the devaluing of such others (Hertzberg, 1996; Prilleltensky, 2003; Young, 1990). Because the narrow and dualistic natures of patriarchal, classist, racist, and other oppressive systems limit the breadth of ways people can live, internalizing domination creates little boxes within which our 'privileged' selves must fit in order to maintain our privilege. Furthermore, for those who recognize the unearned and inherently unjust nature of privilege, feelings of guilt and fear manifest for the roles that perpetuate systems of oppression and domination and, the albeit contradictory, possibilities of losing privilege (Brydon-Miller, 2004; Leondar-Wright, 2005; Lykes, 2005; Mulvey et al., 2000). The varying effects of the internalized domination have important repercussions for those with relative social privilege working in CBHP, especially if socially just outcomes are our goal. We must continually interrogate the assumptions made about participants and about our respective roles in the process (Mauthner & Doucet, 2003; Shope, 2006; Tom & Herbert, 2002). It is a delicate balance to utilize our privilege responsibly and productively, without overshadowing the contributions that can be made by women who have experienced chronic oppression (Frisby et al., 2005; Varcoe, 2006).

Certainly, the internalization of oppression and domination are related to our social positions. Yet, as critical feminist theories stress, these positions are inherently unstable, relative, and contextual (McCall, 2005; Mohanty, 2004). Our fluid positions amongst axes of power and privilege mean that most of us will have experienced, resisted, and internalized

oppression and domination along a continuum of possibilities. The ways in which these multiple and at times contradictory senses of self unfold are contextualized such that our psychosocial interactions are in a constant state of flux (Barcinski & Kalia, 2005). Again, there are implications for CBHP. Since all individuals involved will move along a continuum of internalized oppressed and/or dominating selves throughout the processes, then nobody can be firmly placed in the binary categories of 'recipient' or 'provider.' Seeking social justice through CBHP means that despite or perhaps because of relative privileges, those involved must be open to individual and collective transformation (Leondar-Wright, 2005; Lykes, 2005; VanderPlaat, 1999).

The connected experiences of internalizing oppression and domination mutually serve to maintain and perpetuate our current systems of inequity and injustice. Yet, power relations are ever-evolving since individuals are capable of exerting agency to resist and recreate our social worlds (Barcinski & Kalia, 2005). Freire (1970) believes that systematic resistance requires the process of 'conscientization,' whereby members of oppressed social groups come to understand the political and social nature of their oppression. This notion resonates with feminist consciousness-raising groups associated with the second wave of feminism that occurred in the 1960s, 1970s and 1980s (Maguire, 2001). The basic premise of conscientization is that becoming critically aware of the systemic power imbalances that shape one's life is the first step in taking action to resist, rectify, and/or re-imagine these systems (Carlson, Engebretson, & Chamberlain, 2006; Champeau & Shaw, 2002; Lee, 2001). Developing a critical consciousness expands one's practical consciousness, such that once an individual sees her social world from a broader and more critical perspective, what she believes to be possible will also expand (Buchanan, 2006; Paraschak, 1997).

Similarly, relatively privileged individuals also require a form of 'conscientization,' in order to recognize the systemic power inequities and utilize this power to recreate a more socially just system. While this may make the privileged temporarily vulnerable, in the end a system based on feminist, social justice ideals will create a 'freer' existence for all involved. Regardless of an individual's social status, current systems that are based on binary ideals (e.g., good/bad, body/mind, poor/wealthy) limit our ability to be our whole and true selves. In a way, we are all oppressed because the diversity of who we are and who we can be is contained in narrowly framed social norms (Anzaldua, 2002). Social justice, then, is something that all individuals might seek as the freedom from external and internal sources of oppression and freedom to pursue personal well-being, self-determination, and self-development in all their various forms (Prilleltensky, 2003; Young, 1990).

There are numerous examples of how Freire's notion of conscientization has been applied in CBHP (e.g., Carlson et al., 2006; Champeau & Shaw, 2002; Kearney, 2006). Certainly, it is an important component in collectively promoting the health of individuals who experience and internalize oppression. Freire's work focuses on critical consciousness as the basis for political action and social transformation. Yet, as Nelson & Prilleltensky (2005) ask:

Is it fair to expect community members wounded by interpersonal and social oppression to change society while they are hurting? At what point do we expect people who have been damaged emotionally and socially to turn their attention to the plight of others? If we expect them to do so too soon they may not be ready or it may not even be fair. After all, they may need some time and space to nurse their wounds and recover, spiritually and psychologically, from experiences of subjugation and minimization. On the other hand, if we don't connect their plight to the plight of others, in some form of solidarity, we may end up isolating them and their source of discomfort even further. (p. 212)

Their inquiry points back to the necessity of conducting CBHP in a way that constantly connects the work to both individuals and social contexts (Nelson & Prilleltensky, 2005).

Conscientization is only one aspect of the process of addressing the health repercussions of



internalized oppression and domination. Critical community psychologists and social workers offer important contributions on group work, conflict, and personal growth that could well-serve community-based health promoters, as the following section explores.

### **Relational sphere: Group work, conflict & growth**

The relational sphere of the theoretical model refers to the relationships between individuals and groups, particularly in terms of how they engage and behave with one another. Most CBHP projects that work from a premise of inclusion involve the formulation and development of groups that require individuals to relate to one another across their differences. However, there is little evidence that attention is being paid to the intricate relationships within group processes. This is of particular concern because the ways in which group members relate to one another can have considerable influence on the evolution of the group and the potential health promoting outcomes. Drawing on the notion of group work, a common practice in community psychology and social work practice, will be highly beneficial to all involved in CBHP by illustrating how negotiating conflict in groups can be useful in addressing the internalization of oppression and related mental health issues experienced by many women (Mullender & Cohen, 2003). I suggest, in fact, that engaging in relational group work from the outset of CBHP projects may be the necessary precursor for CBHP projects that aim to support individuals who have been historically marginalized.

Group work refers to the active negotiation of social dynamics within groups in order to promote individual and collective growth, development, and healing (Mullender & Cohen, 2003; Sullivan, 2001). Nelson and Prilleltensky (2005) suggest that group work in communities is a necessity for women who have been oppressed to heal from internalized effects, as well as a stepping stone for action. Community-based and anti-oppressive group work can provide a safe space in which individuals can be supported to cope with their daily circumstances and

strengthen their personal resources and can thus lead to transformation at individual, relational, and collective levels (Dominelli, 2002a; Nelson & Prilleltensky, 2005). For example, group work processes can enhance individual resilience, voice, respect for diversity, caring and compassion, and egalitarian understandings of power and help women develop what Patricia Hill Collins (1993) refers to as an 'ethic of care'. McLeod (2003) believes that group work is especially important for women who have been isolated and excluded, because it provides them with a space for deep connection and support where they can give voice to their realities and find solidarity through commonality while also respecting their differences.

While finding common ground is an essential component in early group process, conflict is also seen as a vital aspect of group functioning and development, particularly as it manifests as an expression of difference (Northern & Kurland, 2001; Schiller, 2003; Sullivan, 2001). Often times, those in conflict can help each other develop personally and as a group (Steinberg, 2004). In fact, many theorists view conflict as a positive sign of inclusion (Shakir, 2005; Sharp, Pollock, & Paddison, 2005; Sullivan, 2001; Young, 2000), because it may seem that diverse voices and perspectives are being vocalized, heard, and negotiated. Yet the development of groups, especially when organized around common identities and causes, necessarily perpetuates exclusionary dynamics. For example, a specific group identity can exclude those who do not 'fit,' certain criteria (Reid, 2004) or when adequate space is not given for different voices to be heard within group dynamics (Dominelli, 2002a). Labonte (2004) suggests that "we need to retain a healthy scepticism of concepts that direct us towards a wishful desire for social harmony" (p. 116). For example, seeking social harmony through consensus may result in the assimilation of difference and the coercion of the less powerful (Greenwood & Levin, 1998).

At the group level, conflict may lead to enhanced understanding and consequent strengthening of relationships between members because differences are aired and not allowed to remain irritatingly under the surface. Conflict provides stimulation and a basis for interaction. Only through the

expression of differences is it possible for a group to delineate its common values and interests. (Northern & Kurland, 2001, pp. 214-215)

Conflict often signifies that individuals within a group feel safe enough to openly voice their perspectives, even when such expressions make them vulnerable or provoke anger from other members (Sullivan, 2001). This is significant work for women who have been chronically oppressed because typically the “ability to comfortably hold power and to engage in conflict are the cutting edges for growth for many women” (Schiller, 2003, p. 21). Certainly, this recognition is of the utmost importance to those working towards feminist and anti-oppressive goals of inclusion and positive enactments of *power-with*, *power-to*, and *power-for* in CBHP. We cannot take for granted that those who have internalized oppression and dominant patterns of *power-over* can easily shift into new ways of being without first attending to their psychosocial wounds. To do so requires that conflict be embraced in CBHP processes and framed as offering the potential for growth and inspiring positive social interactions, which in turn can result in health benefits (Ryff & Singer, 2001; Sullivan, 2001). It also provides an outlet for expressing negative emotions, which if stifled can fester to hinder relationships and health.

Yet, conflict in Western society is most often seen as a negative and destructive force, particularly for women who have been chronically oppressed and socially trained to be submissive, ‘make nice’ or ‘not rock the boat.’ Many women tend to be afraid of conflict and its consequences, see it as bad, scary, and anxiety-provoking, and thus tend to avoid it (Schiller, 2003). Certainly, conflict can be destructive, yet it is not inherently so. The negative connotations and fears associated with conflict typically come from the ways in which conflict is negotiated or, more specifically, how power is negotiated during conflict. When the dominant *power-over* strategies prevail, conflict resolutions result in a win-lose situation. Typically, those with more power utilize it to oppress and dominate those with less power in order to get their way and, as they understand it, resolve the conflict. Therefore, the ways in which “members of

groups recognize, resolve, and manage conflict [and power] is crucial to the very survival of the group” (Northern & Kurland, 2001, p. 215).

A key step to managing conflict is to rename it as an important aspect in embracing differences, identifying self, and creating opportunities for deeper connection. This approach can “offer a powerful antidote to the forces of shame, oppression, and silencing that many women experience, and help members to regain their true voice” (Schiller, 2003, p. 29).

Attention to anti-oppressive process is of the essence here (Dominelli, 2002a). The integration of conflict resolution strategies into emerging CBHP processes may provide a path through which group members can map new and alternative means of working together that builds collaborative, rather than competitive or avoidance-based, resolution strategies by utilizing their collective power to create win-win situations (Chinn, 2001; Northern & Kurland, 2001; Northouse & Northouse, 1998). However, a significant gap in CBHP practice is that most participants, practitioners, and researchers do not have the adequate skills to adequately facilitate effective conflict negotiations. Developing these skills seems to be a reasonable prerequisite for those with relative privilege in order to use power positively and responsibly, rather than to expect women who have been psychologically and socially harmed by oppressive systems to do this work without adequate support (Nelson & Prilleltensky, 2005; Steinberg, 2006; Young, 1990). This is not to diminish the contributions that all women bring to group work and CBHP processes, as certainly the strengths and experiences of those who have been marginalized are central to the development of feminist practice (Pollio, 2000). Rather, it opens the doors for the development of mutually beneficial partnerships between social workers, critical community psychologists, and CBHP practitioners and researchers. By combining collective resources, training, and visions, all involved may be better able to manage the nuances of working in groups (McNicoll, 2001). Not only will those in CBHP learn about anti-

oppressive group work, social workers, critical community psychologists, and health researchers who tend to be subsumed by medically-driven approaches that pathologize the effects of internalized oppression, could also benefit from the inclusive, participatory, and ecological perspectives of CBHP (Lykes & Mersky, 2006; McNicoll, 2001).

Finally, the development of anti-oppressive group work that facilitates inclusion and actively negotiates conflict for personal growth and social transformation requires a setting and structural environment that provides a sense of comfort or relative safety for participants amidst their diverse backgrounds and needs (Brown & Mistry, 2005; Schiller, 2003). Creating such a space requires all involved to contribute to the development of content, group rules, and organizing processes that are based in anti-oppressive and feminist principles of openness, compassion, non-blame, and responsibility (Brown & Mistry, 2005; Chinn, 2001; Leondar-Wright, 2005). Importantly, the processes within the group must be grounded by a broader understanding of the social contexts within which the group operates and by which women are typically oppressed (Dominelli, 2002a; Nelson & Prilleltensky, 2005). With this in mind, those working in CBHP may find that adopting feminist community organizing principles is useful in fostering health promoting group processes and environments.

### **Local sphere: Feminist community organizing & municipal recreation**

The local or community sphere of influence refers to the organizations, institutions, and other public spaces within which CBHP occurs and women live out their daily lives. The notion of community organizing has become a mainstay in CBHP and is defined as “the process by which community groups are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching the goals they collectively have set” (Minkler & Wallerstein, 1997, p. 31). Minkler’s (1997c; 2005) editions of the book *“Community Organizing and Building for Health”* thoroughly reveal the usefulness of

community organizing processes for addressing health issues, particularly for members of marginalized populations. Yet, as I have argued thus far, the inclusion processes within CBHP groups and organizations are insufficiently considered in terms of how they impact the outcome of projects and how they might create health promoting conditions in their own right. Feminist community organizing (FCO) processes pay deliberate attention to the internal functioning of groups and organizations and therefore have much to offer those involved in CBHP. In this section, I outline the possibilities and tensions of FCO for health, particularly as they relate to women's inclusion in municipally-funded recreation as a CBHP strategy.

In intentional opposition to hierarchical, bureaucratic, and otherwise oppressive organizing strategies that dominate Western societies, FCO ideals "embrace collectivist decision-making, member empowerment, and a political agenda of ending women's oppression" (Feree & Martin, 1995, p. 5). In her extensive review of the literature, Mizrahi (2007) suggests that FCO is explicitly based in a humanist and democratic framework that values women's strength, dignity, agency, and power and views the 'personal as political.' Furthermore, cooperation rather than competition is considered the desired way of relating to one another based on the assumption that we are all deeply interconnected (Mizrahi, 2007). In order to live these visions, internal anti-oppressive and inclusive organizing processes are critical (Dominelli, 2002a). Mizrahi (2007) lists a series of FCO strategies in this regard: 1) community involvement; 2) collective problem solving; 3) process as part of the product or goal; 4) consciousness-raising; 5) cooperation, consensus, and collaboration; and 6) reflexive- and praxis-oriented evaluation. More specifically, FCO in practice commonly entails consensus decision-making, flexible and contextual organizational development, shared leadership and responsibility, intentional conflict resolution tactics, and a willingness to embrace and accommodate differences and women's lived realities (Chinn, 2001; Gutierrez & Lewis, 2005; Ponc & Frisby, 2005; Shakir, 2005).

Despite such powerful anti-oppression sentiments and strategies, FCO has historically been riddled with challenges that stem from the constant negotiation of power amongst organizational members, especially amidst dominant and contradictory ideologies (Angeles, 2003; Angeles & Gurstein, 2000; Mizrahi, 2007; Staggenborg, 1995; Teske & Tetreault, 2000). In fact, Mizrahi (2007) found that conflict was to be expected within feminist organizations, especially in contexts framed by women's experiences of trauma and oppression. Internalized experiences of oppression and domination can manifest in behaviours that serve to perpetuate oppressive relationships, despite FCO ideals, unless conflict resolution strategies that focus on compassion, non-blame, and individual and collective healing are embraced (Chinn, 2001; Nelson & Prilleltensky, 2005; Northern & Kurland, 2001). Attempting to build trust across difference and historically oppressive relationships is an essential quality of inclusive FCO and CBHP processes intended to productively navigate power imbalances (Roberts, 2004).

Power dynamics also infiltrate ongoing organizing practices such as consensus decision-making and shared leadership. Such approaches are usually designed to include the voices and perspectives of all involved, find agreement, and share responsibility. Yet considerable power is attached to decision-making and leadership within organizations, and the skills required to assertively articulate one's position in a consensus process privilege middle-class and educated women (Ponic & Frisby, 2005). In this vein, consensus decision-making can serve to stifle and assimilate the perspectives of members who hold less social power and fewer legitimized skills (Greenwood & Levin, 1998). Division of labour has been documented as another challenge in FCO. Appreciating the complexities of women's lives and resisting top-down accountability structures has often resulted in work not being completed within feminist organizations if members are overwrought with other life responsibilities and non-authoritarian values can make it difficult to ensure accountability (Staggenborg, 1995). Frustration about getting the

work done and managing complexities between organizing members has at times led some women to be hard on one another and retreat to traditional *power-over* tendencies, thus leading to internal conflict (Mizrahi, 2007; Reid, 2004).

Despite its challenges, FCO still has considerable potential for anti-oppressive practices in the face of dominant and hierarchical forces. This holds especially true for those working in CBHP who seek inclusion and social justice. Municipal recreation is a fruitful site for CBHP that could be well-informed by FCO processes. There is considerable evidence illustrating the health benefits associated with recreation (Caldwell, 2005; Frisby et al., 2007; Petryshen, Hawkins, & Fronchak, 2001; Ponde & Caroso, 2003). Most publicly-funded municipal recreation organizations hold mandates of 'recreation for all' in order to 'promote the health and well-being of citizens.' In fact, community recreation and leisure are regularly being positioned as ideal locations for promoting inclusion, citizenship, and social relationships (Arai & Pedlar, 2003; Donnelly & Coakley, 2002; Glover, 2004; Reid & Golden, 2005).

Nevertheless, two-tiered approaches to local recreation programming that offer inconsistent levels of service across class differences and limited perspectives on the value and entitlement of leisure activities, continually hamper the participation of poor, non-English speaking, people of color, and otherwise oppressed citizens (Reid et al., 2002a; Reid & Golden, 2005). Further, many low-income individuals and families are excluded from recreation because of the neoliberal shift to user-pay public services (Allison & Hibbler, 2004; Donnelly & Coakley, 2002; Thibault et al., 2002). Top-down organizing and policy-development practices within municipal recreation exclude community involvement in the determination of programs made available to them and fail to fully consider the realities of women's lives, including more invisible barriers such as a lack of transportation, childcare, or appropriate clothing (Frisby & Hoeber, 2002;



Frisby et al., 2007). Labonte (2004) has in fact questioned the degree to which inclusion is possible in institutions that have systemically excluded the most vulnerable citizens.

Despite these incongruities, participation in recreation activities remains especially important for marginalized women who may experience isolation, depression, and other chronic ailments. CBHP projects designed to enhance women's participation in recreation, within or outside traditional municipal systems, would be well-served by FCO principles that create more meaningful experiences of inclusion and participation in the decisions that affect women's lives, in promoting empowerment and healing through the process itself, and by incorporating women's lived realities and connecting them to broader social inequalities (Mizrahi, 2007). It may also offer a more integrated service approach such that a variety of local providers partner to offer their services, rather than the more typical fragmented approach where women's lives are compartmentalized via bureaucratic structures and *power-over* program delivery strategies. Each of these collective benefits is especially important in CBHP and social justice processes that seek to resist dominant neoliberal ideologies of individualism, consumerism, and personal entitlements, which are inherently gendered, classed, racialized, and otherwise oppressive (Brodie, 2005).

### **Broader socio-political sphere: Neoliberal ideology & social-collectivism**

The socio-political sphere of influence refers to political climates, government policy, and public discourses, all of which have the capacity to shape understandings of health and, subsequently, CBHP strategies (Langille, 2004; O'Neill et al., 2000; Raphael & Bryant, 2006). In Canada, understandings of health and health promotion practice and research tend to be influenced by two contradictory ideological positions: neoliberalism and social collectivism. Neoliberalism is based on the assumptions that autonomous individuals are primarily responsible for their own welfare and that the state's role is to adequately regulate the capitalist

markets (Brodie, 2005; Coburn, 2000; 2004). From this perspective, it is the responsibility of individuals to utilize the system for their own financial and social benefits, under the guise of equality of opportunity and the need to downsize government. Yet the inherent inequity and oppressive power relations embedded within this system are typically ignored, such that those who do not benefit from the system are seen as failures. Social collectivism, on the other hand, is based on the premise that all citizens should be inherently connected and mutually responsible for each other's welfare (Morrow et al., 2004). From this perspective, the state's responsibility is to create policies and economic structures that support and sustain all citizens, regardless of their social standing, through social welfare programs.

Since the early 1990s, neoliberal policy-making and discourse have dominated the Canadian political landscape and have had the effect of dismantling the social welfare system and therefore the social safety net. Research has shown that this trend has resulted in an ever-developing gap between rich and poor, a reduction in social networks and trust, and a decrease in public health status and services (Anderson, 2000; Coburn, 2004; Wilkinson, 2005). Furthermore, neoliberal policies create an environment of competition for limited resources and therefore perpetuate a climate of fear, 'Othering,' and oppression (Anderson, 2000; Young, 1990) to the point where "many Canadians now accept the notion of a smaller welfare state where social spending needs to be targeted and strategic" (Morrow et al, 2004, p. 361). Chronic poverty and exclusion are some of the harmful effects of such a system (Galabuzi, 2004).

The effect has been particularly devastating for women and women's health, particularly across class, race, and other social differences (Anderson, 2000; Brodie, 2005; Coburn, 2004). For example, Morrow, Hankivsky, and Varcoe (2004) argue that social welfare cuts have undermined women's ability to leave violent relationships by eliminating or severely diminishing social assistance, legal aid, and other crisis-based services. Women's access to health promoting

community resources such as publicly-funded recreation have been compromised by the trend of local governments to off-load social responsibilities to citizens and community groups amidst a climate of fiscal restraint and revenue generating mandates (Arai & Reid, 2003; Thibault et al., 2002). Neoliberal ideology has also begun to re-shape healthcare reforms toward privatization in Canada in that:

All the provinces have moved to shift health care costs to individuals, to shift care delivery to for-profit concerns, to shift managerial practices to for-profit approaches, to shift care responsibility to households and care to unpaid caregivers. (Armstrong et al., 2001, p. 307)

These reforms are making health care services increasingly unavailable to people living on low income (Williamson et al., 2006). Poor and racialized women are particularly harmed by such trends since they tend to occupy the lower wage service jobs that bear the brunt of cost-reduction strategies, while their caretaking burdens are simultaneously increased as access to public health systems decreases and these responsibilities shift to domestic arenas (Anderson, 2000; Brodie, 2005; Raphael & Bryant, 2004).

The effects of neoliberal reform are also evident in CHBP. In Canada, a tendency toward population health that emphasizes science and economics over a broader social determinants perspective has displaced most health promotion programs (O'Neill et al., 2000). This has led to a focus on individual, biomedical, lifestyle, and behavioural approaches to CBHP, which fail to adequately address broader health determinants such as poverty, housing, service provision, and exclusion (Buchanan, 2006; Raphael & Bryant, 2006). Yet, as I have emphasized throughout this chapter, there remains a pocket of socially-minded practitioners and researchers, who continue to espouse the virtues of a collectivist and feminist CBHP that emphasizes inclusion, social justice, and social determinants approaches to addressing women's health issues across its diversity (e.g. Amaratunga, 2006; Frisby et al., 2007; Hankivsky, 2005; Raphael & Bryant, 2004; Varcoe, 2006). This work, however, remains difficult to enact productively against the

overwhelming domination of neoliberal ideologies and aligned material distributions. Within the broader complexity of CBHP, this socio-political environment makes it challenging to create and maintain FCO practices, to develop relationships that offer positive social support and an ability to resolve conflict productively, and to overcome the psychosocial effects of oppression and domination. In this light, some CBHP programs tend to be reactionary, rather than preventative or facilitative, such that women are supported to cope with their difficult circumstances and ill-health rather than alleviating these issues at their core (Amaratunga & Hockney, 2003; Porter, 2006; Raphael, 2006). Given these challenges and the harm they inflict on women who have been chronically oppressed, those who espouse collectivist ideologies need to continue to swim against the tide of neoliberalism to promote inclusion, social justice, and health, now more than ever.

### **Intersectionality: A web of power, privilege & oppression**

The outer web of intersectionality in Figure 2.1 posits each of the model's spheres of influence amidst complex systems of power and privilege that shape social relations, identity formations, and therefore, women's health and CBHP (McCall, 2005). Intersectionality theory was initiated by feminist women of colour who felt excluded from and thus resisted the second wave of feminism in the 1970s (hooks, 1981; Lorde, 1984; Moraga & Anzaldúa, 2002). This wave, which was dominated by white, middle-class women, tended to homogenize women's experiences and assimilated all women into a single gender-based category of power and oppression (Brah & Pheonix, 2004; Mohanty, 2004). Early theorizing by women of colour referred to 'interlocking' oppressions that examined how systems of gender, race/ethnicity, and class connected to shape women's lived realities (Collins, 1993; Zinn & Thorton, 1996). In the last 10 years, the term intersectionality has replaced the term interlocking to capture the dynamic range of "social categories such as race, class, gender, sexualities, abilities, citizenship,

and Aboriginality among others, [which] operate relationally; these categories do not stand on their own, but rather gain meaning and power by reinforcing and referencing each other” (Bunjun et al., 2006, p. 8). An important aspect of intersectionality theory is the recognition that women’s social identities and locations are not fixed, but are in a constant flux amidst a web of intersections and thus produce a multiplicity of realities across time and context (Brah & Pheonix, 2004; McCall, 2005).

Intersectionality theory moves feminist theorizing beyond the gender focus that captures only one relationship of power (e.g., patriarchy), in order to more fully uncover and account for the complexity of systems that shape the diversity of women’s lived realities (Bunjun et al., 2006). Women’s social locations, material circumstances, and ideological identities are woven together by the strands of intersecting systems of power and oppression at a range of micro, meso, and macro levels, as depicted by the theoretical model on page 34. Yet most policy-makers, practitioners, and researchers tend to examine women’s lives through narrowly-defined lenses. For example, the experience of new immigrant women are often analyzed through one-dimensional categories of race or gender (Mullings & Schulz, 2006). Such strategies simplify women’s realities and are often applied without a critical analysis of power. Case in point, the gender-based analyses that dominate Canadian policy-making remain blind to the mixed effects of immigration, colonization, language discrimination, and poverty (Bunjun et al., 2006; Weber, 2006). Alternatively, when race becomes the only category of analysis, it is often simplified to mean individual characteristics and is only associated with women of colour, both of which have the effect of masking the relational nature of systemic racism including white women’s compliancy within it (Frankenburg, 1993; Mohanty, 2004; Mullings & Schulz, 2006). Yet research increasingly shows that the health of new immigrant women is compromised by the combined strain of women’s care giving roles, culturally insensitive social service programs, and

material deprivation associated with being unable to obtain work because of language barriers and systemic racism (Beiser, 2005; Oxman-Martinez, Abdool, & Loiselle-Leonard, 2000; Stewart et al., 2006). From an intersectional theory perspective, however, the lived realities of newly immigrated women can only be understood and improved when the complexity of historically created and dominant systems of power and oppression are more fully taken into account.

Along these lines, researchers are beginning to call for the application of feminist theories of intersectionality to women's health research and methodologies (Brydon-Miller, 2004; Hankivsky, 2005; Reid & Frisby, forthcoming). Weber (2006) suggests that such an approach is necessary because dominant biomedical and epidemiological frameworks tend to homogenize the diversity of women by separating social systems into discrete categories, which has the effect of disconnecting women's health disparities from the socio-historical, political, and economic conditions within which they occur. From an intersectional approach then, "the challenge is how to understand the ways in which gender, race, and class relations [among others] intertwine and are expressed in disparate chances for health, illness, and well-being" (Mullings & Schulz, 2006, p. 6). Yet to do so is extremely complicated since no single theoretical framework or methodology approach can adequately capture the complexity of social life and its diverse effects of women's health (Reid, 2002). That said, however, applying a lens of intersectionality can aid researchers in deepening the ways in which social theorizing can inform empirical research, bridge gaps between theory and practice, and ascertain more appropriate points of entry for CBHP interventions (Mullings & Schulz, 2006).

Examples of how intersectionality theory can illuminate understandings of the ways in which health is socially determined are becoming slowly evident in women's health research. For example, it has been used to analyse HIV/AIDS discourse and policy-making (Bredstrom,

2006; Dworkin, 2005) and women's experiences of health and aging (Dressel, Minkler, & Yen, 1997). However, this level of analysis is scarce in CBHP research (for an exception, see Gutierrez & Lewis, 2005), yet women's multiple and ever-shifting social locations not only influence the health issues that need to be addressed, they also impact the ways in which women participate in health promotion processes. Therefore, positioning the spheres of influence within the web in the theoretical model on page 34 makes an important contribution in extending the analysis of how a feminist intersectional analysis can inform and transform CBHP practice and research.

### **Embracing Complexity in Community-based Health Promotion**

In this review of literature, my intention has been to illustrate the complexity of facilitating inclusion and CBHP from a feminist perspective. Exploring this depth of complexity is rare in CBHP literature, which tends to focus on individualist and narrowly-defined programs that are embedded with assumptions about the individuals involved in and the social processes that contextualize this work. Yet processes of inclusion, exclusion, and marginalization are contestable and complicated theoretical concepts that must be critically explored and reformulated if they are to be useful tools for understanding ever-changing social relations and the actions that people take within them. Navigating and interrupting dominant understandings and enactments of power are central to facilitating CBHP that promotes social justice and addresses the oppressive systems within which women's health is determined.

In this chapter, I have offered a theoretical framework that conceptualizes the individual, psychosocial, relational, local, and socio-political dimensions that shape CBHP and inclusion and position them as complex social processes. Framing the intricacies in this way is not meant to overwhelm participants, practitioners, researchers or policy-makers. Rather, I suggest that there are advantages in understanding this complexity to more productively define,

contextualize, navigate, and evaluate CBHP projects designed to enhance women's health, as the findings in chapters 5, 6, 7, and 8 will demonstrate. In order to more fully contextualize my findings, I now present more information about the research site in Chapter 3 and about my research process in Chapter 4.



# CHAPTER 3

## A Story of WOAW

*Women Organizing Activities for Women* (WOAW) is diverse women working together to enhance quality of life and create positive and sustainable change. Women are empowered, respected, and connected to their communities. All thoughts and feelings are valued and important, and women are treated with dignity. (WOAW vision statement, collectively written in May 2000)

### Authorship of this Story

I wrote this story based on my experiences, perspectives, and knowledge of WOAW. It is not a dissertation 'finding' and I have not attempted to include the voices of study participants or make connections to relevant literatures. Such stories portray partial realities from the standpoint of the person writing them; they are not necessarily fact-based, because every storyteller carries her own subjective truths (e.g. Frank, 2000; Marx, 1934; Ponc, 1994). With this in mind, the purposes of this story are threefold. First, it provides important contextual information and terminology to frame the rest of this dissertation, and second, it provides insight into the issues with which I grappled during my involvement in WOAW that instigated my research questions. Third, I tell this story for its own sake, as a way of documenting and honouring the effort of the women (and two men) who contributed to this community-based organization that changed each of our lives.

### WOAW's Creation: The Socio-Political Context

Women Organizing Activities for Women was a community-based organization originally designed to improve poor women's access to local recreation as a form of health promotion. Recreation was provided through a community-development and grassroots strategy whereby the women involved in WOAW, with the support of local service providers and a group of academic researchers, decided upon and organized the activities their desired activities. This

approach stands in contrast to traditional top-down and user-pay public recreation programming. As the above vision articulates, WOAW strove to organize itself such that women were 'empowered, respected, and connected' across their diversity. In these ways, and others, WOAW operated as a feminist collective. WOAW was also the site of a 4-year, federally funded feminist participatory action research grant and 4 graduate student research projects, including my own. WOAW existed in different forms from 1999-2005, however, the research grant was only active from 2000-2004.

Three distinct yet related forces converged to create WOAW; within each force, specific individuals were taking action in response to their social, political, and/or economic environments. The first key player in WOAW's development was a municipal recreation service provider named Jim<sup>1</sup>. In 1999, the municipality that he worked for was sued for gender discrimination by a local family whose daughter faced unequal access to a local recreation facility. As a consequence of the legal decision favouring the family, city council required their departments to develop gender equity initiatives for girls and women. This imperative became Jim's responsibility in his role as Leisure Access coordinator, a job designed to facilitate access to recreation services, and he thus sought out applicable programs.

Louise, a coordinator at the local women's centre, was the second key player. Louise repeatedly heard stories of exclusion, isolation, and ill-health from women she served. Although they knew that recreation could help address these core concerns, her clients found that local recreation services were inaccessible to them and that often their attempts to apply for reduced fees through Leisure Access programs were shaming invasions of their privacy. For example, if

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<sup>1</sup> I will be naming the service providers and researchers involved in WOAW by first name only, which is consistent with the way that study participants are named. I sought each service provider's and researcher's permission to use their names in this way. The lone exception is my PhD advisor, Dr. Wendy Frisby. I provide her full name in order to be transparent about her dual relationship to WOAW and my dissertation.

a woman was interested in participating in a recreation program but was unable to afford the program costs, she was forced to prove her poverty to recreation administrators by providing a copy of her tax forms. In her efforts to support the women in her community, Louise was seeking to understand and advocate against women's exclusion from public recreation services that were meant to be accessible to all citizens.

Both Jim and Louise came upon a workbook entitled "*Leisure Access: Enhancing Recreation Opportunities for those Living in Poverty*" (Frisby & Fenton, 1998). The interactive workbook was designed by Dr. Wendy Frisby to help municipalities evaluate and improve their recreation accessibility for low income populations. The content of the workbook was based on a participatory action research project that she had conducted in the BC interior. In this study, local recreation, health, and social service providers partnered with women living on low income to create a community development model of recreation provision. The project was initiated when a local public health nurse called Wendy for support, in response to a political outcry about the lack of accessible recreation for low income families. A group of women involved in a Healthy Community Initiative were lobbying against the costly construction of a new ice rink because they felt that this form of recreation provision would not meet their needs or those of their children. Wendy and a former graduate student, Jennifer Fenton, wrote the workbook as part of a knowledge transfer strategy to communicate the results to other communities interested in promoting health and social change, which became a driving force in WOAW's creation.

This overlapping series of events resulted in the development of a community-based workshop for women living in poverty to discuss and improve their access to recreation in a BC Lower Mainland area. Following their discovery of the Leisure Access workbook, Jim and Louise met and decided to invite Wendy to be involved in the development of a community

initiative. At the same time, other mutually-concerned recreation, health, and social service providers were called upon to join this effort. When this group came together for the first time, they realized that many of the women they were serving faced similar dilemmas and that they shared similar values about working 'with' rather than 'for' women to collectively address the issues that they faced. They felt a synergy in the room and agreed to pool their resources for the workshop.

The workshop was advertised through posters, newspaper articles, and mailed invitations. Each service provider spread the word amongst her/his clientele and contributed resources to provide space, office supplies, childcare, food, and transportation. They expected a dozen or so citizens to attend the event and were completely overwhelmed when more than 85 women and children showed up. One service provider made an emergency trip to the grocery store for additional food, as others frantically pulled out more chairs and supplies, made extra sandwiches, and put cookies on plates.

Those in attendance described the energy in the room as kinetic; each participant recognized that she was involved in something different and special. Wendy facilitated the workshop using her workbook as the guide. She asked participants to work in small groups to discuss their barriers to good health, how recreation could address these barriers, and their access to municipal and publicly funded recreation systems. The participants broke into lively discussion groups and in this process they began to learn that their individual experiences of poverty, isolation, exclusion, and ill-health overlapped to create a collective story.

Those who attended the workshop felt energized by the experiences of sharing their stories and being listened to by people in their community who had access to resources. As the workshop wound down, Wendy asked if anyone was interested in continuing these discussions and building on them. It was in that moment, when hand after hand after hand rose eagerly into

the air, that WOAW was born. This group of diverse women, service providers, and researchers was ready to take action.

## **The People**

WOAW was made up of three partnering constituent groups that I refer to as WOAW members, WOAW service providers, and WOAW researchers.

### **WOAW members**

WOAW 'members' are the women who lived in a tri-city area and who joined WOAW to improve their health and their lives. Over the 6 years of WOAW's existence, more than 100 women became members. These members occupied unique yet overlapping social locations and life circumstances. While they were all women and most of them lived at or below the poverty line, they differed across other social axes and life circumstances. Within WOAW's membership there were mothers and non-mothers who were single, married, and/or divorced; some members were heterosexual, while others were queer. WOAW members ranged in age from their early twenties to late seventies and had various levels of physical dis/ability and health. The membership included white women and women of colour. Some were new immigrants from Latin America, the Middle East and Asia, whose first language was not English, while others were Canadian born and spoke primarily English and some French. They had diverse work and educational experiences, family histories, and community involvement. The members who lived in or on the edge of poverty were on social and disability assistance, partially employed at minimum or low wage, and/or financially dependent upon spouses.

Members joined WOAW primarily to connect with other women and to participate in recreation activities in order to address their health concerns. Nearly every WOAW member was socially isolated and for many this experience funnelled into cycles of ill-health that included depression, stress, and physical inactivity. Many members found WOAW at points of

transition in their lives, including loss of home, family, employment, and health. Most sought WOAW to develop a place of belonging in their communities, where they could contribute their skills and make a difference in their worlds. They also wanted to find a supportive environment where they could have fun, learn, and be exposed to other opportunities. The need to develop friendly and supportive relationships was central for members who had experienced extreme and chronic isolation.

WOAW members participated for varying amounts of time and at a variety of levels. While some members were involved from the first workshop to the final meeting, others only participated for a few months or years. During their membership, some women participated regularly, attending meetings and activities each week; others did so sporadically, only partaking in events that were of particular interest, that fit into their schedules, or that they were well enough to attend. Additionally, some members left WOAW after a period of involvement only to return at another time. While the degree to which members could choose their level of involvement was appealing and honoured different levels of participation, the variable amount of work and energy that members contributed to WOAW also developed into a source of frustration and conflict.

### **WOAW service providers**

WOAW received support from local service providers who represented a variety of organizations. Nine providers worked for three municipal leisure and recreation departments, while one provider each was involved from a local women's center, a family and community service organization, a community school, and a neighbourhood child support centre. Some of the service providers were involved in WOAW because it fell within their job descriptions, others remained committed because of the benefits they saw, even though it was outside of their organization's mandate, and a few even had to hide their involvement from their

organizations. All but two of the service providers were women and all but one of them was white. They all had post-secondary educations and professional employment, were able-bodied, and spoke English. One provider spoke openly about the financial challenges she had faced as a single mother prior to obtaining her current job. Although their domestic status and sexual orientation were never specifically considered in the scope of their work with WOAW, most providers spoke freely about their relationships, marriages, and children which implied that they were straight. As a group, the service providers held social locations that were relatively more privileged than most WOAW members.

The service providers connected WOAW members to community resources. They supplied gathering spaces and local information; they addressed barriers for participation by providing childcare and assistance with transportation; and they facilitated the development of the organizational structures and processes. WOAW service providers attended meetings, taught activities, facilitated workshops, coordinated functions, and offered social support to WOAW members. They were the foundation that held up the rest of WOAW and often did so in the face of declining resources and downloading within their organizations.

During the first two years, 10-12 service providers supported WOAW. Over the course of WOAW's 6-year existence, this number slowly dwindled until only one provider remained connected to the organization. Even then, however, in the final months she was only able to provide arms-length logistical support and was not allowed to attend meetings or contribute substantial time to WOAW functions. The decline in support occurred at a time of social, economic, and political upheaval in our province. In 2001 a neoliberal government was elected and drastic cuts were made to social services. In the ensuing three years, funding cutbacks, organizational down-sizing, mounting job demands, and stress-related ill-health contributed to the decline in service provider support. Simultaneously, the municipal recreation departments

that originally sponsored the WOAW project began to realign their backing. Those from one department, whose ideologies around low income and entitlement to services were often in conflict with WOAW's principles, gradually removed themselves from the project. In another department, recreation managers increasingly questioned the value of WOAW and whether or not supporting it was an efficient use of their workers' time, given their other responsibilities and pressures to meet financial imperatives.

Furthermore, as the service providers with expertise in group process and social work – these were the ones who felt the cutbacks most severely – left the organization there was no one remaining at the table with the skills or training to manage the escalating and debilitating group dynamics. The remaining recreation providers were consistently challenged, confused, and frustrated by conflicts and power struggles and, as these dynamics ensued and deepened over a two year period, they grew weary of the work and became less dedicated to the cause. Over the years, WOAW's foundation became increasingly fractured.

### **WOAW researchers**

The group of researchers from UBC who worked with and studied WOAW consisted of one UBC professor, 4 doctoral students, and 4 masters' students. Wendy Frisby was the principal investigator of a SSHRC-funded research grant that will be described later in more detail. One Ph.D. student, Colleen, was project manager of the grant from 1999-2001 and conducted her doctoral research with WOAW. I took over from Colleen as project manager from 2001-2004 during my doctoral studies. The grant was complete by the time I began my Ph.D. research. Beth and Sydney were research assistants who completed their master's research with WOAW. Finally, 4 other students also acted as research assistants on the grant, although they did not conduct their graduate work with WOAW. All 9 researchers were white, well-educated, able-bodied, and middle-class women. Two researchers were openly queer in



long-term relationships, 5 of us were married to men, two had children, and two were single. We were all Canadian-born and spoke English or French as our first language. One researcher had experienced the struggle of being a single mother living on welfare, prior to returning to university. Similar to the service providers, the researchers also held positions of relative power and privilege.

As feminist participatory action researchers, we not only conducted research activities in WOAW, we were also active participants in its ongoing development and events. In our 'research' roles we were participant observers and field note-takers; we also conducted interviews and focus groups and facilitated 6-monthly evaluation meetings. We coordinated the budget and honoraria, transcribed and analyzed data, co-wrote research reports written in lay language for community members, and disseminated our findings through a variety of academic and professional channels. In our 'action' roles with WOAW, we facilitated and participated in organizational meetings, provided photocopying and similar logistical services, helped write newsletters, contributed to potlucks, participated in policy making discussions with recreational service providers, and attempted to help resolve organizational conflicts. Since we did not live in the area, we all travelled considerable distances to fulfill these roles.

Our team of researchers met regularly to critically reflect on our role and emotions within the project. We became feminist allies in the journey of understanding oppression, health, and community organizing. Although we were each in very different stages of our lives and our learning, we connected through our commitment to WOAW; we were dedicated to supporting its members and to exploring how organizations like WOAW could make a difference in recreational organizations, local communities, and women's lives. We each approached our commitment from different angles, offered support in our own ways, and asked unique, although mutually informative, questions. Individually and as a team, we explored research

areas such as: 1) how community development could improve women's access to local recreation and address their social isolation; 2) the depth of resources brought to WOAW through its diverse membership; 3) how poverty and/or exclusion impacted women's health and sense of identity; 4) divergent and at times contradictory community development discourses; and 5) women's experiences of inclusion, power, and health.

Each researcher had her own time span for involvement in the project. While most of us remained committed in principle, our life realities compromised the degree to which we actively participated in WOAW. Most of us left WOAW once our research projects or assistant jobs were complete, although on occasion a few attended events as volunteers. I continued to volunteer my time to WOAW functions up until the action phase of my doctoral project. However, the energy in WOAW was depleted by this time and my decreasing involvement coincided with the eventual demise of the organization. This is not to say that WOAW ended with my involvement, rather, that as WOAW was dying I became less able and inspired to be involved. My involvement will be more deeply considered in upcoming chapters.

### **WOAW's Structure**

WOAW's structure took subtly different shapes over its lifespan, although the basic framework remained the same. In general, WOAW consisted of sub-groups, a project team, and a research team.

### **The sub-groups**

Given the extensive number of members who showed up at the initial workshop and were involved in WOAW over the years, the sub-groups evolved as a way for smaller groups of women in similar life circumstances to work together. The sub-groups typically consisted of 10-30 members and 2-4 service providers. It was within the sub-groups that the majority of WOAW activities were planned. Each sub-group charted its own courses of action depending

on the needs and interests of its membership. The service providers and researchers provided resources and support for these groups.

The sub-group formation emerged over the years. The initial sub-groups formed as a natural extension of the discussion groups at the initial workshop, at which time women gathered around their commonalities including age, ethnicity, and geographic location. Over time, some sub-groups disbanded, others were formed, and the make-up within the groups was transformed. For most of its existence, WOAW consisted of 4 sub-groups named ATP, CoPoMo, PoCo, and SWCo and each sub-group developed its own 'flavour' of recreational activities.

ATP consisted primarily of older women many of whom had significant health and disability concerns. Their group typically had 10-30 active members supported by one or two service providers. In general, ATP organized fun, creative social outings for its members. Within ATP there was also a group of dedicated activists who initiated political action and who contributed their energy and talent to community causes.

