Feminist Research Methodology and Women’s Health: 
A Review of Literature

Penelope Ironstone-Catterall
School of Social & Political Thought
York University

with
Peggy McDonough, Ann Robertson, Barbara Payne,
Barbara Rahder, Frances Shaver & Pam Wakewich
National Network on Environments and Women’s Health
**TABLE OF CONTENTS:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. What are Feminist Research Methods? The One and the Many</td>
<td>6</td>
</tr>
<tr>
<td>3. Women’s Health Research? Setting the Parameters</td>
<td>11</td>
</tr>
<tr>
<td>4. Qualitative and/or Quantitative Methods?</td>
<td>17</td>
</tr>
<tr>
<td>4.1 Quantitative Methods</td>
<td>21</td>
</tr>
<tr>
<td>4.2 Qualitative Methods</td>
<td>27</td>
</tr>
<tr>
<td>4.2.1 The In-Depth Interview: Dynamics and Problems</td>
<td>31</td>
</tr>
<tr>
<td>5. Participatory Research Methods</td>
<td>39</td>
</tr>
<tr>
<td>6. Balancing Empowerment and Legitimacy</td>
<td>45</td>
</tr>
<tr>
<td>7. Conclusion</td>
<td>52</td>
</tr>
<tr>
<td>7.1 Principles of Feminist Research</td>
<td>52</td>
</tr>
<tr>
<td>7.2 Implications for NNEWH’s Research Mandate</td>
<td>55</td>
</tr>
<tr>
<td>8. Works Cited</td>
<td>57</td>
</tr>
</tbody>
</table>
1. Introduction

Feminist research, like any research, creates knowledge. It differs, however, from ‘objective’ research in that its methods are in part also its findings. In the oft-noted twist on convention, ‘the means are the ends’ (Wang, Burris and Ping 1996: 1392).

Database searches on the linked themes of feminist research methods and women’s health reveal an extensive assortment of quite varied materials. From articles espousing the strengths of a particular research method when addressing particular issues in women’s health, to those arguing on a broader level that women’s health research would benefit greatly from the reimportation of the theoretical and political commitments of feminism, this literature shows that, while both women’s health and feminist methods may have sometimes conflicting definitions, the need to discuss, theorize, and problematize methodology is paramount. The epistemological concerns that underpin the literature on feminist research methods and women’s health illustrate that how we know what we know and at whose expense is critical not only to the formulation of research projects dealing with problems in women’s health but also to the ways in which this research may be used to empower women in their daily lives.

Part of the commitment to make research useful, to have research reflect the lived experiences of women and, in turn, to change women’s lives, comes to us through successive generations (or waves) of feminism. But the particular emphasis on the place of women’s health in the larger emancipatory project has its roots in the Women’s Health Movement that sees issues of women’s health as intricately woven in a fabric of social inequality (Olesen, Taylor, Ruzek and Clarke 1997: 580-584). As current literature on women’s health illustrates, these inequalities need to be understood as extending beyond gender to include those based on class, race,
ethnicity, religion, sexuality, disability, age, and place of residence (Ruzek, Clarke, and Olesen 1997b). For this reason and many others, women’s health research is a highly complex field that has recently begun to confront the epistemological difficulties generated by recognition of differences among women (Ruzek, Olesen, and Clark 1997a). These difficulties have been addressed in the effort to construct research programs that can speak to, with and among women and their differences as well as to, with and among dominant research paradigms and the policymakers they inform.

As the literature on feminist research illustrates, research methods are not to be used without critical reflection. As Harding (1987) argues, methodologies frame the types of questions that can be asked, the ways data will be collected, and the manner in which findings will be given over to analysis. Much of the literature to be discussed throughout this review looks to methods that are, have been, or might be used in feminist research with a critical eye in order to assess their strengths and weaknesses in addressing both particular and general problems in women’s health. In addition, it appears that many of the authors who will be discussed throughout this review are unaware of the fact that their concerns about method are being echoed by others working in different areas of women’s health research. The publication of Women’s Health: Complexities and Differences (Ruzek, Olesen, and Clarke 1997) earlier this year indicates that an awareness of the need to discuss feminist and other methodologies is gaining importance in women’s health research.

This literature review aims to participate in this discussion. Limited to literature published in English during the last twenty years, it will undertake to outline and critically assess the different ways in which the linked themes of feminist research and women’s health have been
addressed. Its aim, above all else, is to provide a sense not only of what materials are available but also to stimulate discussion about how both existing and novel feminist approaches to methodology might become useful in various areas of research in women’s health. The substantive areas that will be discussed here are by no means inclusive. The topics addressed do not cover the myriad of methodological approaches provided by feminist research, nor do they speak to the entire range of projects and problems discussed by researchers in the field of women’s health. However, the areas considered herein have been culled from the literature that directly addresses the linked themes of feminist research methods and women’s health.

The first two sections of this review provide a definitional framework of feminist research methods and women’s health respectively. They are followed by a summary of the ways in which the feminist debate over qualitative and quantitative methods has been taken up in

---

1 Because of the history and origins of the academic arm of the Women’s Health movement, selecting materials that may be called “feminist” has been somewhat difficult, especially during the 1990s. During this period, it appears that feminism is often spoken about implicitly, partly, we assume, because the imagined audience for the materials is assumed to share a common political and social commitment that is understood to be feminist. In other cases, discussions of feminist methodology are placed within a comparative framework that aims to demonstrate the limitations of a purely biomedical approach and the necessity of viewing women’s health within a social approach that aims to account for the social, political and economic complexities of women’s experiences (Ruzek, Clarke, and Olesen 1997c). Selection of texts has therefore had to be done quite carefully and with a mind to certain criteria. In cases where the word feminist appears in the title of a work or in which the author or authors claims this approach as their own, it is assumed that this self-naming satisfies our requirements. In other cases, materials that have appeared in avowedly feminist journals, such as Gender & Society, have been assumed to meet our criteria by dint of peer review. In still other cases, careful reading of the texts has indicated that the political impetus of the writing, the conceptualization of research goals, and the methodological concerns are in line with the aims of feminist methods. A few pieces that have been included in our bibliography have been authored by men. They have been included, not unproblematically, because they specifically discuss feminist methods and, in the case of Tom Shakespeare (1996), speak specifically to the ways in which feminist research methods and theory have been helpful in conceptualizing an emancipatory research project. Supplemental materials, materials that do not expressly deal with women’s health, have been added in cases where their inclusion has been seen to be helpful to understanding, expanding upon, and illustrating particularly feminist approaches to a given research model.
women’s health literature. Quantitative and qualitative methods are then outlined, with particular attention given to two types of qualitative inquiry, the in-depth interview and participatory or action research methods. Literature dealing with the problem of negotiating the often conflicting demands of empowering research and academic legitimacy is also addressed. We conclude the review by summarizing the principles of feminist research and their implications for NNEWH’s research mandates.

