

Research and Solidarity:
Partnerships for Knowing with Community Members

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Together and separately we have worked with people who have been marginalized for different reasons, including psychiatric disabilities, refugee status, ethnic background, age and gender. Although we have been trained in positivist paradigms that tend to objectify research participants, we have questioned and sought alternatives to them. We have witnessed research projects that have further victimized disempowered people. Our reaction has been anger and shame. Anger because in the name of knowledge we forget the person; shame because we are part of the professional world which has victimized people. But following the anger and shame came creativity and opportunity. We have had chances to develop collaborative relationships with groups of people who wanted research to advance their own personal or collective welfare.

These research relationships gave us an opportunity to translate our community and critical psychology precepts into action (Nelson, Ochocka, Griffin, & Lord, 1998; Prilleltensky & Nelson, 1997). Our view of health and wellness is based on a fit between the needs of the person and the resources available in the environment. Material and psychological resources are largely determined by social structures and circumstances into which people are born. Access to these resources is contingent upon structures of justice or injustice, fairness or inequality, liberation or oppression. The connection between domination or emancipation and wellness has always been obvious to us, and has guided much of our work in research and practice in the clinical, educational, and community domains. We see our role as contributing to emancipatory research, at the personal, interpersonal, community, social and political levels.

Our disillusionment with traditional psychological research came not only from its outcomes but also from the very process of inquiry. Often the processes would not involve participants in determining the aim of the research or would disregard their needs. In the worst cases research processes caused damage to participants. This realization led us to be very mindful of not only the *why* and *what* of research, but also of the *how*.

Research Partnerships for Solidarity

Although we value, for different reasons, both applied and basic research, we see our role as advancing knowledge that is useful to marginalized people (Nelson, Lord, & Ochocka, 2001). Research is a limited resource, and we choose to make use of it to promote the wellness of disadvantaged populations. People who are poor and disempowered are rarely the beneficiaries of the latest medical and social research because they lack power to pressure governments and funding bodies. Therefore, we wish to contribute our time and skills to populations that do not benefit as much from societal innovations. From a philosophical point of view, we see our collective fate bound with the fate of those who struggle. Research should benefit not just those who claim a powerful stake in the politics of research funding, but also those who remain silent through the process of research priority-setting. To practice in ways that are both morally justifiable and practically effective we invoke the concept of partnerships.

We define research partnerships for solidarity as value-based relationships between researchers and disadvantaged people; relationships that should strive to advance the values of caring, compassion, community, health, self-determination, participation, power-sharing, human diversity, and social justice for disadvantaged people, both in the processes and the outcomes of the partnership, and in multiple contexts (Nelson, Prilleltensky & MacGillivray, in press; Nelson,

Amio, Prilleltensky & Nickels, 2000). While the concept of partnership draws attention to values, relationships, and processes, partnerships can also lead to a bridging of ideas and perspectives.

We wish to be explicit about the social objective of our research. Our aim is to collaborate with oppressed people to facilitate the achievement of their social aims. Justice, a fair distribution of societal resources, the elimination of discriminatory policies, access to health care and social services, economic security, voice and choice, and respect for diversity are paramount values in the personal and collective wellness of marginalized groups. We strive to find ways to advance these principles in the process and outcome of our work. We seek an integration between our moral values and our research work.

The research approach that we are advocating rests on the traditions of participatory research and action research. While participatory research and action research have had somewhat different emphases historically, more recently these traditions have been blended into a more unified approach (Nelson et al., 1998). Hall (1993) describes participatory action research ". . . as a way for researchers and oppressed people to join in solidarity to take collective action, both short and long term, for radical social change" (p. xiv). The values underlying participatory action research include self-determination, collaboration, democratic participation, and social justice (Nelson et al., 1998). The next question is why do we really need values in solidarity research work.

Values in Solidarity Research

Values are guidelines for thinking and acting in ways that are morally defensible. Even those who repudiate the talk of values in psychology, lest it contaminate its scientific purity, do so from a value-laden point of view: values belong in the moral domain, and not in the scientific domain (Kendler, 1994). For us, obviously, there is no way to dichotomize values into morally valid or scientifically acceptable. As cognitive schemas that guide our behavior, values do permeate all we do; whereas as moral tenets, values should permeate all we do. Either way, values are inescapable (Fox & Prilleltensky, 1996).