CoPoMo was made up of mostly middle-aged women between 40 and 55, however there were a few younger women involved. Typically, this group had 15-40 members and was supported by two service providers. These members tended to be single without young or dependent children. Over the years, a large percentage of new CoPoMo members were recent immigrants, giving the sub-group a dynamic cultural diversity. For a period of time, this group was extremely active organizing two to three activities per week. In general, CoPoMo members chose activities that built on their cultural diversity and catered to their collective desire for learning in supportive social environments.

The PoCo group, over time, became comprised of primarily young mothers. Since these women faced the layered barriers of transportation and childcare, the sub-group's membership

consisted of only 3-10 members, who received variable support from three to four service providers. Most often PoCo members organized activities that either involved their children or intentionally gave them a break from parenting. They organized a number of physical activities, coupled with fundraising events to help cover the costs of childcare.

The fourth sub-group, SWCo, developed as a sort of 'catch all' group for members who didn't necessarily 'fit' well within any of the other sub-groups. The 10-20 SWCo members tended to live in a specific geographical area and were supported by three service providers. These members ranged in age from their early twenties to late forties and had various domestic statuses. Some had dependent children, some were partnered, while others were single. Additionally, this group had the most employed members, which made arranging mutually convenient meeting times across various schedules a constant challenge. In general, this group engaged in informal social gatherings and outings.

While these 4 sub-groups were the mainstays of WOAW between 2000 and 2003, there were some shifts in the sub-group composition over time. The initial, post-workshop sub-groups included a primarily Persian, Farsi-speaking group and did not include the CoPoMo group. The Persian group dissolved within the first months of WOAW's existence due to limited service provider support and challenging cross-cultural and language differences. The CoPoMo sub-group was created late in the first year by some members who were originally affiliated with the PoCo group. They created this group because transportation to the PoCo location was complicated and they felt their needs might be better served in a new group that did not consist primarily of young mothers. It was not unusual for members to move between sub-groups in order to find the place within WOAW that best met their needs and interests.

In the final years of WOAW, the PoCo and SWCo sub-groups ended. The PoCo group struggled to maintain adequate membership to sustain the group, primarily because of childcare

costs. Over the final months of its existence there were only three active members, who eventually were unable to hold the group together. Two of these members decided to leave WOAW and the third joined another sub-group. SWCo also struggled to maintain an active membership and those members who remained involved gradually affiliated themselves with the ATP sub-group. Eventually, these two sub-groups amalgamated leaving WOAW with two primary groups, ATP and CoPoMo.

### **WOAW as Recreation**

Within its community development framework, WOAW ascribed to a broad definition of recreation. Table 3.1 provides examples of the types of activities that WOAW sub-groups organized in 4 general categories: social, physical, educational, and political. These recreational activities provided a platform from which members were able to choose activities they wanted to be involved in that would improve the quality of their lives and their health, albeit to varying degrees.

**Table 3.1: Recreational activities organized by WOAW members**

	ATP	CoPoMo	PoCo	SWCo
Social	Anti-fashion show, trips to local attractions, quilting, potlucks	Crafts, reader/writers club, movie nights, potlucks, picnics	Social nights, holiday events, picnics	Informal gatherings, group outings
Physical	Belly dancing, Tai Chi	Aquatics, dance & exercise classes	Swimming, yoga, and Tai Kwon Do	Walking group, aquatic exercise classes
Educational	Will & tax workshops, computer classes	Conflict resolution, cooking classes, language lessons, personal safety courses, career training	Self-defence, computer courses, CPR	Nutrition and cooking classes
Political	Bus-riders union, charity auctions, affordable housing and anti-poverty advocacy	Fund raising	Fund raising	Anti-poverty advocacy

### **The project team**

The project team was the organizational body that coordinated the 'business' of WOAW. These meetings were open to all WOAW members, service providers, and researchers and had variable attendance. In general, however, project team meetings were primarily attended by unofficial representatives of each sub-group, meaning that the same members from various sub-groups typically participated at this level of WOAW. Although participation rates varied, the meetings usually involved 8-15 members, 5-8 service providers, and two to three researchers. The project team met approximately 6-10 times per year.

The project team created WOAW's vision and directed ongoing logistics. For example, budgetary issues and overall communication structures were managed by the project team. Members, service providers, and researchers took turns chairing these meetings. Typical discussions at project team meetings included sub-group updates, information about local events, resources, and issues, and consideration of any overall issues affecting the organization. Each year, the project team organized WOAW events for the entire membership, including full-day outreach programs, a weekend retreat, and organizational visioning workshops. Additionally, the researchers shared information about upcoming research activities, and any concerns regarding the research aspect of WOAW were discussed with the project team.

### **The Research Component**

Riding the wave of energy from the initial workshop, Wendy Frisby coordinated a research grant application in a competition entitled "Culture, Society & Health of Canadians." Wendy applied for the grant in collaboration with WOAW members and service providers. She facilitated meetings to discuss and determine the research questions and circulated a draft of the grant application for feedback. Six WOAW members and service providers contributed letters of support because they felt that a grant would bring legitimacy to the organization and they

saw value in having their efforts and experiences documented. In early 2000, Wendy successfully secured a three-year \$265,000 federally funded grant from the Social Sciences and Humanities Research Council (SSHRC) entitled "Addressing the Self-Determined Health Problems of Low-Income Women Through Participatory Community Interventions: Meanings, Process, and Evaluation Issues." This research was conducted through a feminist participatory action research framework, such that the diversity of women's lived experiences lay at the heart of the research purpose, participants' inclusion and participation was facilitated in all aspects of the process, and the researchers were actively involved in the project they were studying with the goal of initiating actions toward social justice.

Over 50 WOAW members and 12 service providers actively participated in WOAW research projects. They attended meetings where researchers observed and took field notes, they engaged in one-on-one interviews and focus groups, and they participated in regular evaluation meetings called research parties. The data set for the SSHRC funded project included transcripts from 63 individual interviews with WOAW members and service providers, 4 focus groups sessions and 10 research parties, and over 100 sets of field notes from WOAW meetings and events. To date, WOAW researchers have published 16 peer-reviewed academic journal articles, two articles in non-refereed publications, two book chapters, and one book, and presented at one professional and 18 academic conferences. Additionally, the WOAW model was offered as an exemplar in Health Canada and the Canadian Park and Recreation Association's "Everyone Gets to Play," an initiative aimed at promoting access to recreation for those living in poverty. Three of the 4 graduate student research projects occurred in conjunction with the SSHRC grant. The fourth, mine, was conducted as a follow-up to it.

The SSHRC-funded research project was divided into 6 phases over three years. At the end of each phase, the researchers produced research reports written in lay language that were distributed to the WOAW membership, local service providers, and a national mailing list of interested organizations. These reports captured ongoing recreational, organizational, and research dynamics within the organization. More specifically, report 1 focussed on the early organizational development of WOAW, report 2 discussed initial research findings based on the first round of interviews with WOAW members, report 3 presented the elements of WOAW's functioning as a feminist collective based on the focus group discussions, and report 4 depicted WOAW members' interconnected and pervasive experiences of social isolation, including how WOAW alleviated this health concern. Report 5 was collaboratively written with WOAW members to illustrate the actions they had taken in the community and their lives through their involvement in WOAW and report 6 described the outcome of WOAW's 3-day strategic planning sessions. These reports were used as tools to evaluate the progress of the organization and to lobby local government for further support. They also helped the researchers conduct initial analysis on a very large data set on topics that were of particular interest to WOAW.

In each phase, WOAW members were invited to participate in a range of research activities (e.g., interviews, focus groups, research parties), for which they were offered honoraria as a way of recognizing participants' contribution to the research process. One of the service providers negotiated an exemption on behalf of women who were living on social assistance that precluded them from receiving money from other sources without losing their benefits, so they could receive the honoraria without penalty. As researchers, we were aware of the possibility that offering honoraria to women living on minimal financial resources might result in their coercion into the research project. Yet it remained important to us that participants were



compensated for their time to some degree, especially since we were all being paid for our work on the project. In retrospect, this reasoning seems absurd given the discrepancies between the financial rewards received by participants and researchers, especially since they served to further reinforce our privilege differences. However, I take some solace in the memory of a number of participants telling me that they never chose to participate for the money; rather, they chose to participate because they felt valued for their contributions and understood WOAW and the research we were conducting could make a difference in their lives and those of other women.

### **Research parties**

WOAW researchers hosted 'research parties' at the end of each phase. Typically, one was held with WOAW members while another was held with the service providers so that each group was able to identify their own topics of concern that they could speak about relatively openly. The purposes of the research parties were: 1) to present initial research findings to participants for their feedback, 2) to create a space for members and service providers to evaluate the progress of the organization, and 3) to celebrate WOAW's ongoing accomplishments. Typically, the researchers facilitated the discussions at the research party and provided food, childcare, and transportation.

The context and direction of the research parties were primarily developed by the researchers, depending on what was happening in WOAW at the time and our research purposes. At times the researchers coordinated specific agendas for the parties. For example, over the course of our involvement in WOAW, we heard members talk about their experiences of social isolation at nearly every meeting and event. We wanted to learn more about the pervasiveness and nature of their isolation, so we organized a research party with the intention of creating the space to collaboratively analyze their experiences. Over 30 women attended and we facilitated a discussion on why women were isolated, what it felt like to be isolated, and in

what ways WOAW alleviated their isolation. On other occasions, we co-created the agenda with participants by opening the parties with a general question like 'is there anything in particular you would like to discuss today?' or 'how are things going in WOAW?' In both scenarios the discussions and energy at the research parties were quite lively and insightful, providing valuable feedback for organizational and research purposes.

### **The research team**

The research team was created by Colleen as a space for members to discuss their diverse yet interconnected experiences of poverty and health. The research team served the dual purpose of providing a needed outlet within WOAW to discuss members' personal life issues and the 'politics of poverty,' which was the focus of Colleen's dissertation research. The research team met on a monthly basis between March 2000 and June 2001, at which time Colleen facilitated the meetings. Thirty WOAW members attended research team meetings, half of them on a regular basis. Colleen's Ph.D. work won the best dissertation award from the International Institute for Qualitative Methodology and was published as a book entitled "*The Wounds of Exclusion: Poverty, Women's Health & Social Justice*" (Reid, 2004).

Although Colleen's research was completed in June 2001, the research team continued to exist until December 2002. The meetings occurred sporadically, when initiated by a researcher or member for a specific purpose. For example, Colleen and I organized one meeting to coordinate a conference abstract with interested members, a group of members requested a meeting when they were being deeply affected by provincial cuts to social welfare programs, and I initiated a meeting to present and get feedback on the research questions I was considering for my dissertation. Attendance at these meetings ranged from 4 to 30 members, depending upon the relevance of the issue and the overall energy within the organization. Almost exclusively, research team meetings were facilitated by the researchers and, as much as

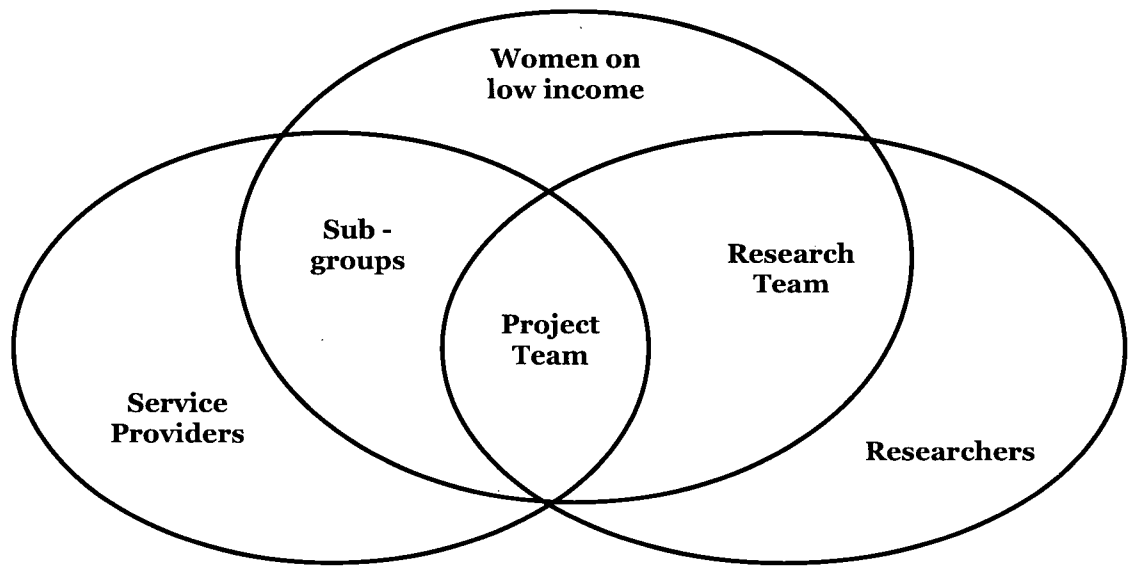
possible, food, childcare, and transportation was provided with the assistance of the local service providers.

### **Envisioning WOAW: The Development of a Collective Organization**

Most WOAW members, service providers, and researchers desired an organizing framework that facilitated a non-oppressive environment, since everyone involved had been harmed by traditional and hierarchical organizations in one way or another. With this broad understanding in mind, WOAW's collective organizing practices developed organically in formal and informal ways. While a number of service providers and researchers labelled these organizing strategies as feminist, not all members were comfortable with this term and preferred instead to call it collective or collaborative organizing.

In general, our collective organizing strategies entailed shared leadership and responsibilities, consensus decision-making, and a non-hierarchical structure. We also pooled our resources in order to address barriers to involvement such as childcare, transportation, and language. Theoretically, there were to be no 'bosses' in WOAW and we were meant to report to each other as a collective and to share the responsibility of managing the ongoing functions. We took turns chairing project team meetings and the workload was distributed in an ad hoc fashion. Recreational activities were coordinated by members and service providers and we aimed to make decisions by consensus rather than majority rules. Finally, we attempted to adopt a flat structure such that no sub-groups were privileged over others. Rather, the three constituent groups overlapped to create the Project Team, Research Team, and sub-groups, as Figure 3.1 illustrates.

**Figure 3.1: WOAW's organizing structure**



These organizing practices developed fluidly, yet over time (as I will delineate in considerable detail in the upcoming findings chapters), concerns about decision making, leadership, and power emerged. In response to these tensions, a series of workshops were facilitated by the service providers and researchers over the course of 4 years to investigate, develop skills for, and refine our organizing practices. Each of these workshops provided settings for members, service providers, and researchers to discuss and learn about alternative and feminist forms of organizing, and each in some ways enhanced our practices and fostered the levels of inclusion and participation identified in WOAW's vision. However, this information was inconsistently applied to WOAW's ongoing practices due to a range of challenges we encountered. Table 3.2 summarizes these events.

**Table 3.2: Collective organizing workshops**

Event	Date	Intent	Led by:	# of Participants	Outcomes
Visioning	May 2000	To create a vision statement.	Recreation provider	19	WOAW's vision statement.
Collective Organizing	January 2001	To learn how to organize as a collective.	Two social service providers	20	The decision to make decisions through consensus.
Re-visioning	May 2001	To evaluate WOAW's vision and functioning.	Social service provider	23	WOAW's vision still fit. Key organizational issues identified.
Retreat	October 2001	To consider how power operates.	Two social service providers	30-40	Members seemed to enjoy social component but most seemed relatively indifferent to the workshop topic.
Strategic Planning	June 2003	To evaluate and re-create WOAW's organizational structures & processes	Researchers	14-25	A new organizational structure designed to address ongoing tensions.

Given that WOAW members, service providers, and researchers had diverse backgrounds and occupied different social locations, there were also varying levels of interests, needs, and skills that affected our organizing practices. For example, not all members were interested in formalizing a structure because they wanted WOAW to remain more informal and flexible. Other members had trouble with the level of chaos that emerged from the fluid approach and preferred a tighter structure and more formal guidelines. Additionally, not all members had the language or organizing skills to comfortably participate in the decision-making and shared leadership processes and we made inconsistent efforts to work in a language other than English. Some members lacked the confidence to chair meetings or the capacity to communicate their ideas articulately, while others grew more comfortable doing so over time.

In part because of this imbalance in skills, education and confidence, the service providers and researchers at times occupied what we saw as an unbalanced amount of power. On occasion, we took over work when members were unable to fulfill their commitments, we often stepped in to chair meetings when members were unwilling to do so, and we played a

significant role in directing the development of the organization through the series of workshops. This imbalance of power was a source of discomfort for many of us, since we shared a desire to facilitate a grassroots organization. In some respect, the roles that we played were examples of positive use of our power and resources. At other times, frustration or the paternalistic sense of 'knowing better' influenced our engagement and dominated the organizing dynamics. The line between using our privilege responsibly and not taking over the process was fine indeed, especially since some members continued to expect us to take over the leadership of WOAW in order to use our skills and resources to guide the process.

Communication was another ongoing challenge in WOAW. Given the large number of members, the various sub-groups, and the somewhat variable attendance at Project Team meetings, it was difficult to effectively communicate the extensive number of activities that were occurring. Efforts to communicate across the membership were made through phone and email trees, a newsletter, and reports at Project Team and sub-group meetings. These efforts were often ineffective because members were unable to maintain the associated workloads and much information was lost or forgotten between meeting times, in part because many members did not have access to computers. Increasingly, the gap in communication left members feeling excluded from events and contributed to tense interpersonal and sub-group relations. As these relationships intensified, members' willingness to cooperate with one another declined, significant conflict developed, and our collective ability to sustain WOAW's vision and organizational practices was compromised.

### **WOAW's Sustainability**

WOAW proved to be unsustainable and the organization dissolved in the latter half of 2005, shortly after I finished collecting the data for this dissertation. Our lofty vision and organizing ideals became unmanageable across our significant differences in class and other

markers of privilege and power. Additionally, as funding and other institutional backing dwindled, addressing the members' extensive barriers to participation became impossible. In the face of a neoliberal political upheaval, service providers were less able to support WOAW, members' already impoverished lives became more challenging and complicated, and as such, intense dynamics amongst the membership resulted in a decrease of interest and willingness to do the work necessary to sustain the organization.

Despite its demise and amidst its messiness, WOAW and its organizing practices served many of its membership well over the years. The upcoming chapters delve significantly deeper into this incongruity by investigating the ways in which inclusion was and was not facilitated, how issues of power and difference perpetuated conflict, and how members understood the impact of WOAW on their health. Before turning to these findings however, I first describe and reflect upon the research methods and methodology that framed this investigation.

# CHAPTER 4

## Research Methods

Pam: Why did you agree to participate in my study?

Sydney: Because it gave me a chance to talk about things that were happening in the group and it made me feel included. (Sydney's interview)

Patricia: Because a lot of things have come out of the research, and when we are doing the research that it was shared, and it helped people know what was going on in the community. (Patricia's interview)

Fourteen women who were current or former members of WOAW agreed to participate in my research project. This group of women occupied diverse social locations and had varied levels of involvement in the organization. The data that we co-created consisted of 12 face-to-face interviews, two telephone interviews, three written stories, one collaborative analysis research party, and one meeting to explore possible actions that we could take based on the knowledge produced. The data collection process was informed by our mutual experiences in WOAW and further documented through my reflexive field notes. My intention at the onset of this project was to create a research process that facilitated the inclusion of WOAW members. As such, and in keeping with FPAR tenets, I committed to a feminist participatory action research design that unfolded over time (Frisby & Reid, forthcoming; Tom, 1996; van der Wey, 2004). Participants and I continually made choices that directed and shifted the emerging process and responded to ever-shifting and, at times, competing lived realities and agendas. In this chapter, I describe and reflect upon the power dynamics the inevitably infiltrated our FPAR process, including the possibilities and challenges associated with remaining vulnerable to an open-ended plan. Before turning to the details of my methods and the theories that framed them, I begin by introducing the 14 women who made this work possible by sharing their stories, perspectives, and energy with me.



## Participant Introductions

During each data gathering session, I asked participants why they agreed to be involved in my study. As the quotes that open this chapter exemplify, participants chose to engage in this research process because they wanted the opportunity to give voice to their stories, they valued and trusted our existing research relationships, and they sought to make a difference in their lives and their communities by gathering and acting upon the knowledge we co-created. Importantly, each of these reasons fell in line with FPAR goals. Similarly, Peel, Odette, Douglas & Lawton (2006) found that people chose to participate in research when the subject matter was personally meaningful, when they thought the research could help them and others, and/or when they anticipated a therapeutic element to giving voice to their stories.

Table 3.1 provides a glimpse into participants' backgrounds and identities and includes a quote to illustrate the role that WOAW played in each of their lives. Throughout this dissertation I have denoted participants' contributions using real names or pseudonyms of their choice, a topic I will explore later in this section. Yet I struggled with how to introduce them in a way that protects the confidentiality of those who sought it, while also describing them in ways that were not completely depersonalizing. Because these descriptions might easily reveal the identity of participants to WOAW insiders, I have chosen to name each woman by the colour of jewels in Table 4.1 and keep the information as broad as possible. This decision also prevents readers from connecting participants' descriptions to their quotes throughout this dissertation.

**Table 4.1: Brief description of participants (at the time of this study)**

Participant	Demographic description	The impact of WOAW on their lives
Azure	Azure was in her late 40s and immigrated to Canada in 2000 from a South Pacific nation. She was married with 3 teen-aged children. She completed post-secondary education and held professional employment with a national public profile employment in her home country. Since moving to Canada she has worked in primarily minimum wage jobs in the food service and retail industries and also received Unemployment Insurance for medical reasons.	"[WOAW] touched the very core of my sense of being important, being somebody, being a woman and a career woman, so it started everything. And I finally got a job."
Ruby	Ruby was in her early 60s, Caucasian, and Canadian-born. She was married with 5 grown children. She completed post-secondary education. At the time of her involvement in WOAW she was supported by Canadian Pension Plan disability benefits due to her extensive health concerns.	"Being able to get out of my house sometimes is the issue, because I just felt so isolated at one point in my life, that it caused me a lot of depression and being with a group like WOAW, made me want to do more."
Opal	Opal was in her early 50s, Caucasian, and Canadian-born. She had never been married and had no children. Although she had earned a university degree, her employment history was sporadic and littered with experiences of harassment and conflict. She also lived on Social Assistance for a period to tend to ailing parents.	"I had been involved with a women's group before and I knew the kind of emotional support like this is usually available by being with other women.... And I was going through quite a really challenging time doing the caregiver role, so I needed an outlet and some connection."
Emerald	Emerald was in her early 50s. She was born in Central America and immigrated to Canada in 2000 after marrying a Canadian man. She had no children. At the time of the study, she was unemployed and dependent upon her husband's income because she felt that her English skills were inadequate to secure a job.	"I joined WOAW because I was recent immigrant and I felt very lonely. I thought it was a very good idea to interact with other women and women that talk in English because it is a problem for me and I wanted to be doing something in the community and to have friends."
Pearl	Pearl was in her 70s, Caucasian, and Canadian-born. She was separated from her husband and had 2 grown children. For most of her career, she worked in public service after completing her post-secondary education. After retirement, she developed a serious disorder of her nervous system that seriously compromised the quality of her life. She was financially supported by her old-age pension.	"I go to feel to be accepted, for what you are and who you are, which you know, the women give each other respect. And that's been a big part of it."
Amber	Amber was in her early 30s, Caucasian, Canadian-born, and had a high school education. She was married and had three young children that she cared for on a daily basis. She was therefore dependent upon her husband's salary.	"It's been my outlet, it's been my, it's my way to find out who I am and what I can do. I've met some of the most amazing women that I'll ever get to meet and done some of the most amazing things I'll ever get to do."

Onyx	Onyx was in her early 40s, born in Central America, and immigrated to Canada in 1997. She was a single mother with one dependent child. Since moving to North America, she earned a post-graduate degree and held full-time professional employment. She was temporarily unemployed during the time of her involvement in WOAW and this study, which she attributed to a shift in market forces.	"It was like suddenly I was by myself, working at home trying to do my own little things to look for work but it was boring, it was depressing and I found that just going to meet people and meet other women, just as a network opportunity was very good."
Jade	Jade was in her early 30s, Caucasian, and Canadian-born. She was single with no children and had a high school education. After a brief period of working in the retail sector, Jade became unable to work due to a physical disability. She was dependent upon Social Assistance disability benefits and family support.	"The idea that there is a group in my area and a place to go on a regular basis. Meeting women who live in my community and being invited into their homes for social times, to learn something about everyone. My self-esteem heightened with participating in meetings and at activities. As my confidence grew, I tried to take on a leadership role and be more involved."
Sapphire	Sapphire was in her mid-40s, Caucasian, and Canadian-born. She was separated from her partner and had two dependent children. After completing her post-secondary education, she had obtained work in the health sector. Her career was often interrupted by a serious mental health issue.	"Well, I had just moved to the neighbourhood and I was interested in meeting people. And, I came from the [another area] where I was involved in a single mom's group and it was really good for connecting with other women and getting to know people in your neighbourhood."
Garnet	Garnet was in her mid-30s, born in Central America, and an immigrant to Canada in 1999. She was married with 2 young children. She completed post-secondary education in her home country and held professional work there. After immigrating to Canada, she could not find similar work because her English was limited and she was not willing to work a minimum-wage job while paying others to care for her children. She was therefore dependent upon her husband's income.	"And I visited WOAW and listened at one meeting and saw one activity and I realized that it would help me, because I wouldn't feel so isolated. And I also can practice English. And I felt frustrated that something I had in my own country and I don't have it anymore. And I have economic oppression, and I realized I can have a distraction."
Amethyst	Amethyst was in her late 40s, Caucasian, and Canadian-born. She was separated from her partner and had no children. After creating and maintaining a successful small business, she developed a number of serious and debilitating ailments that forced her to close her business. She then became reliant on Social Assistance disability benefits.	"WOAW was for me completely. I love the people that I'm with and when we had our little group and things happening, I was going to WOAW for me. Which was very different for me in my life - that had changed. Where before I was always doing for others, helping others. I had no self care. ... But I was being reminded that I needed to take care of myself first. Again that came from the mentorship of the older women."

Topaz	Topaz was in her early 70s, Caucasian, and Canadian-born. She was single and had 3 grown children. After completing her post-secondary degree, she had a career in social services and retired on a government pension.	"I'm in my glory in a group. It's very satisfying and rewarding to be in a group ... its wonderfully fulfilling and uplifting."
Aquamarine	Aquamarine was 50 years old, born in Central America, and immigrated to Canada in 1999 after marrying a Canadian man. She had one dependent teenaged child. After completing a post-secondary degree and holding professional employment in her home country, she was unable to secure comparable work in Canada because her qualifications were not recognized and her language skills were considered inadequate. She therefore held a minimum wage retail position.	"I had a very bad depression when I get here. And one day they announced a conference about food, so I went only to have something to do and try to meet people. ... Some of the ladies from the group were there, and they told me about the group and the next week I started going to the meetings."
Turquoise	Turquoise was 70 years old, Caucasian, and Canadian born. She was divorced and had one grown child. After completing a post-secondary diploma, she held positions in the health care industry. Her career was interrupted by a series of physical and mental health concerns. She lived on old age pension.	"Back in that basement suite, the children would come right up to the glass in my living room and peer in on me. I was in constant pain; did not know any of my neighbours; had difficulty getting to church; there were many days when life did not seem worth living. WOAW changed all of that. My beautiful brand new suite is indirectly due to WOAW too."

### Involvement in WOAW

Table 4.2 illustrates participants' involvement in WOAW.

**Table 4.2: Participant involvement in WOAW**

Sub-group Affiliations	Number of participants (n=14)
ATP	7
CoPoMo	6
PoCO	2
SWCo	5
Years of Involvement	
Less than 1	1
1-2	2
3-4	7
5 or more	4
Types of Involvement	
Social activities	14
Physical activities	5
Educational activities	11
Political activities	4
Project team organizing	10
Sub-group organizing	11
Teaching	3

Every study participant was also involved in the SSHRC-funded research grant through interviews, focus groups, and/or research parties. Five of these women also voluntarily participated in research conducted by other graduate students. As Table 3.2 demonstrates, the participants were affiliated across WOAW sub-groups, tended to be involved for two or more years, and participated in a wide range of recreational and organizational activities.

### **Demographic profile of participant group**

The 14 women who participated in my study occupied diverse social locations. They differed across intersections of class, race/ethnicity, age, domestic status, and physical ability. They also had varied education, employment, and personal histories. As a group, therefore, they comprised a diverse sample of women whose identities intersected across some social axes and diverged at others. Tables 4.3-4.7 summarize their demographic profiles as a group.

**Table 4.3: Participants' ages**

Age	Number of participants (n=14)
31-40	3
41-50	5
51-60	3
>70	3

**Table 4.4: Participants' economic status**

Financial support	Number of participants (n=14)
Social assistance	1
Disability benefits	2
Seniors pension	3
Supported by husband	2
Unemployment insurance	1
Part-time employment	2
Full-time employment	2
Unknown	1
Reasons for low income	
Immigration	4
Disability or ill-health	6
Retirement	1
Unemployment	2
Parenting	1

**Table 4.5: Participants' education**

Education level	Number of participants (n=14)
High school	2
Post-secondary	11
Post-graduate	1

**Table 4.6: Participants' domestic and parenting statuses**

Domestic status	Number of participants (n=14)
Married	6
Single, separated, or divorced	8
Parenting	
Mothers with dependent children	6
Mothers with grown children	4
Women with no children	4

**Table 4.7: Participants' race/ethnicity & immigration**

Self-identified Ethnicity	Year immigrated to Canada	Number of participants (n=14)
Caucasian	Canadian-born	9
Filipino	2001	1
Hispanic	1999	1
Spanish	1997	1
Mexican	2000	2

As Tables 4.3-4.7 demonstrate, participants ranged in age from their 30s to their 70s, had various domestic and parenting situations, and received their relatively low incomes from diverse sources. Also, the majority of women were White and Canadian-born, while five were women of colour who immigrated to Canada less than eight years before the time of the study.

One notable feature of these participants' collective demographics was their education level. Although nearly every woman lived below or near the poverty line, they had considerably high education levels with 11 of them having completed post-secondary education and one woman having completed post-graduate school. This feature is striking because it transcends typical socioeconomic status/education metrics, whereby individuals on low incomes tend to have lower levels of education in Canada (Ronson & Rootman, 2004; Ungerleider & Burns, 2004).

Certainly this was the case for the majority of WOAW members, as Reid's (2004) research has highlighted. This anomaly may be explained by the fact that 10 of 14 participants transitioned from middle-class backgrounds to more impoverished situations as a result of immigration, disability and ill-health, unemployment, and/or domestic care giving responsibilities.

### **Confidentiality & anonymity**

Research Ethics Board requirements of confidentiality can create a double-edged sword. On one hand, they importantly seek to protect the identity and vulnerability of often-marginalized individuals in the research process (Brydon-Miller, Greenwood, & Eikeland, 2006). On the other hand, maintaining confidentiality can compromise feminist analysis practices of contextualizing data within social, economic, and political dynamics that are in part provided by participants' identities and lived realities. Confidentiality requirements, especially those that are enforced by the academy, can also limit potential group actions that may serve to publicly identify members of vulnerable populations (Hegeland, 2005). However, as the participants' different choices around how they would like to be identified in this document revealed, we cannot assume that all participants desire confidentiality; in fact, some preferred to have their voices heard and validated (Giordano, O'Reilly, Taylor, & Dogra, 2007).

Given that WOAW was a public, community-based organization, participants felt that the primary risk of being involved in my study was that their comments about sensitive topics, such as organizational conflict and power, could negatively impact their relationships with other members. Another less likely, although possibly of greater risk for some members was having their social assistance benefits compromised by disclosing their involvement in this community organization. For example, one participant's ability to receive her disability support was challenged because they saw her contributions to WOAW as 'volunteer work,' which was not allowed since the government worked from the assumption that if an individual could do

volunteer work, she should also be able to hold employment. While she eventually won her challenge, the entire process was extremely stressful for her and she remains fearful of a reoccurrence.

In order to clarify, minimize, and perhaps balance these risks against potential benefits, I discussed these issues with participants before they signed the ethical agreement forms. Following my analysis, I then mailed each participant copies of their quotes and other descriptive information that I intended to include in this dissertation. In a follow-up phone call I discussed the inherent risks with each participant and asked them to choose whether they would like to have their real names or pseudonyms attached to this information. Of the 14 participants, 6 chose to use their real names, 5 chose pseudonyms, and I assigned pseudonyms to the three who I was either unable to reach or who did not respond to my request. I reminded participants that anonymity through pseudonyms would not guarantee confidentiality within the organization because most individuals involved in WOAW would likely be able to identify the women involved in the study based on their personal profiles listed above, but would likely guard against outsiders being able to easily identify specific members. Those who chose to use their own names said that they had nothing to hide or they wanted to stand behind their words. Those who chose pseudonyms did so because they were concerned about the potential risks associated with being identified by people either within or external to WOAW, as discussed earlier. These choices provide one example of the ways in which participants reflected upon and directed their involvement in the research process in keeping with FPAR ideals.

### **Feminist Participatory Action Research: Theory, Methodology & Epistemology**

As a feminist participatory action researcher driven by a distinct social justice agenda, I was nourished in this work by my “commitment of caring to know and knowing to care”

(Gunzenhauzer, 2006, p. 642). I believe that new knowledge and new ways of producing it are



central to the elimination of oppression and domination and the simultaneous facilitation of self-development and self-determination (Maguire, 2001; Reid & Frisby, forthcoming; Young, 1990). This is especially true for research aimed at addressing the roots of inequity that compromise women's health through CBHP and inclusion processes (Labonte, 2004; Raphael, 2002; Wallerstein & Freudenberg, 1998). Methodologically, participatory action research (PAR) has become a mainstay in the field of CBHP (Minkler & Wallerstein, 2003), in response to the positivist monopoly of truth, knowledge, and power and was seen as a process to be done 'with' community members rather than 'to,' 'for,' or 'on' research subjects (Lather, 1991). Researchers take on facilitative roles, rather than sitting back as the distant observer or attempting to control the entire process (Gibbon, 2002). PAR is explicitly political and action-oriented, striving for individual consciousness raising, empowerment, and social change (Frisby, Crawford, & Dorer, 1997). Maguire (2001) contends, however, that PAR is typically conducted under the assumption of gender-neutrality or gender-equality and argues for a feminist lens to focus PAR methods and goals. She asks: "without a grounding in feminisms, what would action research liberate us from and transform our communities into?" (Maguire, 2001; p. 60). Maguire's concern continues to be applicable in CBHP. Although PAR methods have been wholeheartedly embraced by CBHP researchers and the principles of FPAR remain in line with those working to address women's health issues, it seems that with only a few exceptions, most involved in CBHP are tentative to explicitly embrace the term 'feminist' (e.g., Clarke, 1992; Daykin & Naidoo, 1995; O'Connor et al., 1999; Ward-Griffin & Ploeg, 1997).

Reid and Frisby (forthcoming) have responded to Maguire's (2001) call by creating a framework that integrates PAR principles with feminist theories and methodological concerns. From their perspective, FPAR: 1) centers gender and women's diverse experiences while challenging forms of patriarchy, 2) accounts for intersecting oppressions, 3) honours voice and

difference through participatory processes, 4) explores new forms of representation, 5) requires reflexivity, and 6) legitimizes many forms of action towards social change (Reid & Frisby, forthcoming). Each of these dimensions points to the need to interrogate, redefine, and transform power relationships, tasks which remain central to feminist goals of social justice (Brydon-Miller, 2004; Lykes & Coquillon, 2006).

FPAR, as a methodology, is a theory of how research can be conducted from an explicitly feminist perspective (Harding, 1987). Yet given the diversity of feminist perspectives, it remains crucial for feminist participatory action researchers to be more explicit about the epistemological assumptions that inform our process and analysis (Maguire, 2001; Tong, 1998).

Naples (2003) suggested that:

The specific methods we choose, and how we employ those methods is profoundly shaped by our epistemological stance. Our epistemological assumptions also influence how we define our roles as researchers, what we consider ethical research practices, and how we interpret and implement informed consent or ensure the confidentiality of our research subjects. (p. 3)

An epistemological stance refers to the assumption one makes about the nature of knowledge and how it is produced (Harding, 1991). My feminist belief system has been influenced by a variety of divergent yet complementary theories and political positions that recognize and problematize the connections between knowledge, power, and social justice; thus I am hesitant to apply a single label to it. However, to keep my perspective contained for the purpose of clarity within this document, I will loosely describe my work as 'contemporary materialist feminist' because of its amalgamated nature and its rooting in the material and ideological reality of women's lives (Naples, 2003). Contemporary materialist feminism developed from socialist feminist theory that was critically informed by standpoint, poststructuralist, critical race, and critical psychological feminist theories of meaning, subjectivity, and oppression (Collins, 2000a; Fraser, 1997; Gilligan, 1982; Naples, 2003; Smith, 1987; Weedon, 1999; Young, 1990).

A core principle of materialist feminism is that women's everyday lived realities and perspectives give insight into socially structured systems of oppression and domination and therefore that typically ignored and silenced voices provide alternative, legitimate, and valuable sources of knowledge for understanding and transforming our social world (Harding, 1997; Smith, 1997). Yet women's stories provide only partial and subjective information because there is no universal truth, but rather multiple ways of understanding the world based on one's social location within systems of power and privilege (Mohanty, 2004; Weedon, 1999). Women's diverse experiences of privilege and oppression are socially constructed by multiple and fluid systems of power such as gender, race/ethnicity, class, (dis)ability, and sexual orientation, which intersect uniquely to socially situate each of us (Collins, 2000b; McCall, 2005). Experiences of privilege and oppression also become internalized and embodied, in ways that deeply penetrate women's beliefs about what is possible and desirable (Barcinski & Kalia, 2005; Fonow & Cook, 2005; Mulvey et al., 2000).

Material feminists assume that although gender, race, class and other social axes are socially created and unstable categories of analysis, they have real consequences for those living impoverished lives (Lather, 2001; McCall, 2005; Mohanty, 2004). Material deprivation and the disproportionate distribution of wealth are of central concern, under the recognition that intersecting experiences of oppression are most often lived via class differences (Bettie, 2000; 2002). Ideologically, oppression plays out through shaming, stereotyping, and dehumanizing practices to which those deemed 'Other' are subjected on a daily basis (Reid, 2004; Young, 1990). These interconnected experiences typically serve to disempower women whose struggle for existence, legitimacy, quality of life, and good health is continually and systemically undermined. As such, material feminists focus on women's agency and power as a site of

representation and struggle, within the broader context of producing knowledge for personal and systemic transformation (Hesford, 1999; Naples, 2003).

The critical feminist lens that I use throughout this dissertation was shaped by my commitment to the theoretical and methodological ideals of FPAR as informed by contemporary material feminism. This lens provided a rich grounding for my unfolding methods and for the investigation of my research questions and situated my entire process within the broader context of social justice. As I found, however, the scope of such ideals can be overwhelming, especially for novice researchers (Gibbon, 2002; Maguire, 1993; Reid, 2004). Conducting FPAR is an inherently complicated process because attempts to disrupt traditional research relations require researchers and participants to swim against the tide of patriarchal and otherwise oppressive ideologies and assumptions, hierarchical institutions and policies, and material inequalities (Greenwood, 2004). Yet the challenge of the process might just be the key to unravelling the deeply held assumptions that researchers and participants bring to research settings and thus holds the potential for fostering personal and collective growth (Varcoe, 2006).

An elegant way of describing [feminist] PAR is that it is 'a natural process of growth.' In this definition, 'natural' means that nothing is forced in that the worker starts where people are and believes in the strengths of the members. Process is the never-ending succession of discovering, taking action, reflecting, and doing it again and again together. The final product is a spiralling cycle of 'growth' that happens at many levels: individual, group, social, and political. (McNicoll, 2003, p. 46)

Williams and Lykes (2003) similarly refer to their PAR experiences as a 'reflexive cycle' of introspection, analysis, and (in)action that was mutually informed by theory and practice and worked to navigate the messiness of working against deeply embedded power imbalances. In the following sections, I describe my unfolding FPAR methods and reflexive practice by naming, supporting, resisting, and/or legitimizing the varied sources and enactments of power

and agency that were central to the co-created knowledge in this dissertation. I sought to provide a humble, yet important, contribution to feminists' "long haul struggle to create a world in which the full range of human characteristics, resources, experiences, and dreams are available to all" (Maguire, 2001, p. 66).

### **Participatory Research & Unfolding Realities**

Feminist participatory action researchers' intention to destabilize traditional power relations requires them to relinquish some control of the research process. Participatory research that emerges over time means that researchers must respond to the diverse and unique ways in which participants' realities and perspectives infiltrate the research process (van der Wey, 2004). Rather than sticking to a rigid research design, researchers should be open to having their plans and strategies challenged, revisited, and altered based on participants decisions and actions within a project (Tom, 1996). This commitment often leaves researchers and their agendas relatively vulnerable to an ever-changing environment that requires constant reflection and negotiation. However, it can also help facilitate a process that remains relevant to participants' lives, true to collective research intentions, and therefore in line with FPAR values of inclusion, choice, and voice (van der Wey & Ponc, 2005).

Inclusion and participation are critical elements of FPAR and, given their relevance to my research questions, they were also guiding forces in my research design. I created an innovative and open-ended strategy for inviting participation and for collecting and analyzing data that required my willingness to be flexible and responsive to participants' preferences, needs, and realities (van der Wey, 2004). I consistently faced ambiguous, challenging, and contradictory situations that inadvertently resulted in participants' exclusion and reinforced my power as researcher (Hall, 2005; Reid, 2004). However, there were also instances when participants enacted their power in ways that interrupted and enlivened the research processes, some of

which left me vulnerable to their decisions. As I describe my research process in the following sections, my aim is to provide insight into the situations I faced and the decisions I made amidst ever-shifting power relationships.

### **Ethical recruitment, fostering inclusion & existing research relationships**

The relationships that develop between researchers and participants engaging in FPAR raise particular ethical concerns around coercion and voluntary consent (Brydon-Miller, Wadsworth, & Satiani, 2004b). At the onset of my research project I had an existing 3½ year relationship with WOAW and its members and had developed a variety of formal and informal relationships with those I invited to participate in my project. In my role as project manager of the SSHRC grant I carried significant power as I controlled the money that was offered to WOAW members as honoraria for research participation and that financed research-related activities, I conducted tape-recorded interviews with them and took field notes at meetings and activities, I facilitated research and evaluation meetings, and I wrote reports filled with recommendations for how to move WOAW forward.

The practical conditions that fostered my power in WOAW through the SSHRC-funded grant formally ended by the time I began this research. However, I was aware that remnants of my power within WOAW might carry over, particularly as they were perpetuated by my roles as an academic researcher. Many members still looked to me for leadership within the organization and as someone with access to resources who could facilitate and support them as individuals and in WOAW processes. For example, I was regularly asked to chair meetings, write personal reference letters, and help with bureaucratic paperwork such as government application forms. In this light, WOAW members' ability to consent freely to my study was implicated by our existing relationship if members felt that not agreeing to participate might jeopardize my support of them personally or within the organization.

To contextualize these tensions, I turned to the notions of ‘ethics in practice’ and ‘relational ethics’ to guide my decisions. Ethics in practice refer to the ethical dilemmas that arise in daily research practices while relational ethics refer to the particular considerations that researchers must negotiate when working with participants that they know and care about, sometimes in deep and intimate ways (Ellis, 2007; Guillemin & Gillam, 2004). Underlying these combined strategies is the desire to “recognize and value mutual respect, dignity, and connectedness between researchers and the researched” (Ellis, 2007, p. 4). With these commitments in mind, I strove to make ethical decisions that were in keeping with the intentions of my research project, my relationships with participants, and university ethics requirements. The task of meeting these often-competing parameters was challenging.

In order to facilitate voluntary consent and avoid coercion, the UBC Research Ethics Board required that I invite participation through a written letter rather than a face-to-face or telephone invitation (see Appendix I). This requirement made sense to me, as I understood that it would be easier for women to choose not to respond to my invitation through a letter than it would be during a phone or face-to-face encounter, especially at a WOAW meeting where my power was most apparent. I wanted WOAW members to agree freely to their involvement in my study because they valued our relationship and the potential benefits of involvement, rather than feel pressured. I also believed that their inclusion would be undermined if it was driven primarily by my power in the process, rather than their own (Shartrand & Brabeck, 2004).

However, as I wrote the formal letter of invitation (see Appendix II), guided by UBC requirements, I realized this effort to avoid coercion might inadvertently serve to exclude many WOAW members. The formality and academic language of the letter was not in keeping with my relationship with most WOAW members and might have been unreadable for women with literacy concerns and/or who spoke English as their second language. It served to highlight our

status and privilege differences as researcher and potential participant. Based on my experiences, I also knew that many WOAW members had a strong aversion to and distrust of bureaucracies and often refused to read formal letters. As I reflected in my field notes, I realized that “although there are good reasons for writing the letters, they may work to hurt, alienate, and/or exclude some women, which are in direct conflict with what I am trying to accomplish in my ‘inclusive’ methods” (Pam’s field notes). When I contemplated who did and didn’t respond to my letter of invitation, I suspected that the letter served dual purposes. In all likelihood, it provided a relatively easy out for WOAW members who did not want to participate, but that it also prevented some members from being involved because they resisted reading the formal letter. My desire to foster inclusion and avoid coercion, coupled with strict and formal ethical requirements, both destabilized and reinforced the power imbalances between me and my participants.