2. What are Feminist Research Methods? The One and the Many

Caught up as it is in these criss-crossing, mutually informative lines of inquiry and critique, the most valuable strategy for feminist research is, evidently, to abandon any quest for one true method, or for a universalism that would replicate the worst excesses of the older, hegemonic theories (Code 1995: 42).

Is there a feminist method (Harding 1987)? And, if so, how do feminist research methods differ from other research methods? The question as to whether there are, or can be, distinctive feminist methods has been a source of much debate among self-identified feminist researchers and between feminist researchers and other scholars. In distinguishing between feminist methods and methodology, Sandra Harding (1987: vii) argues that “it is familiar and uncontroversial research methods that have been used to produce some of the most important of the new feminist analyses.” She does not believe that there is a distinctive feminist method of

---

2 Rebecca Campbell (1995: 215) provides a selected bibliography of methodological issues in feminist research, including “(1)... readings on women who experience multiple forms of oppression and the implications of such oppressions for research; (2) an update of writings on feminist critiques of science, feminist epistemologies, and feminist research methods; and (3) the inclusion of articles that target the specific steps of the research process and how feminist approaches can be implemented at each stage.”
research and suggests that the preoccupation with methods distracts from what is, in her mind, most interesting in feminist research.

In her lengthy review, Feminist Methods and Social Research, Shulamit Reinharz (1992) echoes Harding’s (1987) assessment to some extent, but emphasizes the innovations to discipline-based methods (e.g., experimentation, ethnography, survey research, content analysis) that a central interest in exploring women’s lives may necessitate, such as group diaries, drama, consciousness raising, genealogy and network tracing, multiple-person stream-of-consciousness narrative, conversation, and associative writing. She argues further that “[f]eminist research has been innovative in its choice to study particular groups of women formerly ignored by social science (e.g., upper-class women, farm women, Japanese-American domestics), particular behaviors (e.g., feeding one’s family, adult adoption of orthodox religion, improving one’s community) and new forms of data (e.g., ‘women’s subjective social experience’ or ‘subjective self’)” (215-216).

While there is debate over what constitutes a feminist method, there is a general consensus that the feminist methodological stance is focused on uncovering the social relations which deny the lived realities of oppressed groups, particularly women. Additionally, research is intended to be emancipatory, to enable women and others to be active agents in their own right. There is also an acknowledgment that research for (rather than on) women ought to be attentive to power relations between “subjects” and “researchers.” Primarily concerned with “women’s ways of knowing,” feminist research uses a wide range of methods to access the oft-neglected voices of women and to give presence to their lived experiences (Reinharz 1992: 4).Grounded in the political imperatives of feminism, feminist research aims “to correct both the invisibility and
The ways in which the principles of feminist research are realized in research practices are quite varied, as we shall see in our discussion of feminist approaches to women’s health research. However, further discussion of both methods and methodology is paramount (and not a distraction, as Harding suggests) if we are to follow Donna Haraway’s demand that feminists “become answerable for what we learn how to see” (cited in Code 1995: 23). Indeed, Harding’s (1987: 2-3) argument that research methods (as techniques for or ways of proceeding in gathering evidence), methodology (a theory and analysis of how research does or ought to proceed), and epistemology (theories of knowledge) ought to be kept separate becomes spurious when confronting the task of becoming answerable to what we are prepared to see. Research methods, methodology, and epistemology are so tightly interwoven and “mutually informative” (Code 1995: 39n) that keeping them separate would serve only to obscure their interrelation and the manner in which, to a large degree, epistemological assumptions, methods and methodology together serve to produce the framework in which what will and will not “count” as knowledge is determined.3 While Campbell and Banting (1991: 3) follow Harding in the arguing that “methods do not drive the assumptions,” we would suggest that methodological choices made throughout

3 Code discusses two different ways of addressing the method question derived from two distinct approaches to the production of knowledge. Speaking of feminist empiricism and feminist standpoint theory in very general terms, Code (1995: 39) writes: “empiricists direct their primary attention to evidence gathering and attempt to preserve a reasonable respect for a scientific method cleansed of androcentrism, whereas standpoint theorists are concerned more with matters of epistemic positioning and the historical-material conditions of women’s experiences.” These two approaches to knowledge-production produce very different sorts of projects that are bound to have somewhat different outcomes.
research, including the choice of method, are driven by assumptions that need to be critically assessed at each stage of the research process.

Drawing on a wide range of feminist social science research, Reinharz (1992) discusses many research methods, including interview research, ethnography, survey research and other statistical formats, experimental research, cross-cultural research, oral history, content analysis, case studies, action research, multiple-methods research, and original feminist research methods. Not visible from this list of methods that have long been used in different disciplines as frameworks for conducting research is the impact of feminist theory that goes beyond the addition of women as “subjects” of inquiry. Indeed, what may make feminist methods different is the focus on the social relations of research and knowledge production. It is this perspective on the relationships research establishes that, in part, distinguishes feminist research methods from methods that are not driven by a feminist orientation. The distinguishing features of feminist methods do not lie in the choice of research questions alone, but are intricately tied to questions about how data will be collected, presented and, ultimately, used.

Significant to these epistemological considerations are the concepts of “reflexivity” and “intersubjectivity” (Shields and Dervin 1993: 67). Reflexivity attempts to place the researcher on the same critical plane as the researched through an explicit situating of the researcher in the research (Harding 1987). This is done in an effort to understand the broad socio-historical

---

4 Reinharz (1992: 6) uses three general definitions of feminist research methods to frame her discussion: 1) methods used in research projects by people who identify themselves as feminists or as part of the women’s movement; 2) methods used in research that has been published in journals that publish only feminist research or in books that identify themselves as such; and, 3) research that has received awards from organizations that give awards to people who do feminist research. Our selection of materials for this review follows the first two criteria.
constructions of race, class, and culture and how they influence understandings of and assumptions about both the researcher and other participants in the study. As Shields and Dervin (1993: 67) write, “[w]e bring to our research our own cultural experiences of race, age, ethnicity, gender, and economic status. Instead of striving toward some unattainable objectivity, we need to investigate what role our own subjectivities bring to our research strategies and results.”

Reflection upon and acknowledgment of one’s own biases and objectives in the research process and including these reflections in the presentation of research findings is central to situating the knowledge(s) that are being produced in the research itself.

Similarly, intersubjectivity, “the acknowledgment of the reciprocal sharing of knowledge and experience between the researcher and the researched” (Shields and Dervin 1993: 67), attempts to undo the conventional dichotomies and hierarchies in the research situation through emphasizing the dialogic or dialectical relationship between both parties involved in the research itself. The dialogic imperative entails not only speaking with and listening to women, but in some cases demands that the researcher share the research project with participants, involving them at each phase of the research and including their input in the design, collection of data, and the interpretation of results (Thompson 1991). Significant to this inclusion of women at each stage of research decision-making is the acknowledgment that the women being studied are experts on their own lives (Kasper 1994) and need to be viewed as research partners, not as “subjects” or “informants.”