We do not claim to have the definitive series of values, not at all. In fact, we have revised our conception of values to reflect new research, feedback, and thinking in this area

(Prilleltensky, 1997). Values represent our point of departure, not an end point. We expect transparency with regards to people's beliefs about the social uses of their research. Unless we articulate with clarity our guiding principles, we inhibit communication and contribute to confusion.

The values we espouse for solidarity are meant to guide the very process of research partnerships, as well as their outcomes. In other words, the values we present guide the means and the ends of research partnerships for solidarity. In the past we have applied these values to teaching, research, consultation, and community practice (Nelson, Amio, Prilleltensky, & Nickels, 2000; Nelson, Lord, & Ochocka, 2001; Prilleltensky, Peirson, & Nelson, 1997). We draw below on previous work and expand on the implications of our values for knowing with

community members. Tables 1 and 2 present, respectively, our notions of preferred outcomes and processes for research partnerships.



The values we propose can be classified into three groups: (a) *values for personal wellness* (e.g., self-determination, caring and compassion, health and personal growth) (b) *values for collective wellness* (e.g., social justice, support for community structures), and (c) *values for relational wellness* (e.g., respect for human diversity, collaboration and democratic participation), where wellness is defined as a positive state of affairs brought about by the satisfaction of personal, collective, and relational needs of a community (Prilleltensky, Nelson, & Peirson, 2001). These categories of values reflect the need to balance individual and social goals, as well as the need for dialogue in resolving conflicts of interests. There is a dialectic between personal and collective values; one kind cannot exist without the other. But while this dialectic has been amply recognized (e.g., Bauman, 1993; Sandel, 1996), what is often missed in the literature is the need for relational values that mediate between the good of the individual and the good of the collective, a need that is often invoked in feminist (Hill Collins, 1993) and native writings (Gunn Allen, 1993), but that is rarely discussed in mainstream social philosophy. Neither personal nor collective values can exist without mechanisms for connecting between them (Habermas, 1990; Putnam, 1996).

There cannot be a *single* value that can promote personal, collective, and relational wellness. Rather, we need a *set* of values that is internally consistent, that avoids dogmatism and relativism, and that promotes congruence between means and ends. Whereas some values may advocate personal more than collective wellness, such as the principle of self-determination, others may balance it by fostering caring and compassion for others. This reasoning calls for a search of values that can balance the promotion of personal wellness with the affirmation of collective and relational wellness at the same time. Guided by such a call we can identify a set of values that work in concert to meet the criteria established above: *self-determination, health and personal growth, caring and compassion, social justice, support for enabling community structures, respect for diversity, and collaboration and democratic participation.*

Table 1 states the preferred outcomes of each value and points to their interdependence. To emphasize the interdependence and synergy of the various values, each one of them asserts an objective *in consideration* of other values and types of wellness. In concert, these values promote personal, collective, and relational wellness. For example, the objective of *respect for diversity* is to promote respect and appreciation for diverse social identities and unique oppressions *in consideration* of need for solidarity and risk of social fragmentation. Respect and appreciation for diverse identities promotes personal and collective wellness of individuals and a group, while solidarity with other groups fosters relational wellness and sensitivity to the collective wellness of other communities.

Guidelines for Solidarity Research

While solidarity research sounds conceptually and ideologically appealing to researchers and community members with an orientation towards social change, translating the ideals of this

approach into action is often quite challenging. Through our experiences working on different projects with different groups of stakeholders, we have learned that it is useful to have practical guidelines to implement solidarity research. Solidarity research is not a completely open-ended process without boundaries. Like any research project, solidarity research has objectives and questions, methods and timelines for data collection and analysis, and interpretation, report-writing, and dissemination of findings. What distinguishes solidarity research from more traditional social science research is *how* these different steps and tasks are carried out. In this section, we outline some practical guidelines for the conduct of solidarity research.

Representation, Roles, and Responsibilities

We have argued elsewhere (Nelson, Amio et al., 2000) that the first step in a collaborative research project is to decide who should be "at the table." Based on the values of self-determination, collaboration, and democratic participation outlined in previous sections, we believe that the disadvantaged group that is the focus of the research should be strongly represented in the research process (Nelson et al., in press). Depending on the focus of the research project, the research may be comprised solely of researchers and members of the disadvantaged group (e.g., a study of self-help organizations), or there may be wider stakeholder representation, including service-providers, family members, and/or policy-makers and planners (e.g., a study of mental health reform). To help actualize substantial and meaningful participation of disadvantaged people in the research process, we suggest having a guideline of a minimum of 51% participation from the disadvantaged group.