Another example of this tension involved my persistence in interviewing a particular WOAW member. I saw her as being a key figure in the WOAW dynamics that I was interested in exploring and I knew from experience that she was a reflective and insightful interviewee. During our initial conversation she told me that she was learning to say no to invitations in order to make her life more manageable. This made it tenuous to invite her participation and I told her so. She reified her power and choice within the process when she assured me that this interview was important to her and that she wanted to do it. However, she proceeded to cancel three scheduled interviews due to ill-health. While I knew she suffered from chronic health issues and that her sporadic participation was a pattern in WOAW, I wondered whether or not her cancelling was indicative of an overall reluctance to participate and felt concerned that my persistence around interviewing her was bordering on coercion. On the other hand, my perseverance may have shown her that I valued and recognized her contributions in WOAW



and thus inspired her to remain engaged in our process. In line with my intention to foster voluntary participation, each time we spoke I reminded her that her participation, although desired, was optional and that it was fine for her to change her mind about participating.

We eventually conducted the interview on our fourth attempt and, as I had hoped, it was rich and insightful. At the end of the interview, as my field notes below reflect, we discussed the issues of persistence and inclusion.

We actually talked about this at the end of the interview, where we both said we appreciated the other's persistence in sticking with this interview. She said it's an example of what makes her feel valued in WOAW. I know that I kept trying because she's a good interview and she was an important informant for my work. How much was my persistence fuelled by my desire to be inclusive? I certainly haven't been as persistent with others. (Pam's field notes)

This example may illustrate that I successfully managed to negotiate the balance between inclusion, exclusion, and coercion in this instance. However, because I was not as persistent with other members, my reflexive process forced me to consider that some of my choices might have been fuelled more by my own academic agenda than by my desire to foster inclusion (Brydon-Miller, 2004). On another note, my language in this field note also demonstrates how easy it is for researchers to inadvertently objectify participants in their writing. Although I have attempted to represent all of the women in my study as active agents, my casual reference to this participant as a 'good interview' was both disrespectful and dehumanizing. In fact, as a feminist researcher acutely aware of the power of language, I was embarrassed to have members of my committee point out such oversights.

I invited all WOAW members whose contact details I had access to and asked those members to extend my invitation to others who I may not have contacted. Because this number was substantial (n=46+) and I was committed to a qualitative framework, I needed to find creative ways to hear from a potentially large number of women. Additionally, I realized that potential participants might have different inclinations for how they shared their stories

depending on their comfort levels, talents, and/or communication skills. Reid and Frisby (forthcoming) have noted that researchers are increasingly exploring ‘counter-practices’ such as poetry, photography, co-writing, and journaling to find alternative ways to communicate and investigate women’s lived experiences (e.g. Baker & Wang, 2006; Lather, 2001; Williams & Lykes, 2003). With this notion of creative data gathering in mind, I developed a set of optional methods for participants to choose from as their preferred way of communicating their experiences. Table 4.8 outlines the options for participation that I devised based on my knowledge of the type of research activities WOAW members had chosen to participate in during earlier projects.

**Table 4.8: Participation options**

Option presented	Description of option
Written story	Participants could write a story in response to questions I posed
Art form with description	Participants could create a piece of art (e.g. a drawing) in response to questions I posed accompanied by a written or verbal explanation
Telephone mini-interview	Participants could be involved in a 30-minute telephone conversation and respond verbally to questions I posed
Individual interviews	Participants could engage in 1-1.5 hour face-to-face and semi-structured interviews verbally responding to questions I posed
Self-selected focus group interview	Participants could self-select small groups of 3-5 WOAW members for face-to-face 1-1.5 hour focus groups
Large group meetings	Participants could be involved in collaborative analysis and potential action-outcomes meetings

The following section describes how WOAW members responded to my invitations and the complexity of my decision-making while striving to conduct emergent and inclusive FPAR.

### **Data collection decision-making**

Fourteen of 46 invited WOAW members agreed to participate in my study. Ten participants agreed in response to my letter and 4 participants were interested but uncertain about their involvement. Three of these participants were hesitant because they were not sure whether or not they had sufficient involvement in WOAW to contribute in a meaningful way. The fourth

participant did not respond to my letter within the initial timeframe I had requested, but told another participant that she wanted to be involved. After I followed up with each of these participants, and assured them that they had valuable contributions to make to the research, they agreed to participate. Two other members who responded with initial interest did not answer my follow-up calls. Table 4.9 summarizes the responses I received.

**Table 4.9: Summary of responses to my invitation to participate**

Type of response	Number of participants (n=46)
Agreed to participate	10
Declined to participate	2
Showed interest and/or uncertainty	6
Agreed to participate after I followed-up	4
Did not respond	29

Twenty-nine of 46 invitees did not respond to my letter and another two women declined my invitation. One woman who declined explained that she did not feel she had enough experience in WOAW to be involved in my research because she had only been involved for two weeks and had since moved from the area. The other woman did not provide an explanation. I did not follow up with either of these women because their responses clearly indicated a lack of interest in participating. Based on my experiences with them and the organization I can only speculate on why the other 29 members did not respond to my invitation. It is possible that some of these women felt 'over-researched' given their varied participation in the SSHRC project and in research conducted by three other graduate students. Some members may have declined because they were still recovering from the conflicts within the organization, that left many women exhausted and unwilling to delve back into these topics for my research. Since the energy in WOAW was low at the time, some members may have decided to move on from the organization and therefore my project may not have seemed relevant in their lives. A final possibility is that some members may not have felt comfortable discussing their stories with me, despite or perhaps because of my long-term involvement in the organization. In fact, it might

have been a combination of any of these possibilities that prevented the majority of WOAW members from participating.

In my letter of invitation, I asked potential participants to indicate via a checklist which participation options they felt comfortable with. As Table 4.10 illustrates, most participants were open to more than one way of being involved. Their variety of preferences required that I choose which data collection tools I might proceed with and with which participants. For example I wondered: should I have a mixed-methods approach to my data collection, ensuring that I received data from across each of the options I provided? Should I focus on one or two forms of data collection in order to have the most comparable sources of data? Should I go with approaches I was most comfortable with or should I stretch outside of my comfort zone to new and more creative methods? And, importantly, were there certain choices that would result in a more inclusive process and facilitate the power and voice of my participants?

**Table 4.10: Summary of participation options chosen**

Option for involvement	Number of participants who marked this option (n=14)
Creating an art form	2
Writing a story	4
Telephone interview	6
Face-to-face interview	12
Small group interview	8
Large group session	9

I decided to employ a mixed-methods approach in large part to honour participants' desire to contribute creatively, but also because I was curious as to how this might unfold and contribute different perspectives for answering my research questions. I asked each participant who was willing to write a story or create an art form to do so and provided a series of questions that were in line with my research questions to guide them. I was working from the assumption that this approach would enhance participant control over data collection as they would be free to create their responses without the influence of my presence. I invited each of the others to

participate in telephone or face-to-face interviews as per their requests. I decided to leave the possibilities of self-selected small group and large group meetings to a second and perhaps more collaborative data collection phase.

Who participated in which forms of data collection shifted over time. While initially I was open to a variety of data collection methods, what unfolded was a data set comprised primarily of interview transcripts. This may not be surprising given the verbal nature of our society and the level to which interviewing dominates qualitative research (Fontana & Frey, 2000), and the importance of giving voice that was apparent in WOAW. Additionally, participants had become comfortable with the interviewing process through their involvement in the SSHRC project. My attempts to collect stories and artwork were relatively ineffective, likely because of my lack of skill in these areas. I was unsure of how to ask appropriate guiding questions that would speak to the sensitivity and depth of my research questions. For example, I received three stories that were at times interesting and insightful and at other times partial and superficial. The stories left me wanting to probe participants' experiences, which I did through face-to-face interviews. The project of creating art forms never came to fruition. There was a lack of clarity between myself and the two participants who chose this option. In both cases, the task became too ambiguous and cumbersome, so we communicated instead through interviews. I learned that despite the possibilities around creating choice and inclusion, my partial skills as a qualitative researcher served to limit what was possible with the alternative methods.

A few months into my process I received an email from a participant who suggested that some members of her WOAW sub-group might be willing to participate in my research in a focus group session. I later learned that her intention was to tell group members that it was happening at the next group meeting and to see who showed up. While I was grateful for her initiative, I was also uncertain about this set-up, as my field notes illustrate:

My first reaction ... was that it was not a good idea. I didn't like the idea of waiting to see who would show up because I wasn't sure that it would provide a space to have the conversations I want to have. I also have fears that it won't provide a safe space for the women who showed up and had no idea what type of questions I would be asking. I was also feeling that I shouldn't do it because I wouldn't have enough control over the situation and that it may not be a good use of my time. (Pam's field notes)

At that time my primary concern was participant safety. My experience of the unbalanced power dynamics and communication structures within that sub-group left me uncertain about each member's ability to freely consent to the research and feel safe in answering my potentially sensitive questions in the small focus group setting. I also suspected that since I would be reluctant to ask sensitive questions about inclusion and power in this setting I would not gather useful data. I was concerned that this exercise would be an inefficient use of my limited data collection resources - a challenge which speaks to the reality of conducting FPAR as a graduate student confined by restrictive resource structures within academic institutions (Gibbon, 2002).

Through a reflexive conversation with a peer WOAW researcher, I pondered whether or not my prior experiences in WOAW were limiting what I was open to in my research. I was anticipating that this process had the potential to be unsafe for members who did not trust each other enough to speak openly and therefore not useful for my purposes. This speculation was based on my assumptions about the power dynamics within this sub-group, which may or may not have been accurate. Perhaps my assumptions resulted in a missed opportunity to surrender some control of the research process. My desire to foster inclusion through the co-creation of the research process was being compromised by my desire to create an environment where participants felt free to voice their diverse perspectives and was further complicated by my personal history in WOAW. At the time, I felt that either decision would create what Hall (2005) refers to as entangled inclusion and exclusion. That is, if I chose to conduct that small group meeting, I would include the perspectives of a group of WOAW members but run the

risk of excluding the voices of those that felt unsafe in the situation. If I opted not to conduct it, I would exclude potential participants from my project, while simultaneously facilitating their need for safety as an instrumental source of inclusion within WOAW. In retrospect, I recognize that the situation need not have been so dichotomous. There may have been a way to organize the event that met both conditions of voice and comfort by emphasizing the participants' right to opt in or out of the conversation during the focus group and possibly by inviting individual participation for those who were quiet in the group setting. In my given circumstances at the time, I did not see this possibility and chose to err on the side of participant safety, based on the assumptions I was making about what they needed to be safe. While I do not regret this decision because I made a choice in which I felt like there was less potential for harm, I am aware that it served to reify my control over the research process and was less participatory in nature than depicted by FPAR ideals.

Table 4.11 summarizes the data that informed this dissertation. I worked with 52 primary documents that were collected between March 25, 2004 & June 21, 2005. In the sections that follow I will describe some of the details and challenges I faced in my data collection process.

**Table 4.11: Summary of primary data collected**

Primary Data Sources	Number of transcripts
Written stories	3
Telephone interviews	2
Face-to-face interviews	12
Research party	1
Action meeting	1
Reflective field notes	35
Total # of primary transcripts	52

At the onset of my project I had intended to use interviews and field notes from the original SSHRC project, and had ethical approval to do so, to supplement my data set. However, as I moved through my data collection and analysis processes I realized that I had more than enough information in my primary sources and therefore did not draw this secondary source. I

did however use my existing knowledge of the SSHRC data, along with my years of experience as a WOAW researcher, to inform the story in Chapter 3 and the descriptions of events around the conflict and conflict resolution in Chapter 6.

### **Feminist interviewing**

The interviews ranged from 45 minutes to two hours and 15 minutes and occurred between May 5, 2004 and February 2, 2005. The telephone interviews were conducted over speaker phone, with me at my home and the participants at their homes. For the face-to-face interviews I asked each participant to choose a location that was comfortable for her. All but one participant chose to be interviewed in their homes. The other interview was conducted as we moved between three locations: a fast-food restaurant, a parking lot, and a park bench. Most of our meetings began with some informal conversation, an offer of food or beverage, and a review of the ethical consent forms and personal history face sheets. The face sheets consisted of a number of questions about each participant's personal background and involvement in WOAW (see Appendix III). The interviews did not begin until each participant understood and signed the ethics form, including the consent to have the interview audio-taped. I specifically let the participants know when I was beginning the interview and that I was turning the tape-recorder on.

The notion of 'feminist interviewing' refers to an intention by the researcher/interviewer to be empathetic rather than interrogative in her approach and to create an environment where the interview and participant co-create the interview narrative in a mutual effort to produce new knowledge for social change (Fontana & Frey, 2005). With this in mind, I chose not to take notes during the interviews so that I could focus on my important role of interviewer as deep listener (Anderson & Jack, 1991). Building on the history of feminist approaches to interviewing and in keeping with my relationships with most of my participants, I wanted to



create a comfortable environment that felt more like a conversation than a hierarchical interview (Oakley, 1993; Rubin & Rubin, 1995). However, I also remained mindful of potential exploitation if this type of intimate and conversational interview resulted in participants forgetting that the interview was for research purposes and answering my questions solely as friends (Finch, 1993). Our existing relationships may have provided environments where participants felt safe in sharing their thoughts and feelings with me. However, it is also possible that being too comfortable might have resulted in them communicating personal information that they might not otherwise share in a more formalized research setting. While I recognized that they had freely consented to this process, I attempted to maintain the research setting by fiddling with the tape recorder at regular intervals and reminding them that they did not need to answer any uncomfortable questions.

I created a semi-structured interview guide based on my research questions on inclusion, power, and health (see Appendix IV). I offered participants advance copies of the interview questions and 4 of them requested the questions in order to prepare for the interviews. To avoid the formality of my grilling them with a list of questions to direct the conversation, I memorized my interview guide so that I had a strong knowledge of the ideas I wanted to talk about. Each interview followed its own path. I did not ask each participant each question in succession; rather I followed the flow of the conversation as it unfolded. Our collective knowledge of WOAW dynamics produced lively conversations about specific situations that spoke directly to my research questions. I probed their understandings of WOAW events with questions specific to my interview guide and re-directed the conversation when it began to flow away from my research purposes. Through the flow of our conversations, the participants and I co-created and negotiated the interview text.

Fontana and Frey (2000) suggest that interviews are “persistently slippery, unstable, and ambiguous from person to person, from situation to situation, from time to time” (p. 62), which certainly rings true to my experience of interviewing. While some interviewees were quite open and emotional, others remained detached and pragmatic. Some interviewees answered the questions with one sentence responses while others offered five minute anecdotes. In some instances, I found it challenging to get participants to focus on their own experiences and emotions in WOAW; instead I received speculations about other WOAW members’ experiences or analyses of ‘what went wrong’ in WOAW. I reflected on this challenge in my field notes indicate:

It was very challenging with her actually, getting her to talk about her experience, about how she felt, and really focusing on her experience. She has quite a strong and a sophisticated analysis of what happened in WOAW and talked a lot about where the other women were at and what happened between the other women .... But she didn’t talk as much about her. I left with a sense of not understanding her any better in terms of what she felt during the group process. (Pam’s field notes)

There are a number of plausible reasons why each interview looked so different and why participants at times shied away from telling their own stories. Perhaps it was because each woman had a varying comfort level with me and with the sensitivity of my questions.

Alternatively, the differing texture of each interview may have resulted because participants had different styles and skills in sharing her stories, especially those which may have left them emotionally vulnerable to my responses or interpretations. A third possibility is that the theoretical nature of some of the questions did not resonate with each woman’s experiences. And finally, it might be a combination of each of these possibilities, which reflect the nature of the emergent conversations as they were shaped by our combined social and personal differences. Despite these possible tensions, the data set provided me with excellent ‘snapshots’ of participants’ experiences as will be evident in the upcoming findings chapters.

As the data collection unfolded, my reflections helped me to understand the role that my internalized social location played in co-creating the interviews and their inconsistencies (Nunkoosing, 2005). I realized that my decisions around what questions to ask, when and how deeply to probe, and how much to reveal of myself in the interview seemed to vary according to class, race, and education differences between me and my participants (although other differences that I am not aware of may have contributed to this dynamic as well). I was most comfortable with participants who I believed shared at least some strands of my social location, in particular class and education. Interestingly, race differences seemed less challenging for me to negotiate than class, as my comfort level was relatively high with the participants of colour. I attribute this level of comfort to our somewhat comparable backgrounds, since all of these participants were raised in middle-class families and had post-secondary education. In these instances, our mutual comfort levels resulted in engaging, deeply personal, and reciprocal dialogues, where I felt a freedom to explore their experiences and an ability to respect the boundaries they set for the interview. On the other hand, with participants who I understood to have a different class status and education than me, I found myself to be tentative and to retreat from deeper dialogue because I was afraid that it was inappropriate for a middle-class person to question their interpretations. Despite an inner desire to set aside stereotypical assumptions that the intellectual and emotional strength of these women was limited, I engaged in a manner that at best can be seen as protective and at worst condescending. I shied away from asking what I thought to be difficult questions that challenged their understandings or behaviours in WOAW. When a participant became emotional, for example, instead of exploring what lay under her tears, I quickly changed the subject or remained silent and allowed her to compose herself. In these moments I held tension in my belly and knew that my decisions echoed stereotypes that I abhorred but that lived in my body nonetheless. In these instances, I failed in my desire to

respect each woman's strength and diverse perspective and instead hid behind my guilt and privilege by staying detached from their deeper stories.

While the variety, scope, and nature of my interviews was at times worrisome, in retrospect I believe that the interviews were a product of the particular relationships I had with each participant. In each scenario, we negotiated the power and social dynamics of our interview experience, as we chose what to say and not say to each other. We thus co-created what a growing number of qualitative researches refer to as a collective, contested, and contextual memory of a particular set of experiences (Fontana & Frey, 2005; Nunkoosing, 2005; Silverman, 2000). Within each interview setting, participants decided how make meaning of and share their experiences in response to the questions and comments I offered as interviewer (Cacioppo & Hawkey, 2003; Clegg, 2006; Maguire, 1993; Wahab, 2003). Rather than lament the comparability and authenticity of each interview, I have come to understand that "interviewing is inextricably and unavoidably historically, politically, and contextually-bound" (Fontana & Frey, 2005, p. 695) and therefore that each data gathering experience contributed unique, diverse, and socially contextualized ways to understand and create this particular picture of WOAW and participants' experiences within it.

#### **Lived realities & the balance of power**

My data collection process was littered with complicated circumstances, which were heightened by the fact that I live a considerable distance from participants and travelling to their neighbourhoods was a full-day event. For example, one participant cancelled three interviews on the day of each interview due to ill-health, another forgot about our scheduled interviews on two separate occasions because she was in the midst of some complicated negotiations with a local bureaucracy, and a third brought her young child along on the interview despite my understanding that she arranged childcare for which I offered to pay. In

each situation my initial reaction was to be angry and frustrated by how my participants' choices affected my data collection process and wasted my limited resources. At the time, I did not fully consider the possibility that in each of these situations, the women's daily realities may have made participating in my study inconvenient for them. Reflecting on these emotional responses in my field notes I came to realize that these seeming inconveniences were "a practice in patience for me, I just kept reminding myself that it was part of the whole picture, this was her reality, she's always mothering" (Pam's field notes). Critically considering my emotional reactions as data sources gave evidence to the deeply embedded assumptions and realities associated with the class and other social differences between me and the women who participated in my study (Davis & Gremmen, 1998; Ponc, Reid, & Tom, 2002). This level of reflexivity also gave me insight into how participants' realities shaped the relevance of WOAW in their lives.

During the most challenging of these situations, I briefly contemplated whether or not it was worth continuing to pursue these participants. In each case I quickly realized that I both wanted and needed their involvement and that, despite my frustrations, I was willing to put up with these inconveniences to include them. While I could position my decision to persevere as an example of my efforts at inclusion, it is more honest for me to admit that my persistence was often driven by my desire to create an academically credible data set. I felt like I needed to pursue these participants because they represented certain voices in WOAW and without them my findings would become increasingly partial. Brydon-Miller (2004) points out that this is a common tension for those of us attempting to engage in participatory and community-based relationships while maintaining a foothold in the privileged location of academic researcher. In allowing participants to dictate the logistics of their interviews, I became vulnerable because, in the process of fostering a feminist and emergent research process, their exercises of power and

needs in the process had overshadowed my own (Nunkoosing, 2005). While I didn't realize it in the heat of these emotional moments, my vulnerability lay at the core of destabilizing traditional research and power relations (Maguire, Brydon-Miller, & McIntyre, 2004).

### **Collective analysis & action**

#### **The research party**

The notion of a 'research party' had been established in WOAW as a regular practice whereby researchers would organize a gathering of members for research purposes. These three-hour parties were facilitated by the researchers and we typically found ways in conjunction with the community service providers to supply food, childcare, and transportation. One purpose of the research parties was for researchers to present initial findings to WOAW members to build on, analyze, and verify our understandings of their experiences, thus including them in the analysis portion of our FPAR process (Frisby et al., 2005). Herbert (1996) articulated the 7 C's of participation in order to assess and categorize the range of well- and ill-intentioned ways that researchers have engaged in participatory processes with communities. They are: collusion, co-opting, convincing, coercion, coordination, cooperation, and collaboration (Herbert, 1996). With an intention of facilitating 'collaboration' in the data analysis process, I invited participants to a research party after the interviews were complete and I had conducted some initial analysis.

In preparation for the research party, I organized a location, childminding, food, and transportation and incurred the associated expenses myself. I asked Tammy, a colleague and former research assistant in WOAW, to assist me with the set-up and to take field notes while I facilitated. The purpose of her field notes was to document the details of the meeting, such as the tone, informal comments, and participants' body language, that would not be captured by the tape recorder and that I might miss while facilitating the meeting. I planned my agenda and

created flipcharts that outlined the themes I had identified in my early analysis of the interview and writing transcripts. My hope was to facilitate a discussion about the various themes, including how they intersected and contradicted each other. The party was attended by 7 of 14 participants. Six of the seven participants who did not attend were unable to do so because of other commitments. The seventh was not willing to participate in a group discussion about WOAW. I mailed a copy of the handout I had prepared for the party to those who were not present and asked them to respond as they saw fit. One participant mailed back the handout with her comments written in the margins and another left me a phone message that said 'I agree with everything you wrote.'

During the party, participants eagerly engaged in the conversations around the themes I identified, giving evidence to their interest and willingness to be involved in this participatory process. They offered additional stories that built on one another, verified the themes, added new themes, and with little prompting made connections between themes. This last contribution became evident as we moved through the flipcharts and realized that we had already covered much of the information on the later pages. The meeting was exhilarating for me as the participants were energetic, open, and willing to debate a variety of topics. In this moment I felt like we were 'collaborating' (Herbert, 1996). In retrospect, however, and similar to Reid (2004), the form of participation that we were engaged in can more adequately be described as 'cooperation,' since my role as primary researcher remained fixed. While I did not consciously 'choose' cooperative rather than collaborative strategies, it became increasingly clear that the possibility for collaborative analysis with research participants was limited by the decisions I made as a doctoral student. Facilitating collaboration, as per Herbert's (1996) model, would have required more extensive participant involvement in and control of the analysis process, including theme development, coding, and writing. This level of participation may have

resulted in a different and perhaps richer level of analysis, research training for participants, and thus a more authentic version of FPAR. Yet it would also have required me to lengthen the time of my process and over-extend my financial resources, two issues that were of significant consequence for a doctoral student limited by University timeframes and minimal funding. My decision-making around participation in analysis was also shaped by my perceived need to exhibit analytic competency as a PhD student. However, I now realize that facilitating collaborative rather than cooperative analysis may have demonstrated a more complex skill set in which I also relinquished my power as researcher.

### **The action meeting**

At the end of the research party, I asked the participants if and how they thought we should act on the information we had co-created. I made some suggestions for action such as lobbying the City to reinstate their support of WOAW, writing a handbook for other groups like WOAW to learn from, or facilitating a series of meetings to support WOAW's growth. There was a sweeping consensus that the information should be acted upon and that it should be used to revitalize WOAW. I was excited by Diane's suggestion that we use our information to further explore "how to live WOAW's vision" (Diane, research party). Upon their request, I agreed to facilitate a follow-up meeting to continue this conversation. I felt a sense of responsibility and reciprocity to give something back as a feminist participatory action researcher so that our findings could be used to make a difference in the lives of women who participated in the study and who lived in their communities (Harrison, MacGibbon, & Morton, 2001; Wolf, 1996). In my initial euphoria, it seemed that the knowledge that we had co-created would actually be utilized to inform our action and transform WOAW.

As my initial elation wore off, I became panicked about how I was going to facilitate such a meeting, especially in light of the complexities of inclusion, power, and conflict that we had



collectively uncovered. After reflexively working through my panic, I decided to facilitate a guided conversation about how to move WOAW forward, as a means to keep the women's wisdom as the driving force while also using my power and skills positively. This strategy provided what Vanderplaat (1999) refers to as relational empowerment, such that capacities of both the researcher and the participants are mutually utilized and extended.

The action meeting was attended by 5 participants. I had expected larger attendance but there was a torrential downpour that evening that prevented at least 5 others from attending. I had organized the location and childminding with the local service provider and brought my food contribution for the potluck that had been suggested at the research party. As participants arrived, we shared food, chatted informally, and reviewed the flipchart notes from the research party that I had posted around the room.

To begin the formal part of our meeting, I reminded the participants that we were there to decide how to use the information we had gathered together at the research party to move WOAW forward. I emphasized that I saw my role as facilitator of the discussion, but did not feel attached to any particular outcome. I asked the participants to check in by responding to two specific questions: How are you feeling about WOAW right now? What is the one most important step that we should take to move WOAW forward? I expected that the first question would provide some context and grounding for our action process and the second would create the springboard for what to do next.

As the participants spoke I made notes on a chalkboard to summarize their check-ins. I reported back to them that I saw three main themes arise in terms of what they wanted from WOAW. They were fun, connection, and commitment, which were similar to the reasons that the organization was formed in the first place. In light of these themes and the challenges of shared work and leadership that participants identified in our data collection process, I asked

the participants to consider the following question: Would you be willing to commit to doing the work necessary to keep WOAW going in order to create some fun and connection? There was a definite lull in response to this question, which nobody answered directly. Perhaps they were uncertain as to whether or not they could commit to the organization. They may also have been speculating about who was responsible for sustaining WOAW and what commitment I might be willing to make. During the lull, I became concerned that I was pushing too hard or that I was not entitled, in my privileged position, to ask this group to volunteer their limited resources to work for WOAW, and I thus became silent. In retrospect, I realize that contrary to my declaration otherwise, I was attached to members using the findings from our study to sustain and recreate WOAW. My attachment resulted in a desire to advance the ideals of FPAR and compromised the boundaries I had set in my role as researcher.

Slowly, the conversation turned to communication and activity planning. One participant was particularly enthusiastic about the idea of developing a calendar of monthly fun events for WOAW members to plan and attend. As the participants brainstormed ideas, some members offered to take certain responsibilities to make things happen. Throughout this conversation, one long term WOAW member, who had lived through years of ups and downs with WOAW, pointed out the potential pitfalls of each plan. For example, she continually reminded the group of the potential barriers that some women might face to certain activities and of her concern that members would not fulfill the commitments they made to organize the activities. I found her contributions to be quite frustrating, as her comments seemed to stifle the positive energy that the others were generating. However, I too was aware that the plans were proceeding with little attention being paid to the issues that we had collectively identified during interviews and at the research party. Basic components of inclusion such as location, childminding, and cost were avoided, not to mention the more complicated aspects of inclusion and/or exclusion that

participants had identified, such as tense sub-group dynamics and distrust. While I tried to address some of these issues during the conversation, I realized that my comments also served to further stifle its flow, so I became silent once again.

In retrospect, I realize that my chosen silences around the complexities of inclusion had repercussions. For example,

withholding information such as one's own opinion does not just allow space for the other to speak, it can also be an act of power that forces the other to carry the burden of speaking or acting if the relationship is to be maintained. (Chataway, 1997, p. 758)

At the time my silence felt appropriate because I did not want to stifle the positive energy around re-creating WOAW and I wanted to honour the participants' choices rather than take over the process. I also considered the possibility that the simpler approach they were considering might eliminate some of the challenges that had been identified through my research. However, I now see how my silence allowed me to abandon my role as facilitator of this discussion and the possibility of using the information from my study to help WOAW move forward. As I moved closer to becoming an 'objective researcher', as members and service providers at times assumed we were trying to be (Frisby et al., 2005), I did not use my power and resources positively. Rather, my silence may have allowed the women to recreate patterns of power and exclusion when they dismissed the concerns identified by me and the other discerning member. Despite how challenging her comments may have seemed, I now realize that she was making significant contributions by pointing to the issues and challenges when no one else would, which also risked her exclusion from the group. By failing to facilitate our counter-narratives during this meeting, I am left wondering how to balance my commitment to use my power positively while simultaneously honouring the contributions of participants. And yet, the tension regarding who gets to decide what a 'positive' use of power

might look like remains, especially given the diversity of perspectives from which we each view each other's participation in our collective processes.

### **Data Analysis & Making Meaning**

Making meaning of my data was an iterative process that happened to various degrees and through different strategies. Analysis reduces data into a story that researchers write through interpretation of what the data 'means' (LeCompte & Schensul, 1999). I suggest that analysis begins before and during data collection since defining research questions, developing an interview guide, and writing reflexive field notes each shape the researcher's interpretations. In each of these early stages of analysis I compared and contrasted my experiences of WOAW and my participants against relevant literature.

Decision-making is at the heart of the inherently intertwined processes of analysis and writing in qualitative research (Ellis & Bochner, 2000; Fonow & Cook, 2005; Frank, 2004). Researchers make constant decisions about how to pull apart, re-organize, pare down, and interpret a diverse collection of stories, perspectives, and observations (Gilgun, 2005; LeCompte & Schensul, 1999; Richardson, 2003). Although I present them in discrete sections below, the process of 'making meaning' placed me in a constant flow between the mutually informative exercises of coding, writing-up, and tabling my data.

### **Coding themes**

Coding refers to the process of identifying 'chunks' of data into themes and sub-themes as they relate to the overall research purposes (LeCompte & Schensul, 1999; Ryan & Bernard, 2000). I used the computer software Atlas.ti to organize, code, and analyze my data. It is important to note that Atlas.ti does not do the analysis for the researcher; rather it provides a tool for the researcher to manage and analyze her data efficiently within a single coherent system (Reid, 2004; Weitzman, 2000). Transcribed data is loaded into a single computer file that

Atlas.ti terms a 'hermeneutic unit' (HU). Atlas.ti also provides researchers with 'windows' that help organize codes, memos and other notes into the HU.

I created my initial codebook after my interview transcription was complete. The codebook consisted of themes and sub-themes that I created in relation to my research questions and my knowledge of the data set to date. This codebook was constantly revisited throughout my coding process – codes were added, amalgamated, broken down, and deleted in relation to my interpretation of the data set. My final codebook is attached in Appendix V.

The coding process involved reading through the transcripts, identifying 'chunks' of data into themes and sub-themes, then using the 'drop and drag' function within Atlas.ti to connect the 'chunk' to the relevant code. Each 'chunk' of data was then termed a 'quote' by Atlas.ti and each quote was categorized in accordance with the code that I connected it to. As such, Atlas.ti helps researchers to compile all relevant chunks of data into discrete themes or codes. In order to contextualize each quote, I tended to chunk relatively large pieces of data that consisted of many sentences or paragraphs (rather than just one or two sentences). This strategy resulted in quotes having multiple codes attached to them, which had the advantage of allowing me to identify which codes regularly overlapped and therefore which themes held meaning to one another. I went through my data set three times in order to confirm my analysis and to rigorously compare and contrast the themes and quotes I had identified. My coding process took 6 months to complete. I drew on all 52 primary documents, including my reflexive fieldnotes, in the thematic analysis. However, I purposefully chose quotes to illustrate themes in the three findings chapters from participant interviews, writing, and research party transcripts, rather than from my fieldnotes, to highlight their voices and perspectives. Quotes from my fieldnotes were primarily used to illustrate the tensions I grappled with in this methods chapter.

Atlas.ti also provides tools for capturing descriptions and reflections of the coding process. These 'analytic memos' can be organized by date, code, or research topic. I used this function to define each code, to track my coding decisions, and to record my reflections and early interpretations of the data. Writing memos became a grounding process for me, as I ventured into the tenuous territory of finding consistency and comparability within my interpretations. I reconciled my unease with the knowledge that I would return to this data repeatedly and the recognition that the decisions I made in order to 'make sense' of my data would result, at best, in a partial and subjective account. My memos also offered an invaluable entry point into the then seemingly overwhelming task of 'writing up' my data.

### **'Writing-up' the data**

"The role, meaning, and significance of writing are rarely problematized in the literature on qualitative human science methods" (van Manen, 2006, p. 713). Yet writing is, in and of itself, a method of inquiry and a means through which to interrogate and interpret data (Richardson, 2003). I learned as much or more about my data set while writing it up as I did when I coded it. Not only did my writing deepen my understanding of the data, it also intensified my sense of self as writer of the data (Gale & Wyatt, 2006). Writing forced me to consider my data in greater depth because I was forced to clarify how and why I was communicating my findings. This reflective and iterative process sent me back to my coding regularly to further unpack and re-collate quotes and continually test the strength of my arguments.

I began writing by using my codes and sub-codes to create chapter outlines. With the aid of Atlas.ti, I printed out the list of quotes for relevant code. At this point, there were far too many codes and quotes to fit into one dissertation. My data set and research questions created mutually informative guides that framed my decision-making about which themes and quotes to

include. I moved between these parallel channels, as a means of keeping my decision-making contained by both my participants' stories and my research purposes.

The first drafts of my findings chapters were primarily descriptive and evolved as I moved back and forth between the chapter outlines and the quotes. For each section, I read through the lists of quotes for each relevant code and identified the quotes that best captured the various themes and nuances within that section. I was also mindful of attempting to include quotes from all participants. I then copied and pasted the quotes from the list of quotes generated by Atlas.ti to the Word document that was my dissertation. Piecing together quotes into sections and themes required that I make constant decisions about whose words to include and whose words to set aside. The initial descriptive draft became the skeleton of the thesis and was primarily composed of the quotes organized in a coherent fashion and contextualized with relevant information about the participant, the WOAW organization, and/or the data gathering setting. In the proceeding drafts I gradually added my interpretations and links to the literature to further make meaning of the data and create the 'rendered accounts' in the upcoming chapters.

### **Tabling**

The third embedded aspect of my meaning making process was tabling. At various stages of coding and writing I created tables to organize and verify my findings. For example, when I had completed my 14 interviews I wanted to confirm that the data collected would adequately speak to my research questions. I created a table that listed the key topic areas within each research question along the top and each participant's name along the left-hand side. I read through the transcripts and filled in the relevant boxes with words or short phrases to briefly describe how participants responded to a certain topic area. By completing this exercise I was able to confirm that I had adequate information to speak to each research question across my participant group

and to create the chapter themes and sub-themes from the data set. I also identified areas where more data would be helpful. This information became the starting point for my research party, at which time participants verified and expanded upon the existing themes and filled many gaps in my data set. For example, during the interviews a few participants mentioned that fear was a contributor to the conflict but I did not have enough information to make sense of it as a finding. When I brought this up at the research party to see if this idea reverberated for others, an extensive discussion evolved whereby participants identified it as a major factor and offered a more in-depth understanding of how and why this was so.

In order to further verify my findings, I also created tables to ‘weigh’ my data. In each of the upcoming chapters, I provide tables that illustrate how many participants spoke to the themes that I present. This exercise illustrated the relevance of each theme across the data set and guarded against any tendency I might have to over-extend particular arguments. For example, certain codes initially carried a great deal of weight because of the number of quotes contained in them. However, as I tallied the relevance of some codes, I realized that while the participants who spoke to these codes did so emphatically and repeatedly, it was only a small portion of them who did so. This weighing process also illuminated that some codes contained relatively fewer quotes but were spoken to by a relatively high percentage of participants. I did not choose to write only about those with codes that had carried more ‘weight,’ however, I purposefully contextualized and justified those that I included that carried relatively less ‘weight.’

### **Representation & trustworthiness**

During my coding and writing processes I grappled with the legitimacy of my interpretations, a tension which is commonly called the ‘crisis of representation’ (Fine et al., 2000). For example, I wondered whether the meanings I was assigning to their stories were



appropriate and accurate. What could I say about these women's stories that would represent their lives responsibly and with integrity? Was I reading too much into their experiences through the lens of my research questions? Or was this my job, as some critical feminist writers have suggested, to read through their stories and make sense of them in light of social, political, and economic processes and contexts (Cuadraz & Uttal, 1999; Power, 2004; Tom & Herbert, 2002)? Similarly, Fine and colleagues (2000) ask beginning and veteran qualitative researchers to interrogate their practices with the following questions:

Have I connected the "voices" and "stories" of individuals back to the set of historic, structural, and economic relations in which they are situated? ... Have I deployed multiple methods so that very different kinds of analysis can be constructed? ... Have I described the mundane? ... Have some participants reviewed the material with me and interpreted, dissented, challenged my interpretations? And then how do I report on these departures/agreements in perspective? ... Where have I backed into the passive voice and decoupled my responsibility for my interpretations? ... Who am I afraid will see this analysis? ... To what extent has my analysis offered an alternative to the "commonsense" or dominant discourse? (pp. 126-127)

In using these questions to guide my analyses and writing processes, I also created a sense of trustworthiness around my interpretations. By asking participants to co-operate in my data analysis at the research party and to comment on my interpretation and confirm the accuracy of their quotes, I created a sense of what Greenwood and Levin (1998) refer to as 'internal credibility.' Credibility in "qualitative research has to do with the description and explanation and whether or not the explanation fits the description" (Janesick, 2000, p. 393). Furthermore, by describing the seemingly mundane aspects of participants' experiences of WOAW within social, political, and economic contexts, this case study provides transferable knowledge that legitimates, expands, and refines collective bodies of knowledge (Flyvberg, 2006; Rudden, 2006; Stake, 2000).

Finally, I found Sykes' (2001) framework of 'understanding' and 'overstanding' the data useful. I aimed to 'understand' the stories the women told me as particular versions of their

truths. Simultaneously I also worked to 'overstand' the data through critical analysis of their collective stories in light of broader social conditions (Sykes, 2001). In this way, I believe that we have co-created knowledge and have each contributed significantly to the making of this dissertation. However, as researcher and author, I must take responsibility for its ultimate shape. I have listened to and inquired about their experiences, I have witnessed their participation, and I have worked alongside them at WOAW events. But their stories have been amalgamated and filtered through my critical feminist lens (Maguire, 2001; Wahab, 2003). As the following section further reveals, I have attempted to represent participants' diverse perspectives and experiences through my own meaning-making process, as shaped by my social location, my personal history, my research intentions, my reading of relevant literature, and my long-term involvement in WOAW.

### **Positioning Myself as Researcher, Author & Activist**

Researchers involved in CBHP projects often work from a PAR framework that involves developing deeper relationships with participants than traditional research methodologies entail (Frisby et al., 1997; Jackson et al., 2003; Potvin et al., 2003; Williams, Labonte, & O'Brien, 2003). Those conducting FPAR are acutely aware of the intricacies of negotiating such relationships across differences in power and privilege (Brydon-Miller, Maguire, & McIntyre, 2004a; Frisby et al., 2005; Lykes & Coquillon, 2006; Maguire, 2001). As I mentioned earlier, the challenge of representing participants and their experiences is a common crisis for feminist researchers, especially when researchers develop long-term and at times intimate relationships with those involved in FPAR projects (Fine et al., 2000; Reid & Frisby, forthcoming). In writing this dissertation, my 'crisis of representation' was confounded by the interconnecting ways that I understood participants' experiences as 'Other,' my social location and feminist orientations, and my insider/outsider position as a long-term researcher within WOAW. Importantly, and

within these tensions, I cannot claim that this dissertation is a complete depiction of all that occurred within WOAW and all the ways of understanding these events across the diversity of possible perspectives (Lather, 2001). However, the importance of knowledge production and the relevance of women's lived realities cannot be denied (Harding, 1991). To address this dilemma, without being able to rectify it, my reflections situate this 'rendered account' firmly within my socially constructed position as feminist researcher and author and "[enable] me to question my authority without paralysis" (Reid, 2004, p. 7).

### **Representing the 'Other': Social locations & insider/outsider relationships**

The researcher is in the potentially powerful position to specify what differences exist, what they mean, whether they matter, and how they should be represented in research findings. This power lies in the authority, or effective ability, to name difference and to specify the boundaries and meanings of relationships. (Ramazanoglu & Holland, 2002, p. 107)

Inherent power and privilege differences infiltrated the entire research process, including the lens through which I could understand and represent the experiences of the women who participated in the study. I am a feminist, middle-class, white, heterosexual, able-bodied, married, and well-educated Canadian woman, a social location embedded with considerable privilege. I was seeking to understand and write about the perspectives of women of colour who were newly immigrated to Canada, women with disabilities, single mothers, senior women with chronic health issues, and less educated women, most of whom lived below or at the poverty line. These women occupied social locations with relatively less privilege and in a range of ways they were the 'Other' to me. As Ramazanoglu and Holland (2002) point out, this relationship provided me with the power not only to name and represent our differences, but to decide how to represent the stories and perspectives they shared with me.

I negotiated this tension by attempting to position this dissertation as being produced by a set of 'situated knowers' rather than by traditional positivist assumptions of the researcher as

the knower and participants as the known (Gunzenhauzer, 2006). Feminist theorists have convincingly argued that knowledge is subjectively and socially constructed; as such there are no universal narratives, but rather multiple ways of understanding the world (Tong, 1998; Weedon, 1999). Our diverse subjectivities and ways of knowing are produced in large part by our locations as refracted by axis of power associated with gender, race/ethnicity, class, age, (dis)ability, and sexuality (Anzaldua & Keating, 2002; Collins, 2000a; Lorde, 1984). As such, there is no one standpoint that can represent women's diversity. Rather, each of us is situated in multiple and fluid social locations that define and challenge our worldview.

By keeping this perspective close at hand, I sought to recognize the diversity within the group of women and resist the tendency to categorize them as a homogenous group (Mohanty, 2004). I endeavoured to depict them as active agents, versus as powerless objects, in this knowledge-making practice. Rather than following patriarchal practices of privileging the voice of the researcher or attempting the impossible task of claiming to equally privilege the voices of all participants, Lykes and Coquillon (2006) refer to the process of writing-in a 'third voice' as a way to transgress traditional representations and integrate researchers' and participants' collective voices. In many ways, my attempt to write-in a third voice served to create a collective and distinct set of knowledge that enabled me to address my research questions. My role in this co-creation was to explore, connect, and contextualize our diverse standpoints and subjectivities (Fine & Weis, 2005). And yet, I question the degree to which creating a third voice was possible in the context of writing a doctoral dissertation given the imperative that I demonstrate my own knowledge, analysis, and voice to successfully climb the academic ranks (Brydon-Miller, 2004; Chrisp, 2004). I remain humbled by and grateful for the degree to which the women contributed to my completion of this document.

Insider/outsider debates in the feminist literature question the degree to which researchers who live outside the realm of the contexts we study can come to understand and depict the lives and experiences of the 'Other' (Harding, 1991; Shope, 2006). Certainly, there are limits to what I can know about the realities of being a new immigrant of colour, coping with a chronic disability, or living in material scarcity, and these limitations positioned me as an outsider. And yet, as a doctoral student and feminist participatory action researcher, I had the unique privilege of being involved with WOAW for over 5 years. I fulfilled many roles as Project Manager of the SSHRC-funded research grant and during my own doctoral research. I attended and facilitated meetings and strategic planning sessions, took field notes and conducted interviews and focus groups, managed the budget, analyzed data and wrote (or co-wrote) reports, papers, and conference presentations, assisted in the organization of WOAW events, and provided emotional and practical support to members, service providers, and co-researchers. This level of involvement placed me inside my research context and gave me a particular insight into participants' experiences within it. Yet my multiple and sometimes conflicting roles also complicated these power relationships. For example, at times my role as facilitator of a meeting conflicted with my role as researcher when I became attached to a particular outcome or exchange of ideas that may or may not have appropriately served the members and organization. At these times, my role as manager of the research budget reinforced my power and therefore my ability to facilitate a meeting in a direction that was in keeping with my academic agenda. Yet there were also times when my role as a researcher who required members' participation for the success of my project left me vulnerable to the power of participants to choose in or out of the research process. From this more vulnerable position, I occasionally extended myself in relationships with participants beyond comfortable boundaries, a tendency which at times compromised my role as manager of the project budget. These

conflicting roles and complicated relationships infused my insiderness/outsiderness with considerable ambiguity.