As an actor-centered approach, feminist research challenges conventional models of knowledge acquisition by calling the central premises of these approaches into question. As Oakley (1993a: 208) has written:
Central to the clash between feminism or feminisms and knowledge is the perspective of the knower, and the purpose of knowing. In the conventional model, the knower is separable from what is known, and the purpose of knowledge is knowledge. From the feminist perspective, the person who knows, what they know and what is to be known are joined in a nicely heretical confusion. Moreover, there is no point to knowledge for its own sake. Knowledge must serve social ends. It must improve the human predicament either directly or indirectly, either concretely or diffusely.

Feminist perspectives on conventional or traditional research methods have challenged the models on which these methods are based, primarily in the critique of the assumptions of positivism, value neutrality, and objectivity in research. However, the ways in which this critique is translated into research practice varies, and does not, in the field of women’s health, necessarily lead to a blanket rejection of the quantitative methods seen by many feminist writers to run counter to the ethical, political, and epistemological goals of feminist research. Rather, the features of feminist research, including placing value on women’s experiences and subjectivities, the critical analysis of gender, reflexivity and intersubjectivity, and the emancipatory impetus, come together in interesting ways in women’s health research.

3. Women’s Health Research? Setting the Parameters

Although the phrase ‘women’s health’ is now widely used, it remains ill defined and subject to debate (Chesney & Ozer 1995: 4).

The field of women’s health has undergone a number of transformations in the last twenty-five years. From the narrowly defined concern with reproductive health and the impact of

______________

5 Olesen, Taylor, Ruzek and Clarke (1997) provide a brief history of women’s health research in the social and behavioural sciences and in nursing research. In addition, they review a selected qualitative and quantitative research on diversity in women’s health from the social and cultural sciences, public health and nursing in relation to experiences of health and illness, health behaviours, access to services, interpretation and knowledge production, and involved research.
gender stereotyping on the experience of health care (O'Rourke 1984) to its more current understanding as a multidimensional and multidisciplinary area of study (Chesney and Ozer 1995), women’s health has been reconceptualized not only with a mind to what women “want” and “need” but also with regard to its understanding of the social and biomedical forces that shape the experience of health and illness for numerous and quite different women (Ruzek, Clarke, and Olesen 1997b; 1997c). As a dynamic and evolving field, women’s health research is now more than a set of content areas, although identifying such areas is critical to mapping out the current terrain of the field.\(^6\) Also important is the task of determining the diverse methods that have been brought to women’s health research, and the conceptual models that have framed the ways that researchers from different disciplinary backgrounds view the field.

While aware that “no single model or paradigm would be sufficient” to encompass the competing approaches to the field of women’s health, Chesney and Ozer (1995: 4) sketch out a framework that aims to be inclusive and to provide a “guide to organize and integrate competing approaches.” Their model includes seven key content areas: reproductive health; diseases more common in women than in men; leading causes of death among women; gender influences on health risk; societal influences on women’s health (including the impact of societal norms, social roles, and poverty on women’s health); violence against women; and, women and health-care

\(^6\) Arguing for an understanding of women’s health based on Glaserian grounded theory in which the problem in a given scene is to be determined by the actors and how they process it, Phyllis Stern (1996) provides a limited model of women’s health. For her, the central problems in women’s health are that “we are fecund, that we have less power than men, and that we live a long time” (Stern 1996: 153). This view, while in many ways problematic, places women’s experiences across the life-span at the fore of women’s health research. However, Stern’s (1996: 161) claim that mentoring and the reverence of older women are the solutions to these central problems is highly uncritical, does not account for differences among women, even in later life, and fails to address the ways in which her central problems are actually played out for different people at different stages in life.
policy (Chesney and Ozer 1995: 5-13).

Although claiming to be concerned with more than content areas, Chesney and Ozer write very little about the various methodologies and conceptual models they suggest are so vital to the dynamic character of women’s health research. In the case of methodology, they discuss only the need for the participation of diverse groups in health research (Chesney and Ozer 1995: 14) and the need to reconsider the appropriateness to women’s experience of variables used in research and the ways in which they are measured (15). In considering methodological approaches on a larger level, they state their belief “that there is room for a wide variety of methodological approaches in the field of women’s health” (Chesney and Ozer 1995: 15), but do little more than reiterate the common criticism that traditional research methods are inadequate when it comes to addressing complex health problems. One significant aspect of their discussion, however, is the call to include research “subjects” in developing research questions, assessments of measures, and interpretations of data (arguments for this approach will be discussed in depth later), to use less structured instruments for data collection, and to use the study populations’ own words and concepts to define problems or areas of concern to them (Chesney and Ozer 1995: 16).

In discussing the conceptual models that have been brought to bear on women’s health, Chesney and Ozer (1995: 17) suggest that the different approaches to women’s health from researchers in anthropology, sociology, psychology, and medicine are significant to expanding the knowledge base of the field. This short list of conceptual contributors omits the specific contributions of nursing researchers, human geographers, women’s health activists, and others who are engaged in women’s health research. By failing to compare the different conceptual approaches or to demonstrate how these approaches have been brought together in

13
multidisciplinary projects, as Alice Dan’s (1994) edited volume Reframing Women’s Health: Multidisciplinary Research and Practice attempts to do, the call to consider “integrating perspectives and/or methodologies that may have historically been considered the domain of different disciplines” (Chesney and Ozer 1995: 18) remains ungrounded in this work. In the end, what this article provides, to paraphrase Ruzek, Clarke, and Olesen (1997c: 11), is yet another “laundry list” of health issues.

Attempting to move beyond such lists while sharing a desire for a new paradigm of women’s health, Ruzek, Clarke, and Olesen (1997c) suggest that a critical examination of the dominance of biomedical models in research and public policy is necessary. Echoing in many ways Ruzek and Hill’s (1986) much earlier call to “redefine the knowledge base” from which women’s health promotion has drawn, and to transform some of the value orientations, priorities, methods and the social organization of research in order to emphasize the social aspects of health and illness, this work challenges women’s health researchers to look beyond the narrow definition of health as it is typically understood by biomedical research as the absence of disease or infirmity (Ruzek, Clarke, and Olesen 1997c: 12). Ruzek, Clarke, and Olesen (1997c: 12) look to the definition of health provided by the World Health Organization as a viable alternative to the dominant biomedical understanding. This definition of health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (cited in Ruzek, Clarke, and Olesen 1997c: 12) offers a ground from which a broader social model of women’s health, a model that looks at the “underlying social dynamics of what actually produces health for different groups of women” (13), may be conceptualized.