It is also desirable to clarify the roles and responsibilities of those involved in the research (Butterfoss, Goodman, & Wandersman, 1993; Curtis & Hodge, 1994). In our projects, disadvantaged people typically participate in one of two ways: steering or guiding the project and actually carrying out the research. We have found it useful to create different structures for these different types of participation (Nelson et al., 1998). A research steering committee can be formed to oversee the development and implementation of the project with representatives functioning somewhat like board members, making broad policy decisions. A research team, on the other hand, is responsible for carrying out the research, including collecting and analyzing the data.

In our research projects, steering committee representatives typically advocate for hiring members of the disadvantaged community to serve as research assistants. For those people who are hired as research assistants, the training, supervision, and experience that they obtain helps to facilitate their health and personal growth. Also, the steering committee can either act on its own behalf or it can link with other groups to use the research findings for advocacy and social change. These are ways in which solidarity research can be used to enact the value of social justice (Nelson et al., 1998).

With regard to the issue of representation, the roles and responsibilities of the community researchers are to help organize and provide a framework for the research, to solicit and encourage participation of the disadvantaged group in the research, and facilitate the clarification of roles and responsibilities of different participants. There are some tensions in ensuring representation. It is often difficult to decide who to include and who not to include. To keep the

numbers manageable, sometimes not all individuals or organizations can be reasonably included. We have found it useful to provide other ways for people who do not participate on the project steering committee to have input on the project (e.g., inviting people to a community forum or consultation).

One of the first tasks of both the steering committee and research team is to brainstorm the vision, values, and working principles for the research project. Developing shared values and principles among partners is critical for successful solidarity partnerships (see Nelson et al., in press). One essential part of the vision, values, and principles of a solidarity research project is that of decision-making and conflict resolution, which is what we discuss next.

Decision-Making Power and Conflict Resolution

To implement the values of self-determination, collaboration, and democratic participation, it is also important to develop guidelines regarding decision-making power and conflict resolution. We believe that it is not just important to have the key parties "at the table," but also to have all aspects of the research "on the table" for discussion. Early in the process, the research steering committee must come up with guidelines for decision-making (Nelson et al., in press).

We have found it useful to come up with written guidelines or procedures for conflict resolution. Conflict is an inevitable part of any interpersonal process and having guidelines in place as to how to handle such conflict is useful for preventing conflict escalation (Butterfoss et al., 1993; Nelson et al., in press). Addressing whatever conflict arises quickly and with clear and direct communication is helpful in minimizing any potential damage that could ensue. The role of the community researcher with respect to issues of decision-making and conflict is to share power and to help facilitate conflict resolution. Power and conflict are essentially relational in nature. Thus, it is important to consider guidelines for the types of relationships that are desired in solidarity research.

Communication and Supportive Relationships

Whenever we develop working principles for solidarity research with members of disadvantaged groups, the themes of communication and supportive relationships are always of paramount importance. Clear communication entails regular and direct communication among all participants, speaking for oneself, and using language that is accessible and free of jargon (Nelson et al., in press). We have found that the structures of a research steering committee and a research team, which meet regularly to share information, are important vehicles for communication. However, it is also necessary to have methods of communication that go beyond the core research committees so that information can be shared more broadly. Steering committee members and research assistants play an important liaison role with their organizations, so that there can be more widespread sharing of information. Having periodic summary bulletins, news reports, and feedback sessions on the project are other valuable methods of communication. The more information is shared in solidarity research, the more there is mutual ownership over the project.

We have found it useful in initial meetings to have people share some of their interests and hobbies, rather than talking about what their title is or what organization they represent. Such activities are useful in "breaking the ice" and helping people to make connections with one another. Part of the respect that disadvantaged people want is acknowledgement of the validity of their experiences and knowledge. Often times, professionals utilize research or professional knowledge and dismiss the experience of the people they serve. In solidarity research, there is an emphasis on mutual learning, learning as an ongoing process, and valuing the experiential knowledge of disadvantaged people (Nelson et al., 1998). To this end, qualitative methods which amplify the voices of disadvantaged people are often used in this type of research (Lord & Hutchison, 1993; Nelson et al., in press).