Naples (2003) reminds feminist researchers that the insider/outsider debate is a created dichotomy, rather than a realistic interpretation of how researchers engage in, belong to, and know their research environments. Certainly, my reality reflected the notion of insider/outsider fluidity. When I spoke with participants about their experiences in WOAW, I knew about the situations that we were discussing because I had often been a part of them, yet I could not fully know how they had experienced them from their multiple and ever-shifting social realities. In this way, I constantly negotiated my insider/outsider positions that shifted from moment to moment and at times occurred simultaneously. For example, there were times when my participation was central to WOAW activities we were planning, yet the appropriateness of the activities were curious to me because I could not understand their relevance to members' lived realities. By understanding that my position in the research process was never fully inside or outside, I aimed to transcend this debate by recognizing that I/we could only create knowledge that was partial and socially situated (Naples, 2003). The examination of my reflexive practice is an imperative step in understanding how this dissertation unfolded and what can be learned from it.

### **My Reflexive Practice**

In keeping with the feminist imperative to constantly interrogate how researchers' multiple and fluid identities inevitably shape their research processes (Naples, 2003; Reinharz, 1997), I regularly reflected on the impact of my 'brought selves' throughout the description of my methods. While this dissertation has left me open and, at times, academically vulnerable, it also contributes to a growing body of literature that is unveiling the messy reality and the deep

insights available through feminist research, and FPAR in particular (e.g. Ceglowski, 2000; Mauthner & Doucet, 2003; Reid, 2004; Williams & Lykes, 2003).

I have attempted to critically explore my emotions, assumptions, and decisions within the social context that shaped them. I also investigated my enactments of power as researcher by considering the paths I did and did not take, my chosen silences, my privileges, and my relationships with participants. My reflexive practice also helped me to live more closely the commitment to a participatory design by providing a system through which I could verify that my decisions were aligned to with my research intentions (van der Wey, 2004). However, I also realize that this study could have been more participatory if I relinquished more control during the initial stages of data collection and analysis. During those moments when my decisions were not in line with my research intentions, my reflexive practice helped me to grapple with the social, emotional, and power relations that shaped my decision-making. In the end, the value of reflexivity is not only in what I learned about the research process and its contexts. Importantly, it also taught me more about myself, my place in the world, and how I can learn to make a difference (Deutsch, 2004). While some of my insights were evident to me during my experience in field, the depth with which I came to understand them unfolded through my deliberately reflexive strategies of field note writing and peer debriefing.

### **Reflexive field notes**

Field notes are “a record of one’s reactions, a source of background information, and a preliminary stab at analysis” (Sanjek, 1990, p. 100). With the intent of capturing the tone and texture of research settings, field notes can be descriptive, reflective and/or analytic in nature. Similarly, journaling is a “powerful heuristic tool and research technique” (Janesick, 1999, p. 506) that aids researchers in rigorously refining their description and analysis of both research content and process through reflective writing (Janesick, 2000; Richardson, 2003). Journaling

can also provide researchers with an emotional outlet, particularly for those who are entrenched in the lives and communities of their participants (Sanjek, 1990). I began field note taking and journaling as discrete tasks, in relation to their proximity to the research setting. In other words, I took field notes after more direct and formal contact with participants and journaled after informal contact or in relation to research tasks that did not include participants (e.g. coding). Over time, however, I realized that both tasks served similar purposes: to describe, analyze, and reflect upon my research process. Thus, in my analysis and write-up I have named these interconnected productions into one category called 'reflexive field notes.'

I wrote reflexive field notes after each data gathering exercise and after most transcribing and coding sessions. The field notes were written primarily by me except in the case of the research party when Tammy and I wrote them collaboratively. In this instance Tammy wrote her initial descriptions and reflections of the meeting, after which I added mine, clearly delineating them from hers. I also wrote field notes after a significant event that occurred outside of the formal research process (e.g., a WOAW meeting or informal phone conversation) or when a certain set of ideas was pervading my thoughts.

The field notes served to describe and reflect upon the various stages of my research process. For example, the post-interview or post-meeting notes described the setting, the tone, and the events as they unfolded. My reflections also included the interrogation of assumptions I made about participants and their living situations, the usefulness of my methods, and how class and other power differences may have infiltrated the process. Finally, my field notes recorded the methodological decisions I made and their justifications, ideas for theorizing and making sense of my data, and my perceptions about how participants' experiences could be compared with and contrasted against one another and assumptions I was holding.



I often spoke my field notes into my tape-recorder immediately after a data gathering session. This typically happened in my vehicle as I left the site, but also took place in odd locations such as a public bathroom stall when time between interviews was scarce. I believed that the sooner I created the field notes the better, as the situation would be fresh in my mind. I transcribed these field notes in conjunction with the transcription of the session as a whole. When it was not convenient for me to speak my field notes into the recorder, I wrote them out as soon as possible following the session. Upon analysis of these notes, I discovered that, despite the time lag, the field notes that I wrote out were more detailed and reflexive than the ones I tape-recorded despite my presumption that it would be the other way around because of the immediacy of the tape-recorded notes. I believe that this discovery speaks to the depth and value of writing as reflexive process.

Marshall (2001) refers to reflexive writing as a means of engaging with one's 'inner arc of attention.' In this exploration, I delved inside myself to ask difficult albeit imperative questions about my role as researcher. She also purports the use of an 'outer arc of attention' as a way for researchers to look beyond themselves to test developing ideas and broaden their scope of understanding (Marshall, 2001). I developed an intentional outer arc strategy by creating a peer debriefing structure as part of my reflexive practice.

### **Peer debriefing**

Brydon-Miller, Maguire, and McIntyre (2004) remind feminist participatory action researchers that peer and community relationships are necessary to support and sustain us within the intensity of our research processes. At the onset of my data collection, I invited Colleen and Tammy to formally act as my peer debriefers since both worked with me on the SSHRC grant, understood the complexities of FPAR, and respected my concerns about confidentiality. Imperatively, I also trusted these women to gently hold my experiences and

compassionately challenge my interpretations. We agreed to an informal structure such that I would call on their support as needed.

The purpose of deliberately creating a peer debriefing structure was threefold. First, it provided me with support in what was often emotionally-taxing work. Second, it created a relatively informal and unthreatening setting where I could share and discuss my thoughts and feelings about my research experiences. And third, it allowed me to brainstorm ideas on how to manage and understand the inherent messiness of FPAR. Deliberately creating this peer debriefing structure was inspired by my experiences of working within the larger SSHRC-funded research project, where I found the connection to other researchers an invaluable source of learning and support (Ponic et al., 2002).

As with most FPAR ideals and strategies, the reality of living them was complex (Reid, 2000). I did not engage in peer debriefing as consistently as I had anticipated because of logistical challenges. The most common use of my peer debriefers was to connect with them when I experienced intense feelings or difficult decisions about my research process or participants. What typically occurred during these conversations was that once I was able to express my emotions, we were then able to critically consider the implications to my research processes and relationships, especially as they related to issues of power and inclusion. In retrospect, I imagine that participants also experienced emotional reactions to their involvement and the co-creation of a peer debriefing structure could have been an important contribution to our participatory process and to their well-being within it.

To document the conversations with my peer debriefers, I wrote about them in my reflexive field notes. As the following excerpt illustrates, this process allowed me to consider my emotions and power in a situation and reflect on the usefulness of peer debriefing in my reflexive process.

It felt so good to release these feelings and thoughts and by the end of the conversation my energy around the meeting felt less heightened and I could think about it more analytically. I moved from being angry with her to having more compassion for her and her place in the world. This is another good reminder of the importance of a peer debriefer, as both an outlet for feelings and a sounding board for ideas. (Pam's field notes)

Coupled with the writing of my field notes, peer debriefing deepened my reflexive process. Our conversations grounded me when my emotions threatened to overwhelm my experiences and provided me with much needed support as I grappled with the power dynamics that danced amongst my research relationships.

### **Power & Inclusion in Feminist Participatory Action Research**

Feminist methodology writers have brought to light the inherent power dynamics that privilege the researcher over the researched in most academic studies (Harding, 1987). This concern is being addressed by feminist participatory action researchers who seek to destabilize traditional research relations and utilize the collective sources of power, brought by both researchers and participants, to transform both individuals and social conditions (Lykes & Coquillon, 2006). Power, from this perspective, is a multidimensional and relational force (Brydon-Miller, 2004). Although differentially privileged, each woman has the capacity to draw on resources and enact her power accordingly. Feminist participatory action researchers attempt to create conditions that foster the positive and responsible use of power by all participants: we seek to enable strategies of *power-with*, *power-to*, and *power-for* rather than *power-over* (Tetreault & Teske, 2000).

Inclusion through a participatory research design in FPAR is one such strategy, such that participants are able to choose when, where, and how they participate in the research process (Reid & Frisby, forthcoming). Committing to an emerging and open-ended plan fosters inclusion because it provides a framework in which the researcher can respond to the needs and

demands of participants and adapt to the situations at hand (Tom, 1996; van der Wey & Ponc, 2005). This commitment, however, specifically requires the researcher to relinquish some control over research processes and outcomes, which can leave her vulnerable to the decisions, actions, and perceptions of participants, as well as academic imperatives (Brydon-Miller, 2004; Chrisp, 2004; Lykes, 2005).

Destabilizing power relations in FPAR is inherently messy. A reflexive practice helps researchers make sense of and negotiate the uncertainty and complexity (Maguire, 2001; Naples, 2003). It is critically important that feminist participatory action researchers remember, especially in the thick of it, that when the work feels the most challenging is also when the most important contributions are being made. The unsettled territory that must be negotiated when traditional research power relations are destabilized is often the very ground where possibilities for action and change emerge.

# CHAPTER 5

## Inclusion as a Multi-faceted & Negotiated Process

Inclusion in WOAW involved a process. It dealt with different stages. First stage was on structure, the existence of the group. Second stage involved getting to know the women, the physical stage. Third stage was the emotional stage. Identifying women's interests, concerns, challenges, hopes, dreams, etc. This was the most fascinating stage for me. I discovered similarities of concerns which made me identify myself in the group. (Maria Manuel's writing)

In this first of my findings chapters, I describe and analyze the meanings and experiences of inclusion in WOAW from the perspective of the women who participated in my study. Maria Manuel's quote provided the starting point from which I came to understand and conceptualize inclusion. Her comment gives insight into the complexity of inclusion processes in CBHP and into the deeply personal meanings they hold. I gathered participants' perspectives by asking them to describe what inclusion meant to them and the ways in which they had and had not experienced it in WOAW. The range of participants' definitions, experiences, and reflections revealed that inclusion was a multidimensional and dynamic social process, which was shaped by the decisions that individual women made and the actions that they took in the context of multiple spheres of influence. Additionally, their experiences of inclusion were in a fluid relationship with those of exclusion.

These findings begin to fill a gap in the inclusion literature by providing a community-based perspective. Most inclusion researchers and policy-makers have focused their work at broader political and economic levels (Askonas, 2000; Human Resources Development Canada, 2003; Richmond & Saloojee, 2005). While structural analyses of inclusion and exclusion are certainly necessary to redress systemic inequities (Galabuzi & Labonte, 2002), these approaches do not fully consider how members of marginalized communities experience, make meaning of, and benefit from inclusion strategies. Further, there is little evidence to indicate that inclusion

strategies in CBHP have proven effective, and rarely has their value and impact been evaluated from the perspectives of intended beneficiaries (Long & Bramham, 2006; Zakus & Lysack, 1998).

In this chapter, I first explore the relevance of inclusion in WOAW. I then describe participants' meanings and experiences of inclusion in greater detail. Similar to the theoretical model described in Chapter 2, inclusion processes consisted of interconnected psychosocial, relational, and organizational dimensions that were in constant interplay with the women's participatory decisions and actions. Within each of these dimensions, participants identified a number of elements that gave meaning to their inclusion experiences. In the final section of this chapter, I explore participants' experiences of exclusion, which occurred in fluid relationship with those of inclusion.

### **The Relevance of Inclusion in WOAW**

Inclusion was identified as a core value in WOAW when its members collectively developed its vision (Ponic & Frisby, 2005). However, deeply embedded assumptions about inclusion served to block much critical reflection about how it was fostered within the organization. Recognizing these assumptions opened the door to our deeper considerations and conversations about inclusion in WOAW. As a starting point for our conversations in each interview and in order to clarify whether inclusion was a significant aspect of WOAW, I asked about its relevance. Every participant emphasized that inclusion was deeply relevant and crucial to WOAW's creation and sustainability. When I posed this question again at the research party everyone in attendance nodded their heads in agreement. Kate said "yeah, because that's what WOAW is. It's not just one woman, it's every woman. And it's so diverse, that there are enough things [to do in WOAW] that it includes" (Kate, research party). Kate's comment confirmed

that inclusion was central to WOAW and her references to 'every woman,' 'diversity,' and multiple ways of being involved in the organization illustrated the personal meanings it held.

Yet despite their declarations that inclusion was central to WOAW's vision, participants were challenged to define it in any clear fashion. During my data collection process, I grappled with the idea that the language of inclusion seemed to be letting me down, as this excerpt from my field note illustrates:

What's become really clear to me is that there's really an assumption that everybody knows what you're talking about when you're talking about inclusion. And so unpacking it is quite difficult and I'm still not sure that I've found a way to ask about inclusion that gets people to really talk about what it looks like. (Pam's field notes)

As I analyzed the transcripts, I realized that succinct and insightful descriptions were given less often when I asked participants to define inclusion and more often when we explored the instances when they felt included, strove to include others, or contrasted it with experiences of exclusion. Furthermore, a few participants admitted that they had not considered the relevance of inclusion in WOAW until I initiated the conversations. When I asked Selah if being included in WOAW was important to her, she said "um, included, interesting word" (Selah's interview). Diane reflected on the idea that inclusion was both deeply relevant and rarely named when she remarked:

So although I was aware that sometimes people weren't being included, I never really appreciated until you asked, [when you] sent me these questions that maybe this is one of the most important parts of WOAW. (laughter) I mean I understood, I guess I understood inclusion because, I know people on low income maybe get excluded. (Diane's interview)

Their challenge in defining inclusion, their reflections about the word itself, and their deeper realizations about its relevance gave insight into the assumptions that were made about inclusion, assumptions that are also embedded in academic literature and that we all make every day. So entrenched are our assumptions about inclusion that we may fail to reflectively consider

what inclusion is, how it may or may not be manifested, and who does and does not benefit in the process.

Once inclusion was named and described in their stories, participants were more often able to reflect on what it meant to them.

The meaning of exclusion and inclusion does not derive from political actors' (or sociologists') definitions but from the people's interpretations. People's interpretations and their resulting actions must become the core subject of empirical research. (Vobruha, 2000, p. 609)

Individuals make meaning from the ways in which they interpret their experiences, and it is in this source of lay knowledge that the deepest insight into inclusion processes are found (Williams, 2003). In keeping with this belief about the power of lay knowledge, I now turn to participants' meanings and experiences of inclusion in WOAW. This section purposefully highlights the positive and health promoting attributes of inclusion that participants identified. Yet their experiences were not universal or necessarily stable. They reflected on different forms of inclusion at various stages of their involvement and each participant also experienced moments of exclusion within the organization. The tensions associated with the fluctuations between experiences of inclusion and exclusion had consequences for their health as I will explore later in this chapter and in the ensuing ones.

### **Women's Meanings & Experiences of Inclusion**

The most remarkable aspect of how participants made meaning of and experienced inclusion was its multi-dimensional nature. Participants spoke about 25 elements of inclusion that fell within the psychosocial, relational, local/organizational, and participatory dimensions that are in line with the spheres of influence and women's actions outlined in the theoretical model in Chapter 2. The entire list of elements discussed is reflected in my codebook in



Appendix V. In order to keep this section manageable, I have condensed the list to the 13 elements that were most prevalent as outlined in Table 5.1.

**Table 5.1: Dimensions & element of inclusion**

Dimension	Elements
Psychosocial	Acceptance Safety & trust Recognition
Relational	Being welcomed Respect Support
Organizational	Addressing barriers Access to resources Ethic of care
Participatory	Sharing Contributing Having a voice Engaging in activities

Participants shared their understandings and stories with me in response to questions such as: why did you join WOAW and/or what has kept you involved in WOAW over the years? What does it mean to have inclusion as a value of WOAW? Can you give me an example of when you felt included in WOAW? Was being included in WOAW important to you – and if so, why? What did you do to help make others feel included? I present these dimensions and elements by describing how the women expressed them individually and collectively. While I write about them in a somewhat distinct and linear fashion, it is important to remember that participants understood and experienced them in interconnected and dynamic ways.

The breadth of participants' understandings and experiences contradicts all but the most critical of inclusion theory. For the most part, attempts to foster inclusion have held the embedded assumption that inclusion is a readily known, shared, and understood entity for all involved. For example, in their development of a 'social inclusion' interview schedule, a group of education researchers assumed that inclusion can be understood in the exploration of young people with disabilities' social networks (Pawson, Raghavan, & Small, 2005). Alternatively, the

Federation of Canadian Municipalities takes for granted that social inclusion can be equated with the economic security of its constituents (Canadian Federation of Municipalities, 2006). While social networks and economic security may be important aspects of inclusion, these approaches are one-dimensional. Critical perspectives of inclusion however, acknowledge the complexities and nuances, as O'Reilly (2005) articulates:

There are, however, numerous variables that can be considered of importance in terms of inclusion and exclusion, and as all of these are potentially complex continua, a fully comprehensive model of inclusion and exclusion would need to be incredibly detailed. (pp. 84-85)

His recognition that inclusion processes are inherently complex, often unfold in relation to those of exclusion, and need to be exceedingly detailed points to the gap in the literature that my findings begin to fill.

### **Psychosocial dimension**

The psychosocial dimension of inclusion refers to participants' internal understandings about their relationships with other members of WOAW, which at times manifested emotionally. Table 5.2 outlines the elements of this dimension, which are acceptance, safety/trust, and recognition, as well as the number of participants who referred to them.

**Table 5.2: Psychosocial elements of inclusion**

Dimension	Element	Number of participants who identified this element (n=14)
Psycho-social	Acceptance	11
	Safety/trust	7
	Recognition	8

Psychosocial aspects of inclusion are often overlooked when inclusion is theorized at broad social and political levels. However, they were central to how participants understood their places in WOAW. Fostering inclusion, especially as a means of addressing exclusion, requires that attention be paid to the internalized impacts of marginalization and exclusion (Prilleltensky & Nelson, 2002). Those who are chronically oppressed come to understand themselves as

unacceptable, unsafe, and de-valued members of society (Abrams et al., 2005). Fraser (1997) suggests that cultural recognition is necessary for individual well-being and social justice, such that all forms of identity are valued and celebrated. A culture of recognition is central to inclusion processes that seek to undo the effects of internalized oppression and exclusion while simultaneously fostering internal feelings of acceptance, safety/trust, and belonging.

### **Acceptance**

Acceptance was identified as the most critical psychosocial element of inclusion. When I asked Elaine what aspect of WOAW had been most important to her she stated: “to be accepted for what you are and who you are” (Elaine’s interview). Mary Elizabeth, an older woman who had often felt that her immediate family did not fully embrace her ways of being, said that one of the main benefits of WOAW was that “I have made new friends who accept me as I am” (Mary Elizabeth’s writing). The notion of being accepted for who you are, which was prevalent for the majority of participants, implies that inclusion requires that differences are embraced, rather than feared or marginalized (Anzaldua, 2002). Yet most inclusion strategies seek to assimilate differences by fostering a sense of commonality that requires those who are different or ‘Other’ to ‘fit’ into existing structures (Shakir, 2005). This understanding of acceptance as inclusion flies in the face of typically oppressive practices that tend to exclude and marginalize people because of their differences.

Participants explained that acceptance and inclusion in WOAW meant being willing to accommodate the differences. Patricia said that “being accepted when you have a physical impairment, or emotional, psychological, social, you know, anything like that, that was one the best things” (Patricia, research party). Each participant wanted to be accepted for the unique identities she brought to the group. This was particularly important for poor, unemployed, disabled and/or newly immigrated women who were often excluded because of their social

identity as 'Other' (Young, 1990). For Maria Manuel, who had recently immigrated to Canada, the acceptance of cultural differences was imperative. She shared that "inclusion in WOAW was better felt when I am accepted as I am, my ideas, belief, religion, race and culture" (Maria Manuel's writing). Sydney specifically spoke of WOAW as a place where women felt accepted, despite the fact that they didn't have money to participate.

So it was somewhere they felt they could come [even if] they didn't have the money, they couldn't afford to do it, so it was something where you could be accepted, you could do things even if you couldn't afford to do things.  
(Sydney's interview)

In reference to her story about immigrating to a new country and a new culture, Marylu said "I think I needed the acceptance to survive" (Marylu's interview). Not feeling accepted would have jeopardized her participation in WOAW and she believed that her ability to 'survive' the transition into a new culture and community was significantly aided by experiencing inclusion.

### **Safety & trust**

Over half of participants spoke about a sense of safety within WOAW as an important psychosocial aspect of inclusion. Feeling safe is a consequence of an individual's level of fear in a situation and is predicated on external events that may or may not be in that person's control. For example, over half of participants spoke of feeling generally unsafe in large groups, as they were in fear of being judged or verbally attacked. Such fears are typical reactions to persistent experiences of being impoverished and shamed (Russell, 1996). Sydney explained that "in the past I felt like I couldn't do or speak my mind in a group setting because I thought I'd be judged" (Sydney's writing). She went on to explain how she felt inclusion was possible in WOAW because members "are able to feel safe to say what they want to discuss" (Sydney's interview). Yet the notion of safety is slippery, since what makes one feel safe will vary from person to person and situation and to situation. Selah explained that what made her feel safe in WOAW was "the trust factor" (Selah, research party). While the notions of safety, fear, and

trust may be inherently related, trust results from the process of developing relationships in which individuals have faith that they will not be harmed. Safety is thus more a matter of external circumstances, while trust resides more fully in an individual's psyche and spiritual beliefs. Therefore, trust may more appropriately capture this psychosocial dimension of inclusion that relates specifically to fear in relationships.

Trust in WOAW aided women in expressing their emotions about delicate social or health subjects such as alienation or depression. Diane explained she often found it difficult to speak openly about her depression during her mother's illness or about difficult times at work because she was afraid of negative ramifications. She experienced a sense of inclusion in WOAW because she trusted that she could express her emotions and challenges with other members in an open way: "I was dealing with depression on and off since the time I belonged. I always felt that it was okay to say that. It felt like a safe environment to talk about that" (Diane's interview). The creation of a space in WOAW for members to openly express themselves, allowed participants to feel supported during times of crisis. Leisure opportunities can create such a space within which women in health crises can access social support (Shannon & Bourque, 2005). Certainly, the value of sharing stories of oppression and ill-health as a mechanism for liberation and healing are central to feminist and participatory approaches to health promotion and research (Lykes & Mersky, 2006; Maguire, 2001; Prilleltensky, 2005).

Trusting one another and feeling supported also allowed WOAW members to extend themselves beyond what they might normally do when bound by fear. Marylu shared that her experiences in WOAW helped her feel safe to participate in our interview despite her concerns about the quality of her English, which was her second language:

WOAW helped me to be with a group of people that I felt comfortable to talk with, even with my mistakes. If other people ask me for an interview, I never give an interview about this type of thing. But with you [as part of WOAW] I

feel very comfortable that you are not going to hurt anybody. (Marylu's interview)

She said she felt included, agreed to participate, and enjoyed the opportunity to share her experiences and insights with me because through our mutual involvement in WOAW, she had come to trust that my intentions were respectful and that I would not deliberately harm her or other WOAW members with my research. Ironically, the level of trust that was built in our relationship over time served to both facilitate participants' inclusion in the research while simultaneously making them vulnerable to my interpretations of their experiences.

### **Recognition**

Being recognized for their presence, ideas, and feelings was a key psychosocial aspect of inclusion for over half of study participants. Patricia felt her presence was valued in the group because other members reached out to her when she fell ill. She explained that "when they found out I got hurt they sent me notes, which made me feel really close to the group, because I felt like I was wanted" (Patricia's interview). Ana spoke of how her connection with other WOAW members made a "difference in my life because I feel that my feelings are important" (Ana, research party). For both Ana and Patricia, they felt that they were being valued as women by other women and this was central to their sense of belonging and inclusion within the organization.

WOAW members also felt valued when their participation and voices were requested and appreciated, as Marylu shared in this quote:

[when] everybody phoned me and said 'come to this meeting, I would like you to participate in this or I like your ideas'. And sometimes if you hear a person ... say 'oh I love this because you give me another perspective or another idea,' it makes me feel good. (Marylu's interview)

Inclusion was facilitated when participants felt recognized and valued for the skills, knowledge, and ideas that they offered to each other. This process also fostered their sense of self-worth.

Selah explained how important it was for her to be valued for her authentic contributions to WOAW and its members:

I think the recognition was important for me. One of the biggest things I found over my years was that I was always recognized for what I did and I don't think I ever felt recognized for who I was. ...Kate has said thank you for doing this or showing me that. And it's coming from me inside, so I feel recognized as Selah, as a peer, which is really nice. (Selah, research party)

Feminist organizing structures encourage the participation and contribution of all members, seek to respect and foster each woman's contributions, and help set the stage for women to feel valued in the group (Dominelli, 1995; Mizrahi, 2007; Pinnington, 2001). By recognizing that, to some degree, most members wanted to feel appreciated for their contributions, participants attempted to help each other feel valued. This occurred at times even during conflict and disagreement, as Pat acknowledged when she said: "you can recognize and value somebody and still tell them they're wrong" (Pat's interview). By continuing to value each other in times of conflict, participants' sense of being accepted and safe deepened. It was in these moments of being recognized as important members who could contribute that they felt included.

### **Relational dimension**

The relational dimension of inclusion refers to the relationships between members, particularly in terms of how they engaged and behaved with one another across power and other differences. Table 5.3 outlines the degree to which being welcomed, giving and receiving support, and respecting one another resonated for participants. These elements were central to the health benefits that participants experienced in WOAW, and when they weren't enacted, their absence typically fuelled the conflict that brewed in time.

**Table 5.3: Relational elements of inclusion**

Dimension	Element	Number of participants who identified this element (n=14)
Relational	Being welcomed	12
	Respect	9
	Support	12

**Being welcomed**

Nearly every participant identified being invited and welcomed into WOAW as an imperative first step in fostering their inclusion. Vicky described this aspect of inclusion as “everybody being invited to everything” (Vicky’s interview). Ana commented that “everyone [in WOAW] opened their arms for me and my family and that was nice” (Ana, research party). While the notion of including ‘everyone in everything’ was idealistic, the comments illustrate the importance of creating a welcoming environment. When I asked Sandra how long it took her to identify as being a member of WOAW, she explained that she immediately “felt welcomed and I became really an integral part of the group and I started going to all the meetings” (Sandra’s interview). As Sandra’s quote illustrates, the sense of feeling welcomed created a comfort within the group that facilitated members’ ongoing participation and choices.

Being consistently welcomed was equally important for long-term members whose personal lives prevented them from being consistently involved. As Diane explained: “even though I had a lot going on in my life with my parents and my focus would be completely separate for periods of time that when I came back [to WOAW], I always felt welcome” (Diane’s interview). This level of openness absolved the guilt participants may have felt about their inactivity in the organization. Participants were aware of how important it was to keep the door open to women who had complicated lives and some went out of their way to continue to make members feel welcome, as Sydney described:



If they can't come every month we still let them know what's happening.  
Because we know that maybe they can't make it one time, that they still want to  
be involved and come and meet for socials or whatever we decide to do.  
(Sydney's interview)

Patricia felt appreciated and included when other members made an effort to invite her to WOAW events because, even when she was sick or without transportation, she said that "I feel like I always get my email from Sydney" (Patricia, research party). Often the welcoming went beyond simply inviting someone to attend, to seeking out and valuing their participation. Marylu said that she felt appreciated and welcomed when another member "phoned me and said come to this meeting, I would like you to participate in this" (Marylu's interview). While this was often the first step to inclusion in WOAW, it continued to be important over the long term, such that women knew they remained included despite long absences and that they were welcomed not only for their attendance, but for their active and helpful contributions.

### **Support**

All but two of the study participants emphasized that supporting one another was one of the most important elements of WOAW and central to their sense of inclusion. For many women who had lived in isolation, the friends they made through WOAW became, as Kate described, their "major support system" (Kate's interview). The women supported each other in emotional and practical ways and often during times of crisis. When Elaine fell ill and her ability to use her hands was extremely limited, she explained that WOAW members "supported me - they used to phone up and [one member] sent over some food when I wasn't able to prepare stuff" (Elaine's interview). As Maria Manuel explained, support amongst members was typically mutual and carried significant meaning:

When Diane's mom passed away we went there as a group [to] show our concern and showed that we care for her. And that means a lot for Diane. In the same manner that when I got sick they were with me. Diane and Caroline asked what would you like to do before you have your surgery. And then I

thought you know I'm a bowler back home, so let's go bowling. (Maria Manuel's interview)

Feeling supported during times of transition was also extremely important to many WOAW members as they struggled to feel settled in their new life situations. As Ana explained, the support she received helped her to realize that her immigration to Canada could be successful and helped her to feel included in this new country. She remarked that it was "nice to have [WOAW] and I feel 'oh, I am here and it can work,' and this is good support I have ... in this country" (Ana's interview).

Experiencing support from WOAW members also facilitated a sense of power for many participants. For some women, having power has been affiliated with a heightened sense of connectedness and self in ways that facilitated their action (Shields, 1995). Similarly, when participants felt supported by other WOAW members, they felt they could take risks and try to accomplish new things because they knew there were others to back them up if needed. Selah explained that "I feel like I can move forward in life because I don't feel alone anymore. There's always a phone call or something I can make" (Selah, research party). The support they received helped them feel included in their communities during times of crisis and transitions and provided a base from which they could move forward in their lives.

Since nearly every participant had been socially isolated prior to joining WOAW, they were acutely aware of how important connection and support were in maintaining their health (Reid, Ponc, & Frisby, 2002b). Experiences of social isolation are increasingly prevalent for marginalized women, including women who are addicted or homeless, older women, young girls at risk, women with disabilities, and blue collar workers (Farris & Fenaughty, 2002; Findlay, 2003; Havens, Hall, Sylvestre, & Jivan, 2004; Hazler & Denham, 2002; Nosek, Hughes, Swedlund, Taylor, & Swank, 2003; Vezina, Derriennic, & Monfort, 2004). Researchers continue to make links between social isolation and ill-health, including depression, stress, suicide,

stigma, anxiety, elevated blood pressure, sleep deprivation, reduced self-esteem, and slower healing time (Cacioppo & Hawkley, 2003; Farris & Fenaughty, 2002; Findlay, 2003; Nosek et al., 2003). Alleviating social isolation through inclusion in CBHP, therefore, is critical to women's health.

### **Respect**

During both the interviews and the research party, participants stressed the importance of treating each other with respect. When I asked about how inclusion was fostered in WOAW, Elaine said "the women give each other respect" (Elaine's interview). Patricia confirmed the importance of respect when she explained that a critical element of WOAW's vision was that "when we're together we respect each other" (Patricia, research party).

When the women spoke of what it meant to respect each other, they talked about the importance of valuing each other's social, historical, and personal differences. Lorde (1984) makes the critical distinction between respecting and valuing difference versus simply tolerating them when she suggests that the:

Mere tolerance of difference between women is the grossest reformism. It is a total denial of the creative function of difference in our lives. Difference must be not merely tolerated, but seen as a fund of necessary polarities between which our creativity can spark like a dialectic. (p. 11)

The moments in which participants' authentically respected each other's differences, rather than simply tolerating them, were integral to inclusion processes. Vicky suggested that "one of the behaviours for people to feel included would be respect - respect of opinions, respect of ethnicity" (Vicky's interview). Tara added "I think in general in every activity I have had here, I felt respected. ... I have never felt bad about being an immigrant" (Tara's interview). Her comment illustrated that members of marginalized social groups may expect to be treated with disrespect because of their 'Otherness'. Young (1990) argues that the process of cultural imperialism results in 'Othering,' such that members of marginalized social groups are

stereotyped by essentializing assumptions that mark their experiences and the meanings of their social worlds as inferior. Against this backdrop of her 'Othering,' Tara felt that her identity as a new immigrant in WOAW was respected and central to her sense of inclusion.

Selah explained that she learned through WOAW that you could respect another person's opinions and behaviours without necessarily agreeing with them:

I realized for myself that I didn't have to be friends with everyone. ...I read something, something that said you don't have to like someone but respect their position. So if I can actually say my mind, I respect that they are here at WOAW, and they get my respect for that. (Selah, research party)

Given the many complex differences among participants this form of respect was imperative, since conflict and disagreement were inevitable, as the upcoming chapters will illustrate. Pat suggested that WOAW members could all work together despite their differences, but that "you have to have a respect for humanity" (Pat's interview). Respecting humanity meant recognizing that despite our differences we are all connected within the broader web of our social world (Anzaldua, 2002).

Living in poverty, having a disability, and/or being a new immigrant are grounds for exclusion in Western society. Being treated in stereotypical, shaming, and disrespectful ways is a common experience for women who occupy these margins (Abrams et al., 2005; Reid, 2004; Young, 1990). Against this backdrop of culturally sanctioned and exclusionary behaviour, fostering social justice requires attention to the ways in which we relate to one another. Acceptance, safety and trust, and support are core ingredients to inclusion processes that serve to shape both individuals' psychosocial identity and the forms of participation that enhance their ability to choose to participate in their communities.

### **Local/organizational dimension**

The local/organizational dimension of inclusion refers to WOAW's community-based organizing structures, processes and values. The specific elements that participants identified

were: having their barriers to participation addressed, being supported by service providers and researchers who had access to resources, and creating an organizational culture based on an ethic of care. Table 5.4 outlines the degree to which each element resonated with participants. These elements were highly connected and worked to create an environment within which the psychosocial and relational dimensions of inclusion were facilitated and participants could take action individually and collectively.

**Table 5.4: Local/organizational elements of inclusion**

Dimension	Element	Number of participants who identified this element (n=14)
Local/ organizational	Addressing barriers	10
	Access to resources	12
	Ethic of care	9

The degree to which the service providers and researchers helped promote inclusion was most apparent at the organizational level. While the resources that were brought by the service providers and researchers were imperative to addressing barriers and supporting WOAW's activities, they also created inherent power imbalances. The description of the following elements of inclusion begins to illustrate some of the benefits and tensions of partnering across class, power, and privilege differences.

### **Addressing barriers**

Addressing the barriers to participation was the most prevalent organizational element of inclusion discussed, since most participants had experienced significant barriers to their involvement in recreation and other spheres of community life. Given that nearly every member lived in material scarcity, addressing the barrier of cost was central. Sydney said that WOAW "was a good place for women who maybe couldn't afford it, because I know a lot of groups, they charge ... so in our group we rarely charge for anything" (Sydney's interview). While addressing the barrier of cost was imperative it was only one aspect of inclusion. When I

asked Diane to describe inclusion she said she “would describe it as a way of making sure that you don’t create any artificial barriers to women staying involved, or that you try to consider people’s factors that are going on in their lives” (Diane’s interview). Her reference to considering ‘people’s factors’ speaks to the need to accommodate the different requirements women have to enable their participation. During my early days in WOAW, I was struck by the complexity of attending to the often competing needs of members. A consistent example of this challenge occurred each time we scheduled a future gathering. The excerpt below represents a typical exchange amongst WOAW members when we worked to address each member’s barriers to participation. It occurred at the end of our research party as we attempted to schedule the follow-up action meeting:

Pam: How do people feel about early evenings to accommodate some of the people that couldn’t make it today or that are working? Like 5 o’clock or something?

Patricia: Well, at five, I wouldn’t be able to, depending on the date too. On Tuesdays I have other meetings.

Pam: Well the date I’m thinking of is Thursday, April 21st, just because I happen to be in Vancouver on the 22nd, so that makes it easier for me to come over.

Diane: Five is a bit early.

Kate: Would something like six work better?

Ana: After dinner would be perfect then I can settle that for my children.

Mary Elizabeth: I don’t like traveling around at night after dark too much.

Kate: Would it be easier for you, if you’re not traveling by yourself at night?

Mary Elizabeth: Well, our dining, we go down for supper at 5.30 and you’re very seldom through by 6.00. I mean to get from there to here.

Selah: Perhaps that’s where we could reach out and get you a ride.

Kate: My only question is what do I do with my lovely children? Because chances are I have to bring them with me.

Pam: So maybe something you can talk about Monday [at the upcoming WOAW meeting], is that there is a bit of money, right, I had enough funding for childminding today, but I don't have enough funding to support it anymore.

The barriers that members faced included time and day of the meeting, childminding, food requirements, safety, and transportation. These sorts of barriers are typically overlooked in recreation programming, but remain central to facilitating the participation of women living in poverty (Donnelly & Coakley, 2002; Frisby et al., 2007). For the most part, these barriers were related to participants' employment, domestic, and health needs, which were certainly a product of their social locations across axes of privilege and oppression, such as gender, class, race/ethnicity, age, (dis)ability, and sexual orientation. The process of attending to diverse participant needs was exhaustive and not entirely successful, since, as the above exchange illustrates, the barriers sometimes competed with one another and often compounded each other.

### **Access to resources**

Being supported with local resources brought to WOAW by the service providers and researchers was another element critical to WOAW's ability to include diverse members and address their barriers to participation. Diane suggested that "the external supports were right front and centre for me ... and in many ways they were like our battery - the thing that sort of generated a lot of the interest and maybe legitimacy too" (Diane, research party). Alongside of the resources they brought to WOAW, the service providers and researchers also brought what Diane referred to as 'legitimacy', which was important because it connected a group of disenfranchised women to established community organizations and institutions. However, Tett's (2005) work reminds us that although partnering service providers and researchers with community members has rich possibilities for fostering change, this practice is also embedded with unequal power dynamics that run the risk of silencing those with less 'legitimacy.' It was in

the moments that we were able to use our resources and power positively and responsibly in support of WOAW's activities that the service providers and researchers were able to energize, rather than stifle, inclusion and participation.

The service providers and researchers played diverse roles in WOAW; we pooled our resources in order to address barriers, facilitate the development of activities, and guide organizing processes. Sydney explained how she viewed these roles: "I saw the researchers and the community partners as [people] who could help us get what we're looking for, to lead us to where we wanted to go with the group" (Sydney's interview). The help and leadership the partners offered the group included providing meeting spaces, childminding, transportation, information, and a small budget – all of which helped to address the barriers that typically inhibit poor women's ability to be involved in community-based organizations and research (Frisby et al., 2007).

Additionally, the service providers and researchers played a significant role in guiding the development and practice of WOAW's feminist organizing process. As will be discussed in detail in Chapter 6, we attempted to teach and role-model feminist organizing processes by facilitating workshops in collective organizing, consensus decision-making, understanding power, and strategic planning. One of WOAW's feminist goals was to facilitate women's voices. Vicky gave an example of how a service provider supported her in this way. At a meeting, Vicky was attempting to contribute to a conversation about which activities her sub-group would organize and felt that the leader in her group was purposefully ignoring her suggestion. She explained that the recreation provider recognized her dilemma and used her power positively to intervene in the discussion to ensure that Vicky's suggestion was voiced: "[the service provider] was sitting beside me and so she spoke up. She said 'how about the hanging baskets?' because she knew I just wasn't being heard" (Vicky's interview).



As this example illustrates, the service providers and researchers negotiated the delicate balance between facilitating an equitable group process, while resisting the potential of taking over the process itself. Marylu believed that this balancing act was successful when she responded to my question about how service providers and researchers used their power in WOAW. She said: “they only tried to put the meeting together so that everybody could express their thoughts” (Marylu’s interview). Kate also showed her appreciation in how this balance was negotiated when she said “with our community partners it’s nice to be able to take what they’ve given us and see how far you can kind of run with it. Knowing that they would back you, no matter what” (Kate, research party). Her comment illustrates that the service providers and researchers were, at times, successful in their efforts to support WOAW members in the choices they made about their involvement in the organization. Of course, it is certainly possible that participants emphasized the positive aspects of our contributions and downplayed any negative consequences in the context of our interview process and concurrent differences in power and privilege.

### **Ethic of care**

In the earlier psychosocial and relational sections I described WOAW women’s experiences of being accepted, valued, supported, and respected. Woven into each of these elements of inclusion was the notion of an ethic of care based on participants’ desire to belong to an organization that fostered a caring environment. Critical race theorist Patricia Hill Collins wrote emphatically about the centrality of an ‘ethic of care’ to feminist research and practice because “personal expressiveness, emotions, and empathy are central to the knowledge validation process” (Collins, 1993, p. 99). An ethic of care is also evident in women’s tendency to emphasize the importance of maintaining relationships within organizations (Fletcher, 1998). Baines (1998) warns that associating women’s work with ‘caring’ runs the risk of reinforcing a

gendered division of labour. While the gendered nature of caring work is quite real, the negative ways in which it has been socially constructed do not negate its value. Caring can offer women a collaborative and more authentic working environment (Baines, 1998; Chinn, 2001).

Given participants' vulnerability within a local setting from which they typically felt excluded, it was essential that the service providers and researchers worked from and fostered an ethic of care. Participants at the initial workshop immediately recognized that their facilitators were not simply doing their jobs, but that they truly cared about WOAW members, the project, and the issues being tackled. Selah remarked that:

Dr Wendy Frisby was very articulate, very warm. You could tell that this was a project from her heart. ... And to walk into something that was beautifully organized, the room was set up beautifully, there were little pamphlets for us, they had booklets for us, they had paper, and really nice pens. They had coffee available. It was just, it was like me walking into any conference and I realized that this was supposed to be like for a poor person's conference, it felt really good. It felt like they were serious. (Selah's interview)

The warmth of the organizers and their attention to important details gave the initial workshop a quality that impoverished women rarely experienced. At recreation centres and other government services, poor women are most often received with suspicion, judgement, and disrespect (Ocean, 2005; Reid, 2004; Swanson, 2001). The researchers and service providers asked for and listened to members' feedback, providing them with the sense that they were valued.

The ethic of care remained present as WOAW grew from that initial workshop. Not only were researchers and service providers active in their participation and support, they "were really enthusiastic helping us" (Sydney, research party). Feeling supported in a caring way allowed women to feel safe. Diane said that she "had the tendency to lean towards the community partners. I looked up to them. I saw them as a caring source of authority in this organization" (Diane, research party). For the majority of participants, the caring that the

service providers and researchers brought to the organization was critical, as Pat's remark reflects:

I think a lot of it has to come from the heart. There's something in the heart that touches people in the group process. I see a strength of compassion and caring, if it's combined with education that's great. (Pat's interview)

While the resources that were brought to WOAW by service providers and researchers were integral to its sustainability, their caring was also a core contribution. Over time, participants experienced that their intentions were honourable and that their hearts were in the project.

However, as Diane's comment about the 'authority' of the service providers and researchers illuminates, our relative class and social privilege continually positioned us in positions of power that we were required to negotiate.

### **Participatory dimension**

The participatory dimension refers to the ways in which participants chose to take action. The actions they took included sharing stories and experiences, contributing to the work of the organization, participating in recreational activities, and having a voice. The degree to which each of these elements resonated for participants is outlined in Table 5.5.

**Table 5.5: Participatory elements of inclusion**

Dimension	Element	Number of participants who identified this element (n=14)
Participatory	Sharing	10
	Contributing	10
	Participating in recreational activities	8
	Having a voice	9

These actions give evidence to participants' agency and power in inclusion, an aspect that is typically overlooked when assumptions are made about who is meant to do the including (Shakir, 2005). Highlighting women's individual and collective actions also serves to recognize and legitimate their value in promoting their health and making a difference in their communities (Reid et al., 2006).

### **Sharing**

Mary Elizabeth described inclusion in WOAW as being primarily about “caring and sharing” (Mary Elizabeth’s interview). Patricia described how “people had different information and to share that with everybody is great” (Patricia’s interview). WOAW developed into a significant source of knowledge for its members as they shared local information about social, political, and educational events. They also informed one another of other important resources such as counselling, tax, and computer services. Kate explained that “there was always different little networks happening - if someone needed this, you say, ok we’ve got this, or go over and see what they can do” (Kate’s interview). Being a part of this network fostered a sense of being connected to a larger base of community resources.