Arguing that the biomedical model has been significant in the struggle to have many
problems of women’s health recognized, Ruzek, Clarke, and Olesen (1997c: 12) nonetheless criticize its narrow focus: “What we are suggesting here is that dominant biomedical conceptualizations of health, with their narrow disease focus, inadequately represent health because they leave out, or only nominally consider, the social forces and contexts that shape women’s health and women’s lives.” Part and parcel of this approach to women’s health is the move to rethink where women’s health is located. If health is understood as something that not only finds its seat in individual women’s bodies, but is also embedded in communities, then, Ruzek, Clarke, and Olesen (1997c: 13) argue, a new foundation for envisioning a very different model of women’s health will be laid. This community perspective problematizes agendas that assume that all women have access to the prerequisites of health and foregrounds the interdependence of women’s health on the resources of entire communities and societies.7 Recognizing that women’s health is tied to improvements in working and living conditions, medical care, and other aspects of women’s lives, this view opens up the study of women’s health to new approaches to research and points in the direction of new strategies for change (Ruzek, Clarke, and Olesen 1997c: 14).

---

7 Wuest (1993) warns that community-based responsibility can generate specific problems for women. Using current Canadian health policy, which emphasizes health promotion through self-care, promotion of healthy environments, and mutual aid, as an example, Wuest (1993) points out that a community focus to health can place an unfair burden of responsibility for caring work on women. Seeing this burden of caring work as a central problem in women’s health, Wuest shows how the ideology of familism, dependency and poverty, dual roles (in paid and unpaid labour), and the medicalization of women’s health have had a negative impact on women’s lived experiences. Expectations of caregiving, including caring for family, the elderly and disabled, have a cost to women that is only compounded by a health-care policy that looks to community resources in caring for the ill and promoting health. Wuest (1993: 414-415) suggests that the issue of partnership in health promotion is critical, but it must be based on equality between all members. Women are not yet in a position where they can be considered equal partners. Wuest (1993: 414) argues that further research is necessary (as research can influence policy) in the area of women’s caring work, and in the identification of the health needs of diverse women as they understand them.
One central challenge is presented by this critique of the biomedical model, and that involves the fact that it has been the dominant model used in the formulation of health policy. If we are to agree with the argument that social models more accurately reflect women’s lived experiences, then the biomedical stance, one that focuses on the preservation of health and the prevention of illness narrowly defined, needs to be supplemented by social, cultural and economic understandings that take into account the contexts in which both health and illness emerge (Ruzek, Clarke, and Olesen 1997c: 19).

Feminist conceptualizations of women’s health link the sources of health to communities where the prerequisites for health may or may not be located. Placing women at the centre of analysis and emphasizing the ways that gender and its associated social roles and rules affect women’s health, feminist analyses have transformed certain aspects of biomedicine, including demanding research on how gender affects etiology, the natural history and treatment of disease, and the subsequent inclusion of women in clinical trials. However, feminist models “have not always adequately addressed health issues of women whose life circumstances vary by class, race, or a variety of social characteristics, locations or identities” (Ruzek, Clarke, and Olesen 1997c: 20).8

Recognizing the diversity of women poses special problems for women’s health research. While it is necessary not to overstate commonalities, as women’s health research has been

---

8 In her review of lesbian health care research between 1970 and 1990, Patricia Stevens (1992) found only 28 studies, all conducted in the United States. Focusing on health care experiences of lesbians, this literature “overwhelmingly reflects the experiences of white, middle-class, well-educated lesbians, aged 20 to 40” (Stevens 1992: 115). This review demonstrates how significant the need is not only to conduct research on lesbian health and health care, but also to look to the diversities of this group in order to be more representative of their needs and experiences.
accused of doing in the quest to speak with a singular, political voice for the purposes of generating change, the myriad of differences among women must not be presented in “special-needs” approaches (for, among other consequences, this tends to minimize those placed in these categories and has the effect of fragmenting political will) but must aim to be more inclusive (Ruzek, Olesen, and Clarke 1997a). “Collaboration between diverse groups will be needed to enlarge public understanding of how social forces, not just pathogens and biological matter, contribute to women’s health,” Ruzek, Clarke, and Olesen (1997c: 23) write. Emphasizing gender is not enough. The challenge that women’s health research faces is that of dealing with differences and with the conceptual and practical problems the recognition of differences poses to research. As a consequence of this, women’s health research needs to focus on advocacy for all women and on generating health policies, services and treatments that adequately address most, if not all, women (Ruzek, Clarke, and Olesen 1997b: 55).  

4. Qualitative and/or Quantitative Methods?

Quantitative data are often thought of as ‘hard’ and qualitative as ‘real and deep’ — thus, if you prefer ‘hard’ data you are for quantification and if you prefer ‘real,’ ‘deep’ data, you are for qualitative participant observation. What to do if you prefer data that are real, deep and hard is not immediately apparent (Zelditch cited in Oakley 1993a: 209).

---

9 Ruzek, Clarke and Olesen (1997b) discuss these challenges in “What Are the Dynamics of Differences?” They suggest that a central aspect of learning to deal with differences will involve a commitment to understanding the perspectives of others even when these perspectives challenge one’s beliefs about shared definitions of situations. Understanding the dimensions of differences includes listening to voices from various identity movements which, according to them and in their American context, includes (but is not limited to) African American women, Native American women, Latinas, Asian and Pacific Islander women, women with disabilities, lesbian and bisexual women, rural women, and older women.
What Oakley (1993a: 208) called the “qualitative/quantitative divide” has been a source of great debate in discussions of feminist research methods. Given the desire to give voice to the subjective experiences of women, and because women’s frame of reference has been characterized as relational and contextual, qualitative research approaches, such as the in-depth interview, have been argued to be the only appropriate methods for feminist investigation (for a discussion of this see Reinharz 1992: 18-45). Further, it has been argued that the complexities of women’s lives cannot be isolated and quantified and that attempts to do so can result in misleading and exploitative outcomes. Quantitative methods, such as those used in survey research, have been criticized in many feminist debates. Reinharz cites the reasons for such criticism as being grounded in concerns as diverse as the collusion of an authoritative “statistical industrial complex” to disguise problems (and to minimize their impact on women) and the sexism that appears in areas chosen for analysis, the concepts employed to organize and analyze statistics, the ways data are collected, the ways statistics are processed, and the ways findings are presented (Reinharz 1992: 87-88).

In discussions of women’s health research, however, the divide between quantitative and qualitative methods has been taken up in different ways. Women’s health researchers working within a feminist framework have tended to argue that both quantitative and qualitative methods need to be used in order to address the complexities of women’s health on a number of levels (Chesney and Ozer 1995; Messing 1995; Neysmith 1995; Cambell and Banting 1991; Hall and Stevens 1991; Oakley 1993a, 1993c; Ruzek and Hill 1986; Ruzek, Clarke and Olesen 1997c; Olesen, Taylor, Ruzek and Clarke 1997; Griffin and Phoenix 1994). Despite the call to open up studies of women’s health through the use of a full complement of methods, however, these
researchers tell us little about how they have or can imagine bridging the divide between quantitative and qualitative methods. Rather, what many of them do discuss are the critical difficulties of using quantitative methods, such as the tendency to use homogeneous samples in statistical research in order to arrive at dominant patterns for analysis (Olesen, Taylor, Ruzek and Clarke 1997: 584) and the tendency in survey research to dissociate the data being gathered from the contexts in which they were found and constructed (Campbell and Banting 1991: 2-3).