We see the role of the researcher as creating a welcoming atmosphere for participation and facilitating communication and supportive relationships among team members. When people from disadvantaged groups feel comfortable and free to express their opinions and participate, the spirit of collaboration is realized.

Case example: Partnership with Refugee Families

Beginning in 1991, while working at Wilfrid Laurier University, I (Isaac) started collaborating with a group of Latin American refugee families in Kitchener-Waterloo, Ontario, Canada. The partnership continued until 1997. The objective was to improve the educational and personal opportunities of children of refugees. The families lived in a co-operative housing with about 80 units, and Latin American families occupied about a quarter of them. Parents had been concerned about schools' responsiveness to their children's needs and came together to form the Latin American Educational Group.

In order to determine children's needs, we conducted a needs and resources assessment. With collaboration from community leaders we constructed an interview guide inquiring about risk and protective factors facing children and families in this refugee community. I trained community members in interviewing and focus group facilitation. Several parents helped with the research, including analysis and interpretation. The findings were conceptualized at various levels of analysis. Risk, protective factors, and recommendations were all discussed at the levels of child, family, school, and community (Prilleltensky, 1993). We presented together at several conferences and community forums.

Two of the central problems that were identified were the need to prevent smoking and the need to promote the Spanish language skills of children. Throughout the six years of this collaboration I worked closely with a steering committee to plan community-based research and evaluation of the various programs they implemented (Prilleltensky, Nelson, & Sanchez, 2000). The work with the Latin American community led to several prevention and promotion programs. Multiple needs called for multiple interventions, at various levels, and with various players. At the level of the child, there was a need to maintain the cultural heritage. This prompted the creation of a Spanish school run by parent volunteers. At the family level, there was a need for parenting courses which were coordinated by local facilitators. At the school level, advocacy was needed to help educators understand the unique circumstances of refugee children from Latin America. This led to presentations and meetings with school board officials. At the level of the

community, smoking prevention was seen as a priority. With government funding, a local initiative was launched to prevent smoking in children and youth. This program was not limited to skills but incorporated a community action component. Children made presentations at city hall concerning the ill effects of smoking and displayed anti-smoking art in a shopping center. All these activities were carried out in the spirit of action research and formative evaluations were often undertaken to see if the values of the group were being enacted in practice (Prilleltensky, Nelson, & Sanchez, 2000).

Case example: Partnerships with Psychiatric Consumer/Survivors

I (Geoff) have been working with psychiatric consumer/survivors for more than 15 years. This work has included advocacy with consumer/survivors for housing and human rights, participatory action research with consumer/survivor self-help/mutual aid organizations, and forming a partnership with a community mental health agency and two consumer/survivor organizations to address the economic needs of consumer/survivors through supported employment and a loan fund.

In 1995, the Social Sciences and Humanities Research Council of Canada put out a call for research proposals which would involve partnerships between researchers and people with disabilities to examine issues of social and economic integration of people with disabilities. My colleagues, John Lord, Joanna Ochocka, and I met and talked about submitting a proposal for this competition. As we thought about what the focus of the study might be, we reflected on our experiences of community mental health services and supports in our home community of Waterloo Region. Since 1991, we had witnessed the emergence of a strong consumer/survivor self-help/mutual aid organization (Waterloo Region Self Help) and significant changes in two community mental health organizations (the Canadian Mental Health Association/Waterloo Region Branch and Waterloo Regional Homes for Mental Health). We were curious about the breadth and depth of the changes that we had seen and wondered if we were witnessing a shift from the traditional mental health paradigm to some alternative paradigm.

We knew each of these organizations and people within them quite well, and we approached the Executive Directors of the three organizations for a meeting to see if they would be interested in participating in a research study with us that would examine changes within their organizations. There was interest and we continued to meet with them over the summer to work on the proposal which eventually got submitted and a few months later was successfully reviewed and funded.

At our first steering committee meeting, a representative from Waterloo Region Self Help asked us "well-paid professionals" if there was any money in the budget to hire consumer/survivors to work on this project. We did make such a plan and followed through by hiring, training, and supervising one consumer/survivor research assistant from each of the three settings. As we started the first phase of data collection, other representatives from Waterloo Region Self Help told us that the interview guide that we developed for the three agencies would not work so well for their setting. We worked with them to develop a more suitable guide.