Participants also shared experiences through participation in recreational activities that brought them closer to one another. As Pat described: “At the potlucks, it was the best feeling after the Tai Chi. People felt together. And then they’d have the opportunity to be together and to do things together a little more” (Pat’s interview). As members grew closer to one another they also began to share more of themselves and developed deeper relationships through their storytelling. Diane suggested that it always helped to “tell our stories around the table [because] it’s unifying, it unifies us” (Diane’s interview). By revealing themselves in their stories, participants recognized that they were connected in intimate ways. Maria Manuel remarked:

They are women, I am a woman too. So I identify with some of their pains, some of their commonality. The commonality of our concerns, our family, how we look at things, how we decide on something. So I can see myself with them.  
(Maria Manuel’s interview)

Hearing each other’s unique, but connected, experiences of immigration, disability, poverty, and ill-health (among others) helped many women realize that, despite their differences, they were not alone in their struggles. They came to realize that the challenges they faced were representative of those faced globally by women in gendered, classed, racialized, and otherwise

oppressive societies. This realization is an important first step in what Freire (1970) refers to as the development of a 'critical consciousness,' a process through which members of oppressed social groups engage in critical dialogue with the goal of "learning to perceive social, political and economic contradictions, and to take action against the oppressive elements of reality" (p. 35). Most participants found new and different ways to cope with their challenging life circumstances and began to utilize their new understandings to make different choices and take different actions in their lives.

The sharing process within WOAW also came to resemble therapeutic group work (Brandler & Roman, 1999; Steinberg, 2006), although that was never the specific intent of the organizing or research. Pollio (2000) suggests that all groups are therapeutic to some degree. He argues that not only do they initiate important social action they contribute to individual transformation. "Because all individual social behaviour changes that person and the others experiencing it" (Pollio, 2000, p. 8), sharing with groups offers both storytellers and receivers the opportunity to heal from emotional trauma. Sandra commented that in the process of sharing their stories, "people are open and helpful and you know they listen to people's problems ... and I think that people need to be listened to as well, so it's almost like therapy in a group" (Sandra's interview). For a group of women who were regularly harmed by the interconnected experiences of poverty, discrimination, ill-health, exclusion, and marginalization, having a place to tell their stories and heal was vital to their well-being. Sharing information and stories served to unite participants, which reinforced their inclusion.

### **Contributing**

Nearly three quarters of participants also indicated that contributing their energy and skills was a significant form of participation. Donnelly and Coakley (2002) envision inclusion as a "process through which the skills, talents and capacities of children are developed and

enhanced so that all are given the opportunity to realize their full potential” (p. 2). While their work specifically illustrated the necessity of children developing capacity and recognizing their full potential, enhancing a sense of self is certainly a necessary component of adults’ well-being as well (Jones & Meleis, 1993). Utilizing and developing their skills and talents was particularly important for many impoverished participants whose ability to contribute to their communities had been questioned and/or denied due to cultural stereotyping (Reid, 2004; Standing, 1998; Thompson, 2000).

Participants contributed because they felt it was important for them to give back to the organization that supported them. Marylu said that she felt like she “needed to contribute something, because WOAW already gave me something” (Marylu’s interview). WOAW’s model of sharing the responsibilities for organizing the activities created the sense of ‘giving and receiving’ that helped women feel included. Maria Manuel explained that “it provided an opportunity to share my skills in cooking and baking among the children of WOAW’s members. ... I felt like I am part of the group” (Maria Manuel’s writing).

Contributing to WOAW’s ongoing activities also helped many participants make a difference in their lives and the world around them. Sydney described how she contributed and how her contributions helped her feel good about herself:

Letting members know what happened at meetings and when our next activity was and participating in activities made me feel included. Using my strengths to participate (organizing and minute taking) made me feel useful. (Sydney’s writing)

Sydney’s sense of ‘feeling useful’ was echoed by other members who felt it was important to contribute to their communities. One of the benefits of participating in WOAW for Tara was having “the opportunity to help others around you .... to me as an immigrant, it made me feel like I was part of this community because I was doing something for the community” (Tara’s

interview). Similarly, contributing to WOAW's activities helped Sandra feel like she was making a difference her community:

I was there to belong to a group and to have fun and to participate; to give something to society. I felt I was contributing something as well as belonging. So for me that was important, belonging and giving. (Sandra's interview)

Members' willingness and ability to contribute was imperative to WOAW's ability to organize the recreational activities that they could all choose to participate in and benefit from.

### **Participating in recreational activities**

According to Donnelly and Coakley (2002), local recreation is a prime site for fostering inclusion. Organizing recreational activities was the basic premise of WOAW and members' involvement in these activities was a major component of how they participated, as Mary Elizabeth described:

As members of WOAW we have had some wonderful activities. One was an all day conference in Port Coquitlam where you had several choices as to what you wanted. FREE lunch and free babysitting. I choose to the take a class in fresh flower arranging. Some others opted for professional massage, etc. ... These are things that I would not be able to do if I did not belong to WOAW. (Mary Elizabeth's writing)

The activities that members chose to organize and participate in were based on the needs and interests that they identified and shared the crucial ingredient of fun, which provided them relief from the challenges of daily life. Maria Manuel shared how her inclusion in WOAW was connected to her involvement in activities:

Planning and organizing activities based on the needs of the women of WOAW was important for me. Simple tea gathering/meeting, potluck lunch or dinner, seminars on self-esteem, birthday celebration, arts and crafts activities were just some of the events which I attended and felt included in WOAW. It was FUN! (Maria Manuel's writing)

Making activities accessible was a primary goal of WOAW members' decisions and planning.

This served to facilitate women's participation and enthusiasm. As Vicky explained, "anybody I ever spoke to was really enthusiastic about it - especially that we would get either free or

discounted access to the rec centre and these courses and you know, just get-togethers” (Vicky’s interview). Addressing the cost and other related barriers was critical in WOAW, since most municipal recreation organizations now function from a neoliberal user-pay and for-profit approach that systematically excludes poor women and renders them unable to receive the associated health benefits (Arai & Pedlar, 2003; Caldwell, 2005; Reid et al., 2002b). Participating in activities not only facilitated participants’ sense of inclusion, it was also a key element in improving the quality of women’s lives. In response to my question about what has kept her involved in WOAW for so many years, Patricia said:

I think it’s just being a part of a group that does activities and gets us out, we get out into the community to do things. Being able to, for me, getting out of my house is the issue all the time. Because I just felt so isolated at one point in my life that it caused me a lot of depression. (Patricia’s interview)

The importance of having a reason to leave the house to participate in activities was frequently mentioned by members over the years, and as participants in this study have suggested, it provided them with opportunities to engage in enjoyable outings that would normally be beyond their financial means.

### **Having a voice**

WOAW created an organizing and decision-making structure that was intended to produce an environment where each woman’s voice could be heard. Having a voice was a meaningful aspect of inclusion for over half of participants. Vicky remarked that she “felt included when I felt like I had a say in some things we were going to do” (Vicky’s interview). For her, ‘having a say’ meant being able to contribute her perspective on how the organization should move forward and what activities would be organized. Being heard in this way facilitated Vicky’s agency in WOAW.

Communication skills were certainly central to participants’ sense of voice. Ana felt “that [her] opinion was listened to and that was good” (Ana’s interview). Her comment points to the



centrality of 'listening' as a critical aspect of 'voice' and an often overlooked facet of communication, as it is a critical component to understanding another's story and perspective (Anderson & Jack, 1991; Chinn, 2001). Listening requires not only hearing another person, it requires being open to changing your perspective about the topic, the person, or yourself based on what you hear (Alda, 2006). In this light, truly having voice means having the space to speak, be heard, and be listened to by each other.

The primary process through which WOAW members attempted to facilitate inclusion and voice was consensus decision-making. For Elaine, this meant that "we've all got an equal say, there's not one [person] that's taking charge" (Elaine's interview). While in the ideal form of consensus decision-making all members would speak their opinions on a given topic, this was not always the case in WOAW, since members had different comfort and skill levels with speaking in a group. Patricia described how that shifted over time as some members began to feel more comfortable and the more vocal members realized the importance of hearing from everyone. She reflected on this shift by noting that:

Some [members] are more outgoing then others and some are shy and scared to speak up. And I think we needed to learn, what I needed to learn, is to make sure that people are involved in it. And I think that's happening more and more now. You know, it's not just one voice or two voices or three voices or just four voices anymore. It's everybody has a chance to do something. It makes a difference. I've seen quiet people start talking and I think that's a good sign.  
(Patricia's interview)

Consensus decision-making can be a contestable practice. Greenwood and Levin (1998) suggest that consensus decision-making can serve to mask diversity within a group, especially across differences of power and privilege. Attempting to facilitate the diverse voices of a group of women who have been chronically oppressed and excluded can be particularly challenging, since the ways in which individuals internalize their exclusion can range from fear and silence to hostility and domination (Abrams et al., 2005). Similar to Reid's (2004) work with a group of

WOAW women living in poverty, it seemed to me that many members reiterated the same stories and projected their voices in order to be heard, while others sat in silence. Within this wide range of voices and silences, it was difficult to know the degree to which all perspectives were truly being heard. Patricia's speculation on hearing from quiet people reveals that WOAW was successful at times in its efforts to facilitate voice, and thus provided moments of inclusion. In many cases developing their voice was an iterative process for participants; as they felt accepted and safe they became more likely to express themselves, and when they participated in this vocal way, their sense of inclusion was enhanced.

### **The Fluidity of Inclusion & Exclusion**

To this point, and in keeping with my first research question, I have focused on women's meanings and experiences of inclusion. However, participants also had experiences of exclusion that were contrary to the inclusion elements that they identified; at times they felt unaccepted, unimportant, or disrespected. They also experienced situations where they were blocked from participation, not heard, or where their barriers to participation were not addressed.

Every woman involved in my study shared examples of when they felt excluded in WOAW. No two participants experienced inclusion and exclusion in WOAW in the same ways. The elements of exclusion in WOAW that participants identified are outlined in Table 5.6.

**Table 5.6: Dimensions & elements of exclusion**

Dimensions	Elements
Psycho-social	Unaccepted Not belonging Unsafe or fearful
Relational	Unwelcome or uninvited Disrespected Unsupported
Local/Organizational	Barriers Lack of resources Lack of external support
Participatory	Silence or lack of openness Unheard Blocked from participation

For most participants, their experiences of inclusion and exclusion fluctuated from moment to moment, event to event, and year to year. Some felt included in one instance and excluded in the next. The experiences of each held different degrees of severity and were rarely absolute. Participants' experiences of inclusion and exclusion in WOAW were fluid processes that ebbed and flowed over time and, as such, were in fluid and entangled relationship with one another (Hall, 2005; O'Reilly, 2005). Kate's story begins to depict this dynamic.

### **Kate's story of inclusion & exclusion in WOAW**

Kate was involved with WOAW for over five years. The first time she attended a WOAW sub-group meeting she felt uncertain about her participation and not fully welcomed. As she walked into the room of strange women, she thought to herself "what do I do now, like do I want to be here?" (Kate's interview). As she sat through the meeting and heard other women's stories, Kate began to realize that perhaps she was similar to them and that she did belong. She said: "we just started talking and found things in common. I just started to feel included in things" (Kate's interview). With the provision of childcare for her young children, she was able to continue to attend meetings and events. She became interested in the activities they were organizing and began contributing her time and skills to making them happen. She developed close friendships with members of her sub-group, who she saw as being her family of support. Through her involvement in WOAW, she developed a sense of confidence and of her own identity. She said "I'd finally gotten a sense of me" (Kate's interview). She surprised herself when she gave a highly successful presentation about WOAW to a large group of professionals. At this stage of her involvement, she felt included in WOAW and her inclusion provided her with the opportunity to make choices that enhanced her personal competency and sense of self.

Over time, the dynamics of her sub-group shifted and membership diminished. Her relationships with the remaining members also faded as their life circumstances changed.

Although Kate remained strongly committed to WOAW, she felt disappointed and confused by these shifts; she felt like she was no longer important in WOAW and questioned the quality of her friendships there when she said sadly, "I thought we were [close], I thought we were. [pause] I guess not" (Kate's interview). She felt unsupported, alone and excluded. However, as her sub-group dissipated, other members from other sub-groups invited her to participate with them. Instead of continuing to hold on to her initial sub-group, she made the choice to join another and became actively involved with them. Her sense of inclusion was reinvigorated as she developed feelings of belonging, support, and acceptance within other factions of WOAW.

The resources that supported WOAW diminished over time; among other things, the limited funds ran out and social service cuts made by a then-recently elected neoliberal government resulted in many service providers withdrawing their support<sup>2</sup>. Amidst these changes, the provisions for childcare by the recreation providers evaporated. At the time of our interview, Kate was inactive in WOAW. When I asked her why this was so she responded "it's the lack of childcare"; as we discussed this situation she declared that she "felt excluded because I didn't feel welcome enough, or I guess I was kind of like left out because I had kids with me" (Kate's interview). At one meeting in particular, Kate had arrived with her children and the expectation of childcare. However, no childcare had been arranged because of a misunderstanding between two other members - a misunderstanding that turned into a significant conflict. Kate left the meeting feeling responsible for the conflict and unsure about her future participation in WOAW, since childcare would continue to be an issue. She remarked that "it feels like I don't matter to them anymore" (Kate's interview). She felt bewildered by the disappearance of her community of support and said: "it was a major support system and when it's not there, you're kind of left going what happened to it?" (Kate's interview). Between that

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<sup>2</sup> For details of the effects of the social welfare cuts made by the BC Liberal government, see the Report Cards on Women and Children in BC at <http://www.wmst.ubc.ca/publicationsFWCBCReports.html>.

meeting and the day of our interview, she had only attended one WOAW event, at which childcare was financially supported by a service provider. At the end of our interview I asked Kate if she would still like to be involved with WOAW if it were possible. She claimed that yes, the good always outweighed the bad; she would always choose to participate in WOAW, if she could, despite the varied and contradictory experiences of inclusion and exclusion that she experienced.

### **Multidimensionality & Dynamic Nature of Inclusion Processes**

Based on the perspectives of the women involved in this study, my findings reveal that inclusion and exclusion in a CBHP project were complex social processes. Multiple and overlapping dimensions were intricately connected and mutually influenced by each other. As depicted by the perforated circles in the theoretical model in Chapter 2, the psychosocial, relational, and local/organizational spheres of influence interacted within one another to reinforce and/or interrupt participants' experiences of inclusion. For example, when a woman was warmly welcomed into WOAW and treated with respect at the relational level, she often began to feel a sense of safety and belonging within the group at a psychosocial level. In turn, these feelings played a role in determining how she chose to relate with other members in the future. At times when she felt accepted within the group, she was more likely to treat others openly and with respect. The inclusion elements associated with the local/organizational level served to create an environment that supported those at the psychosocial and relational levels, and was also informed by them. Addressing barriers such as childcare and transportation helped women feel welcomed and supported in WOAW, while intentions to relate to each other with respect and to value the contributions offered by each member informed the organizing structures and processes that organically developed over time. Additionally, the ethic of care within WOAW contributed to participants' sense of safety, trust, and value, which in turn,

facilitated their decisions to participate. These spheres of influence illustrate how structural conditions at micro and local levels are imperative to fostering inclusion at the community level (Shookner, 2002; Shakir, 2005).

The participatory dimension of inclusion reflects the participants' decisions and actions that fostered their inclusion in response to the intersecting psychosocial, relational, and local/organizational spheres of influence. For example, some participants initially chose only to attend WOAW activities, rather than have a voice at meetings or contribute skills, often because they had not yet developed a sense of safety in the group. Their decisions about how to participate over time usually shifted through their participation in recreational activities. As they engaged in activities, and shared some stories with other members, participants typically began to develop deeper connections with other members, which in turn contributed to their feelings of acceptance and their willingness to offer support to other members. The actions that members took in WOAW, in turn, influenced how they felt (psychosocially) about their involvement and how they chose to engage with other members (relationally).

Understanding the link between inclusion and participation is important because the two terms are often conflated in CBHP (Minkler & Wallerstein, 2003; O'Connor et al., 1999). Reid (2004) begins to unravel their relationship by suggesting that "inclusion is a precursor to participation" (Reid, 2004, p. 37). Certainly this was the case in some instances of participants' involvement in WOAW. However, at times their participation facilitated their inclusion and occasionally they participated when they did not feel included. These complexities highlight the importance of women's agency in inclusion processes, since in the end each participant was responsible for the decisions she made about when to 'include herself' in WOAW (Kershaw, 2005; Luxton, 2005). Participants' agency also served to shape the inclusion conditions within WOAW (Giddens, 1984).

The dimensions and elements of exclusion that each participant experienced also worked in an interactive manner. For instance, when a participant experienced unsupportive or disrespectful interactions with other WOAW members, she developed feelings of being unaccepted and under-valued. When some participants felt unsafe at WOAW events they were less inclined to voice their concerns or share their stories. Additionally, when resources were withdrawn by service providers and researchers, which resulted in key barriers going unaddressed, participants were unable to choose into WOAW and developed a sense of not belonging.

The fluidity of the inclusion-exclusion relationship is not surprising in light of the multi-dimensional and dynamic nature of inclusion processes, as depicted in my theoretical model. Given the scope of these processes, addressing every element of inclusion processes within CBHP at any moment in time is nearly an impossible task. The 'entanglement' between inclusion and exclusion that Hall (2005) describes rings especially true when inclusion processes are created within systemically oppressive contexts as illustrated by the ways in which the socio-political sphere of influences and participants' lived realities shaped the inclusion process within WOAW and certainly continued to influence their experiences outside the organization. Although participants were able to experience moments of inclusion within the organization, their greater sense of exclusion from their communities and broader social systems was not necessarily addressed. The embedded contradiction here points to what Labonte (2004) has coined the inclusion/exclusion dialectic. According to him, inclusion strategies might only be productive in the long term if the systems and institutions that perpetuate exclusion and oppression are transformed (Labonte, 2004). The ways in which this tension and the complexity of the inclusion/exclusion dialectic played out in WOAW are further demonstrated in the following chapter, where I explore how participants' understandings and enactments of power-

over, coupled with a tendency to fear and resist difference, contributed to the emergence of significant conflicts, an inability to resolve them, and the exclusion of many WOAW members.



## CHAPTER 6

### Power, Difference & Conflict in WOAW

I don't think the issue was ever resolving conflicts. I think underneath that - I think that's what was on top - but I think what was underneath that was distrust and fear and people's need to be recognized and valued. (Pat's interview)

Conflicts permeated WOAW and threatened its existence. They emerged over time in complex and overlapping ways as relationships deepened, membership diversified, and resources decreased. Young (2000) suggests that conflict is a necessary and constructive component of inclusion processes. Conflict within groups may confirm that differences are being embraced and negotiated and that power dynamics are being reformulated (Shakir, 2005; Sharp et al., 2005). In fact, conflict is common in group and organizational processes, whereby members are encouraged to engage in and learn from their differences as a means to change, growth, and healing (Brandler & Roman, 1999; Schiller, 2003; Steinberg, 2004). Yet the emergence and potential value of conflict within CBHP projects has not been adequately recognized or analyzed, despite a growing trend to partner participants, practitioners, researchers, and policy-makers across significant power and privilege differences. According to Lewis and Gutierrez (2003), many women who occupy marginalized social locations across intersections of class, race/ethnicity, age, sexuality, and disability have come to internalize experiences of oppression and powerlessness in ways that perpetuate a fear of conflict and an inability to resolve it. When conflict is internalized as being 'bad and scary' it can produce undue fear and anxiety, which prevents its effective resolution (Lewis & Gutierrez, 2003; Schiller, 2003).

The notion that conflict is a positive indicator of inclusion processes fails to consider the effects that disagreements and confrontation might have on those who have experienced and

internalized oppression. While the conflicts that came to dominate WOAW might suggest that attempts to foster inclusion were successful, not all participants experienced the conflicts positively or in the same way. In light of the tendency by some participants to fear and avoid conflict, its value in inclusion may not come from the conflict itself, but from the ways that conflict is negotiated, resolved, and re-understood (Northern & Kurland, 2001). Conflict can be negotiated across a range of cooperative versus uncooperative and assertive versus unassertive strategies (Northouse & Northouse, 1998). For women to heal through conflict, as Pat's opening quote suggests, resolution processes are needed that seek inclusion and collaboration and redress the internalized fear and oppression that perpetuate the avoidance of or competition within conflict situations (Northern & Kurland, 2001; Northouse & Northouse, 1998; Sullivan, 2001).

The purpose of this chapter is to examine the dynamics in WOAW - and the core issues that underlay them - that produced the conflict, limited organizational members' capacity to resolve them, and challenged WOAW's sustainability. This exploration further reveals the complexity of inclusion in CBHP and the ways in which exclusion was perpetuated by dominant systems of power, privilege, and oppression. As summarized in Table 6.1, participants discussed organizational, relational, and psychosocial spheres of influence that contributed to the conflict in intersecting ways, and which resonate with the theoretical model in Chapter 2. In ensuing sections, I will further outline dynamics that contributed to an inability to resolve the conflicts and sustain WOAW.

**Table 6.1: Participant-identified conflict dynamics**

Dimensions of conflict dynamics	Element identified by participants	Number of participants who identified this element (n=14)
Local/Organizational	leadership	11
	structure	9
Relational	sub-group tensions	11
	sub-group loyalties	8
Psychosocial	lack of safety & trust	10
	fear & resistance	7
	hope	13

My feminist analysis of the elements that participants described within these sphere of influences uncovered the currents of power and difference that lay beneath them. Specifically, I illustrate how, at their heart, the conflicts in WOAW were shaped by the ways in which individuals understood power and difference and enacted their power as they negotiated their differences. By drawing on feminist conceptions of *power-over*, *power-with*, *power-to*, and *power for*, alongside understandings of difference and the ‘Other’ (hooks, 2000a; Laverack, 2004; Young, 1990), I illustrate how conflict, resolving conflict, and sustaining WOAW produced diverse and sometimes contradictory experiences of inclusion, exclusion, and health that shifted continuously throughout their years of involvement.

### Conceptions of Power & Difference

Decades ago, critical race feminist Audre Lorde (1984) called for new relations of power and difference as a path toward social justice when she wrote:

The future of our earth may depend on the ability of all women to identify and develop new definitions of power and new patterns of relating across difference. The old definitions have not served us, nor the earth that supports us. The old patterns, no matter how cleverly rearranged to imitate progress, still condemn us to cosmetically altered repetitions of the same old exchanges. (p. 123)

As an organization, WOAW was actively trying to reject traditional and oppressive uses of power and create new and more respectful ways for women to relate to each other across immense differences. However, these intentions were inhibited by deeply internalized and

patriarchal understandings of *power-over* and difference as 'Other' that dominated individual perspectives, community institutions, and cultural norms.

*Power-over* refers to the ability to control and dominate or the capacity to impose ones' will on others through a variety of overt and subtle means (Tetreault & Teske, 2000). When power is conceptualized in this way, the differences between people are hierarchically categorized such that those with more privilege can enact 'power-over' those with less. Young (1990) described 'Othering' as a process whereby differences are negatively constructed; for example, when members of marginalized social groups are stereotyped by essentializing assumptions such that their identities are socially defined as invisible and/or inferior by a network of dominant meanings. 'Othering' processes are based on fear rather than acceptance and celebration of difference (Anzaldua & Keating, 2002). In order to illustrate the complex contradictions between what participants hoped to achieve and what was possible within the given circumstances, I draw on what Popay and Williams (1986) refer to as 'lay theorizing' to illustrate how power and difference were understood from the perspectives of a group of women who had often been isolated, excluded, and otherwise oppressed.

### **Participants' understandings & enactments of power**

When I asked participants about power in WOAW, their mixed and contradictory understandings of the term and enactments of power were revealed. For the most part, women's initial considerations were deeply entrenched in the traditional *power over* vein. For example, when I asked Maria Manuel how she defined power, she replied:

Maria Manuel: Power is making people move according to what you wish.

Pam: Like control?

Maria Manuel: Yeah. (Maria Manuel's interview).

Maria Manuel's sense of power as control was further exemplified when I asked participants who held power in WOAW. Nine participants identified that the so called sub-group leaders held the most power, noting the importance of the connections between leadership and power, as Sandra's response illustrated:

Pam: Who do you believe had power in WOAW?

Sandra: Well definitely the leaders had the power a little bit right, they do control the group. (Sandra's interview)

The leaders that Sandra was referring to were the women within each sub-group who played central roles in maintaining and directing their groups' activities, and who also tended to 'represent' their sub-groups at WOAW project team meetings. Over 75% of participants described the leaders' use of power in WOAW as *power-over*, such that some members attempted to control or dominate the organization. My exchange with Patricia reflects this perspective:

Patricia: They are dominating personalities and a lot of times that's where everything comes from, where the trouble comes in. And I've noticed lately that we get a lot more done and there's less arguing with our [sub] group.

Pam: Without the personalities dominating you mean?

Patricia: Yeah. Unfortunately one of them quit completely, we can't get her back. (Patricia's interview)

While Patricia recognized that the leaders tended to dominate and that this contributed to conflict and exclusion, she also lamented the departure of the member who often instigated it. While this could be seen as a contradiction, it also illustrates the degree to which some members were willing to include others despite the difficulties. Vicky extended Patricia's analysis of how the leaders' behaviour impacted WOAW when she said, "I think it is really, really good as long as one person doesn't try to dominate. Like it's got to be a group thing, not a one-man show" (Vicky's interview). Her gendered reference to a 'one-man show' was indicative of the patriarchal underpinnings of the *power-over* perspective. Vicky's comment 'that

it has got to be a group thing' also highlighted WOAW's intention to foster shared power, or *power-with*. For many feminists *power-with* means finding ways to share power that are cumulative and expansive (Tett, 2005).

While Sydney also understood that power was meant to be shared, she remarked that this wasn't necessarily the case in practice: "I've always seen WOAW as everyone involved has equal say in what direction we take as a group. I feel some have controlled both in positive and negative ways, what has happened to WOAW" (Sydney's writing). This disjuncture between vision and practice points to a core discrepancy in that, although participants sought to redefine and utilize their power as *power-with*, old patterns of *power-over* dictated dynamics in WOAW. Despite WOAW's vision, Elaine was one of only four participants who gave examples of *power-with*:

Pam: Who do you think holds power in WOAW?

Elaine: I don't think anybody holds the power. We just go to the meetings, that's it. We decide what we're going to do and go home.

Pam: So you think it's shared then, the power in [your sub-group]?

Elaine: Yeah, yeah. (Elaine's interview)

*Power-with* is one example of what Ristock and Pennell (1996) would refer to as a responsible use of power. Another such example can be described as *power-to*, such that members enact their agency in order to make a difference in the organization and in their lives (hooks, 2000a; Teske, 2000). In WOAW, as within much CBHP literature, this form of power was labelled as empowerment. However, the term empowerment has been thoroughly critiqued for its tendency to see power as something that those with privilege 'give' to those without (Rissel, 1994; VanderPlaat, 1999; Zakus & Lysack, 1998). I thus choose to use the term *power-to* as a way of describing and honouring the power all individuals hold, albeit to different degrees, to make a difference. For example, Marylu spoke about her own positive use of *power-to* in WOAW:

[I have] no power of money, no power of controlling. I hope if I have some power it is power to put out ideas and power to make this group work. I hope to have the power in a good way that [helps] everybody working, that invites people in, the power that you can give to others. (Marylu's interview)

Her comment highlights women's capacity to enact their power in ways that create innovative and positive outcomes, even when they do not have material resources, rather than to control or dominate. Marylu's insight not only counters patriarchal understandings of *power over*, it also disrupts Western assumptions that poor women and women of colour are a "homogenous 'powerless' group often located as implicit victims of particular socioeconomic systems" (Mohanty, 2004, p. 23). Participants who were marked as 'Other' because of differences across lines of class, race, ethnicity, and physical ability (among others) were required to use their power creatively and collectively, or in resistance, in order to carve out lives that were meaningful to them and their communities (hooks, 2000b; Reid, 2004; Young, 1990).

Marylu was the only participant who talked about her creative efforts at enacting power. However, she did not apply this interpretation to the researchers and service providers because when I asked if she saw us as having power in WOAW, she said "the researchers I think always try to help. I never thought that they were in power, they only tried to put the meeting together so that everybody could express their thoughts" (Marylu's interview). Her comment reveals that she did not see the researchers as being in power, even when we were trying to make things happen and controlled the research budget. This sentiment was echoed by nearly half of the participants who did not perceive the facilitative or supportive roles that researchers and service providers played as acts of power. Sydney's suggestion that "you were just there to help" (Sydney's interview) may indicate that our efforts to not dominate or take over, despite our resourced and privileged positions in WOAW, were successful. Five participants suggested that the researchers and service providers used their power positively, particularly in terms of our ability to help create structure or guidelines. Selah remarked that we had "positive power,

especially at first when you had structure for us and I think that's what we needed" (Selah's interview). At our separate research parties, the researchers and service providers reflected on our efforts to enact our power positively and destabilize traditional power dynamics. However, our actions were not always perceived as being powerful, since in the minds of many participants power primarily meant control and domination. There is always the possibility, of course, that participants' positive review of the researchers' and service providers' use of power was provided because they were unwilling to tell me otherwise due to my privileged position as a researcher.

*Power-over* conceptions remained deeply entrenched in most participants' consciousnesses, despite our efforts to re-envision our understandings of power. Eleven participants defined power as control and domination and experienced or enacted *power-over* in WOAW. This form of power resulted in nearly half the women being excluded from WOAW's activities and group processes, as Sydney's remark illustrated:

I think that some felt like they were being left out because someone, or to them maybe it looked like they were making all the decisions when maybe they weren't, just sometimes it looked like they had the most power and they were taking charge. (Sydney's interview)

Whether or not enactments of *power-over* were real or imagined the effect for many participants was a sense of being excluded within WOAW. Despite these challenges, Selah believed that WOAW members continually tried to re-create positive power relationships:

I think that the way we were trying to work together, I think it gave us all our own little sense of power. It gave us each, not power, empowerment is what I would use. And I think it was positive. It was very hard to struggle because it wasn't the way the society works. (Selah's interview)

Selah recognized that attempting to develop new forms of power in WOAW was challenging, especially since it went against the traditional forms of *power-over* that dominate Western culture, government policy, and institutional practices (hooks, 2002a, Lavarack, 2004).



### **Participants' understandings of & relationships across difference**

Power was most difficult to negotiate in WOAW when members were required to work across their differences, and these differences were substantial, as they varied across race, ethnicity, physical ability, health, age, and sexual orientation. Members also had divergent family, education, and employment histories. Their needs around diet, recreation, housing, medical care, transportation, and childcare were diverse, as were their political perspectives and visions for WOAW. As Kate articulated: "you'll find there's a lot of difference, every woman is different, and every need is different" (Kate, research party). As you might remember from the Chapter 3, some of these differences became the basis from which the sub-groups formed. Yet amid their differences, key commonalities also existed, which bound participants together within their sub-groups and WOAW as a whole. Every participant lived in some form of material scarcity, experienced social isolation, and sought connection in her community (Frisby et al., 2007; Reid et al., 2002b). Within these commonalities, Sandra explained the value of women's connection to one another:

I think we had in common that we wanted to belong to a group, that we wanted to participate and help each other out, we wanted to network, and we wanted people to feel motivated. So I think we had that in common. (Sandra's interview)

Critical race theorists have suggested that building on our commonalities is an important first step in negotiating differences because, by coming to understand how we are connected and alike, we can learn from, accept, and respect our differences rather than envision the 'Other' as fearful or threatening (Anzaldua & Keating, 2002; Lorde, 1984). As the following analysis will illustrate, participants emphasized that negotiating differences and commonalities with openness and respect added value to WOAW. However, as the deeper exploration of the conflict will later illustrate, participants' ability to live WOAW's vision was inconsistent.

Most participants spoke passionately about the value of difference, as illustrated by Maria Manuel, who suggested that “the diversity of WOAW group members represents the community” (Maria Manuel’s writing), while Sydney recognized that in working with diversity “I learned how to deal with different types of people” (Sydney’s interview). Marylu added that the various experiences and perspectives that women brought to the table not only added value to the possibilities of what could happen, it was also a source of learning. She said:

When everybody is brainstorming and there are different people with different backgrounds I can be ... enriched, enriched with different ideas that are not only mine. Because maybe I have 5 ideas or 7 ideas but I listen to these people and this woman that have different ideas than me, maybe I get 12 (laughter) cause now they give me 7 or each one give me 7 and have 50 ideas. If my mind is more open if I’m willing to have an open mind. (Marylu’s interview)

While Marylu’s comment illustrated the value of combining diverse perspectives, she also pointed out that having an ‘open mind’ is a necessary ingredient to working across differences in inclusive and meaningful manners. If we are able to truly embrace difference as a source of bountiful skills and perspectives, the ways in which we engage with one another are based on opportunity and hope (Keating, 2002). Alternatively, if the differences between individuals are feared and resisted, they become burdens to overcome when working with the ‘Other’ (Lorde, 1984; Schiller, 2003). While deciding to embrace difference may seem the obvious and easy choice within a feminist organization, many women remain fearful because their experiences of oppression, often at the hands of the more privileged ‘Other,’ are deeply ingrained in their psychosocial and physical beings (Prilleltensky & Nelson, 2002).

Nearly every participant acknowledged that fostering inclusion meant “accommodating differences” (Patricia’s interview). Patricia went on to say that she felt particularly included when her disability was accommodated during events. Ana explained how she saw differences being accommodated:

When working across difference its necessary to treat different people differently to include them. Like today here, like the difference I have is I have two children to take care of and if you say no, there's nobody to take care, then I can't come. ... That's the difference maybe between me and other ladies, but you helped me with that and you treat me differently and I am here. I see the need for me to accommodate the difference we have, like her diet is important. Like if she don't use sugar, you get her something different. ... And for this other lady, she [her friend] brings her here and that is nice. Everybody has differences. (Ana, research party)

From Ana's perspective, accommodating difference meant meeting the distinct needs of each member. Most often in WOAW, the needs of participants were directly linked to their underprivileged and intersecting social locations that magnified their requirements for things such as discounted or free activities, childcare, transportation, literacy support, and special diets.

From Tara's perspective, accommodation of her ethnic and language differences was indicative of the respect that WOAW members held for the diversity of the group. She said:

I think everybody was trying to be respectful with people like me [because] we can't speak fluently and they sometimes they try to help us by trying to understand what are you trying to say (laughter) and in this way I think it was it was, it was really they have respect for everybody. (Tara's interview)

Often, language is a racialized issue that serves to mark the 'Other' (Oxman-Martinez et al., 2000; Stewart et al., 2006; Tuhiwai Smith, 1999). In WOAW, however, language differences occasionally became a meeting point for members who tried to teach each other their native tongues. This level of inclusion was particularly important for Tara and other members who had newly immigrated to Canada, because often their first language and their education were not in English and this created barriers for obtaining employment and accessing services. Ana explained:

I didn't have enough English to go out and work and make the money I was making in Mexico. Here I ask for job, maybe to the mall, or any supermarket, or any kind of that job, they pay me maybe \$10 or \$8 per hour and I have two kids. I don't want to leave my kids in childcare or something like that. And to work and pay for somebody to see my kids. And I just want to be a mom and be supporting the family. That is good, but it's hard because as an immigrant you have, you start again, in sorrow. (Ana's interview)

Mothering, poor English, and the related cost/benefit ratio of taking a low wage job were clear indications of the ways in which gender, ethnicity, and class differences intersected to limit what was possible for new immigrant women in Canada and increased their need for inclusion and respect in organizations like WOAW.

Selah offered a particularly nuanced response to my question about whether people should be treated equally or differently in inclusion processes. She said, "I think it's a balance. So, equally in a sense that we all have a say. And we are all different no matter what, but being allowed to, to allow each other to be different" (Selah, research party). In essence, Selah's comment indicated that fostering inclusion means sometimes treating people the same and sometimes accommodating their differences. Labonte (2004) argued that a failure to consider this balance typically results in misguided inclusion processes. He contends that the neoliberal mantra of 'equality of opportunity,' which often underpins political inclusion strategies, not only fails to redress the inherently unjust systems that produce exclusion, it also fails to account for the inequities within systems that perpetuate oppression across social differences. Alternatively, social justice perspectives seek equality of outcomes rather than opportunities, which requires that systems be transformed to adequately accommodate different needs, barriers, and ways of being amongst a diverse group or population (Young, 1990). From Selah's perspective then, having an equal say did not necessarily just mean having an equal opportunity to speak, but that each individual be facilitated to voice her perspective in a way that accommodated her unique needs. This insight again calls into question the usefulness of a consensus decision-making model that does not take participants' varied skill and comfort levels into consideration (Greenwood & Levin, 1998).

While over half of the participants espoused optimistic views of how differences were negotiated, almost as many pointed to the challenges of working across difference in practice.

As the following analysis of the conflict situations will delineate, participants named age, cultural, and ability differences as problematic, as well as diverse perspectives on childcare, subgroup configurations, and organizational functions. Many of the conflict dynamics grew out of the negotiation of these key differences, especially when the differences became entangled with traditional enactments of *power-over*. Yet, this tension is not surprising given the degree to which oppressive systems infiltrate women's daily lives and the difficulty of transforming them and ourselves. It has been argued that matters of difference are "easier to accept philosophically than to act on politically .... and [it's] more radical, but more difficult, to identify relationships of difference in terms of unjust power relations between particular people" (Ramazanoglu & Holland, 2002, p. 110).

### Unravelling the Conflicts

In the remainder of this chapter, I explore participants' experiences of three interrelated sets of circumstances: 1) the emerging conflicts, 2) a specific conflict resolution strategy, and 3) an attempt to sustain WOAW through a strategic planning process. The women who participated in my study had different levels of involvement in these three processes, as is illustrated in Table 6.2. While some were deeply involved in the conflict, others were only affected through their affiliation to WOAW and the impacts the conflict had on the culture within the organization. Additionally, not all participants were equally involved in the conflict resolution or strategic planning processes.

**Table 6.2: Levels of involvement in conflict, conflict resolution & strategic planning**

Level of involvement	Number of participants
Involved in and/or affected by conflict	13
Involved in conflict resolution	9
Involved in strategic planning	8
Not involved at all	1

Inevitably, participants' relative levels of involvement contributed to the different ways in which they experienced and made meaning out of these processes, as will be revealed in the sections below.

### **The 'big blow out'**

Participants talked at length about the 'big blow out' in reference to a WOAW research team meeting where the conflicts that had been looming for many months in the organization came to a head. I had organized this meeting for the purpose of collectively reviewing my proposed research questions with WOAW members. My intention was to ask them if my questions around inclusion, power, and health resonated with their experiences and to inquire as to whether they had other related topics that I might want to investigate. The 'blow out' was initiated before I could even begin this process and it was decided by all those in attendance that the topics I had suggested were too 'sensitive and relevant' to be discussed at this time (Tammy's & Pam's field notes).

This meeting was attended by approximately 21 members including 7 participants from my study. It involved one member angrily accusing another of dominating WOAW and hogging the spotlight when WOAW won a community achievement award. The accuser said that she felt excluded from the awards night and that her sense of power, belonging, and safety felt threatened (Tammy's & Pam's field notes). She was considering leaving WOAW unless something was done about the member she believed to be responsible for her troubles in the organization. This meeting became intensely emotional as members weighed in on the argument. Approximately a third of the women sided with the accuser, a third defended the accused, and the other third sought peace. On the surface the blowout may have appeared to be primarily about the awards nights. The participants who were at that meeting, however, believed that the intensity was a result of finally naming the conflicts that had been brewing

underground for many months (Tammy's & Pam's field notes). The conflicts were out in the open and the dynamics that produced them demanded attention. By the end of this meeting, the members who were present agreed that an external conflict resolution person was required to work through these issues in order to save WOAW.

The following exploration into the overlapping issues of leadership, sub-group tensions, and safety and trust, which can be understood as organizational, relational, and psycho-social dimensions as per the theoretical framework in Chapter 2, thus serves two purposes. First, it begins to unravel some of the interconnected dynamics that led to 'the big blow out' and produced the conflicts and, second, it illustrates how the conflicts were not simply a result of individual or personality differences, but of deeper issues related to power and social difference.

### **The entanglement of leadership & power**

From an organizational perspective, leadership in WOAW was meant to be shared amongst members. Attempts to implement this vision included strategies such as rotating the chair of meetings, taking turns organizing events, and promoting an equal say in the decision-making processes. These strategies met with mixed success, as Elaine's explanation of her sub-group illustrates:

[in certain situations] we'd go in, somebody would chair, it was a shared chaired deal where somebody would take minutes, somebody would chair, and at [other times] that wasn't seeming to be happening. (Elaine's interview)

Certainly, there were many instances when efforts toward shared leadership were interrupted. Diane recalled that "2 or 3 women were the dominant; I won't say they were dominating but they were the dominant voices" (Diane's interview). When individuals or small groups of women dominated, not only did the power distribution become unbalanced, there was also a tendency for leaders to enact *power-over* strategies.

Issues of leadership and power were often intermingled, especially around collectively managing and sharing the workload in WOAW. In theory, members would take turns doing the organizing and communication tasks necessary for events to happen. However, this discourse of 'sharing leadership and responsibility' tended to homogenize the group because it assumed that each member had the capacity and willingness to meet the expected obligations, which contradicted the intention to accommodate rather than assimilate differences. Despite the 'shared' vision and perhaps because of our desire to accommodate differences, WOAW's workload became shouldered primarily by only three or four individuals within their respective sub-groups and at the Project Team level. By consistently taking on this work, these women not only became central leaders, they were at times also seen as power players. Yet Sydney believed that doing the work was not necessarily about taking power:

A lot of people I think mistake somebody doing a lot of the work as power. But ... some people are just like that, they like to get things going and they feel like it's up to them, because things weren't getting done. (Sydney, research party)

From her perspective, the leaders who took care of the majority of the workload were doing so in order to get things done, with the implication that if they didn't do this work, then nobody else would. However, Pat's perspective on 'cliques' contradicts Sydney's viewpoint, as our exchange illustrated:

Pam: Do you feel like the cliques had power in WOAW?

Pat: Oh yes, yes.

Pam: In what ways?

Pat: Well, they took on a lot of the work and they didn't include anyone else in it really. It was 'we're doing this' and then they would complain that they were doing all the work. (Pat's interview)

Pat suggested that doing the work was a source of power that certain individuals sought out.

Furthermore, her implication that the leaders would both exclude others from doing the work



and simultaneously complaining about it, suggested that certain women were making deliberate attempts to maintain their power while masking the belief that controlling the workload was a powerful position to be in. Similarly, Tara explained that her attempts to contribute to the workload of her sub-group were blocked by other members:

I tried to do different things in the group, I couldn't, it was impossible .... I tried to do an information form for new [members], because I noticed that we started having a lot of new people every week.... And I wrote a little page with all the basic information about the group, but it was like talking to a wall.  
(Tara's interview)

Perhaps because of WOAW's discourse of sharing, Tara's efforts were not overtly blocked by other members. However, the leaders in her sub-group subtly ignored her contributions in a passive act of *power over*.

In considering the leadership challenges, a few participants made the distinction between being a leader and a boss. For example, Marylu said, "I want to be a leader and (laughter) not a boss, but they are two different things of course" (Marylu's interview). She went on to say that a boss can be "manipulative," whereas a leader would try to create an environment in which everyone could participate. Vicky pointed out that the difference between being a leader and boss was essentially about power, as our exchange illustrated:

Pam: Do you think that there's a difference between being a leader and being the boss?

Vicky: Yeah, yeah. Like there shouldn't be a boss. There shouldn't be a person that has that much control. (Vicky's interview)

She felt that that a boss had control and therefore power and that no one individual in WOAW should be a boss. Once again, these conversations pointed to the tendency of group leaders to attempt to control and dominate through *power-over* strategies, despite the organizational vision of *power-with*.

These connected issues of leadership and power were contributing factors to the conflicts that erupted, as Sydney acknowledged:

I think a lot of the [members] that were actually in the conflict, they were the ones that tended to, even though it was supposed to be a consensus, they kind of just took charge of the group, they ended up deciding what activities we actually got to do. So, I just feel some of them, they probably didn't mean to do it, they were just kind of used to heading things ... because of a lot would just lay back and let them do it. (Sydney's interview)

Sydney's comment that 'they probably didn't mean to do it' may give evidence to the degree to which *power-over* tendencies manifested at an unconscious level, perhaps as a result of how understandings and experiences of power had been negatively internalized. Sydney also recognized that other members developed the pattern of 'laying back.' This dynamic where some members took over the work and decision-making, while others let them is important in deepening our understandings of power and conflict. The power differences that emerged over time were co-created as different members enacted different forms of power and agency. Certainly, there is the distinct possibility that the leaders deliberately excluded others by hoarding the work. Yet some members also made choices that facilitated the development of this power imbalance and their own exclusion. Tara recognized that her choice to not fight for power by insisting that her work be validated allowed other members to maintain their power base. She explained that "I didn't feel after a time that I was part of the group. ... I probably should fight to be stronger and try to do something by myself with the group, but at a point I thought that it was impossible" (Tara's interview). For her, this level of struggle was not worth her energy in a community organization that she joined for personal benefit. Tara realized, as Kershaw (2005) has argued, that she held some responsibility for her inclusion in WOAW and that her decision to no longer fight for this right also contributed to her exclusion. Her decision not to resist the power in her sub-group also resulted in her eventual departure from the group, along with the health benefits that she had previously enjoyed.