In women’s health research, the dominant feminist method, the in-depth interview (Reinharz 1992), has been used with varying degrees of success (see Kasper 1994, Oakley 1993b, Morris 1995; Horn 1995, Bowes and Domokos 1996, Dyck, Lynam, and Anderson 1995, Bola 1995, and Opie 1992). The unstructured or semi-structured in-depth interview, valued for its ability to give presence to women’s voices and experience in their own words, has been used in the effort to understand the world as seen through the eyes of the “subjects” of research. It has been and continues to be a valuable tool for placing women and their understandings of their experiences at the centre of inquiry. However, as Olesen, Taylor, Ruzek and Clarke (1997: 585) remind us, this method of data gathering is considered to be lowest in the scientific research hierarchy, is criticized for its seeming lack of rigour, and the particularity (rather than generalizability) of its findings. Hence, qualitative research faces the sometimes ominous task of having to market both its results and its method (which may partly account for the surfeit of materials discussing the use of qualitative methods in women’s health) and to find alternative but persuasive definitions of what constitutes rigour (Hall and Stevens 1991). (This last point will be discussed in greater depth below.)

Quantitative methods, on the other hand, have long had a place of legitimacy in scientific
research, and their long-accepted standards of rigour and the history of their use give them a place of authority in scholarly work, in the formation of public policy, and in the development of preventative and therapeutic health care treatments. For this reason, it appears difficult for women’s health research to reject quantitative methods outright, particularly if the aim of research is to improve women’s lives. Speaking in the long-accepted and legitimized language of quantitative research is necessary, as Messing (1995) shows, if research addressing women’s health issues, be it in the sphere of occupational health or otherwise, is to be funded and to find a place in changing public health policy to meet the “wants” and “needs” of women.

In more general literature on feminist research methods, advantages of combining the methodological capacities of qualitative and quantitative methods are discussed in more depth. There it has been argued that the combination of qualitative and quantitative methods, sometimes called “triangulation” (Fonow and Cook 1991: 91) can be quite effective in women’s health research in that doing so enables researchers to draw a more complete, holistic and contextual picture of women’s experiences, a facility that can be of tremendous use in discussing women’s experiences of health and illness. A central precept of triangulation or the multiple-method approach is that the weaknesses of each method can be counterbalanced by others (Fonow and Cook 1991: 91). While the advantages of triangulation appear to be many in women’s health research, they are not discussed at any length. Further exploration of the research implications of this approach is necessary, as is a discussion of the manner in which the limitations of a single research method may be mitigated by a combination of methods.
4.1 Quantitative Methods

Although feminist research practice requires a critical stance towards existing methodology (the abolition of ‘methodolatry,’ to use Daly’s term), at the same time it has to be recognized that the universe of askable questions is constrained by the methods allowed. To ban any quantitative (social) science therefore results in a restriction to certain kinds of questions only; this restriction may very well be counter to the same epistemological goal that a code of feminist research practice is designed to promote (Oakley 1993c: 246).

Given the important place of quantitative methods in advocacy for women in the spheres of public policy, clinical research, and elsewhere, it is surprising that so few materials were found that directly address the use of quantitative methods in feminist approaches to women’s health. While the methodological and epistemological reservations about the use of quantitative methods abound (see, for example, Olesen, Taylor, Ruzek and Clarke 1997, Hall and Stevens 1991; Campbell and Banting 1991, Letherby and Zdrodowski 1995, Kasper 1994, Neysmith 1995, Morris 1995, and Chesney and Ozer 1995), few authors directly tackle the ways in which feminist approaches to these data-gathering tools might serve not only to quell these reservations but also to provide a ground from which to begin to address the complexities of women’s health in politically expedient ways.

Wingard (1997), Greaves, Wylie, et al (1995), Coriell and Adler (1996), Griffin and Phoenix (1994), Klonoff and Landrine (1995), Landrine, Klonoff, and Brown-Collins (1992), Oakley (1993c), and Messing (1995) provide us with examples of how the discussion of quantitative methods has been taken up in feminist women’s health research with regard to their possible role in generating knowledge(s) relevant to improving women’s lives. For example, Wingard (1997) looks to statistical studies in the United States in order to demonstrate the “patterns and puzzles” of the distribution of health and illness among women. Her statistical
analysis shows pronounced variations in mortality, morbidity, fertility and life expectancy among and between women from different racial, ethnic, and age groups. By looking at these variations, she suggests, differences in access to the prerequisites of health may be identified along with clearer indications of the manner in which social, behavioral, cultural, economic, and biological factors interrelate and are associated with women’s health.

Greaves, Wylie, et al (1995) focus on the ways in which a feminist perspective to the quantitative study of violence against women might transform the knowledge base and provide insights into the ways in which social and cultural factors not only explain the phenomenon but also perpetuate it. Such insights, it may be argued, provide a fundamental starting point from which the persistence of battering and sexual assault may be understood and the conditions from which they arise addressed.

In a review of the literature on socioeconomic position and women’s health, Coriell and Adler (1996) outline the need to consider the ways in which gender constructs socioeconomic advantage/disadvantage. For example, prevailing measures of education, income, and occupation as components of SES are problematic because they do not generally account for the complex relationships women have had and still do with educational attainment, income (that may be assessed on an individual or household level and is not necessarily an indicator of resources available to women), and occupation (that is not static, may or may not reflect exposure to pathogens, carcinogens, accidents, stress and other factors, and does not clearly make sense of women who work at home, work on a part-time or seasonal basis, or are otherwise employed). Coriell and Adler (1996: 150-152) also suggest that measuring these three components on a household basis does not adequately capture the complex relationship between standards of
living and cultural patterns (where income might be interpreted by respondents to include only
paid work and not assets offset by debts, etc.). Further, they suggest that it is important to look to
the neighborhood or community level in order to attain information about lifestyle and
opportunity that could not otherwise be measured.

Working from an awareness that “sexist discrimination undoubtedly has a negative
impact on women’s physical and mental health,” Klonoff and Landrine (1995: 440) attempt to
address the manner in which sexism may be measured through a 20-item scale they call the
“Schedule of Sexist Events” (SSE). The theoretical model they use to assess sexist
discrimination attempts to account for the variety of forms gender-specific discrimination takes
and conceptualizes them as “sexist events.” Sexist events are understood in this article as
gender-specific stressors. Further study of the relevance of the SSE is required in areas such as
the helping professions, where discrimination may play a role in help seeking, compliance with
treatment, delay in seeking treatment, and therefore in illness outcomes and survival (Klonoff
and Landrine 1995: 464). In addition, studies need to be conducted on the role of sexist events in
career choices, educational attainment, and career aspirations and success (Klonoff and Landrine
1995: 465), all of which have an impact on health and illness.