We quickly realized that we were learning a great deal just from the process of doing this type of participatory action research. During our first training session for consumer/ survivor research

assistants, one of the people we hired asked to start the meeting with his view of empowerment. I remember this situation vividly, recalling how eloquently this person spoke about the power loss and "spoiled identity" that he and other consumer/survivors experience and how empowerment is about having a voice and having choices. This person and the other research assistants went on to enrich this project in many ways and to benefit from it as well.

I learned how important it is to have consumer/survivors actively participate in all facets of a research project and to share power with them. As my colleagues and I gave up some of the power that typically rests with researchers, several consumer/survivors stepped up and exerted leadership and took responsibility for some of the work of the project.

At the beginning of the project, I had no idea that consumer/survivors would end up analyzing some of the data, writing up findings, and presenting the research at professional conferences with the researchers. For those who are interested in learning more of particulars of this research project, I refer you to a book we published on this project (Nelson, Lord, & Ochocka, 2001).

Conclusion

We have presented some broad guidelines for solidarity research based on our experiences and those of others reported in the literature. These guidelines can be helpful strategies for putting the values that we described into practice in community research projects. However, at the same time, it is important to realize that these guidelines are not offered as a step-by-step recipe. Improvisation, creativity, and being willing and open to respond to challenges to one's integrity are essential. Above all else, we are calling for a personal paradigm shift for researchers, a shift toward inclusion, power-sharing, and supportive relationships with disadvantaged people in the research process.

As the case examples show, this type of research can be adopted by all researchers. There is nothing mystifying about it. In fact, we would like to encourage psychologists and other social scientists to venture into the community and to dialogue with people about their needs and research interests. In both case studies community members enriched the research and contributed to knowledge.

Suggested Additional Readings

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Table 1

Preferred Outcomes of Research Partnerships for Solidarity

Values	Preferred Outcomes for Community Members
Personal	
Self-determination	Ability of community members to pursue their chosen goals in life <i>in consideration</i> of other people's needs
Health and personal growth	Opportunities to develop physical and emotional well-being through acquisition of skills and behavioral change <i>in consideration</i> of structural and economic factors impinging on the health of the population at large.

Caring and compassion Collective	Creation of community settings where people can give and receive caring and compassion, <i>in consideration</i> of the need to promote not only psychological support but also economic and material security.
Social justice	Fair allocation of bargaining powers, resources, and obligations in society <i>in consideration</i> of people's differential power, needs and abilities.
Support for community Relational	Presence of vital structures that meet the needs of entire communities <i>in consideration</i> of the risks of curtailing individual freedoms and fostering conformity and uniformity.
Respect for diversity	Respect and appreciation for diverse social identities and unique oppressions <i>in consideration</i> of need for solidarity and risk of social fragmentation.
Collaboration and democratic participation	Peaceful, respectful, and equitable processes of dialogue whereby citizens have meaningful input into decisions affecting their lives, <i>in consideration</i> of need to act and not just avoid conflicts.

Table 2

Preferred Processes for Research Partnerships for Solidarity

Values	Preferred Processes for Partnerships with Community Members
Personal	
Self-determination	Facilitate opportunities for community members to have voice and choice in selection of research topic and administration of research project <i>in consideration</i> of the fact that they usually come to the partnership with less power

Health and personal growth	Create opportunities for community members to experience personal health and growth <i>in consideration</i> of the fact that they have different needs for health and growth
Caring and compassion Collective	Establish atmosphere of acceptance where people feel welcomed and appreciated <i>in consideration</i> of the fact that interpersonal conflict is likely to occur among different members of the partnerships
Social justice	Promote equal access to resources brought about by the research partnership, <i>in consideration</i> of the fact that it is usually researchers who get paid to do the research and who benefit from publications and personal promotion
Support for community Relational	Foster processes that benefit not only the individual community partners but also the community at large by involving community organizations, <i>in consideration</i> of the fact that organizations can inhibit emancipation of individuals and collectives
Respect for diversity	Create processes that recognize the ability and right of individuals to define their identity, <i>in consideration</i> of the risk that accentuating differences can diminish solidarity
Collaboration and democratic participation	Create tangible opportunities for community partners to express their needs and desires, <i>in consideration</i> of their relative lack of power vis a vis professional researchers