Selah's understanding of her leadership and power also points to the complexity of negotiating it. She said that "I think the leadership was there on [my] part, but at times, I felt that I was being handed power that I didn't deserve, that wasn't right, not the way I wanted to be there" (Selah's interview). Holding this power created discomfort for Selah, as she further described:

And so it looks like I'm fighting for the power. And I can see how that can look like to people. I mean it does, when I think about it, it does look like it. 'Oh well, Selah's, you know, Selah's letting us know or Selah's doing this', well Selah's doing everything. Oh, I have the skills; I have the ability at that point, so I learned. And I had those needs myself, to say 'hey, I could do this.' (Selah's interview)

Selah's leadership and power were complex issues because while she felt she was being handed power in a way that didn't fit with WOAW's vision, she also recognized that her skills and ability allowed her to handle a certain amount of responsibility. This sentiment is in line with Sydney's suggestion that somebody needed to do the work. Selah also recognized that she liked being able to do the work and have power in this way because it was self-validating, which was one of the reason she joined WOAW in the first place. Seeing yourself as a leader with power in a community organization is understandably desirable for a poor woman who relies on social assistance to survive financially and is therefore typically stereotyped as a burden, rather than an asset, to her community (Reid, 2004; Young, 1990).

Despite this messy relationship between power and leadership, more than half of the participants recognized that leadership was a necessary component for the organization to run smoothly, as Maria Manuel pointed out:

If you want something to have a structure and to survive there's got to be leaders. There's got to be somebody, not really power, but somebody has to lead the group. Somebody has to take the ball, but this person should understand that ... [she] should not be very powerful. Because women of WOAW would not like power to be invested in them. (Maria Manuel's interview)

Maria Manuel recognized the need for leadership. However, she also pointed out that there were ways for leaders to act that didn't necessarily mean they had *power-over* the group. Yet not all members had the same capacity or skills for enacting power in positive ways. Certainly, women who live on the margins of society consistently experience the underside of the 'power-over' paradigm within the institutional hierarchies and cultural ideologies that shape their daily lives (Reid, 2004). The ways in which poor and otherwise disenfranchised women internalize their lived realities may also serve to foster their tendency to utilize the power that they do obtain to self-protect and/or seek control in their lives (Abrams et al., 2005; Hertzberg, 1996). In this light, Nelson and Prilleltensky (2005) question the degree to which we can expect members of oppressed social groups to act in communitarian ways.

It is possible that WOAW faltered by failing to adequately build the necessary capacity amongst its members to live its vision around power, difference, and inclusion. Pat was overt in her declaration that what WOAW needed during the conflict was more leadership from the researchers and service providers. She said that:

when there would be backbiting and there'd be problems, there was just that need for leadership, it was crying out for leadership. And yet the whole gist of it was that it had to be grassroots and everybody had an equal say in everything, but it wasn't working. And if somebody could have stepped in and given a little direction or taken a little leadership, I think a lot could have been saved. (Pat's interview)

Pat felt that if the service providers and researchers had stepped in to use their power positively, they would have been able to help the members negotiate the conflict more productively. In group work practice, for example, social workers are typically expected to use their training to help negotiate conflicts such that the resolution process is beneficial and healing to its members (Schiller, 2003; Sullivan, 2001). While this strategy was a consideration at the time of the conflict, a social worker who was affiliated with WOAW encouraged the service providers and researchers to provide the space for members to solve the problems themselves

(Pam's field notes). Millar's (2004) research with WOAW highlighted how different community development discourses within the organization created confusion and inconsistency in the approaches taken by various service providers. While some sought a more hands-on, participatory, and facilitative approach in order to maximize the benefit of their resources, others believed that their role was to 'work themselves out of a job' such that community members took complete control of the organization (Millar, 2004). This tension highlights a critical challenge in community-based research and practice. Working across class, race and other power differences that inherently exist between marginalized community members and professionals, requires those with privilege to negotiate the fine line between using power positively (*power-with* and *power-to*) and taking over the participatory process (*power-over*) (Israel et al., 2003).

### **Tense sub-group relations**

Tense relationships between two dominating sub-groups, especially between the sub-group leaders, were another key aspect of how participants understood the conflict at a relational level. While each sub-group functioned efficiently on its own for the most part, challenges emerged when they came together and attempted to negotiate their different needs and visions. Nearly every woman acknowledged this tension during our interview. For example, Sydney said that "the key people from [one sub-group] and in the [another sub-group] didn't like each other" (Sydney's interview). Vicky expanded on this dislike when she explained that she chose not to go to Project Team meetings because she "found that there was just a lot of bickering between the groups" (Vicky's interview). Her observation illustrated how the tension between the sub-groups manifested during meetings. What she termed bickering could also be described as women voicing their different and alternative views about how WOAW should function and be organized, a process that can be expected in meaningful and effective group processes

(Schiller, 2003; Shakir, 2005). However, as the following analyses will show, the tensions between sub-groups were primarily a result of power struggles and a lack of acceptance of the different ways in which the sub-groups operated.

The fractions that deepened between sub-groups over time implicated the ways in which participants affiliated and identified themselves within the organizational structure. In theory, new members were free to choose which groups and activities they wanted to participate in. However, women who joined WOAW sometimes found themselves in the position of having to choose between groups and securely affiliate themselves as a 'member' of one particular sub-group. Ana explained that "it sometimes felt like they told me I could enjoy two groups. However, I felt at times [that the message was] 'you are a member of this group or this one'" (Ana's interview). The sub-group structure was problematic because it created divisions amongst members around issues of membership, funding, and activity selection. For example, the number of members affiliated with each sub-group came to be seen as source of power because some believed that sub-groups with more members should have more influence within WOAW as a whole and that they should also have a larger portion of the funding. This type of 'tug-of-war' over new members increased as the sub-groups became further divided and conflicts became more heated.

During our interview Diane said, "I think what I've learned and heard from quite a few women is there are very strong loyalties towards a specific group that they joined, like really powerful loyalties" (Diane's interview). Later in the interview she further explained her understanding of how women's loyalties played out:

Being one of the people doing the phone list, I experienced people, who I believe weren't coming [to specific WOAW events] because some of the people they'd formed alliances with weren't coming. And even though they might have wanted to join in, they felt they couldn't because they had to be loyal to some of the founding people. (Diane, research party)

WOAW members began to make choices about which activities and meetings they were willing to attend based on whether or not other women they affiliated with were attending. This resulted in a clique-like mentality that grew over time and served to some alienate members. The creation of such tight-knit groups represents a form of inclusion that also excluded others who didn't fit the necessary criteria to be accepted within the group (Dominelli, 2005; Sapon-Shevin, 2003).

Many participants recognized the emergence of cliques within WOAW sub-groups and the power that they wielded (as was evidenced earlier in the leadership section of this chapter). Pat understood it in this way: "I think you have a core come together and if the core sees you as being a little different or whatever, you don't really get in there" (Pat's interview). Her comment illustrated that when cliques developed, they were unwilling to include other members who may have differing opinions or ideas. Since the tension between sub-groups was primarily between the core members or group leaders, the exclusion of certain members from the core(s) served to deepen the division between groups. Allowing members who were not invested in the between-group tensions into the core might serve to destabilize or dilute the tension that was built up between the groups. Since core group members were in part trying to maintain their power through the dissension between sub-groups, they were sometimes better served by keeping new members out of their core. Unfortunately, this exclusionary behaviour served to perpetuate conflicts, work against WOAW's vision of inclusion, and contribute to experiences of exclusion that compromised the health of some participants, as we will see in the next chapter.

### **Lack of trust& respect**

Trust and respect were key psychosocial components of feeling included. However, as the power dynamics around leadership and between sub-group tensions escalated, participants'

psychosocial security dissipated. Nearly 75% of study participants spoke about being treated in ways that made them feel unsafe and disrespected because they felt blamed, judged, and manipulated. The service partners and researchers passively facilitated this form of behaviour because we did not challenge members' disrespectful and otherwise harmful behaviours. I can remember many instances when I was uncomfortable hearing language that blamed or judged WOAW members, but I was not comfortable enough to challenge it (Pam's field notes). I felt paralyzed by my desire not to use my power in WOAW inappropriately and did not want to respond to these comments in a way that was shaming or seen to be taking sides. Not addressing what I saw to be harmful interactions in WOAW had the effect of condoning it.

Kate pointed out that over the years there was an increased tendency for members to "talk behind each others' backs" (Kate's interview). Four participants referred to this as gossip, since not only were they talking about each other secretly, they were doing so in a negative and exclusionary way. Vicky experienced gossip first hand when a private experience she had had became public knowledge. She said: "it just really, really shocked me that so many people would know when I didn't tell a soul" (Vicky's interview). Because she had shared part of this experience with only one other person who was also a WOAW member, she felt that gossip was the only way this information about her could have become public. During our interview, Vicky went on to explain how she later witnessed this firsthand when she became part of the clique in her sub-group:

Yeah, over time it changed. Because I became part of that core group and I became privy to what they're doing behind-the-scenes. And that's when I decided I don't want to be a part of this. I'm not here to put down other members. (Vicky's interview)

In large part, Vicky decided to leave WOAW because of the gossip she experienced because she didn't believe that this form of relating created the inclusive or health promoting environment she sought for herself and others.



Selah felt that the spending choices her sub-group made were judged by members of other sub-groups, as this exchange illustrated:

Pam: Even though we had those budget guidelines? One of them was no judgements about the money.

Selah: And yet we were getting hassled because we weren't spending it. We had a lot of comments aimed toward us about 'why aren't we spending the money and aren't we doing anything.' (Selah's interview)

My comment in this exchange made reference to a specific budgetary guideline WOAW members had collectively set, which stated that during financial reviews "no one is to question how money was spent" (WOAW internal document). This example illustrated how the tensions between the sub-groups were flamed by members' inability to accept differences under conditions of material scarcity and to abide by organizational guidelines that they had helped set. It also exemplified how the relationships deteriorated within the conflict. Yet it is not surprising that women who had been chronically impoverished would make judgements about other women's spending decisions, since their needs to control money were deeply internalized (Russell, 1996).

The tensions between sub-groups also stirred some disrespectful behaviour within sub-groups, as Marylu's remarks illustrated:

I felt a little bit manipulated sometimes. And I felt like if I'm taking a role, nobody else needs to tell me what I need to do there and what position I need to take, what I need to say .... If I need to do something I need to do something on my own and not have somebody else say 'okay if you go there, you can tell me later or this is our position and why. (Marylu's interview)

When she was to attend WOAW meetings on behalf of her sub-group, Marylu felt that women in her group were trying to dictate how she engaged with other sub-group members by telling her what she should and should not say and how to best relay her group's position. She was unwilling to be told how to represent herself and her group at larger WOAW meetings and resented attempts to manipulate her. Marylu's unwillingness to be manipulated was an act of

power in the form of resistance against an overt attempt to dominate and control her.

According to feminist and poststructuralist theorists, resistance is a critical form of power exercised by members of marginalized social groups, individually and collectively (Clegg, 2006; Foucault, 1977; Tetreault & Teske, 2000; Weedon, 1999). Marylu's resistance may not necessarily reflect the large scale resistance that social theorists such as Foucault were referring to, yet it illustrates an instance when an individual in a micro setting refuses to accept a dominating pattern of behaviour and utilized her own power accordingly. These small acts are significant in community-based inclusion processes; Marylu took responsibility for her inclusion and carved out her own place in WOAW, despite inhibitive relationships with other members (Kershaw, 2005).

The tension and disrespectful behaviour between sub-groups and members was especially disheartening for some participants because of the emphasis on respect and safety outlined in WOAW's vision. Sydney recognized that the sense of safety, or her ability to trust other members to treat each other with respect, had dissipated in WOAW over time because she was afraid of how others would react to certain 'hot' topics when the sub-groups met at Project Team meetings, as our exchange below illustrates:

Pam: Did you feel safe when the two groups got together?

Sydney: Well, I wasn't really, I didn't feel safe, it was, I guess it felt like it was a bit tense, you didn't know if someone was going to discuss something that wasn't, you didn't know how the others were going to react to it. (Sydney's interview)

Sydney's description of 'not knowing' what was going to unfold at meetings was discussed by nearly half of study participants. Fearing outbursts, disagreements, and personal attacks resulted in many members choosing not to attend, perhaps because their experiences of conflict had been so detrimental in the past (Schiller, 2003).

Feeling safe and respected amongst the diverse relationships was central to the organization's capacity to foster inclusion. However, issues of power and difference infiltrated the ways in which leadership was exercised and how sub-groups interacted. Over time, and in response to the 'big blow out,' members understood that in order for WOAW to be sustainable, these interconnected issues that were jeopardizing the participation of many members, needed to be addressed. We thus embarked on a conflict resolution strategy.

### **A conflict resolution strategy**

At the end of the research team meeting where the big blow out occurred, the members who were in attendance decided that an outside conflict resolution facilitator was needed to work with the organization. As the person with the greatest access to resources at the table and because nearly every member at the meeting seemed to look to me for leadership, I agreed to take responsibility for finding a facilitator. I utilized my academic connections to seek out a facilitator who had experience working with women's organizations, was sensitive to the issues faced by women living in poverty, and was willing to work within our limited budget. I was excited to find a facilitator who met these criteria, but I was not comfortable being solely responsible for the decision to hire her. I organized a meeting where she and WOAW members would have the opportunity to meet and decide whether or not her approach to conflict resolution would work for the organization.

Approximately 25 WOAW members, three community partners, three researchers, and the facilitator attended this meeting. Emotions ran high and uncomfortable dynamics emerged at the outset. After the facilitator briefly introduced herself and her approach to conflict resolution, some members began interjecting their needs for a quick fix and their frustration with other members. These comments escalated the tension in the room and became unproductive, so rather than carry on with her planned agenda, the facilitator asked each

member to 'check-in' by talking about how they were feeling about the situation at hand. This participatory approach provided the space for each member to speak about her feelings and perspectives on the issue, to the degree that she felt safe to do so. The check-in process took over 2 hours and was "a very emotional exercise, since so many women said that they were deeply hurt, and personally affected by the issue [conflict]" (Tammy's field notes). While sadness, anger, and frustration seemed to dominate most women's check-ins, the facilitator pointed out in the end that every woman in the room had aired one thing in common: every member cared deeply about and wanted to save WOAW. She felt this commonality provided the glue that could keep the group connected in order to work through the issues at hand.

The facilitator's approach to conflict resolution began with the assumption that it was not possible to change other people, you could only change yourself. The intention of the facilitator's work was to help each woman develop her own sense of "personal empowerment" (Tammy's field notes) that would then help her engage in negotiations with others. The purpose of the conflict resolution processes that she recommended was for all WOAW members, service providers, and researchers to reflect on what they brought emotionally to the conflict and how they could contribute to the resolution processes themselves instead of expecting others to change. She felt that bringing those in conflict together to negotiate their disagreements and differences was not possible until after the individuals did their own 'emotional work' around the issues. Her aim then was to negotiate the conflict from a place of responsibility and cooperation, rather than from blame and domination. This approach had the potential to address members' tendency to engage in *power-over* and 'Othering' practices and support them in finding their *power-to* engage in the conflict resolution in a positive manner. However, the focus on 'self-responsibility' may have also been based in an Western, neoliberal, middle-class, and individualized ideology that failed to consider the vulnerability associated with

women of different cultures who had experienced and internalized chronic oppression reflecting on their own, potentially destructive, behaviours (Nelson & Prilleltensky, 2005; Schiller, 2003).

After listening to her approach, members asked a few questions and discussed how the conflict resolution process might be set up to ensure that each woman felt a sense of safety throughout it. The facilitator then left the meeting so we could decide whether or not she was the right person for the job. Unfortunately, approximately one third of the women had left the meeting by this stage because it had extended well past its scheduled time. After some debate about her costs and the process, the women who remained at the meeting agreed by consensus to work with this facilitator. While consensus was reached at the meeting, I question the degree to which a sound decision was made, in light of the intense circumstances, especially since a number of women had left the meeting. Most members were desperate to resolve this issue as quickly as possible, they lacked the energy to find another facilitator, and they also recognized that it would be difficult to find another facilitator willing to work with the organization's limited financial resources. Despite a commitment to thoughtful process, this type of pressured decision is common within under-resourced feminist organizations (Feree & Martin, 1995; Martin, 1990; Mizrahi, 2007).

Subsequently, a process was set up that allowed each sub-group to meet with the facilitator and do their 'emotional work' within this safer space, before the whole group would come back together and attempt to resolve the bigger issues. However, the majority of WOAW members boycotted the facilitator's process and the conflict was never completely resolved. The following analysis explores how the participants understood the conflict resolution process, the impact it had on members and the consequences for WOAW as a whole.

### **Sub-group loyalties & an abandoned process**

It's funny you know, when this big blow out first happened I was telling a few of the women I really have this analogy. It's sort of like a husband and a wife, like the two main sides of this issue. One was the wife and she kept saying there's something wrong, there's something not working, you've got to listen to me. The other side wasn't listening, wasn't listening, wasn't listening. (laughter) And then finally when it all came to a head it was like okay well now how are we going to fix it, it was like now the wife said I don't want to fix it. I don't want to go into any kind of counselling to try to deal with this. I'm just going to be mad, hurt and go away. (Diane's interview)

The ways in which members in competing sub-groups related to one another significantly contributed to their inability to resolve the conflict. Diane was not the only participant who described the big blow out and the attempt to resolve conflict in terms of divorce. Elaine said, "if you don't want to talk and discuss your problems well there's no use, it's finished, it's like a marriage partnership, you know, you're going to have a divorce" (Elaine's interview). By the time WOAW got around to attempting to resolve the conflict, and despite their original agreement to engage in the process with the facilitator, many members felt deeply hurt and unsafe, remained resistant to the process, and were reluctant to communicate about the conflict. Mary Elizabeth reflected that "there were too many people that were really resentful and dug in their heels and said 'I'm mad' and that was that" (Mary Elizabeth, research party).

The initial sub-group resolution meetings were poorly attended and one was completely boycotted. A domino effect occurred in one boycotted meeting, in part because of members' loyalties to their sub-group, as Patricia described:

When it came to the second follow-up, because of that initial meeting, one person started 'I'm not going' the other person said 'I'm not going either,' and another one said 'I'm not going if you're not going.' And it just went on and on and on and I saw it. And I tried to say how will you know unless we follow-up. And to me it really wasted money because nobody showed up. (Patricia's interview)

The collective boycotting of the resolution process was an exercise of power as this group of members actively resisted a process that they believed would not work for the organization or

might harm them individually. However, by abandoning the process that had been agreed upon (albeit not by everyone), these members also deserted their fellow members in their attempts to address the deeper issues that underlay the conflict.

Participants offered different reasons for why the process was resisted. Sydney suggested that the reason “it didn't work was because a lot didn't agree with the person who was there doing the conflict [resolution]” (Sydney's interview). Even though her process seemed in line with WOAW's vision and was agreed upon by the members who remained at the meeting, Sydney's insight again calls into question the process of reaching consensus after a number of members had left the meeting. In retrospect, many of those who left before the decision was reached also led the group of members who resisted the process. This sense of false consensus may be further evidenced by the frustration Selah expressed in her explanation of the boycott:

We were here [at the meeting] ready to resolve it, so why did we need the lessons on how to resolve it if the person that we were going to be working with, or trying to negotiate with, wasn't going to be part of the process. It was just too frustrating I think. I think it was frustration. (Selah's interview)

Selah's frustration was in reference to one key player in the conflict leaving the initial meeting at the outset. This particular member was often blamed by other members as being entirely responsible for all the struggles in WOAW. When she arrived at the conflict resolution meeting, she experienced some negative behaviour from other members that made her feel uncomfortable, so she decided to leave. While Selah's frustration with this member's departure may be understandable given the need for responsibility and cooperation in the resolution, her comment also exemplified the tendency to blame one another for the problems in the organization, as well as a misunderstanding of the overall intention of the facilitator's process. Instead of focusing on developing her own sense of personal empowerment in this instance, as the facilitator was offering, she directed her energy towards the actions of another. Selah was not alone in this tendency, as over half of participants blamed other WOAW members for their

inability to repair the conflict and only one member acknowledged that her own behaviour might have contributed to the situation at hand. As we dug deeper into why this was happening, many participants reflected on how fear and resistance prevented members from doing their own 'emotional work.'

### **Fear of blame & resistance to self-reflection**

At a psychosocial level, the facilitator's intention at the sub-group sessions was to raise women's consciousness around the nature of conflict and their individual contributions to the situations in WOAW. She asked each participant to draw a picture of 'conflict,' to reflect on how she viewed conflict, and to consider how she might reframe that view in a manner that left her feeling empowered rather than powerless. Although the attendance at these sessions was sporadic (less than a quarter of members attended), a half dozen of the participants who did attend were very excited about this approach. Diane said:

It was awesome. And I could see that we were going to maybe learn something that was really going to help us figure out how to deal with it [the conflict]. And instead, essentially what happened I think is that women were so scared or so angry that they just shut right down. (Diane's interview)

The handful of members, researchers, and service providers, including half of the participants in this study, who shared Diane's enthusiasm for this approach, believed that it could have been quite beneficial to the membership. Interestingly, this same group of women tended to have some level of middle-class education, which again calls into question the degree to which this approach was appropriate for WOAW members overall, especially for those who had been marginalized over their life time. However, another or better approach was not apparent and, at the time, the only other alternative seemed to be a blamed-based and oppressive approach. Some members boycotted the process without attending a small group session, while others decided after one session that this approach would not work for them. Patricia acknowledged that many members walked away because they weren't ready to look at themselves first:



She [the facilitator] mentioned that we would be looking at ourselves first and that scared a few people that didn't want to see that they might have a problem with themselves first. ... And I think that is exactly what happened. And people knew that that was going to happen and they didn't want that, they weren't ready for it, and then they just walked away. (Patricia, research party)

Nearly half of participants suggested that WOAW members were resistant to the process because they were afraid of reflecting on their own behaviours and potentially blaming themselves for the conflict, despite the facilitator's specific request that blaming be avoided. However, self-blame is a common effect of internalized oppression and exclusion (Abrams et al., 2005; Pheterson, 1990) and it therefore may have been unrealistic to assume that it could be so easily avoided. Members' decisions to 'self-protect' from the potential of being blamed for the conflicts was understandable, given the tendency in Western, neoliberal ideologies to 'blame the victim' for her misfortunes (Brodie, 2005). Many WOAW members had experienced this type of blame and interrogation at the hands of social service, health, and recreation bureaucracies (Reid, 2004). It is important to note at this point that none of the study participants acknowledged that they themselves were afraid either of being blamed for the conflict or of the self-reflection process itself and, as mentioned earlier, most embraced the facilitator's process. However, I believe their speculations about the fears and resistance of other members were relevant because they were based on information they received in their interactions with other members and they resonated in my own experiences with those who abandoned the process.

Those who refused to engage in the conflict resolution strategy enacted their *power-to* resist what they saw as a potentially dangerous situation and, in fact, it could be argued that they acted in the 'empowering' fashion that the resolution process was intended to promote. However, enacting power through resistance at this time did not help to resolve the conflicts, as these actions served to further divide the membership. Psychosocial theorists suggest that the

internalization of oppression results in the oppressed internalizing the role of the oppressor, such that they begin to treat themselves similar to how they are treated by the oppressors (Freire, 1970; Hertzberg, 1996; Prilleltensky & Nelson, 2002). In this way, the boycotting of the process may also be an illustration of how this group of disenfranchised women enacted the role of oppressor by either blaming themselves for the conflict or expecting the worst from the resolution process. While they may have been resisting a process that had the potential to benefit them, they also were able to maintain their power within the organization, which is understandably appealing to women who often felt powerless in their daily lives.

The participants' capacity to engage in this 'self-responsibility' approach to conflict resolution was also compromised by their lived realities, which is indicative of the tensions inherent in facilitating this approach within an inherently oppressive social system (Kershaw, 2005; Labonte, 2004). Their socially determined health, employment, and family obligations limited the degree to which some participants were willing to engage in the lengthy process. For example, a few participants discussed their desire for a quick fix because the conflict was already affecting their health negatively, as Selah's comment illustrates:

I heard that a lot of people felt that they would have to look at themselves and ... they weren't ready for it. I know for myself, the reasons I didn't go was that I just could not take any more conflict. I was exhausted. And I couldn't have cared less at that point. (Selah, research party)

Her exhaustion was not surprising, given the extent to which the conflicts manifested in WOAW over time, her existing health conditions, and the scarcity of health promoting resources available to women living in poverty. Many women find the prospect of battling the variety of structural obstacles that inhibit their ability to take control of their lives completely overwhelming (Reid, 2004). Diane recognized that:

when you've got a group of women and almost everyone in the room has a health issue, an emotional issue, physical issues, all of those things sort of crowd out your ability to really take responsibilities. (Diane, research party)

Her insight allows us to consider women's fear and resistance in a more forgiving light, for rather than blaming women for their unwillingness to do emotional or psychological work, it takes into account the reality of their lives. Pat went further to connect women's fears to the experience of living in poverty when she said:

I think basically, especially in lower income, though not only in low income groups, there is a lot of fear and a lot of self-protection that I think stops this ability to accept people fully. Because they're either afraid for themselves or they're not sure and they stay with what they've got rather than being vulnerable. (Pat's interview)

As Russell (1996) would argue, such fear is a common effect of internalized classism.

Recognizing the degree to which fear, shame, and other forms of internalized vulnerability serve to limit members of oppressed social groups' engagement in 'empowerment' strategies is an integral step in understanding and redressing the micro and individualized effects of neoliberal, patriarchal, racialized, and otherwise unjust systems. However, engaging with these psychosocial issues is treacherous ground within a community organization that lacks the skill and resources to safely deal with them. Inappropriate comments or actions, however well-intentioned, could provoke or escalate psychosocial health issues with potentially drastic outcomes. In this light, it was not surprising that when the facilitator's approach was abandoned, we moved to an organizational rather than a psychosocial or relational strategy for moving forward. This provided safer water for all of us to tread.

### **Sustaining WOAW post-conflict: A strategic planning process**

Following the aborted conflict resolution strategies, members contemplated how to move forward as an organization and make WOAW sustainable. However, given that most of the underlying dynamics that produced the conflicts and limited our ability to resolve them remained unsettled, it was difficult to envision how to do so. Patricia summarized the basic tension when she said, "the groups are still so divided and I don't know how that really can be

corrected because we've tried so many times, right. But I feel that they still want it to be WOAW" (Patricia's interview). She recognized that while members still held a hope and desire to have WOAW in their lives, essential problems remained unaddressed. With the limited amount of resources left in the budget, members agreed to a strategic planning process.

The strategic planning process was led by three UBC researchers. I suggested the strategic planning at a Project Team meeting, based on a recommendation from a former service provider who had supported WOAW through its early development. Seemingly, members agreed to engage in the process to seek sustainability and address key organizational issues. They may also have perceived this approach as safer than the conflict resolution strategy because its organizational focus was less personal and members trusted us more than they did the outside facilitator. An additional bonus was that we were offering our services voluntarily, so the cost was relatively low (e.g. food, childcare, and transportation). Our willingness to do so illustrated our commitment to the organization, even though our involvement at this level was inherently problematized by our class and other privileges. Leading the organization through this key transition exemplified our positive enactment of *power-to*, while simultaneously requiring us to reflect on how we used our skills, authority, and other resources to facilitate the groups' development without overriding their desires (Varcoe, 2006).

The process was designed to re-envision the structure of WOAW such that the organizational and relational issues that contributed to the conflict were addressed. It unfolded through three 3-hour sessions over three days. The focus of the first session was to brainstorm the challenges within the current organizational structure and possibilities for overcoming them. In our role as facilitators, we arrived at the second session with a proposed organizational structure that we thought might address the various concerns and challenges in the current structure. We checked in with those in attendance to see how they felt about the proposed

structure and all but four women identified an ‘umbrella’ type structure as being the most viable. Since this structure was similar to the one that already existed, a discussion evolved about how the various groups and committees could be recreated to address the current challenges. In response to a request by the members in attendance, the researchers brought a list of suggestions about how the new structure could function to the third session. After 3 hours of discussion, the newly functioning structure was agreed upon.

However, as Table 6.3 illustrates, attendance dwindled over the course of the three sessions.

**Table 6.3: Participation at strategic planning sessions**

Strategic planning session	Number of members in attendance	Number of study participants in attendance	Number of service providers in attendance	Number of researchers in attendance
1	19	7	3	3
2	13	6	5	3
3	8	4	3	2

The final session in particular was not well attended and, overall, the energy seemed particularly low. It appeared that the group of members who preferred a different structure to the one that was agreed upon didn’t return to final session or to any other WOAW events. Additionally, those who continued to participate seemed to be worn down by the complexity of negotiating the various challenges that remained. The remaining members, researchers, and service providers attempted to work within this new structure for six months, but attendance at meetings became increasingly sporadic and eventually stopped.

In the following section, I explore how attempts to address the challenges of organizational restructuring were again complicated by core differences and power struggles. Despite these differences and the challenges of sustaining WOAW, fourteen members agreed to participate in my study when the organization was all but defunct. When I asked each participant why she agreed to participate at this stage, they all declared they held hope that WOAW could continue and that perhaps this research project could re-stimulate its resurrection, which is a significant

and perhaps unrealistic expectation for researchers to meet. I therefore end this section by illustrating that, despite the challenging dynamics that shaped WOAW's ability to sustain itself, participants continued to recognize that it held value in their lives and remained hopeful that it could continue to benefit women in their community.

### **Re-envisioning WOAW's organizational structure**

The focus of the strategic planning sessions was to re-envision WOAW's organizational structure, which had developed over time as a key issue contributing to the tensions among members and sub-groups. The divergence between perspectives became apparent when I did my initial analysis, as each woman had her own unique take on what WOAW should look like and how it should function. These differences were markedly clear, in part, because members were encouraged to express themselves according to their distinct needs and perspectives. I brought this point up at the research party as both a point of illumination for the members and to elicit their further insights:

Pam: And the theme around these [organizing processes] was that there were no consistent understandings between anybody around these things. .... So basically what I heard was, in WOAW, nobody thought the same thing. (hearty laughter).

Patricia: A million different opinions.

Pam: A million different opinions.

Kate: That's cause we're all unique.

Pam: Yes, you're all unique and I think it's also telling, right? That we're all on very different pages and so if we're all on such different pages, and we don't know that we're on such different pages, how are we supposed to work together effectively?

Diane: Exactly.

Pam: Ok. So that's how I make sense of it.

Diane: Wow, that's huge. That's a huge revelation actually. (research party)

Working across the different understandings of WOAW's organizing processes was a core challenge as we moved through the strategic planning process.

During the strategic planning, members identified three possible organizational forms that could be taken: 1) as one main WOAW group from which all activities and organizing occurred, 2) as a number of distinct sub-groups that for the most part functioned separately, and 3) as a combination of the above, whereby certain functions happened within a larger, overall group context, while other functions occurred within smaller, and perhaps specifically defined sub-groups. This third option reflects the structure within WOAW throughout its history.

Each of these organizational forms represented distinct ways of negotiating the differences and connection between members and, depending on how they were managed, offered different relational dynamics. For the women who believed that WOAW should consist of one main group without any separation into the smaller sub-groups, the main concern was the division caused by group differentiation. Selah offered this perspective:

Honestly, right from the start I never liked having the smaller groups. ... I think the money was the issue to me. I think if we hadn't had any money, it would have been better, honestly. Because it became pettiness between the groups....I've always thought of it as WOAW. And I know when we'd often call out where we were from I was 'I'm WOAW.' (Selah's interview)

Again, this challenge around money points to the possibility that the ways in which women had internalized their impoverished relationship with money detrimentally affected their ability to negotiate the distribution and outflow of funds (Russell, 1996). For Selah, dividing into sub-groups resulted into a fracturing between members where issues such as the division of funds became problematic power struggles. Participants also identified other issues that created these types of divisions, such as who could attend what activities, how the sub-groups communicated with each other, and who represented WOAW in the community. Because of these challenges,

a small percentage of members preferred to eliminate the sub-groups, so that members could work together in a single organizing body.

Sydney, on the other hand, leaned towards working primarily from the sub-group structure when she commented that:

I think it was easier in the small group because there was a lot less of us. We tend to all want similar things, where once it got to the big group people wanted to do different things. So made it a lot easier in the smaller group.  
(Sydney's interview)

For Sydney, the ease of grouping women according to their different needs made operations more manageable. Because the sub-groups tended to unfold according to shared experiences and/or common life situations (e.g., single mothers, older women), the challenge of negotiating differences was less intense; more women could get the experiences they were desiring because sub-group members shared similar interests. Sydney's desire to make things easier could also foster exclusion. The possibility remained that by maintaining this type of sub-group structure and avoiding the more difficult decisions, they also missed out on the opportunity to learn through their diversity and thus to create an organization that was more inclusive.

The perspectives that Selah and Sydney offered represent the polar ends of how the members envisioned WOAW's structure. Kate understood that a third way was possible; that both structures were useful and could potentially serve alternative purposes. She said, "I wanted all of WOAW to be just WOAW. And if you had your separate sub-groups, that's fine too" (Kate's interview). While her preference was to be one group where members could connect within the larger structure, she did not feel that having separated sub-groups necessarily threatened WOAW's existence. Having both forms of grouping offered two possibilities for women to connect: 1) in a larger group setting where they were provided the opportunity to know and learn from a diverse group of women, while also being challenged to negotiate their differences, and 2) in a sub-group setting where their connection was based more on their



commonalities and provided a greater sense of ease and safety. This was the form that WOAW most often worked from, but a number of the dynamics that produced the conflicts emerged as members attempted to negotiate their diverse needs within this structure.

The provision of childcare exemplified this tension as it developed into a significant bone of contention between sub-groups, especially when resources and community service provision dwindled. Over the years, one sub-group developed for young mothers; however, this group diminished as the funding ran out and members chose to leave WOAW for various reasons. The young mothers who remained found it difficult to attend the functions of other sub-groups because childminding was not provided, nor were children necessarily welcomed. This issue is indicative of the challenges in working across difference in both social location and feminist organizing strategies, as Mary Elizabeth's comment illustrates:

You cannot expect some of our ATP ladies to want to be having a meeting where you've got two and three-year-olds running and diving underneath the tables and knocking and spilling tea and stuff like that. They've been through that and they don't want that any more. And we have nothing in common with the women in that age group. If they invited me to go to their group I would be happy to go to their group. But some of our women for different reasons probably from their own experiences in parenting ... don't want to be in that.  
(Mary Elizabeth's interview)

While all members recognized that childcare was a barrier to some women, not all members equally valued funding childcare costs. Additionally, not all members were willing to have children around when funds were not allocated for childcare. While it is understandable that older women may not want the disruption of children, it came at the cost of younger mothers' inclusion in WOAW. Mary Elizabeth's comment that she would be 'happy to go to their group' also illustrated that not all of the older women felt the same way about the childcare issue; some were willing to accommodate the needs of the young parents, while many others were not. Patricia commented that, in order to make a new structure work, her sub-group "would really

need to make some changes, which includes single moms with kids or moms with kids and the childcare part” (Patricia’s interview).

For the young mothers’ group, most of their funding was eaten up by childcare costs, resulting in fewer activities. Since many of the women without children were unwilling to share this cost of childcare, the ways in which this difference was negotiated served to exclude some women and perpetuate conflict. Again, it is important to remember that issues such as money or childcare (among others) did not in themselves create the conflicts between sub-group members; the conflicts arose from the ways in which the women engaged in these issues and with each other in these situations. The fractions were not caused by the differentiated group structure per se, but by the ways that the differences within the structure were understood and then negotiated, primarily through practices of ‘Othering’ and *power-over*. As Diane understood it, although the sub-group structure served a useful purpose, the dynamics that developed between sub-group members left little energy to negotiate and sustain the differences at the broader group level. She said:

I think, and many women have pointed this out, but having the three separate groups or two or however many there were, that kind of division was good on the level of micro-activity, but it seemed to somehow separate or make women be apart. And so when it came to how do we keep things together as a whole, there wasn’t a lot, maybe a lot of energy or momentum or interest in keeping it together. (Diane’s interview)

Diane’s comment may point to a critical concern about whether or not it was possible for a group of women living in poverty to maintain the energy of a grassroots organization across immense social, historical, and power differences, a point that was never fully addressed in WOAW or in community development-type initiatives more generally (Nelson & Prilleltensky, 2005; Young, 1990). Yet most social movements and transformations have been initiated by people living on the margins who held little economic or legitimized power. The difference may come down to the ways in which people differentially experience and internalize oppression.

While some women resist dominant systems of power and privilege, others struggle to find their own sources of agency and ability to survive on a daily basis. The existence of a critical consciousness and supportive environments may be a determining factor in women's responses to their experiences of oppression.

In Western society, differences remain a source of fear, self-protection, exclusion, and 'Othering' (Anzaldúa, 2002; Hall, 2005; Lorde, 1984; Schiller, 2003). Young (1990; 2000) has argued that in order for marginalized social groups to be included in public realms, group differentiation is necessary, such that the oppressive structural and power inequities are redressed. However, when the process of group differentiation is underscored by ideologies that fear and moralize rather than accept and celebrate differences, deep fractions emerged between group members competing for limited resources. In this vein, Fraser (1997) has argued that the material redistribution needs to be coupled with cultural recognition, in order to reshape the ways in which differences are negotiated and construed. She offers the concept of subaltern counterpublics that offer parallel discursive "arenas where members of subordinated social groups invent and circulate counter-discourses, which in turn permit them to formulate oppositional interpretations of their identities, interests, and needs" (Fraser, 1997, p. 81). Counter-publics may provide a supportive place within which disenfranchised social groups can collect themselves relatively free from the dominant mainstream. In many ways, WOAW existed as a counterpublic to local public recreation institutions. Yet if counter-publics continue to exist in relation to the dominant mainstream, the inequitable distribution and oppressive enactments of power that imbue the existing system remain relatively unthreatened and the status quo is maintained. Certainly, this was the case with WOAW, because as external funding sources dried up, the mainstream system was unwilling to adapt its policies, programs, or funding structures to accommodate an alternative approach to recreation provision. Shakir

(2005) suggests that in order to create a system that fosters inclusion across the complexity of social and individual differences, it is necessary to abolish a universally dominant centre and cultivate the creation of overlapping and non-hierarchical social spheres. Exclusion may be a necessary component in the creation of overlapping social spheres or subaltern counter-publics that are based on self-selected group differentiation. However, exclusion may also become a less painful process if it is not underpinned by social, cultural, political, and material privileging and the domination of some groups over others.

The WOAW sub-group structure might be seen as the creation of overlapping social spheres based on the self-defined identities, interests, and needs that Shakir (2005) suggests. The sub-groups were successful when they worked within these realms to create spaces of safety and satisfaction. Alternatively, when sub-group members began to position their groups in relation to one another, especially when limited resources were at stake, conflict and power struggles surfaced. This positioning remained underpinned by negative notions of difference, which served to apply moral imperatives to and/or retreat from the fearful 'Other.' In this vein, the competitive relationships between sub-groups resulted in an exclusion-inclusion dichotomy that proved harmful to many members caught in its midst. Perhaps it was too difficult for WOAW members to engage with new, alternative, or feminist conceptions of power and difference, because traditional and patriarchal perspectives were so deeply embedded in their collective psyches, against a backdrop of chronic oppression, dwindling support and resources, inadequate skills, and the widening gap in the social safety net. Despite these challenges, or perhaps because of them, the desire and hope for WOAW to continue remained for the participants of this study.

### **Maintaining hope in the face of crisis and transition**

At a psychosocial level, every participant expressed her hope that WOAW would survive, despite the challenges within the organization. According to Donnelly and Coakley (2002), hope is a crucial aspect of facilitating inclusion in the midst of exclusionary systems. Freire (1970) suggests that any gathering and action-taking of members of oppressed social groups is in indication of hope. Sandra said "I hope [WOAW] continues because it helps people in many different stages" (Sandra's interview). Vicky's hope rested in the value of WOAW in her community when she said, "I sure hope it's not the end of WOAW, because so many communities could use it" (Vicky's interview). Ana's hope stemmed from her recognition that there were many women in need of places like WOAW: "I hope WOAW is still working because it's going to help a lot of women in depression or economical problems and it's good to have some place like that" (Ana's interview).

Following the aborted conflict resolution and strategic planning processes, the hope some members had for WOAW to continue initiated other attempts to save it. Sydney described her efforts in this regard:

I've been trying to convince others too, maybe if we meet a few of us, maybe we can get a few more things going with our group again and stuff, I don't know. I guess that was part of my hope. (Sydney's interview)

Her hope was that members could return to planning activities and enjoying the benefits of them. Underlying this desire to resume activities was her hope that they would provide the space for women to connect again and perhaps alleviate the challenges they were experiencing in their day to day lives. The question of whether or not WOAW could create such a space without finding ways to work together that fostered their enjoyment rather than conflict remained, as Maria Manuel acknowledged when she said, "I hope that it will continue, it will need to be a little more structured and would continue its objective to help women in general"

(Maria Manuel's interview). She felt that, in order for WOAW to continue to benefit women, it needed a more effective structure that ensured that the workload was evenly and effectively distributed, that members took responsibility for their commitments, and that power was enacted in positive and expansive ways. Maria Manuel's suggestion brings this discussion back full circle because, over the years, the organization attempted and failed to recreate an organizational structure that could support the functioning and needs of its diverse members without undue harm or power struggles. According to Martin and Ferree (1995), feminist organizations often resort to familiar hierarchical and bureaucratic structures despite their best efforts to practice alternative organizing principles. Similarly, within a neoliberal socio-political context that limited resources, privileged hierarchical structures, and hegemonically maintained unbalanced power relations, it is not surprising that WOAW's attempt to organize collectively was unsustainable.

### **Negotiating Power, Difference & Conflict within Community-based Health Promotion**

The ways in which power and difference were understood and negotiated in WOAW contributed to considerable conflicts. Tendencies to revert to *power-over* strategies and to fear difference, despite alternative intentions, had significant psychosocial, relational, and local/organizational impacts for participants and the organization. Given the power and privilege differences amongst WOAW's membership, it is not surprising that conflicts emerged. In fact, many theorists suggest that conflict is an integral aspect of inclusion and group processes (Northern & Kurland, 2001; Shakir, 2005; Young, 2000). Yet even though much CBHP work involves bringing together groups of people in inclusive ways, there is little evidence that those involved are prepared to embrace and manage the conflict in productive ways. Certainly, WOAW's members, service providers, and researchers lacked the skills and

capacity to productively resolve the conflicts, particularly at the psychosocial and relational levels, that significantly contributed to its demise.

Internalized experiences of oppression contribute to women's tendency to fear conflict and react in oppressive manners such as (self-)blame, anger, or withdrawal (Abrams et al., 2005; Schiller, 2003). Those involved in CBHP would benefit from engaging in what social workers refer to as group work, a process which intentionally works with group dynamics such as conflict in ways that serve to heal and transform, particularly for women who have experienced chronic oppression (Mullender & Cohen, 2003). This type of process can teach and role model anti-oppressive relations, such as *power-with* and *power-to*, and begin to undo the understandable tendency to retreat to those of control and domination, such as *power-over* (Dominelli, 2002a). Additionally, group work processes can foster important connections with other women that provide the support, compassion, and nurturing needed to heal from oppressive and isolating conditions (McLeod, 2003; Ryff & Singer, 2001; Sullivan, 2001). While the resources and energy that chronically marginalized women bring to CBHP processes should not be under-valued, it may be unreasonable for them to take on leadership roles without adequate support and training in facilitating anti-oppressive group work (Nelson & Prilleltensky, 2005; Steinberg, 2006). In order for inevitable conflicts to be effectively managed in CHBP, then, practitioners, researchers, and policy-makers would be well-served to use their power and privilege positively to develop the psychosocial, relational, and organizational skills necessary to do so in collaborative ways.

The challenges associated with managing power, difference, and conflict in WOAW further illustrate the complexity of CBHP, particularly as these played into participants' experiences of inclusion and exclusion. For many members, the circumstances surrounding the conflict and our inability to resolve it resulted in their exclusion, undue stress, and decisions to withdraw

from the organization. Within a project designed to promote their health, these dynamics were particularly troubling as they gave evidence to the possibility that involvement in WOAW was harmful to their health. Yet over the course of a 6-year project, most participants reported that their involvement positively influenced their health, despite the conflict. As the following chapter will more deeply explore, the multifaceted dynamics in WOAW provided conditions through which many women made choices that promoted their health, even in the face of conflict.