In their discussion of cultural diversity in feminist psychology, Landrine, Klonoff, and
Brown-Collins (1992) argue that cultural differences can not be investigated or integrated
without methodological change. While feminist psychologists have suggested that the
hypostatization of “control” over the research process in traditional experimental method serves
only to manipulate participants (as “objects” of study) and to retrench hierarchical relations
between research subjects and experimenter, and have advocated a revised methodology that is
more person-centered, there has been little movement in feminist psychology toward revisioning methodology. In addition to the need to have methods reflect the ethical and pragmatic concerns of feminism, Landrine, Klonoff, and Brown-Collins (1992:148) point to the cultural limitations of feminist psychology, arguing that methodology needs to be revised in order to address cultural differences among women and the impact of these differences in behavior. For them, “[c]ultural differences ... are not primarily differences in behavior but rather differences in the meanings (automatically, unconsciously) attributed and attached to ‘the same’ behaviors” (Landrine, Klonoff, and Brown-Collins 1992: 148) What this means, they claim, is that culture is the unwritten social and psychological dictionary whose meanings we impose in the process of interpreting ourselves and others.

In order to approach cultural difference in feminist psychology, Landrine, Klonoff, and Brown-Collins (1992: 151) suggest that an integrative methodology is necessary, and that this methodology needs to be based on the distinction between etic and emic data. Etic data encompass the researcher’s perspective and include the researcher’s observations, the frequency of specific behaviors, and scores on the researcher’s instruments. The collection and analysis of etic data tend to be standardized, quantified, and well controlled. Emic data, on the other hand, refer to the participant’s understandings of the meaning and function of their behavior. Collection of these data tends to be non-standardized, qualitative, and generally consist of open-ended interviews and comments made by participants at any stage of the experiment. They argue that both etic and emic data are necessary in cross-cultural research since interpretation is culturally and historically determined and situated, “embedded in the individual’s values, context, power, privilege, and gender,” and “influenced by the gender and other status attributes” of both
researchers and participants (Landrine, Klonoff, and Brown-Collins 1992: 161).

In a somewhat different vein, Oakley (1993c) discusses the role of the randomized control trial (RCT) in feminist research on women’s health. Aware of the feminist criticism that it represents “an inherently sexist, racist, classist and culturally coercive practice and form of knowledge,” Oakley (1993c: 243) explores the manner in which a feminist approach might make the RCT useful to women. In Oakley’s words (1993c: 246): “The essential question for feminist research posed by the RCT is whether there are benefits of this methodology which can and should be harnessed, without simultaneously dragging into the tent the entire unwieldy superstructure of mixed benefits and hazards (the rest of the camel).” Oakley (1993c: 246) discusses three particular problems that the RCT poses for feminist researchers: the principle of random allocation (and the extent to which individuals are able to choose the form of their participation), issues surrounding the meaning of informed consent, and the epistemology, ownership, and distribution of certainty. Explicating this last reservation, Oakley (1993c: 246) writes: “the rationale for undertaking the RCT is uncertainty about the effectiveness/acceptability of a particular procedure.” Differences in certainty about the effectiveness of a given procedure can occur among professionals and the lay public and can be a consequence of different political and ideological positions (Oakley 1993c: 261).

Basing her discussion on a study of social support in pregnancy undertaken in 1985, Oakley evaluates the principal advantages of randomization as a research technique (each study unit has an equal chance of being or not being in the experimental group, random assignment eliminates the potential for bias, it allows for the distribution of factors known to be related with different outcomes and those that are not yet known, and research findings are more likely to
replicable) and discusses the weaknesses of the model in a feminist agenda (it removes the subjective element, research design is established in advance and leaves no room for the participation of subjects designing the study, it detaches the researcher from the researched, and results are presented only in relation to preset hypotheses, and so on). “[C]ommitted to the goal of evaluating the effectiveness of social support in a scientific manner acceptable to the scientific community and to policy-makers” and concerned about the increased use of unevaluated technology in maternity-care, Oakley (1993c: 252) attempts to demonstrate both difficulties and advantages of using the RCT from a feminist perspective, especially in situations where “[i]t is arguable that the usefulness of research in effecting change is greatest when made accessible to the powerless, rather than the powerful” (ibid).

Oakley reminds us that there are times that certain valued aspects of feminist methodology, such as the value of subjectivity and of empowering participants by including them in research design, the interpretation of results, etc., need to give way to dominant research models in order to effect change in women’s lives and to reduce the possibility of harmful effects from untested procedures and interventions. In her words:

The fact that very large numbers of women have been treated with medical and surgical procedures of unknown or suspect effectiveness and potentially or actually harmful consequences has been taken to signal both women’s status as a minority group and medicine’s essentially unscientific standing. For this reason, women have been, and continue to be, important beneficiaries of the advocacy of randomized controlled evaluation within medicine (Oakley 1993c: 263).

For Oakley (1993c: 264), there is a case to be made for the use of an “appropriate methodology” that may or may not fulfil all of the requirements of the feminist perspective. Awareness that different problems require different interventions, and that the requirements of the method need
to be balanced with the ethical requirement to treat participants with sensitivity and respect, leads Oakley (1993c: 263) to take the stance that the blanket condemnation of experimental research by feminism may well make the lot of women worse in the long-run while allowing a great deal of experimentation (untested and potentially quite harmful) to go unnoticed under the auspices of “standard practice.”

Quantitative methods have been criticized in feminist research on the grounds of a critique of positivism and manner in which it has served not only to exclude women but also to misrepresent them in ways that have been potentially harmful. However, it must be noted, following Stanley and Wise (quoted in Fonow and Cook 1991: 90), that “the methods themselves aren’t innately anything” even if positivist methods and world-views are objectionable. Exclusion of quantitative methods drawn from experimental and survey research, for example, may well serve to limit the knowledge base from which women’s health research may draw. Further, the dismissal of quantitative methods may also serve to diminish the capacity of women’s health researchers to advocate on the behalf of women in the circles, institutional and otherwise, in which their voices are currently unheard.

4.2 Qualitative Methods

Because qualitative or interpretive research can be particularly powerful in grasping women’s lived experiences, researchers have posed critical questions that go beyond data gathering such as how women’s experiences are conceptualized and presented and whose voices are heard (Olesen, Taylor, Ruzek, and Clarke 1997: 586).

The rejection of positivism, “objectivity,” and value neutrality in research, along with the criticisms that empirical methodologies support sexist, racist, and elitist attitudes and practices
and the view that traditional research has tended to exclude women, led to a strong feminist support of qualitative methods. The promotion of qualitative methods in feminist research has been presented in terms that often parallel the reasons that qualitative research has been criticized and rejected (Fonow and Cook 1991; Harding 1987; Reinharz 1992). Part and parcel of the enthusiasm for qualitative methods comes from their ability to access many aspects of women’s experiences that have not been conceptualized or approached in traditional social science research. The deep-seated suspicion that quantitative methods obscure or conceal women’s experiences has fueled the advocacy of qualitative methods as methods that enable women to express themselves, to discuss their experiences and have their knowledge(s) legitimized, and to do so in their own terms.