# CHAPTER 7

## WOAW's Influence on Women's Health

I think WOAW helped me more mentally. Like knowing I had somewhere to go and to meet people and not being so isolated. And it's more lately I'm doing the gym every week and I feel that's helped me more physically, and emotionally, I know I'm doing something to help myself. So it pushed me to help myself. (Sydney's interview)

In this chapter, I describe how participants' involvement in WOAW promoted their psychosocial health, which positively influenced their physical well-being. WOAW's environment, which was co-created by members, service providers, and researchers, fostered participants' ability to connect to other women in their community, engage in recreational opportunities, build their skills and capacity, develop their self-esteem and confidence, and enhance practical consciousness. In important and overlapping ways, as Sydney's above quote illustrates, each of these attributes facilitated participants' agency, thereby increasing their ability for self-care, for engaging in health promoting behaviours, and for managing their chronic pain, even in the face of conflict and stress. Research has increasingly shown that women's health is shaped by biological, psychosocial, and broader social, political, and economic spheres of influence in complex and intersecting ways (Inhorn, 2006; Johnson et al., 2007; Krieger, 2003; Spitzer, 2005). Addressing women's health through feminist approaches to CBHP thus requires that all involved embrace its complexity and broaden their perspectives on what counts as health promotion. The findings in this dissertation illustrate that attending to the psychosocial pathways that shape women's health, such as internalized oppression, depression, and social isolation, can have significant value in promoting positive health behaviours, improving the ability to cope with chronic pain and illness, and beginning to question the structural conditions that shape women's health.

## **Participants' Health Status: A Determinants Perspective**

A health determinants approach “sheds light on the ways in which health is determined by biological factors, by social factors or the interaction between the two” (Benoit & Nuernberger, 2007, p.4). In order to contextualize the findings in this chapter, I begin by summarizing participants' self-reported health status, both at the time of this study and over the course of their involvement in WOAW, as it was shaped by sex and gender. Self-reported health status has been shown to be a strong predictor of mortality and morbidity (Appels, Bosma, Grabauskas, Gostautas, & Sturmans, 1996; DeSalvo, Bloser, Reynolds, He, & Muntner, 2006; Marmot, Feeney, Shipley, North, & Syme, 1995). It is an especially useful tool for measuring health when the method for collecting self-reports enables members of marginalized social groups to determine the relative importance of various health dimensions within the context of their everyday lives (Allison & Foster, 2004). Rather than construing self-reported health as subjective and therefore unreliable, this form of ‘lay knowledge’ provides significant insight into the complexities of how social conditions and individual choices interact to produce health (Popay & Williams, 1986; Williams, 2003). Importantly, self-reported health status is concretely linked to psychosocial factors that shape the ways in which women experience their health and cope with chronic pain and illness (Svedberg et al., 2006).

### **Physical ailments & chronic conditions**

Over 75% of participants suffered from significant physical ailments and/or chronic conditions that required regular medical attention; half of this group were unable to maintain employment and required financial support and/or physical assistance to cope with their ailments. Table 7.1 outlines the participants' self reported health issues. I received this information from participants in two ways: 1) on the face sheet that recorded their background information and 2) when they discussed their health during interviews.

**Table 7.1: Self-reported physical health problems**

Physical Health Problems	Number of women (n=14)
Arthritis	3
Bi-polar disorder	2
Breast cancer (post)	1
Chronic fatigue syndrome	1
Churg-Strauss Syndrome <sup>3</sup>	1
Diabetes	2
Fibromyalgia	2
Heart problems	1
High blood pressure	2
High cholesterol	1
Hormone imbalance	1
Insomnia	1
Irritable bowel syndrome	1
Psoriasis	1
Osteoporosis	1
Scoliosis	1

From a biological or sex perspective, there is increasing evidence that diseases and disorders such as arthritis, fibromyalgia, and diabetes are related to female-specific cellular and hormonal function (Cevik et al., 2004; Donahue et al., 2007; Maekawa, Twe, Lotaif, Chiappelli, & Clark, 2003; Okifuji & Turk, 2006; Yuen et al., 2007). These chronic ailments are especially prevalent amongst women and have been linked to psychosocial pathways associated with stress and depression (Bernard, Banthin, & Encinosa, 2006; Engum, 2007; Gur, Sarac, Burkan, Nas, & Cevik, 2006; Orfila et al., 2006; Raheim & Haland, 2006; Van Houdenhove & Luyten, 2006).

From a gender perspective, there is overwhelming evidence to suggest that mortality and morbidity rates associated with such disease are linked to interconnected social determinants such as class, gender, race/ethnicity, and disability (Marmot & Wilkinson, 1999; Raphael, 2004b) and that living in poverty produces undue stress and related psychosocial ailments (Collins, 2005; Reid, 2004). The gradient of health indicates that people with lower

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<sup>3</sup> According to the Churg-Strauss Syndrome Association, it is “a rare systemic autoimmune disease characterized by inflammation of small to medium sized arteries, arterioles and venules” (CSSA website, [www.cssassociation.org](http://www.cssassociation.org), November 29, 2006).

socioeconomic status (SES) experience poorer health and greater incidence of disease than people with higher SES (Denton & Walters, 1999; Raphael, 2004a; Wilkinson, 1996). Canadian statistics indicate that lone parents, recent immigrants, people with disabilities, and unattached individuals between the ages of 45 and 64 comprise nearly two thirds of those living with chronically low SES (Statistics Canada, 2006). Consistent with the growing 'feminization of poverty' trend, women are over-represented in each of these categories and consistently earn less than men (Frisby et al., 2007; Sicchia & Maclean, 2006). New immigrants to Canada, especially those of colour, are more likely to be poor, in part due to racial and ethnic discrimination (Kazemipur & Halli, 2001). Disability and ill health also contribute to the 'poverty trap' since paternalistic government policies perpetuate dependency and devalue potential contributions that can be made by individuals with disabilities (Stapleton, O'Day, Livermore, & Imparato, 2006). Given the connections between poverty and ill-health, it is not surprising that the group of newly immigrated, disabled, and partially or un-employed women who participated in my study suffered from a significant range of chronic physical ailments.

### **Psychosocial health problems: Social Isolation & depression**

Alongside their physical health ailments, participants also suffered from poor psychosocial health, particularly social isolation and depression. As Table 7.2 illustrates, isolation was the only condition suffered by all 14 participants, and 10 participants experienced depression. For two participants, their isolation and depression manifested in relation to bi-polar disorders.

**Table 7.2: Self-reported psychosocial health problems**

Psychosocial Health Problems	Number of women (n=14)
Bi-polar disorder	2
Social isolation	14
Depression	10

Despite their prevalence for marginalized women, and the pathways that exist between psychosocial factors and ill-health, issues such as social isolation and depression are given insufficient attention by health promoters who often focus on individual lifestyle or behavioural approaches (Buchanan, 2006). In fact, women's psychosocial and mental health promotion is a pressing priority for health researchers in Canada (Stewart, 2006; Stewart, Kushner, & Spitzer, 2001). Furthermore, those who do address these issues tend to medicalize them as individual concerns that can be rectified by better health education (Buchanan, 2006). This approach serves to depoliticize women's experiences by ignoring the broader systemic forces that shape their situations (Brodie, 2005; David, 2002; Morrow et al., 2004). Conversely, participants' experiences of isolation and depression were distinctly shaped by their social locations at intersections of class, gender, race/ethnicity, and disability (McCall, 2005; Mullings & Schulz, 2006). The following examples illustrate how such psychosocial factors, which act as significant pathways to ill-health, were fostered by gendered and socialized lived realities.

Kate sought out WOAW because her husband worked long and variable shifts and she was often functioning as a lone parent. She said: "when I first started I was at home with two small children and almost bouncing off the walls. I'd moved to a new city where I didn't know anybody or anything" (Kate, research party). Her young working-class family moved to the Lower Mainland in order for her husband to obtain regular employment. Given the confines of her traditional gender role as a stay-at-home mother, the move served to isolate Kate because she had no friends or family for support or company in her new neighbourhood. Furthermore, the reality of living in this expensive urban area left scant resources for her family, which can be described by the term 'working poor,' and limited her access to costly recreational services as a means of connecting with other women in her new community. Kate's location at an

intersection of gender and class perpetuated her isolation and, as her comment about ‘bouncing of the walls,’ implies compromised her psychosocial health.

Tara immigrated to Canada after marrying a Canadian man and this transition was built upon the unquestioned assumption that she, as the woman, would leave behind her family and career. In doing so, she became financially dependent upon him and was unable to re-establish her professional career as an organizational psychologist due to language and cultural differences. She explained that this transition left her feeling isolated and depressed: “I was recently living here in Canada. I was really alone and really depressed. ... I was feeling pretty bad. I had a very bad depression when I got here” (Tara’s interview). Her isolation fed her depression, which in turn further isolated her because it lessened her capacity to reach out to the community. During our conversation, Tara directly attributed these health issues to her immigration to Canada and to racist assumptions that were made about her professional ability because English was not her first language and she had been trained in a non-Western culture. Clearly, her psychosocial health was shaped by her intersecting gender, class, and racial status.

Selah also recognized how her isolation and depression were connected and shaped by her life circumstances. She was a white woman, and had a thriving small business before becoming disabled by chronic disease. When she lost her business due to ill-health she became reliant on social assistance that required her to cope with a significant shift from middle class status to living below the poverty line and the subsequent loss of community she had established within her work environment. She described her state of distress when the opportunity to join WOAW came to her.

I think I was really getting down lowest, another really low point. ... I wasn’t dealing with the illness and not being able to go back to work and not being part of the community. ... I felt very, very isolated and I knew that the depression had started to set in. (Selah’s interview)

Participants' interconnected experiences of isolation and depression were contextualized by their locations at social intersections of power and identity. Class status, employment, disability, gender roles and domestic responsibilities, as well as race and ethnic differences, socially determined this group of women's psychosocial health.

### **Women's ecological health**

Participants knew that the physical and psychosocial health issues that they identified were inherently connected and shaped by their social world. Their ecological or holistic understandings of health were in keeping with feminist theories of health as 'a resource for living' that is influenced by intersecting physical, psychosocial, relational, and socio-political factors (Anderson, 2000; Barnett, 2000; Greaves & Pederson, 2007; Ruzek et al., 1997a). Selah's response to my question about how she managed her chronic health issues reflected this perspective:

I just believe in a very holistic [approach], and that's sort of what I've been looking into. To me it's such, it's the whole body, you can't just take on little aspects of it. And I think when I'm going and I'm doing things, again the chemicals in the body are working better, you're feeling better and it just, it helps. I can get through pain better that way. ... Because emotionally I wasn't, I was in too much turmoil and so health-wise my body would just start taking up the stress. ... And the anxiety would, that's the biggest problem, was anxiety. So it would make it [the pain] worse. And at that point too, I was starting to rely more on medication which was frustrating me a lot. (Selah's interview)

Her quote illustrates the understanding that her physical health was linked to her psychosocial state. When she was busy and active she was better able to manage the constant pain associated with her fibromyalgia; however, when she experienced stress, anxiety, and frustration in her everyday life she was less able to manage the pain and became more reliant on her medication. Later in our conversation she explained how heightened anxiety levels also resulted in her feeling less able to participate in daily life because her pain threshold had decreased.

Selah's example of how her daily life shaped her health also illustrated the ways in which participants recognized that their social world, through psychosocial pathways, influenced their overall health. When their lives were stressful, their health was compromised and since living in poverty is inherently stressful (Collins, 2005; Reid, 2004), participants' health was constantly affected. Housing and employment were particular stressors for this group of women as half of the participants discussed their struggles with securing adequate housing on limited income, while two thirds talked about the challenges of finding and maintaining employment. Certainly, housing and employment have been found to be significant indicators of poverty and health (Auger et al., 2004; Bryant, 2004).

Within the reality of poverty and other interconnected forms of structural discrimination and oppression, it can be expected that many women would feel powerless in their attempts to control their health and life circumstances (Jones & Meleis, 1993; Minkler & Wallerstein, 1997). And yet each of us has the possibility of enacting individual agency, albeit differentially facilitated and/or inhibited by structural forces, in order to take action to improve our health and well-being (Buchanan, 2006; Giddens, 1984; Minkler, 1999). Within a framework of understanding women's health as complex relationships between social structure, psychosocial factors, human biology, and individual behaviours, the following sections illustrate how local/organizational and relational practices in WOAW both facilitated and hampered participants' health.

### **The Health Promoting Conditions of WOAW**

Participants often used the metaphor of 'open doors' to describe how their inclusion in WOAW's feminist organizing and community-based approach to recreation created health promoting conditions. As Table 7.3 summarizes, and in keeping with the theoretical framework in Chapter 2, these conditions manifested at interconnected local/organization, relational, and



psychosocial levels. Importantly these conditions were co-created by the various members, service providers, and researchers and were only health promoting when participants' chose to utilize them.

**Table 7.3: Health promoting conditions as identified by participants**

Health promoting conditions		Number of participants (n=14)
Local/organizational	organizing & teaching	12
	recreational activities	13
Relational	community connections	12
	social support	14
Psychosocial	access to new knowledge	11
	personal growth & development	8

The primary influence of these conditions on participants' health happened at a psychosocial level, as they enhanced their self-esteem, confidence, and capacity. Their practical consciousness was also expanded such that what they believed to be real and possible in their worlds, especially in terms of what actions they could take to improve their life circumstances and have their health needs addressed, increased.

### **Facilitating community connections, social support, & recreational opportunities**

Every participant talked about connecting to community as a crucial factor in promoting their health. These connections provided social support and opportunities to engage in social and physical recreation that many participants described as 'a reason to leave the house.' There is significant evidence that illustrates the physical and psychosocial health benefits associated with participation in recreation and leisure, including enhanced self-esteem, reduced stress and isolation, and elevated fitness (Bailey & McLaren, 2005; Higgins & Reed, 2001; Ponc & Frisby, 2005). Caldwell (2005) argues that involvement in leisure and recreation can improve health through the prevention of illness, coping with stress or chronic disease, and transcendence of traumatic life events. Participants identified each of these benefits in association with their participation in WOAW's recreational activities, especially when their participation was coupled

with social support and connection. The evidence linking social support to positive physical and psychosocial factors for women is also exhaustive (e.g., Nelson & Prilleltensky, 2005; Uchino, 2006; Wright, 2006) and includes the argument that it enhances the value of recreation for vulnerable populations (Bailey & McLaren, 2005; Petryshen et al., 2001; Reid et al., 2002b).

The quality of connection was central to participants' feeling supported within their communities. Selah discussed how WOAW provided her with the healthy friendships for which she had always yearned:

I have just such awesome people in my life. I never thought I would have the type of people, I would watch other people have friends like that and I would be envious. I had more friends than anybody (laughter), but I never had that healthy group. And a lot of them have come through WOAW. (Selah's interview)

Pat joined WOAW because she was attracted to "the idea of women helping women and [because] I love groups. I think there's a lot of strength in groups" (Pat's interview). She believed that a more cohesive group of women was stronger and had greater potential to make a difference in their community and in their own lives. McLeod (2003) suggests that feminist group work for health is therapeutic for women because they "are met with a deep level of understanding" they enable "each other to express more freely what they are going through," and gain "a sense of solidarity from realizing other people [are] in a similar situation" (p. 170). This level of connection and engagement also holds the possibility of redressing the effects of internalized oppression by beginning to reframe women's individual experiences as products of systemic inequities (Mullender & Cohen, 2003; Dominelli, 2002a).

Along these lines, when I asked Maria Manuel if WOAW was a source of support during her battle against cancer she said:

Yeah, yeah it helped. It was something for me to see that they're all so sick like me but they are all living a normal life. ... I recently attended a meeting with them. And out of 10, three of us had cancer, of the same thing, they went

through the same difficulties in life but they are there and each individual is looking at it differently. (Maria Manuel's interview)

By talking to other women, Maria Manuel realized that other women had survived their struggles with disease. These connections were a source of hope for her as she drew inspiration from the ways in which other women lived a full life post-cancer. WOAW members also took Maria Manuel on a bowling outing so that she could enjoy one of her favourite recreational activities before surgery. Research shows that this type of psychosocial support helps to offset the stress and emotional intensity associated with the diagnosis and treatment of breast cancer (Friedman et al., 2006).

Physical inactivity was identified by WOAW members as one of three key barriers to their good health (Frisby et al., 2007). The opportunities to be physically active were appealing and beneficial to participants when they occurred within a community of support, in comparison to traditional recreation where individuals typically sign up for programs on their own. Diane described her experience of doing aqua-fitness with other WOAW members:

We were so joyful to be moving. But we're also joyful because we know each other and we know that some of us have fairly extreme physical limitations. So there's a real feeling of safety that you know if you can't do this exercise, like you're not competing. You're just not competing with any of those people so it's a completely different sense of - it's like a little community is going in there to do something. (Diane's interview)

Despite the well documented evidence illustrating the health benefits associated with physical activity, many women continue to resist participation because of concerns about their body image, lack of confidence, and fears around demonstrating competence (Allender, Cowburn, & Foster, 2006; Reid, Dyck, McKay, & Frisby, 2000). Participating as a group allowed WOAW members to engage in activities that were designed around their physical ability levels and eliminated some of the cultural pressures to 'look' a certain way and to 'perform' exercise in a particular fashion. As Diane's comment suggests, within this supportive environment members

were less likely to detrimentally compare themselves to one another and therefore were able to enjoy the experience in each other's company.

The recreational opportunities also provided women with the sense of having something to do with their time and a reason for leaving the house each week. As Marylu described, having this purpose was of particular importance in the midst of chronic isolation and depression:

I believe that one of reasons that I was in WOAW and will always be involved is to have something to do and if you have something to do and something to think about your mind is busy and then you do not get so lonely and depressed. (Marylu's interview)

She understood that having a busy schedule facilitated an active mind. When I asked Sydney about if and how WOAW promoted her health she, like Marylu, spoke to the mental stimulation it provided her, alongside the physical and emotional benefits:

I think it helped me more mentally. Knowing I had somewhere to go and to meet people and not being so isolated. And, it's more lately I'm doing the gym every week and I feel that's helped me more physically, and emotionally, I know I'm doing something to help myself. So it pushed me to help myself. (Sydney's interview)

Sydney's sense of isolation was reduced and her engagement in physical activity was facilitated by the knowledge that she had something to do and people to connect with. She believed that the state of her psychosocial health was connected to her capacity to take care of herself:

Coping with illness and chronic disease has been identified as a central benefit of participating in recreation (Caldwell, 2005). Vicky described how WOAW supported her transition to a new life following a severe mental health episode that nearly caused her to lose custody of her children:

This place took me in and then I had to start a whole new life out here. And then WOAW, I joined WOAW and I just thought it was great because of the trauma I had just been through. ... So sitting in my apartment depressed for months and months and months at least I would have WOAW. (Vicky's interview)

Being able to participate in WOAW alleviated her post-traumatic depression and provided a venue for connecting with others in her new community. Similarly, Elaine found that WOAW kept her going as she came to terms with the onset of the debilitating Churg-Strauss Syndrome.

I asked if WOAW had made a difference in her life she said:

I would say so. It keeps me going, I have something to look forward to (laughter), you know. If I didn't have WOAW to look forward to I think it would have taken me longer to get well. (Elaine's interview)

Each of these instances illustrated how participants understood their psychosocial well-being as being intricately connected to their physical health, both of which were positively affected by uniting participation in recreation activities with social support. WOAW provided recreation opportunities for members through a feminist community organizing strategy that took into account their everyday realities and alleviated some of the barriers faced by women living in poverty, such as program fees, transportation, and childcare (Ponic & Frisby, 2005). This approach was especially important at a time of increasing neoliberalism that is making the recreation and leisure inaccessible to poor and working-class families who either cannot afford costly user-pay systems or who have little non-work time to participate (Reid et al., 2002a; Thibault et al., 2002; Trenberth, 2005). By connecting to community through their inclusion in WOAW, participants received support and access to recreational activities that facilitated health promoting behaviours, alleviated isolation and depression, and helped them recover from and cope with chronic ailments.

### **Enhancing capacity, confidence & self-esteem**

The extent to which community capacity building has been adopted by health promoters is reflected in its recent addition to WHO's Health Promotion glossary of terms, where it is defined as the "development of knowledge, skills, commitment, structures, systems, and leadership to enable effective health promotion" (Smith, Tang, & Nutbeam, 2006, p. 341). The

primary assumption of most capacity building strategies is that health is promoted by educating, resourcing, and partnering individuals and organizations in order to address community health issues. This approach to 'capacity building' is problematic because it implies that those with knowledge and resources must build the capacity of those without. The embedded assumption within such approaches is that people living in poverty are 'needy and deficient' clients of service organizations, rather than assets to their communities (McKnight, 2003). Furthermore, the agendas of those organizations attempting to 'build capacity' can often over-ride the local women's intentions and agency (Angeles, 2003). In light of these tensions, I prefer the term 'enhancing capacity' as a way to acknowledge the pre-existing skills and talents of typically under-valued community members.

In keeping with WOAW's feminist organizing and research commitments, a Master's student within the UBC team initiated a research party as a means to tally and acknowledge the individual capacities members brought to the organization. Her work revealed 213 skills and resources that members saw themselves as bringing to WOAW and served to counter stereotypes that assume that poor women bring no value to their communities (Pinnington, 2001). Furthermore, this intentional FPAR process also validated each member's worth within an organization dedicated to fostering collective leadership and organizing (Frisby et al., 2005). Such processes not only strengthened the organization's ability to address members' health issues, but my findings below illustrate that such processes were health promoting in and of themselves. Over 75% of study participants identified having their skills and values recognized within WOAW as enhancing their sense of being contributing members within their communities, which in turn enhanced important psychosocial pathways to health including self-esteem and confidence.

Twelve of 14 participants actively participated in organizing activities and/or doing the work involved in keeping the organization functioning (e.g., communications). When I asked Diane what had kept her involved in WOAW over the years she said:

I guess because I like to organize. I love organizing, yeah. ... I think that with it being a really new organization it's a bit exciting that we were trying to create something. And try to figure out how we can make it work. .... It's that idea of putting our heads together and trying to figure out okay well, what kind of structure we could have. And I like that sort of sharing of ideas. (Diane's interview)

Her passion for this type of organizing was clear during our interview and she went on to explain how she had struggled to find sustained employment that allowed her to apply the organizational and analytical skills she had gained through her university education. Many members, including three study participants, taught classes in order to share their skills with other members. Maria Manuel contributed her cooking expertise to WOAW members and their children. She said:

It provided an opportunity to share my skills in cooking and baking among the children of WOAW's members. It was a welcome activity to do and therefore a chance to meet my interest to learn more. I felt I am part of the group. (Maria Manuel's writing)

For her, being able to contribute in this way provided her with the opportunity to practice and develop her skills that she had abandoned since immigrating to Canada.

WOAW members also utilized their combined skills to make a difference outside of the organization. Each year a group of quilters, organized by one of the founding members of WOAW, produced numerous quilts that they raffled off for charity or donated to local women's organizations. During our interview, Elaine discussed the 'rewards' of being involved in this type of activity:

Well it's like seeing [a WOAW member] happy that she sent out 48 quilts (laughter) to the victims' assistance or the transition house. And you're happy that you were able to help in this endeavour. ... You're helping each other, you're helping yourself, you're helping the community. (Elaine's interview)

Reid and Golden (2005) argue that individuals' value to their community need not only be measured by direct employment, but that those who are unemployed and/or living on social assistance can make value contributions via their participation in 'serious leisure.' When individuals gather around cultural, physical, and social activities, they contribute to the common good by creating collective meaning about what is possible and desirable in their lives (Arai & Pedlar, 2003; Pedlar, 1996). Reid and Golden (2005) suggest that participating in leisure and recreation can contribute to the personal and social development of individuals and can help prepare them for employment and other aspects of a productive social life. Despite Young's (1990) suspicion that it may be unrealistic to expect the disenfranchised to act in communitarian ways, participants' contributions within and outside of WOAW exemplified that, in some instances, recreation provided an alternative venue for those living on the margins to enact positive citizenship that benefits their communities at large and interrupted stereotypes that assume they did not have the skills or resources to do so.

As participants' capacities were enhanced in and through WOAW, so too were their confidence and self-esteem, which means having a positive, appropriate, and respectful belief in one's self and abilities (Mann et al., 2004). Sydney, for instance, was a young woman with a disability who had been unable to work yet desired to contribute to her community. Over her years in WOAW, Sydney's increased sense of self was evident as she developed a stronger voice in the organization. During our interview, she talked about how she carried the confidence she developed in WOAW into other parts of her life:

I guess I feel more confident, like when I go, not to job interviews yet, but I was looking into volunteering and stuff; so talking to and meeting different people and getting more involved in the community. But it will help me when I go for job interviews and whatever else I want to do, like volunteering.  
(Sydney's interview)



Similarly, Kate's self-esteem flourished during her involvement in WOAW. Her participation and self-esteem were mutually reinforcing, since the better she felt about her contributions, the more she became active and vocal. As a young parent living near the poverty line, Kate explained how she drew inspiration from being connected to other women who had experienced life situations similar to hers:

Being around people that could understand where you'd been and where you were coming from did a lot of amazing stuff for me. It brought out ... my self-esteem got bigger and I said wow, I can do this. (Kate's interview)

Once again, the feminist organizing principles that foster mutual support and strength development facilitated Kate's discovery that she was a capable contributor to her community.

Having a well-developed sense of self is an important psychosocial factor in promoting good health. In their extensive review of literature, Mann et al. (2004) found that positive self-esteem is associated with psychosocial well-being, achievement, and speedier recovery from illness, while negative self-esteem contributes to depression, anxiety, and health-damaging behaviours. When I asked Sandra if her experiences in teaching classes to other members in WOAW impacted her health, she replied:

Well yeah, it has to affect your health just by making you feel better, more motivated, you're more positive, your self-esteem goes up right there, just by belonging and becoming part of a group and you feel that you can contribute to society right. That you're just not useless ... that you're here for a reason in this world. (Sandra's interview)

Each of the above findings exemplify the instances when capacity, confidence and self-esteem were enhanced through feminist organizing and research processes that intentionally facilitated members' ability to contribute and take responsibility for the organization. Central to these feminist practices was the desire to work from *power-to* and *power-with* strategies (Laverack, 2004; Tetreault & Teske, 2000). But certainly, and in light of the previous chapter on conflict, sustaining these positive health promoting dynamics were challenging when deeply internalized

patterns of *power-over* dominated the organizing processes and prevented some participants from realizing the advantages associated with contributing their skills. This tension reveals the need to develop health promotion and capacity-enhancing projects that not only integrate individual strengths and power with proactive community structures and resources, but also work to redress deeply internalized belief systems that may work against feminist and other community-based organizing strategies (Joffres et al., 2004; Prilleltensky, 2005).

### **Expanding practical consciousness through new knowledge & personal growth**

Over 75% of study participants suggested that they gained new knowledge and grew personally during their involvement in WOAW. I contend that this learning expanded their practical consciousnesses. The term 'practical consciousness' refers to tacit knowledge that individuals normalize and internalize in relation to culturally and socially structured systems (Giddens, 1984; Weisinger & Salipante, 2000). For example, a new immigrant woman may come to naturalize the belief that she is ultimately responsible for her impoverished situation and therefore that her poor health is a consequence of her own bad decisions. These internalized and victim-blaming 'truths' are reinforced by neoliberal ideologies, institutional policies, and material inequities that espouse individual responsibility over collective accountability (Brodie, 2005). Such tacit frames of knowledge not only shape the ways in which individuals understand their place in the social world, they also limit what these individuals perceive to be possible, particularly in terms of how they can act and make a difference. In these ways, practical consciousness is inherently connected to individual agency and power, and therefore health. Through WOAW, participants' practical consciousness expanded and their health was promoted when members shared information and resources with one another, when they developed a heightened sense of who they were and how to take care of themselves in the

world, and when they gained critical insight into how power and privilege operate to create systems of disadvantage and oppression.

At most WOAW meetings and activities, the first 15-30 minutes consisted of informal discussions. Health was a constant topic for this group of women who were chronically unwell. During these conversations a great deal of information about health and health resources was shared amongst members. Many members received useful tips about how to access health resources such as free dentistry, subsidized footwear, and affordable recreation, and advice on how to understand and manage their chronic pain. Mary Elizabeth described how this happened to her at a WOAW event:

And one day I was sitting there and it's a wooden chair and I've got my elbows, my arms on the table here because it hurts if I lean back and the edge under here is really, really hurting and I said 'I just can hardly stand this, any part of me that touches something solid really, really hurts. And I can't understand it'. And Sarah said 'Mary Elizabeth, you've got fibromyalgia.' (Mary Elizabeth's interview)

Mary Elizabeth had been suffering with chronic pain that neither her doctor nor family would acknowledge; because she also had mental health issues they dismissed her pain complaints as being 'in her head.' Research has shown that many women struggle to have their fibromyalgia legitimized when chronic pain and disease are understood through one-dimensional biomedical models of health (Raheim & Haland, 2006). Sarah, who had also suffered from and been treated for fibromyalgia for many years, gave Mary Elizabeth the name of a compassionate doctor who further informed her about and treated her fibromyalgia. Receiving this lay diagnosis from her fellow WOAW member changed and perhaps saved Mary Elizabeth's life as she acknowledged when she said:

I don't know if I would still be alive because through WOAW is how I got into [the co-op] and [the co-op] is how I met Sarah and Sarah was very knowledgeable. She gave me things to read and she gave me very good advice and she had a lot of empathy for me too. (Mary Elizabeth's interview)

The new information that Mary Elizabeth received about her chronic illness expanded her understandings of health, psychosocial outlook, and possibilities for improving her well-being. Her connection to other members also opened the door to an improved housing situation. Many WOAW members lived in a local and affordable housing co-op and over the years they paved the way for a number of other members, including Mary Elizabeth, to move there. Affordable housing is a crucial determinant of women's health (Bryant, 2004) and through their connections in WOAW over half of study participants improved their housing situations.

Participants described how their involvement fostered their personal growth; they developed an enhanced sense of who they were and learned how to negotiate their social roles and relationships in healthier ways. When I asked Pat what drew her to WOAW, she remarked "especially the personal growth. When a group can reach a certain point of intimacy there is tremendous opportunity to realize things within yourself and to sort of grow from that psychologically" (Pat's interview). She believed that intimacy and connection created pathways for women to develop greater self awareness, a process through which women's health could be promoted psychosocially and physically. Kate revealed that her experiences helped her know herself in ways that she never had:

It changed a lot inside of me; I sometimes think I don't want to go back to the way that I was. I mean it just brought a whole lot of stuff out. I was more independent, I was doing my own thing, take the kids and go. It gave you a whole lot of something you didn't have before ... I was me. Like I'd finally gotten a sense of me. (Kate's interview)

Kate had struggled with her identity beyond being a newly married, stay at home mom. She believed that her participation in WOAW changed her internal sense of self; she learned who she was beyond traditional gender roles, which changed the way she engaged in the world.

Selah spoke specifically about how she learned to take care of her psychological health through the mentorship of another WOAW member:

She was a huge step for me in learning, in watching her, we saw her get more aggressive, as time went on. But that was a good teaching tool for me as well. Like when to draw the line, when not to allow myself to be so upset, which hurts the health just as much. And I learned to step away; I learned to speak up, to get angry in the group. (Selah's interview)

Selah discovered how to set her personal boundaries and express her anger in clear and respectful ways through her involvement in WOAW. She also emphasized that managing her emotionality through an enhanced level of self-awareness was critical to her overall sense of health and well-being.

These forms of personal growth were important as participants negotiated their way through the conflict and conflict resolution processes in WOAW. Although it was quite difficult at times, Selah said "I think we learned to grow and develop through the conflict. ... I think it helped us" (Selah's interview). Marylu agreed that the experience of managing herself within the conflict was an important source of learning for her. She remarked:

I have more knowledge and I think I can manage to not talk about the person but talk about the problem .... And I hope I can grow because I think I'm in a very different position as a person then in the beginning. (Marylu's interview)

She felt that she learned how to depersonalize the conflict and work with the issues rather than blaming specific individuals for the trouble in WOAW. Engaging in the conflict and resolution in this way helped her to feel safer and to alleviate some of the stress and anxiety she previously experienced in such situations.

The theme of learning resonated for nearly every participant; they recognized that many of the activities they organized and participated in helped them to see both what they were capable of and what possibilities lay before them. In other words, as they learned new things about themselves and their worlds, their practical consciousness expanded. When I asked Patricia how WOAW changed her life, she said that she was a lot happier because she "learned a lot," including how to be "a better person" (Patricia's interview). She went on to say:

I think that some of the things I've learned with WOAW are with the activities that we do; how it makes you feel after when you do it. ... it taught me that we can do things if we set our minds to doing it. Did I learn anything? Oh yes, I've learned a lot. (Patricia's interview)

Patricia emphatically expressed the value of her learning through WOAW, as she learned that she was able to accomplish much more than she had anticipated and to value her own accomplishments. As her sense of personal agency was enhanced, her health improved, as she always 'felt better' after participating in WOAW.

Researchers and community practitioners have long articulated the benefits of critical learning to health promotion (Champeau & Shaw, 2002; Ditrano & Silverstein, 2006; Kearney, 2006; Minkler, 1997a). Most draw on Paulo Freire's (1970) notion of 'conscientization' or 'critical consciousness,' which he describes as groups of marginalized individuals learning about the social, political, and economic conditions that shape their lives. Although he tends to position 'the marginalized' as a homogenous group (Mohanty, 2004), his work has shown how people who have been oppressed can come to understand that their situations are not the result of their individual behaviours, but rather of systemic inequities refracted by gender, class, race and other factors. He argues that in this consciousness-building process, people's sense of power and personal agency can become enabled such that they are able to challenge and resist the structural forces that debilitate them. The development of a critical consciousness promotes health by opening up spaces where individuals can work together to address these issues collaboratively (Champeau & Shaw, 2002; Minkler et al., 2006), while simultaneously relieving women of psychosocial factors such as shame, anxiety, and depression that are reinforced by ideologies and institutions that 'blame the victim.'

Diane struggled to maintain stable employment, especially when her mother required extensive care giving. As a result of this struggle, she shifted from middle-class earnings to being dependent on social assistance. This transition was emotionally difficult for her, as she

struggled with the shame she associated with living in poverty, and she subsequently became depressed. Psychological theorists have demonstrated a concrete link between shame and depression, especially as it relates to low social rank and stigma (Gilbert, 2000; Leeming & Boyle, 2004; Scheff, 2001). Reid's (2004) work with a group of WOAW members illustrates that shame was one result of chronic exclusion and stereotyping which became a recurring source of stress and anxiety. Diane's involvement in WOAW shifted her understandings of what it meant to be poor as she was exposed to the 'politics of poverty' by other members. She remarked:

I hadn't been exposed to women who were active in trying to promote improvements for people with low income. Like Patricia was my first exposure to a woman who's quite active. I went with her to the Poor People's Conference in Victoria and that was like, I'm going like WHOA, like holy, that was like a major eye-opener for me. I have a much different appreciation for things that go on, for people that are on low income and some of the injustices and so it's been an education. (Diane's interview)

Attending this conference helped Diane understand that her impoverished situation was not necessarily a result of her personal inadequacies or something to be ashamed of – rather her 'eyes were opened' to the deeply social and political nature of economic injustice in a neoliberal context. This type of consciousness-building also happened regularly at Research Team meetings, where members discussed their experiences of poverty, exclusion, and the social welfare system and took actions toward redressing them (Reid, 2004). For Diane, this realization allowed her to take action against social injustices. Through this 'conscientization' process, Diane's practical consciousness was expanded and the shame, stress, and depression that she was experiencing during her transition into poverty were somewhat alleviated.

Having access to new knowledge provided participants with choices about their lives that they didn't believe to be possible prior to joining WOAW. As their practical consciousness expanded, their sense of agency and control over their lives and health was often enabled. Selah's comment succinctly articulates the essence of this argument: "I can make choices

because I have the information. ... Before I couldn't make choices because I didn't know there was another side to things" (Selah's interview).

### **Making Health Promoting Choices in the Face of Conflict**

As I mentioned at the onset of this dissertation, I began to question the health promoting value of WOAW as I witnessed members experiencing a great deal of stress and anxiety as they struggled through conflict. While participants confirmed that these times were stressful and anxiety-provoking, and sometimes compromised their health, they also illustrated their refusal to remain passive recipients of these conditions. In this section I explore the ways in which participants made choices about the nature of their involvement to promote or protect their health in the face of conflict.

#### **The health consequences of conflict, stress & anxiety**

When I asked participants if their involvement in WOAW ever impacted their health negatively, half of them reported that the conflicts resulted in "anxiety and stress" (Marylu's interview). Witnessing their friends in emotional pain, being blamed for the conflict, and feeling manipulated were examples of when participants felt stress that undermined their health. Research suggests that women experience stress at higher levels than men, particularly at lower income levels (Brunner & Marmot, 1999; Sandanger et al., 2004). The biological and chemical reactions to stress include "the weakening of the immune system, increased insulin resistance, and greater incidence of lipid and clotting disorders and other biomedical injuries that serve as precursors of disease" (Raphael, 2004a, p. 14). Stress and anxiety also compromise health by inducing threatening behaviours such as smoking, alcohol, and illicit drug use as means for coping with life circumstances (Greaves & Barr, 2000; Jarvis & Wardle, 1999).

Since Selah was often a central figure in the conflicts, the thought of attending meetings and activities was often anxiety-provoking as there was always the possibility that negative energy



might be directed her way or that she might become embroiled in a disagreement. She explained how these situations impacted her health:

Oh, I would go down. Because emotionally I was in too much in turmoil and so health-wise my body would just start taking up the stress. So all the little things would come back haunting me. It never actually set me crashing, but more things would flare up because I would be so anxious about going to any of the meetings or doing any of the things. (Selah's interview)

Patricia described the stress and anxiety she experienced when witnessing arguments between her friends:

I think that the only part of it that bothered me was when people were arguing. And when I hear people yelling at each other or maybe it's not yelling, but strong talk to each other, that bothers me. ... because my blood pressure goes up when that happens. So of course it's going to affect my health, affect me physically. (Patricia's interview)

The tension associated with the conflicts affected the majority of members, regardless of how directly involved they were in these situations. For Patricia, who had an existing heart condition, merely witnessing the conflict physically affected her health, as her blood pressure rose during times of anger-filled disagreements. Similarly, Sydney's health was also impacted by the conflict, even though she was not always centrally involved in it. She said:

If I get stressed my skin breaks out and it's not fun, you feel itchy. And if I did have a flare-up during that time it seemed to last longer and stuff. It would've been a lot easier if we could've avoided the conflict because it did affect my health. (Sydney's interview)

Sydney later expressed disappointment and frustration at the inability of WOAW members to avoid or easily resolve conflict, feelings that were also a source of stress and anxiety for her.

This tangential effect of the conflict was difficult for Sydney, since she joined WOAW specifically to take her mind off the challenges associated with having a disability and being unemployed:

I'd say it [WOAW] was stressful at times. I joined it thinking well this was something I could do to forget everything and have fun and sort of get involved in. And when that conflict started it was kind of like this isn't what I

thought [it was going to be like] but I'm still going to push through no matter what because I felt like we needed something in the community and I needed it. So I put up with the other stuff. (Sydney's interview)

Sydney remained committed to WOAW despite the ways that stress negatively affected her chronic skin condition, because she felt participating was vital to her psychosocial health and to the overall health of her community. Sydney's quote is an example of how members made clear decisions about their continued engagement in the organization.

### Choosing to 'stick with' or 'walk away' from WOAW

As Tables 7.4 to 7.6 illustrate, each participant made choices about their involvement in WOAW that worked to promote or protect their health in the face of ongoing conflicts. Participants made decisions to 'stick with' it despite its challenges and because of its benefits or to 'walk away' because of the negative experiences associated with the conflicts.

**Table 7.4: Participants' involvement choices in WOAW during conflicts**

Involvement over time	Number of participants (n=14)
Chose to stick with it	2
Chose to walk away temporarily	9
Chose to walk away permanently	3

**Table 7.5: Participant-identified conditions for sticking with WOAW during conflicts**

Conditions for sticking with it	Number of participants (n=11)
benefits received from WOAW	11
when it felt safe	2

**Table 7.6: Participant-identified conditions for walking away from WOAW during conflicts**

Conditions for walking away	Number of participants (n=12)
frustration	6
ill health	4
felt excluded	3
time to move on	3
safety	2

These types of health promoting decisions are rarely recognized. Typically, health decisions made by marginalized women are interrogated and moralized for the ways in which they

compromise women's health (Buchanan, 2006; Young, 1990). In line with Reid et al.'s (2006) effort to legitimate the everyday actions that women take to improve their lives, the following section reveals the more subtle and undervalued choices that participants made to promote or protect their health by aiming to control their exposure to a stressful environment. In many ways, these choices were shaped by women's psychosocial and physical states of being.

### **Sticking with WOAW**

As Table 7.5 shows, 11 of 14 participants chose to 'stick with' WOAW despite the conflicts, which Patricia recognized as a natural part of any group process:

I think that [conflict] happens in almost any group that I've ever been in. ... and it's how you work with each other and how you work around it. And I think we learned a lot from all the different things that happened in that and sometimes it has to happen in order for things to change. (Patricia, research party)

Importantly, Patricia recognized that it wasn't the conflict itself that was potentially useful, but the ways in which conflict was handled. She chose to stay with WOAW during the conflict because she believed that conflict created the possibility for personal learning and organizational change, both of which were important aspects of WOAW as health promotion.

Selah agreed with Patricia's analysis of how conflict could benefit members. When I asked her if she would change anything about her experience if she could, she said:

Ah, isn't it funny, I'd like to say take away all the conflict, but that really helped us. (laughter). I think we learned to grow and develop through the conflict. I'd like to have taken some of it away, I think it was such, it was the process that got us through to where we are now. And to be able to say we did it. We got through it all. I think it tired a lot of us out. (Selah's interview)

Although Selah found the process difficult and tiring, she also recognized that it was through attempting to negotiate and resolve the conflict that members were able to grow. At the time of the interview, WOAW was close to its demise, as the newly developed organizational structure was not being implemented successfully. Yet Selah continued to hold hope that the learning

some members attained from the conflicts and the resolution process might still help the organization transform and sustain itself.

Elaine also acknowledged the inherent effort and reward of working through conflict.

When I asked if she found negotiating the conflict challenging, she replied:

Well not really a challenge but it takes effort to do these things. And of course when I got sick then the challenge was not there (laughter), I just couldn't do it any longer but I went back to it and I find it rewarding or I wouldn't be there.  
(Elaine's interview)

Elaine's comment points to a crucial tension in inclusive health promotion strategies for poor women because, as a group of women who were limited by chronically poor health, their ability to engage in rewarding and health promoting behaviours was significantly compromised. This analysis interrupts the cultural stereotype that women who live in poverty suffer from poor health because of their own reckless behaviours (Greaves, 1996). Rather, it illustrates that women's poor health in the context of chronic marginalization can double back on itself because it serves to limit their possibilities to participate in activities that might promote their health. For Elaine, as with over half of participants, ill health commonly influenced the choices she made about her engagement in WOAW, and in turn, her participation contributed to her health in both positive and negative ways.

Approximately one third of participants discussed how their deliberate attempts not to let the conflict affect them allowed them to stay connected to WOAW and to protect their health. Diane explained that her health wasn't negatively affected by the conflicts in WOAW because "I tried and kept myself a bit apart, because I wasn't one of the people to get personally hurt" (Diane's interview). She recognized that letting herself be personally affected by the turmoil would be detrimental to her health. Mary Elizabeth spoke even more specifically about the choices she made about her level of engagement in the conflicts, as this exchange illustrated:

Pam: And when all that big conflict really came to a head, was that a stressful time for you?

Mary Elizabeth: I just know what it's all about and I refuse to let it bother me. When you have a bipolar disorder you cannot afford to - my 2 biggest worries, I mean these are enemies - number one fear and the other one is anger. And both of them put out adrenalin and if I get too much adrenalin the next thing I know is I'm up there some place.

Pam: Right. So you're able to separate from it?

Mary Elizabeth: Yes. I just refused to get involved in it. (Mary Elizabeth's interview)

Mary Elizabeth made a very specific choice to separate herself from the conflict because she had a clear understanding of how the stress, fear, and anger associated with the tension would compromise her health.