Often driven by Glaserian or Straussian grounded-theory or feminist standpoint theory (Wuest 1995; Stern 1996; Code 1995; Henwood and Pidgeon 1995\textsuperscript{10}), qualitative methods have been viewed as contrasting sharply with traditional social science perspectives in the theoretical considerations they raise, the conceptual framework they use, and in the assumptions that underlie the practices of data collection and analysis. Although widely used in feminist research, for example, the interview is still viewed by some as providing an alternative approach for uncovering and understanding different aspects of social life and the individuals who live it.

\textsuperscript{10} Henwood and Pidgeon (1995) believe that the argument for feminist standpoint theory is a convincing one in that it attempts to account for the ways in which knowledge is always situated and constructed from the perspective of particular social positions and locations. Building in an analysis of power relations, standpoint theorists argue that a more complete basis of knowledge can only come as a result of accounting for the perspectives and experiences of social groups excluded from the dominant social order. The term “standpoint” is intended to serve as a marker for different social positions and contexts and to point to the ways in which different positions can and do influence knowledge production.
Understanding women’s lives from the standpoint of those who live them is a driving concern of the feminist interview method. In addition, discussion of this method attempts to address how research can be conducted without violating the rights and autonomy of the subject(s) and, further, how granting a central position to women and their voices can help to reframe the role of the researcher and the value of the research.

In order to facilitate the positioning of women as experts in their own lives, both ethnographic and interview methods must be attendant to the difficulties of the work of talking and listening, and the manner in which the researcher does and can impose her own views on the data in its collection and in its interpretation. To do this, assumptions about shared experiences between and among women and the presumed neutrality of the interviewer need to be addressed, as must numerous issues surrounding the implications, ethical and practical, of decisions made at each step in the research process.

More unstructured ways of data gathering most often associated with qualitative research, such as interviews and participant observation, can allow for closer relationships between the

11Gayle Letherby and Dawn Zdrodowski (1995) discuss correspondence as an alternative means of data collection. They cite the use of secondary source correspondence and autobiographical methods in social science research as the inspiration for their use of letter writing in their studies of being overweight in a society that values health and fitness and of the experience of involuntary childlessness. Targeting magazines, newsletters, and newspapers that would reach their intended research group, Letherby and Zdrodowski (1995) placed a number of ads asking for research participants. They found that a number of people came forward and agreed to correspond with them about their ideas, feelings, and experiences of being overweight and childless. They warn that this approach is labour intensive, particularly if one is attendant to the feelings and needs of the women participating in research conducted in this manner. Further, they cite the emotional difficulty each faced during the correspondence stage of the research and their ethical concerns about how best to address the difficult, often intimate information they were given and the women who trusted them with it.

Problems Letherby and Zdrodowski (1995) draw attention to in this method of data-gathering are that many papers rejected their ad, the women who responded tended to be rather homogenous in class, race, ethnicity, etc, labour intensity, emotional difficulties, concerns about developing and maintaining rapport at a distance, and the manner in which the correspondence method — which does not include
researcher and her participants, from which it is hoped greater sensitivity to the rights of participants as persons will arise. In addition, “[q]ualitative methods also accomodate an approach to the total process of research which fully recognizes the critical, and indeed necessary, inter-relationship between subjectivities of both researcher and her participants in the social construction of knowledge” (Henwood and Pidgeon 1995: 9). These facets of qualitative research are not emancipatory in themselves, but they do have considerable potential in the quest to do research for rather than on women.

Viewed as an alternative to positivist, quantitative research, qualitative research places the women’s perspective, experiences, ideas and expressions in the foreground, a goal that is espoused in feminist writing on methodology. Doing so is central to the quest to divest the researcher of preconceptions and cultural assumptions that might serve as a barrier to understanding, and to the building of rapport and cooperative relationships with participants. This quest is by no means automatically achieved in qualitative research, but it does provide an opportunity for researchers to reflect the participants’ own experiences and understandings of them in their own words. The interpretation of the understandings and words of diverse women can be facilitated by close analysis: “In qualitative research, advances in narrative and phenomenological analysis can facilitate deeper exploration of the meaning of women’s diverse experience” (Olesen, Taylor, Ruzek, and Clarke 1997: 587). It also provides the ground for a more explicitly inductive method from which theory may be drawn rather than simply providing the basis for proving or disproving theories devised a priori.
While qualitative methods may be able to address questions only occasionally raised by quantitative research, there are weaknesses to these approaches that must also be addressed, the most pronounced of which concern questions of rigour. Questions as to how rigour is defined and may be altered to speak to the demands of feminist research will be addressed below. However, other problems with quantitative methods include the tendency to view the data being presented as belonging only to individuals, and therefore the problems may be seen as isolated, and the need to attend to the problem of overgeneralizing from individual experience. Further, the dilemmas of qualitative feminist research, including questions of ethics, writing the personal into research, and difficulties of diversity among women, need to be addressed.

4.2.1 The In-Depth Interview: Dynamics and Problems

Interviewing is rather like marriage: everyone knows what it is, an awful lot of people do it, and yet behind each closed front door there is a world of secrets. (Oakley 1993b: 221)

The central qualitative method used in feminist research has been, and remains, the interview (Fonow and Cook 1991; Reinharz 1992), although this method is often conjoined with oral history methods, ethnographic accounts, and discourse analysis (see, for example, Kasper 1994). While the particulars of interviewing vary widely around considerations of duration, the desirability of repeat interviews, the number and sequencing of questions, whether questions will be open, closed, or both, if the interviews will be standardized, where the interview will take place, whether or not the interview will be recorded, if individuals or groups ought to be interviewed, and whether or not interviewees will be able to read the research results and modify
interpretations of the study (Reinharz 1992: 22), there is a sense that talking to and listening to
women is fundamental to feminist research. Numerous arguments have been made as to how best
to facilitate non-exploitative (or minimally exploitative) relationships between interviewer and
interviewee, including concerns surrounding rapport, trust, and disclosure, and dilemmas that
arise when seeking to reconcile social, academic, and personal commitments within a research
project. Three central themes emerge in the larger body of literature dealing with feminist
interview methods and women’s health, and these are the dynamics of talking and listening, the
difficulties of addressing difference, and the importance of reflexivity.

**Women Talking/ Women Listening**

Writing of her use of the unstructured interview to understand how women cope with the
social and emotional conflicts raised by breast cancer crisis, Kasper (1994: 266) argues that this
method enables women to become active participants in the research process and generates data
that is unique to this approach to data gathering: “Central to the methodology of this study is the
belief that the essential meanings of women’s lives can be grasped only by listening to the
women themselves. If, as in more traditional approaches, the terms of the research are imposed
on subjects and they’re required to respond within the strict confines of the method, personal
meanings may easily be repressed or lost.”