### **Walking away**

Over half of study participants chose to walk away from WOAW because of the ways in which the conflict negatively impacted their health and their lives. Many did so despite the benefits that they had enjoyed, as Marylu explained when I asked if she had ever considered leaving:

Yeah I considered a lot of times. A lot of times I thought about it, but at the same time I think if I'm doing this maybe I'm in some way supposed to grow and so I still do these things, yeah. Now I think in some way I'm a little bit tired of problems in the group and trying to put things together and now the activities are in some ways not enough, maybe I need this rest now too.  
(Marylu's interview)

Marylu struggled with the competing ways in which her participation both enhanced and compromised her health. Eventually, the stress, fatigue, and frustration she experienced from working through the ongoing challenges came to the forefront and she decided to take a break. Kate made a similar decision; even though she was emphatic about how WOAW had brought out the best in her, there came a point in the conflict when she decided, "I don't need this, as much as I care about it, I've got to turn around and walk away from it" (Kate's interview).

While Marylu and Kate took breaks because the stress and frustration were overwhelming for them, Selah walked away because she felt unsafe. When discussing her decision about remaining involved in the conflict resolution process, she remarked that:

It didn't feel ... it wasn't safe for me anymore. So I needed to walk away. I never, I know I may have come across as saying 'this is it, I'm leaving'. And I may even have said that. But to me it was I'm leaving for now until I can deal with it and I can come back. (Selah's interview)

Each of these participants made the choice to leave temporarily in order to alleviate the fear, stress, and frustration they experienced during the ongoing conflicts. By taking a break from WOAW they remained open to the possibility of re-joining the group and reaping the benefits from participation when they felt ready to handle the challenges associated with it.

Four other participants, however, decided to walk away permanently because the challenges associated with the conflict dynamics dominated their experiences. For example, in the midst of her struggle to have her work recognized and her participation embraced by other members, Tara decided that because "everything in the group became so hard on me" (Tara's interview) it was time to leave it. Similarly, Vicky found the inter-group dynamics so troublesome that she "decided I don't want any part of this" (Vicky's interview). While their decisions to walk away meant that they were no longer exposed to the health promoting benefits of WOAW, they also were able to make decisions to remove themselves from an environment that they saw as doing more harm than good. Ironically, these acts of agency were health promoting.

### **Broadening What Counts as Health Promotion**

The findings in this chapter illustrate how participants' involvement in WOAW promoted their health psychosocially, which in turn increased their ability 'to control' their own health. In alleviating their isolation and depression, many participants experienced enhanced capacity and skill development, improved self-esteem and confidence, and expanded practical consciousness.

As participants' psychosocial states improved, so too did their ability to take action and make health promoting choices, cope with painful physical conditions, and enact health promoting behaviours, even in difficult or oppressive circumstances. While most CBHP initiatives are driven by behavioural or lifestyle-change agendas, they are critiqued for their narrow and individualist visions that fail to consider the magnitude of structural forces that play a significant role in determining individual health behaviours (Buchanan, 2006). Yet Minkler (1999) reminds us that, despite inhibiting structures, women's agency is also a crucial aspect of CBHP and must not be under-valued. This tension points to a need for those involved in CBHP to (re)create structural conditions with the primary purpose of facilitating psychosocial pathways and therefore, women's agency and physical health (Frohlich, Potvin, Chabot, & Corin, 2002; Williams, 2003), a task which remains directly in line with the Ottawa Charter and feminist visions of health as social justice (Hankivsky, 2005; VaanderPlatt & Teles, 2005).

However, a tendency to polarize agency and structural determinants often pervades CBHP practice and research (Porter, 2006; Raphael & Bryant, 2006). Additionally, the question of 'evidence-based health outcomes' continues to be problematic since policy-makers and funders often seek grandiose and/or statistical verification that overshadows the more micro changes that occur at the community level and in women's daily lives (Butterfoss, 2006; Judd, Frankish, & Moulton, 2001; Raphael, 2000). This tension has also resulted in a tendency for researchers, practitioners, and policy-makers to focus on definitive outcomes at the cost of productive community-based processes. However, in light of the findings in this chapter, I suggest that attention to such processes can be health promoting in and of itself, especially as it relates to enhancing psychosocial factors. In the case of WOAW, it was clear that navigating the complexity of inclusion, exclusion, power, difference, and conflict dynamics had significant 'process outcomes' that benefited participants' individual capacities, expanded their perceptions

of what was possible, and enhanced their capacity for making health promoting decisions in the face of difficult circumstances. Each of these outcomes aided participants in coping with their chronic physical pain and ill-health and the social, political, and economic challenges they faced on a daily basis.



# CHAPTER 8

## Conclusions & Implications

I think there was a lot of doors that suddenly became open to us that we had no clue could be opened for us. And we opened doors - with the help and support of each other and of course the community and the researchers too. Because, it was like going back to school in a way. We were all being taught ways to go out into life a little differently, you know. You didn't have to have the money to do it. You could have a stronger say, for me it took me to two protests. I'd always been very quiet about those things and suddenly 'I have a say' and my physical body being there is saying something's important. (Selah's interview)

### What have I Learned?: A Summary of Findings

My learning through this research process was facilitated in overlapping ways by my long-term involvement in WOAW, my relationships with participants, my critical feminist lens, and my ability to reflexively interrogate many of the assumptions I brought to the process. It was equally enhanced by the wisdom and openness of the 14 women who agreed to participate and shared their stories with me. In some instances, the findings confirmed the speculations that inspired this inquiry, while others were a surprise. My research questions were:

- 1) What were the meanings and experiences of inclusion in this CBHP project and how did they shift over time?
- 2) How did the complexity of negotiating power and conflict amongst diverse community members, service providers, and researchers in this CBHP project affect possibilities for promoting inclusion?
- 3) Did involvement in this CBHP project create health promoting conditions for its members? Why and/or why not and in what ways?

Grounded in the perspectives of participants and my analytic lens, my findings begin to answer these questions in the following ways.

Participants' experiences and understandings of inclusion depicted it as a multidimensional and dynamic social process, rather than a specific endpoint, produced by the interplay between social structures and women's agency. In asking this research question, I anticipated that

participants' experiences and perspectives on inclusion would be multiple and overlapping but I was not prepared for the depth or complexity that was unveiled. Fostering inclusion required attention to psychosocial, relational, and organizational dimensions that were shaped by broader socio-political structures and participants' decisions about if, how, and when to participate in the process. Every element of inclusion was connected and mutually reinforced by every other one. For example, at times the relational element of being welcomed into the group and the organizational element of addressing barriers to participation enhanced the psychosocial element of feeling accepted. Each of these elements then facilitated women's participatory decisions, such as giving voice to her perspectives within the group, which in turn resulted in the psychosocial feeling of being respected.

Participants shared many positive experiences of inclusion in WOAW, yet as I suspected, nearly every woman also revealed moments of exclusion. Like inclusion, their exclusion occurred at psychosocial, relational, organizational, and participatory levels, including being blocked from participation and feeling that their voices went unheard. Although inclusion is often positioned as a strategy to address exclusion (Mitchell & Shillington, 2005; Shookner, 2002), my findings illustrate that inclusion and exclusion were not in binary opposition to one another. Rather, they were in a fluid relationship that shifted from moment to moment and situation to situation and the dimensions of both were in constant interaction with each other. This inclusion-exclusion fluidity was often a result of competing forces, such as neoliberal and patriarchal tenets of individualism and hierarchy versus social collectivist and feminist ideals of community and collaboration, which played out in how power and differences were understood and negotiated in WOAW.

Participants' talked at length about the conflicts that permeated WOAW and ultimately contributed to its demise. Negotiations and enactments of power and difference underlie the

psychosocial, relational, and organizational factors that perpetuated the conflict. Despite a vision of sharing power and respecting differences, many members retreated to *power-over* strategies and difference as 'Other' perspectives. For example, at the organizational level, leadership in WOAW became deeply entangled in the power dynamics where those who assumed leadership positions within sub-groups attempted to control and dominate other members, a strategy that resulted in the deterioration of relationships. Sub-group tensions and clique-like factions tended to pit members against each other as the conflicts progressed and resolutions became unobtainable. Furthermore, the ways in which the sub-groups evolved over time around differences in age, domestic situation, physical ability, and geographic location served to reinforce the differences between members, which festered psychosocially as the conflict intensified. Many members began to fear being blamed, resist attempts at resolution, and develop a lack of trust in other WOAW members, service providers, and researchers. Yet amidst these troubling dynamics, some participants were able to enact their power positively by resisting *power-over* strategies and maintaining their hope that WOAW could be saved.

During my involvement in WOAW, I became increasingly aware that power dynamics across differences were contributing to the conflict, negatively influencing relationships between members, and undermining our organizational vision. This observation, which was the impetus for my research questions about power and possibilities for inclusion, was confirmed by my conversations with participants. What I did not anticipate was the degree to which members' internal states also contributed to the tensions. The theoretical notion of the 'internalization of oppression' (Abrams et al., 2005; Nelson & Prilleltensky, 2005; Pheterson, 1990) was paramount in expanding my structural, organizational, and relational analysis of power to a psychosocial level. This perspective illuminated the ways that systemic experiences of marginalization, exclusion, powerlessness, and other forms of oppression became

internalized in women's psyches and thereby shaped the ways they engaged with others at an unconscious level. It would have been easy to position women's fear, resistance, anger, and frustration as being entirely 'personal.' In fact many participants did so in their interviews when they attributed the conflicts to personality differences. This perspective, however, can serve to individualize and blame women for their unwillingness to engage in the conflict resolution attempts. Instead, I came to understand that systemic oppression infiltrates women in their psyches and bodies, and this empathetic perspective allowed me to more deeply understand how it impacts women's health and possibilities for health promotion.

My third research question, where I asked if and how inclusion in WOAW created health promoting conditions for its members, developed from my concerns that members' experiences of exclusion and power were compromising their health and ability to benefit from the project. Yet for the most part, participants' suggested that WOAW fostered health promoting conditions by providing opportunities to organize, teach, and participate in recreational activities, facilitating community connections and supportive relationships, and creating access to information and possibilities for personal growth and development. For a group of women whose psychosocial health had been significantly debilitated, these conditions served to alleviate their isolation, depression, and stress, while simultaneously enhancing their capacity, self-esteem, confidence, and critical understandings of the world. These improved psychosocial pathways helped participants better cope with severe medical conditions, facilitated their agency, and generally increased their sense of control over their lives and their health. For this group of women, these benefits came into play during the conflicts in WOAW, where they were better able to manage the stress and anxiety associated with the situations and made choices that promoted their health within them.

Based on my involvement in WOAW, I expected to find both that participants' health was affected both positively and negatively. Yet participants reported primarily positive health benefits despite being troubled by the conflicts. Certainly, this finding may have been different if more or other members had agreed to participate, since many of the members who agreed to be involved did so because their lasting memory of WOAW was mostly positive and they wanted to save it. This may certainly have looked differently if more members who had left WOAW for negative reasons agreed to participate.

Finally, I also developed new insights into the importance of psychosocial pathways as a mediator between social and embodied experiences of health, especially in terms of how it was connected to women's agency. In fact, the degree to which participants' continually made health promoting choices in the face of conflict and difficult life circumstances interrupted some of the unconscious assumptions and stereotypical judgements I had made about impoverished and marginalized women. As Selah's quote articulated at the beginning of this chapter, members consistently made decisions and took actions to utilize the doors that were opened to them through WOAW and to open some doors for themselves.

### **Theoretical Implications**

The findings of this dissertation demonstrate the complexities, ambiguities, and difficulties embedded in a CBHP project designed to foster inclusion for a group of diverse and oppressed women. They also call into question core theoretical assumptions in the CBHP literature about concepts such as inclusion, marginalization, marginalized populations, women's agency, and power relationships. Most often, it is assumed that 'including' members of marginalized populations into community-based initiatives, collaborative research projects, and the economic mainstream will be of benefit to them. Yet can we really know this to be the case, especially given the dominance of mainstream ideologies and material structures? My analysis illustrates

that inclusion strategies can benefit impoverished women, but not necessarily because they became 'included,' but because of the benefits associated with their long-term involvement in collaboratively creating inclusion processes.

Some theorists position inclusion as both a process and an outcome (Laidlaw Foundation, 2002). However, the idea that inclusion can be an outcome is predicated on a level of stability in social life that is not necessarily reliable or reflective of reality. Certainly, inclusion can be experienced in moments, but these moments are fragile and ever-changing. Fostering inclusion therefore means continually working across the breadth of individual, psychosocial, relational, local/organizational, and socio-political factors that frame women's realities and serve to privilege some and disadvantage others. This perspective on inclusion recognizes the interplay of micro and macro inclusion settings, as well as the role of individual agents who shape and are shaped by these factors (Clegg, 2006; Giddens, 1984; Young, 1990).

That being said, creating an inclusive society may be an idealized myth. Given the immensity of social and individual differences, coupled with women's limited ability to connect with one another amidst time, space, and other structural constraints, the reality is that nobody will ever be perpetually included or excluded in any given community. Communities are multi-dimensional and fluctuating entities that are shaped by both broader social circumstances and individuals' (non)participation (Cornish & Ghosh, 2007; Walter, 2005). Given this, and as illustrated by my findings on the fluidity of inclusion-exclusion, promises of inclusion for those who have been chronically excluded may be exceedingly painful if these promises are not met and do more harm than good. Rather than attempt to create 'inclusive' societies or community groups, social justice efforts may be better developed around the goal of abolishing a dominant and universal centre and cultivating multiple, overlapping, and non-hierarchical public realms (Shakir, 2005). Fraser (1997) articulates the notion of subaltern counterpublics whereby

members of subordinate social groups gather to circumvent dominant discourses. Yet such counterpublics need not necessarily focus on large scale actions and resistance. They can also serve as self-selected communities of mutual support that carve out new niches of being, however temporary they might be. Importantly, inclusion and social justice may more likely be achieved by the creation of multiple social spheres that are not in competition with one another, but exist side by side. Of course, such a utopia would need to be predicated on communitarian relationships of power and acceptance of difference that seek to eliminate oppression and domination while fostering self-determination and self-development (Arai & Pedlar, 2003; Lorde, 1984; Young, 1990). While highly idealistic, this set of ideas may inform how we understand inclusion and exclusion processes as not necessarily being in opposition to one another, or as good or bad for that matter, but as possibilities for involvement in a range of public spheres. Such a perspective on inclusion and social justice would be premised on individuals' agency, rather than paternalistic assumptions about who includes who and into what that often underpin CBHP strategies.

What does this theorizing mean for CBHP projects? I suggest that it means embracing the complexity of inclusion processes and co-creating conditions that foster agency and choice. The findings of this dissertation illustrate that doing so must occur across a spectrum of micro and macro factors that attend to both structural and internalized forms of oppression. In this regard, consciousness-raising processes, as suggested by Freire (1970) and widely used during the 1970s' first wave of feminism, remains a useful strategy because it not only helps heal the psychosocial trauma associated with chronic and ongoing oppression, it also fosters a critical understanding of dominant and inequitable social systems and individuals' places within them. Actively acknowledging and working with conflicts that arise when differentially privileged

individuals engage in community-based initiatives may serve similar purposes (Northouse & Northouse, 1998; Schiller, 2003).

My analysis also positions CBHP and women's health securely within social processes such as inclusion, building on a significant body of literature examining the connections between social justice, health, and health promotion (Hankivsky, 1999; Reid, 2004; VanderPlaat & Teles, 2005; Wallerstein & Freudenberg, 1998). The idea of fostering structural conditions that facilitate agency and choice is directly in line with the Ottawa Charter that suggests that health promotion is as a "process of enabling people to increase control over, and improve, their health" (WHO, 1986, p. 1). The findings here illustrate the significance of psychosocial pathways as mediators between embodied experiences of health, health behaviours, and external social conditions. This is in stark contrast to the majority of health promotion practice and research that assumes lifestyles and behaviour change can be facilitated simply through education of health risks (Buchanan, 2006). Thus, projects with the goal of promoting the health of chronically marginalized individuals would be better served by addressing psychosocial factors such as the internalization of oppression as a means to enhance agency and subsequently, health behaviours. A focus on enabling women's agency as a primary health promotion goal, also calls into question the inclusion-participation relationship. Most often, inclusion is seen as a precursor to participation (Herbert, 1996; Reid, 2004), and this may be the case at times. Yet an inclusion process that focuses on agency and choice means that those who may feel included in a project can choose not to participate, and alternatively, those who do not necessary feel included may still choose to participate. The consequence of such CBHP and inclusion strategies, then, is a non-linear process with an undetermined outcome, a situation that may prove uncomfortable for those requiring hard 'evidence' to illustrate the 'effectiveness' of interventions.



While theorizing the connections between inclusion and CBHP through a social justice lens is well and good, the sustainability of initiatives grounded in these notions remains vulnerable. Alternative community-based projects and organizations work against the flow of dominant and mutually-reinforcing ideologies and power structures such as neoliberalism, patriarchy, classism, racism, and homophobia. These challenges also contribute significantly to the complexity of CBHP processes as all involved live and work within socially and materially constructed realities that often times pit ideals against practicalities, and like-minded women and projects in competition with one another for limited resources. Yet maintaining the energy to negotiate these tensions and resist the powers-that-be, is necessary for cultivating better relationships and improving women's health.

### **Methodological Reflections**

My research contributes to a growing body of literature examining how FPAR, as a methodology or theory of knowledge production, can offer new and creative opportunities that challenge inequitable power relations between researchers and participants and play a role in personal and social transformation (Brydon-Miller et al., 2004a; Lykes, Blanche, & Hamber, 2003; Reid & Frisby, forthcoming). My version of FPAR was envisioned through a contemporary materialist feminist lens and applied through feminist qualitative methods. It was important to name and recognize these theoretical and epistemological underpinnings, given the realm of feminist perspectives and methodological alternatives (Maguire, 2001). Throughout the write-up, I attempted to depict the 'reality' of conducting FPAR research in all its messiness in order to illustrate the complexity involved in exploring and becoming engaged in women's lives (Fine & Weis, 1996; Luttrell, 2000; Reid, 2000; 2004). My work builds on this body of literature by purposefully identifying and reflecting on instances when my traditional power as researcher was upheld, as well as those when it was interrupted by that of participants. In an

attempt to destabilize traditional power relations, I committed to a participatory research design that provided the flexibility of working with the participants' lived realities (Tom, 1996; van der Weij, 2004). This open-ended data collection strategy fostered inclusion and participation by creating opportunities for participants to make choices about their levels and forms of involvement. However, there were certainly a number of areas where the research process could have been more participatory if I had been willing and able to involve participants more deeply in the determination of research questions, the decision-making during data collection, and the analysis. Yet my ability to do so was compromised by assumptions I made about whether or not certain topics were 'safe' for discussion in sub-groups and by the academic imperatives I faced as a graduate student to illustrate my own competence and meet university time requirements. In juggling often-competing circumstances, I was surrendered my control as researcher in some cases and maintained it in others. Furthermore, the efforts I did make to foster participation added to the complexity of the research process. Rather than simply tolerating the messiness as an unfortunate side effect or a reason not to conduct FPAR, I argue that the messiness and uncomfortable dynamics that unfolded were necessary to meet the intentions behind the endeavour and gave evidence to destabilized power relations within it.

I learned many lessons in conducting this study that will serve me well in the future and may be of interest to other feminist participatory action researchers. Being able to embrace the complexity of this type of research was only possible because I had outlets for working through the tensions and emotions that inevitably arose. Writing in my reflexive research journal and talking through issues with my peer debriefers helped me to utilize the challenging situations as pieces of knowledge that added value to my work, especially at times when it would have been easy to get bogged down in them. Certainly, I would not have been able to conduct this research without first being part of the well-funded group of researchers that put me in the

advantageous position of having developed long-term relationships with participants, a situation not enjoyed by most PhD students. While conducting this study as a primarily solo adventure was necessary in order to meet the requirements of obtaining a PhD, it was oftentimes isolating, and I suggest always carrying out FPAR in supportive and collaborative teams. Finally, over my years working with WOAW, I occupied multiple roles that were at times in conflict with one another. In order to manage these roles ethically, I learned to become increasingly clear about my boundaries and intentions. Of course there were situations when I overstepped my own boundaries and veered astray from my intentions. In these instances, I found that it was important to be able to reflect honestly on my own decisions and actions, and where appropriate, to communicate openly with participants to make the research process as transparent as possible.

### **Practical Implications**

Embracing complexity has many practical implications for all involved in CBHP. It means acknowledging and navigating the variety of interconnected dimensions involved in inclusion processes, as well as critically reflecting on the decisions and actions made within them.

Acknowledging complexity in projects such as WOAW, however challenging and consuming, does not negate the potential benefits associating with inclusion nor should it be seen as a burden to those involved. Rather, I suggest that it is a central feature that offers possibilities for personal and social transformation. Not only are there productive ways to examine and learn from it, oftentimes the value of this work is found in the journey, not the destination. Yet to reap the benefits participants, practitioners, researchers, and policy-makers must be willing to investigate assumptions, challenge relationships of privilege and power, and be open to change. There are, of course, no recipes for managing the dynamic complexity of inclusion processes that shift over time and are always specific to the context at hand. Unfortunately, most

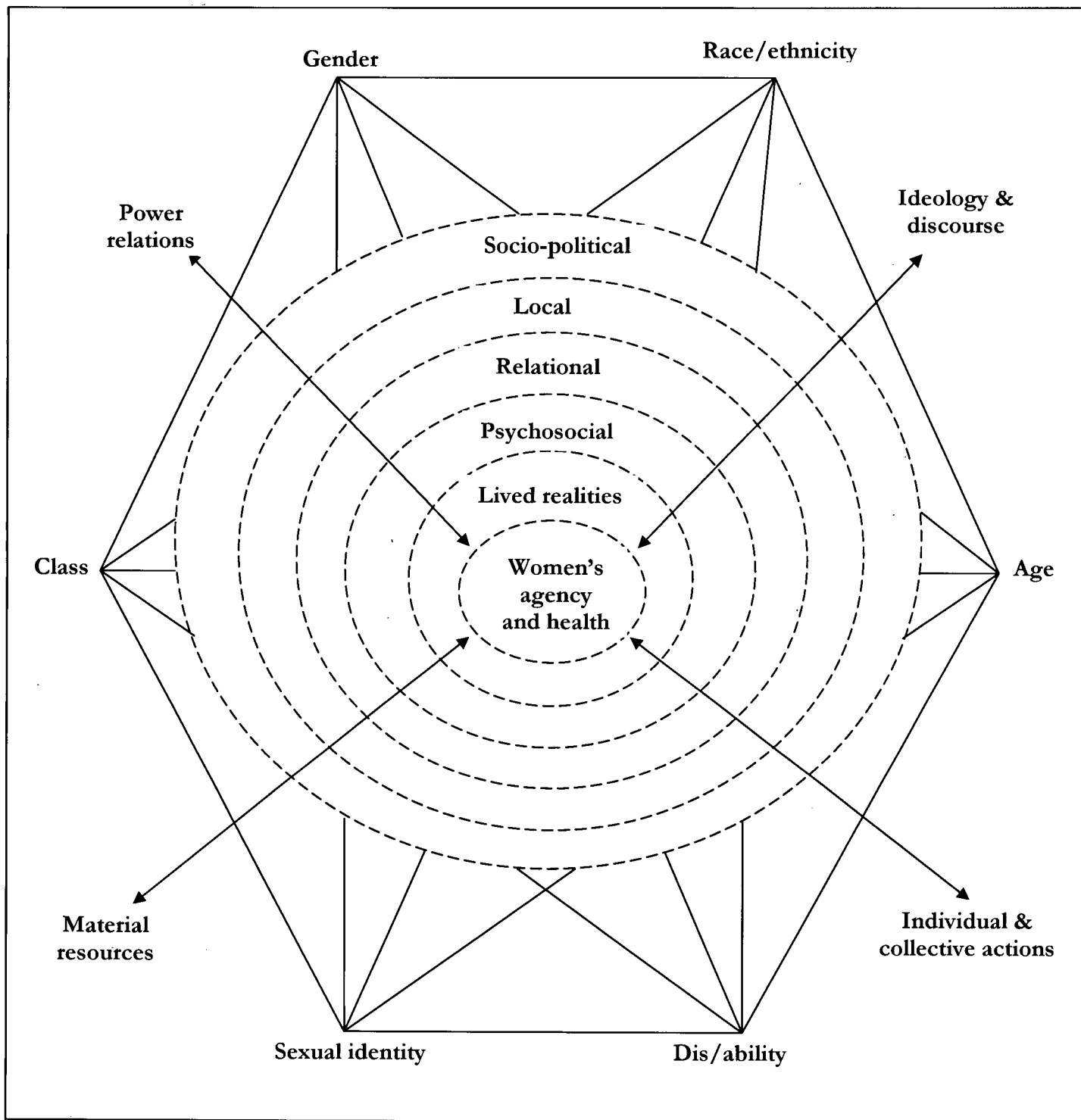
individuals involved in CBHP lack the skills and resources to adequately and productively negotiate it. However, given the inevitability of power relationships that cut across individual, psychosocial, relational, local, and socio-political dimensions, learning to work with complexity in practical ways is essential (Kesby, 2005; Laverack, 2004).

### **An 'Inclusion Tool'**

In this section, I offer an 'Inclusion Tool' for participants, practitioners, researchers, and policy-makers interested in fostering inclusion as a CBHP strategy. This tool consists of a series of 'conversation starters' designed to cultivate critical dialogues within teams. There are no 'right' answers to these questions, since each project will be evolving and context specific. Cultivating critical dialogues requires striving to be flexible, authentic, committed, responsible, and compassionate. It also means being willing to create and amend agreements, to be prepared to analyze and respond to the unique needs of the team and the variety of overlapping contexts that shape the collaborative work, to be open to change, and to be able to challenge one's self and others in graceful and unthreatening ways. These questions are not meant to be used in any particular order, as no CBHP project follows a linear course. Rather, teams are encouraged to continually reflect on them throughout the life of the project, from initial brainstorming, to issue identification, through implementation, action, and evaluation. Utilizing this tool means committing to a reflexive praxis that fosters dialogue, mutual learning, and collaborative partnerships.

The tool consists of two interrelated sections that I have named 'mapping the terrain' and 'negotiating the nuances.' The conversation starters in each of these sections are organized around the thematic findings of this dissertation and are therefore based on the perspectives of participants involved in this long-term CBHP project and my subsequent analysis as depicted in theoretical model introduced in Chapter and shown again in Figure 8.1.

Figure 8.1: Theoretical Framework for Inclusion in Community-based Health Promotion



### **Mapping the terrain**

The questions in the ‘mapping the terrain’ section are specifically related to my research questions on inclusion, power and difference, and women’s health through CBHP and are designed to help your team define the scope of your project. This is especially important at the outset of the project in order to ensure that the key concepts and dynamics embedded within such projects are identified and defined as clearly as possible, in order to avoid having your work together be built upon miscommunication, ambiguity, and faulty assumptions. These guiding questions prompt your team to name, debate, define, and (re)imagine the values that will direct you through the complexity of facilitating inclusion across power and difference and creating health promoting conditions for women. It is also important to revisit these issues and adjust values throughout the life of your project, since it is easy to lose track of the vision as the messiness of the process evolves. Finally, given that inequitable power relations remain at the heart of most social and community-based processes, and differentially affect the health of those who chronically experience exclusion, marginalization, and other forms of oppression, it is paramount that the question of ‘who benefits’ be asked in all your team’s deliberations.

**Table 8.1: Part 1 of the Inclusion Tool: Mapping the terrain**

<b>Topic</b>	<b>Conversation starters</b>
Inclusion	<ul style="list-style-type: none"><li>○ What does inclusion mean to the members of your team?</li></ul>
Power	<ul style="list-style-type: none"><li>○ Who has power within your team and on what is that power based? What vision do you have for using this power positively and constructively within your team?</li></ul>
Difference	<ul style="list-style-type: none"><li>○ What key differences exist within your team (e.g. race, class, age, physical ability, domestic situation) and how will they be negotiated?</li></ul>
Health	<ul style="list-style-type: none"><li>○ What health issues will your team aim to address and why are these important?</li></ul>
Community-based health promotion	<ul style="list-style-type: none"><li>○ What strategies will your team use to address these health issues that are in keeping with your understandings of inclusion, power, and difference?</li></ul>

## Negotiating the nuances

Naming, debating, defining, and imagining the broader aspects of your team's CBHP project provides the essential framework for the evolving process. Yet there are also numerous nuances that must also be navigated continuously. The questions below were developed from the various dimensions of the theoretical model Figure 8.1 and were designed to help your team navigate the individual, psychosocial, relational, organizational, and socio-political dimensions that likely will complicate your process. The guiding questions in this section require your team to refine and deepen your explorations of the ways in which power relationships across difference will inevitably infiltrate the project. With this in mind, it is again imperative that your team integrate the overriding consideration of 'who benefits' into all dialogues.

**Table 8.2: Part 2 of the Inclusion Tool: Negotiating the nuances**

Topic	Conversation starters
Women's agency	<ul style="list-style-type: none"><li>○ How might you create choices and possibilities for involvement for all team members?</li></ul>
Women's health and lived realities	<ul style="list-style-type: none"><li>○ If a team member is unable to fulfill responsibilities because of a health or other personal issues, how will the situation be handled?</li></ul>
Psychosocial factors	<ul style="list-style-type: none"><li>○ In what ways will team members' emotions, such as fear, anger, or frustration be addressed and supported? (e.g., through peer support and/or critical consciousness-raising processes)</li></ul>
Relationship-building	<ul style="list-style-type: none"><li>○ What values will underpin the ways in which team members relate to one another, especially during times of conflict and in light of power differences between them? How will skills to effectively manage conflict be developed?</li></ul>
Organizational processes	<ul style="list-style-type: none"><li>○ How will your team determine the organizational structures and processes that will guide the ways in which you work together that are in keeping with your core values?</li></ul>
Socio-political environment	<ul style="list-style-type: none"><li>○ In what ways can your team analyze your socio-political environment in order to identify potential obstacles and possible allies?</li></ul>

The intention of this tool is to provide guiding questions amongst your team members in order to collectively and critically reflect on your work together. It has deliberately focussed on

process, rather than outcome to counter the tendency in funder-driven environments to overly privilege tangible outcomes at the cost of thoughtful process. This is not to say that identifying outcomes is invaluable; rather, I argue that doing so is better served through reflective processes that will aid in the development of more meaningful and achievable goals. Certainly, outcome-oriented perspectives could be added to the 'mapping the terrain' exercise if your team deems it necessary or desirable. I would also like to bring attention to the value of naming and recognizing 'process outcomes' that arise from the learning involved in negotiating the complexity of community-based projects. For example, I would categorize many of the benefits participants experienced from WOAW, including developing community connections, enhancing practical and critical consciousness, and personal growth as process-outcomes since they were primarily a result of their active engagement in WOAW's ongoing conversations and evolution. Finally, I recognize that this Tool is not definitive and therefore hope that others in the field of CBHP will critique and expand it as our collective body of work grows.

### **Suggestions for Future Research**

Health promotion researchers have increasingly called for projects that are informed by critical theory and are positioned with social justice frameworks (Poland, 1998; Potvin et al., 2005; VanderPlaat & Teles, 2005; Wallerstein & Freudenberg, 1998). Meeting this call requires researchers to unpack the assumptions that have become embedded in practice and policy-making and seek deeper understandings of the social processes that frame the health issues studied. The findings in this dissertation do so by beginning to explore the assumptions made about inclusion as a CBHP strategy and contextualizing it as a social process that plays a role in determining the health of women living in poverty. To advance the findings of my work, future research could involve further exploration of the meanings and experience of inclusion in community level projects from the perspectives of members of other marginalized social



groups such as newly immigrated women, those who are homeless, First Nations' people, and/or individuals who identify as being queer, bi-sexual, two-spirited, or transgendered. Such projects will deepen understandings of inclusion and exclusion as fluid social processes, especially as they are experienced at diverse intersections of power and privilege. This work could also expand theoretical knowledge about the links between macro and micro inclusion and exclusion processes by deliberately investigating the juxtaposition of individuals' experiences community-based projects against those in their everyday life. Asking how more complicated notions of inclusion and exclusion might inform community level actions is also important to extend feminist social change efforts. Finally, this evolving body of work would also serve to add empirical knowledge to feminist understandings of intersectionality theories.

My research also began to explore the importance of individual's psychosocial beings within CBHP processes. Future research could build on this finding by explicitly exploring how internalized experiences of oppression and domination impact participants' involvement in CBHP projects. Furthermore, given the lack of evidence supporting the value of behavioural or lifestyle interventions with marginalized populations, a new body of research investigating how the internalization of oppression and domination shapes health behaviours will be extremely useful. More specifically, researchers could explore how the internalization of chronic poverty, exclusion, and/or racism might promote addiction and/or diminish motivation for physical activity. From a process perspective, this body of work could also examine how conflict and alternative resolution strategies might be used in CBHP to address psychosocial health issues, as well as the usefulness of partnerships with researchers across disciplines such as critical community psychology, women's studies, and social work to do so. Developing the connections between internalization and health behaviours will not only redress the tendency to

'blame the victim' for poor lifestyle choices, it will position health promotion more firmly within critical theory and social justice agendas.

### **Possibilities for Transformation: Inclusion, Power & Women's Health**

Increasingly, feminist approaches to inclusion in CBHP and PAR have been positioned as strategies that simultaneously promote health and social justice (Labonte, 2004; Lykes & Coquillon, 2006; Nelson & Prilleltensky, 2005; Reid, 2004). In large part, linking these personal and political transformative possibilities has emerged from a growing understanding of the ways in which women's health is socially and politically determined (Barnett, 2000; Cartwright & Allotey, 2006; Moss, 2002). Power, privilege, and relationships across social differences are central in both the determination and promotion of health (Champeau & Shaw, 2002; Jones & Meleis, 1993; Laverack, 2004). Therefore, the creation, implementation, and examination of inclusion and CBHP must be framed by an understanding of broader social dynamics (Poland, 1998; Potvin et al., 2005).

My feminist analysis of participants' experiences in WOAW provides an example of such critically informed work that directly links inclusion, CBHP, and women's health to broader social processes and power dynamics. WOAW was an organization vulnerable to the contradictory social dynamics that were both surrounding it and embedded within it. It was facilitated by social justice ideals in the face of dominant neoliberal ideologies and material inequalities. Disillusionment is a common response to the challenges and complexities that emerge from this tension. Yet Naples (2002) reminds us that although local feminist efforts often seem too limited to contend with the overwhelming inequities that shape the wider context, community-based efforts remain important and productive components of incremental social change. Feminist subaltern counterpublics, a notion which can arguably describe WOAW, create alternate public realms where women can experience inclusion, resist

oppressive forces, and (re)imagine a more socially just world (Fraser, 1997; Naples, 2002). In fact, women's agency is evident in multiple spaces within local grassroots movements and community organizing efforts worldwide and "these counter hegemonies have succeeded in transforming the daily lives of many women at the local level. This, in my view, gives women's agency immense potential" (Desai, 2002, p. 33).

Yet the reality of inclusion, CBHP, and other local feminist efforts toward social justice is that the victories are incremental, slow-moving, and at times painful. Transforming patriarchal, racist, classist, and other oppressive conditions that have become internalized in our collective psyches, naturalized in our daily practices and cultural ideologies, and legitimized in our government policies results in what Maguire (2001) has termed, "a long-haul struggle" (p. 66). To realize the value of our feminist efforts, participants, practitioners, researchers, and policy-makers involved in CBHP must be committed to examining our processes over the long-term, to being simultaneously modest and ambitious in our endeavours, and to recognizing and celebrating the small and at times imperfect victories (Cornish & Ghosh, 2007; Labonte, 2001; Minkler et al., 2006). This commitment is of course tenuous for individuals embedded in bureaucracies such as social welfare systems, fiscally-focused institutions like public recreation, or product-oriented academies that require immediate and coherent evidence of successful outcomes (Brydon-Miller, 2004; Chrisp, 2004). In fact, oftentimes we can't know, but must trust, all the ways in which CBHP alters people and their lives and acts as a catalyst for broader change (Minkler et al., 2006). In this light, WOAW, despite its demise and the harm done within it, was a site for considerable personal and social transformation.

Amidst these tensions and possibilities, what remains important for all involved in CBHP practice and research is a willingness to embrace its complexity with modesty, compassion, enthusiasm, and an ability to learn from our efforts (Chrisp, 2004). Grappling with the

messiness can serve to destabilize the power relations and create the space for small victories with vast possibilities. Doing so, however, requires participants, practitioners, researchers, and policy-makers to slowdown and to reflect upon our assumptions and roles in perpetuating, challenging, and/or recreating social systems within which we all make sense of our lives. The type of reflection that results from cultivating critical dialogues, as offered in the tool provided in this chapter, makes us vulnerable because we cannot control the process and we cannot know what outcomes will transpire. Yet we must ask ourselves, what is the value of a streamlined process? It is extremely unlikely that an uncomplicated process will bring us any closer to feminist goals of social justice and therefore embracing complexity in inclusion and CBHP seems to be the only viable alternative.

If health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (WHO, 1986, p.1), is inclusion in a community-based project an appropriate strategy for obtaining this goal? ‘It depends’ is the only plausible answer.

Claiming to be inclusionary is not the same as creating and living inclusion! Inclusion is an enactment, a process that marginalized groups, communities and individuals need to traverse – and power structures need to be susceptible to – rather than an end itself. Possessing and exercising the right and, more importantly, the ability to contest, to re-structure relations of power and ultimately re-imagine Canada is social inclusion. (Shakir, 2005, p. 214)

Inclusion processes in CBHP fostered from a feminist perspective hold immense potential for enhancing the health of women who have been chronically excluded, marginalized, and oppressed. Yet their value within CBHP depends upon the individuals who show up, how they manage their power and differences, and how they negotiate their socio-political context. Navigating this personal and political journey is complex but full of potential benefits. Inherently, this is both the challenge and the beauty of it.

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### Appendix III: Face Sheet

Feel free to skip over questions that you are not comfortable answering.

#### Personal Background

Name: \_\_\_\_\_

Year you were born: \_\_\_\_\_

Were you born in Canada? \_\_\_\_\_

If not, where were you born? \_\_\_\_\_

When did you immigrate to Canada? \_\_\_\_\_

How would you describe your race/ethnicity: \_\_\_\_\_

What is the current source of your income? \_\_\_\_\_

Domestic status (please check):

single

divorced

separated

widowed

married

common-law partner

other? \_\_\_\_\_

Do you have children? \_\_\_\_\_

If so, how many and in what year were they each born? \_\_\_\_\_

\_\_\_\_\_

Do you have any existing health conditions? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

More questions on back side of paper

## Background on your involvement in WOAW

When did you join WOAW? \_\_\_\_\_

If you left WOAW, when did you leave? \_\_\_\_\_

If you left and returned to WOAW, when did you return? \_\_\_\_\_

What groups in WOAW have you been involved with (place an X next to the group):

WOAW Project Team Meetings

WOAW Research Team

WOAW Research Parties

ATP

CoPoMo

PoCo

SWCo

WOAW Organizing Committee

WOAW Welcoming Committee

WOAW Retreat Committee

Others: \_\_\_\_\_

What types of activities have you participated in through WOAW (list as many as you like):

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At this point in time, do you consider yourself to be a member of WOAW? \_\_\_\_\_

At this point in time, are you actively involved in WOAW? \_\_\_\_\_

If yes, in what ways? \_\_\_\_\_

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Please make any other comments that you wish to share in the space below:

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## **Appendix IV: Interview Guide**

### **Overview Questions**

- How did you become involved in WOAW? Why did you get involved?
- What has kept you involved in WOAW? Or stopped you from continuing to be involved in WOAW?
- In what ways have you been involved in WOAW? (e.g., sub-group, project team, research team, and research project levels).
- Which of these elements has been most important to you? Why? Can you give me an example that illustrates why that element was important to you?
- What changes, if any, have occurred for you as a result of your involvement in WOAW?

### **Inclusion in WOAW**

- Was feeling included in WOAW important to you? Why or why not?
- In our previous research with WOAW, we were told by members that inclusion was a key value in WOAW. What is inclusion to you? What does inclusion in WOAW look like to you?
- What types of things would you do to make people feel included?
- When did you feel included in WOAW? Can you give me an example? When did that happen? How did this make you feel?
- Are there times when you didn't feel included in WOAW? Can you give me an example? When did that happen? How did this make you feel?
- Did these feelings and experiences change over time?
- Do you think WOAW was successful in its attempts to be inclusive? Why or why not? Can you give me examples of how we were successful or not successful? In organizing? In research?

### **Power in WOAW**

- When we asked members about how we work together in WOAW the idea of sharing power came up. What do you think it means to share power in WOAW? Do you feel like power has been shared? Why or why not? Can you give me an example?
- Have you ever felt like you had power in WOAW? Can you give me an example? How does this make you feel?
- Have you ever felt like you didn't have power in WOAW? Can you give me an example? How does this make you feel?
- Who do you think holds power in WOAW? Why do you think she holds power?



### **Your Health & WOAW**

- How would you describe your health before joining WOAW?
- Has your health changed since joining WOAW one way or another? If so, what factors do you feel have contributed to this change?
- Were there aspects of being involved that positively affected your health? Can you give me an example?
- Were there aspects of being involved that negatively affected your health? Can you give me an example?

### **Wrap-up Questions**

- Overall, what difference has WOAW made in your life?
- Why did you agree to participate in my research project?
- If there was anything you could change in WOAW what would it be?
- How could the information we discussed today be useful for you, WOAW, or other groups like WOAW in the future?

## Appendix V: Final Codebook

Master codes	Thematic/Analytic sub-codes	Descriptive sub-codes
<b>Analysis</b> (refers to analytic notes I made to myself during fieldwork)		difference FO health health promoting conditions inclusion leadership researcher role theoretical ideas
<b>Exclusion</b> (refers to experiences of exclusion described by participants)		barriers blocked from participation fear feeling unimportant gossip lack of acceptance lack of appreciation lack of communication lack of respect lack of safety lack of trust not heard
<b>Feminist Organizing</b> (refers to experiences of feminist organizing process as described by participants)	<b>Organizing</b> (thematic category that describes participants' experiences of the organizing in WOAW)	conflict consensus funding leadership not fun non-hierarchy communication living the vision sub-group relations responsibility/accountability working across differences
	<b>Power</b> (thematic category that describes participants' experiences of power in WOAW)	control domination individual empowerment shared power unused power who had power
	<b>Group Dynamics</b> (thematic category that describes participants' experiences of group dynamics in WOAW)	blaming cliques fear gossip hurt feelings lack of safety mistrust personality differences power struggles sub-group relations

<b>Inclusion</b> (refers to experiences and understandings of inclusion as described by participants)	<b>Action</b> (analytic category that describes types of action taken when participant felt included)	choice contributing dialogue learning making a difference participating sharing voice
	<b>Emotional</b> (category that describes the emotional aspects of inclusion)	acceptance being valued/honoured belonging caring comfort freedom growth pride recognition
	<b>Relational</b> (analytic category that describe the relational aspects of inclusion)	differences learning mentorship openness protection respect safety shared values support trust
	<b>Structural</b> (analytic category that describes the structural aspects of inclusion)	being invited/welcomed external support legitimacy multiple ways involvement reducing barriers
	<b>Experiences</b> (thematic category that describes participants' experiences of inclusion in WOAW)	accepted action choice helping listened to sharing supported valued welcomed/invited
<b>Individual Background</b> (refers to information participants' offered regarding their individual backgrounds)		class cultural education family/upbringing finances gender roles home immigration spirituality health care volunteer/work

<b>Health</b> (refers to participants' understandings of health, their self-reported health status, & WOAW's impact on their health)	<b>Definitions</b> (thematic category describing participants' understandings of health)	emotional/psychological holistic physical social spiritual
	<b>Status</b> (thematic category describing participants' health status)	cancer general isolation mood disorder
	<b>Health Negative</b> (thematic category describing ways that WOAW negatively impacted participants' health)	anger disappointment lack of support lack of understanding stress
	<b>Health Positive</b> (thematic category describing ways that WOAW positively impacted participants' health)	access to physical activity being part of something choice feeling useful fun helping learning learning a new way of life saved life self-esteem/confidence sense of identity social support
<b>Methodology</b> (refers to my descriptions and reflections of my methodological process)	<b>Methods</b> (thematic category describing and reflecting on my research methods, including developing questions, recruitment, data collection & analysis)	action class differences collaboration possibilities cultural differences data analysis communication logistics decision making data collection - hospitality interview logistics recruitment logistics emotions ethics inclusion inclusion - language interviewing journaling my reality participant realities questions research party researcher role transcribing why participating writing

	<b>Reflexivity</b> (thematic category describing my reflexive practice by topic)	assumptions emotions FPAR my role my stuff notes peer debriefing positionality poverty/class power relationship understanding research
<b>WOAW</b> (refers to broader information about what was happening or happened in WOAW and participants' relationship to WOAW)		context individual involvement initial involvement - why opening doors project team research team service providers sub-groups