Engaging with the feminist debate about the value and practice of the interview method,
Kasper suggests that this methodology can also capture the realities of women’s lives in the
social context(s) in which they are constructed and embedded. Ann Oakley (1993b) argues that
feminists conducting interview research need to avoid the pitfalls of masculine approaches to
interviews (which appeal to the values of objectivity, detachment, and hierarchy) in order to ensure that interviews conducted by feminists do not become “a contradiction in terms.” Oakley (1993b: 229) clearly states her case that the use of prescribed interviewing practices is not morally defensible from a feminist perspective and that, in most cases, the goal of finding out about people through interviews is best achieved by establishing a non-hierarchical relationship between interviewer and interviewee and when the interviewer invests her own identity in the relationship. Establishing an intimate and non-hierarchical relationship is significant to Oakley (1993b: 233) not only to “achieve the level of information ... required” but also ensure participant involvement and acceptance of the goals of the research project. Additionally, a feminist approach to the interview may provide the basis from which the researcher/researched hierarchy can be overturned, particularly if women’s own interpretations of their own lives are validated and given authority and the researcher views herself as “informed” but by no means expert.

Through asking initial, open-ended questions, Kasper (1994) argues, women are placed in a position where they may take control of the interview by addressing the topics and themes they wish, and recalling and recounting the details important to them. She works with the assumption that each interview is a collaborative and consensual enterprise among women, but this does not preclude her responsibility to earn trust, exhibit sensitivity and fairness, and show support. By placing the needs of the women being interviewed at the forefront, Kasper suggests that the feminist research expectations of equity and fairness will be met. Whether or not this is true, and whether or not interviewer involvement can lead to genuine reciprocity remains a question.

Alongside the imperative to talk with women about their own experiences, Kasper (1994:
271) stresses the importance of listening well.\textsuperscript{12}

Listening rather than dialogue or a string of questions, is an essential component of this methodology. Listening may be more valuable to the collection of data than the most carefully crafted questions. And, listening in active and different ways means hearing the words which are the infrastructure of an account (not merely answers to questions) and which reflect a woman’s effort to give an accurate portrayal of her experience.

Listening involves not only hearing what is said, but also the ways in which it is said, which includes (but is not limited to) paying close attention to hesitant or halting forms of talk (Devault 1990: 103) (which may point to the difficulties women have in expressing their ideas and beliefs), periods of silence, the intensity of speaking voice, emotional content or tone (Opie 1992).

According to Devault (1990), special attention needs to be paid to the language of research beginning with the construction of topics (which may go beyond standard labels), in listening to the ways in which women “translate” their experiences, in recording and preserving women’s speech, and in writing about women’s lives. Opie (1992) shares Devault’s concern with language, but articulates it differently. For Opie (1992) the ethical concern with appropriating or misrepresenting women’s words needs to be addressed. While she argues that “textual appropriation of the other is an inevitable consequence of research,” Opie (1992: 67) claims that it can be mitigated.

In her presentation of her research on family caregiving, Opie (1992) appeals to

\textsuperscript{12} In the case of Bowes and Domokos (1996), whose research is on cultural and racial differences as they relate to maternity care, the problem of listening is a significant one when it comes to addressing working with women who have been systematically silenced. Following Ardener, they argue that “part of the muting process involves failure to listen, at least as much as failure to voice” (Bowes and Domokos 1996: 27).
deconstruction as a way of mitigating against appropriation. Her deconstruction provides specific
textual practices that include being explicit about the contingency and incompleteness of both
researcher and participant knowledges, paying attention to and discussing the paradoxical, the
contradictory, and the marginal in the course of her reading, and writing in multiple voices where
this is demanded in presentation in order to illustrate affective intensity, emotional complexity,
and non-redundancy in speech and in order to provide content. Opie also attempts to foreground
the dual positioning of both researcher and participants as “subjects of” (active agents) and
“subjects to” ideology. This foregrounding leads Opie (1992: 57-58) to continually re-examine
“the extent to which ideology contributes to a failure to see beyond it.”

Talking Through Difference

Cross-cultural research raises several interesting, and potentially thorny, issues for
the ongoing feminist project of centering women’s voices in knowledge
production about their lives. These revolve around the question of how different
groups of women, apart from the middle-class White woman, can be included in
the development of feminist theory, and the associated concern of their
representation by researchers in study findings (Dyck, Lynam and Anderson 1995:
611).

Reservations about Oakley’s position toward interview rapport have come in a number of
forms. Bola (1995) argues that Oakley’s similarity between herself and her respondents, based on
gender and personal experience (pregnancy and childbirth), did not mesh with her own
experiences as a childless woman of colour interviewing white women during pregnancy. Bola
(1995: 290) suggests that issues of perceived (in)compatibility between researcher, researched,
and research topic can have an impact on the interview process. Telling us that perceived
(in)compatibility made gaining access to research subjects difficult through various gatekeepers
(medical practitioners), and subsequently caused her to question her suitability as a researcher researching white, pregnant women, Bola (1995: 292) states:

the possible lines of perceptual difference between the interviewer and interviewees and the relative power in the interview situation is more complex and thought-provoking than Oakley suggests. The notion that power lies with the researcher rather than the researched in interviews did not tie in with how I felt. This may have been due to disempowerment I had already experienced from the gatekeepers to access. The sense of powerlessness experienced in the interviews could be one of the major impacts of ‘difference.’

Real or perceived differences can have an important role in shaping the experience of the interview, as can real or perceived similarities.

Edwards (1990) echoes this criticism of Oakley’s work based on her own experiences of being a white researcher interviewing black women about their experiences as both mature students and mothers. She says that the assumption that “in an open-ended interview situation ... a feminist researcher has some special sort of nonhierarchical woman-to-woman link with her

13 Horn (1995) discusses the role of covert placing and overt placing in the interview situation. She describes a similar experience with interviewing to that of Bola. As Horn (1995) writes:

My experiences of interviewing women did not match Oakley’s and Finch’s standards of rapport, trust and disclosure. This neither indicates that I employed a defective research technique, nor that Oakley and Finch were wrong in their analysis of woman- to-woman interview situations. Rather, it supports Warren’s statement that “gender alone is not enough to win full acceptance into female concerns,” and underlines Edwards’ call for the analysis to include the discussion of the structural divisions between women, such as race, class, sexuality, and lifestyle.

14 Difficulties with difference in feminist interview research include problems with empathy and identification. Discussing her own work on disabled women’s experience of receiving assistance with daily activities, Morris (1995: 69) argues that perceived differences between able- bodied and disabled women are hampered by a refusal to identify with disabled people that is based on the perception that “the quality of our lives is so poor that they are not worth living.”

15 Hurd and McIntyre (1996: 86) “suggest that sameness distances the participants (researcher and researched) from a critical reflexive research process and privileges one view over another. This often results in misrepresentation of the research participants’ stories.”
female interview subjects” (Edwards 1990: 480) is a problematic one that is not borne out in her own research experiences. She criticizes Oakley for withdrawing “ethnic minority” women from her sample list in order “to ensure a degree of cultural homogeneity” (quoted Edwards 1990: 481). Attempting to account for racial and ethnic differences in her study, Edwards (1990: 482) was confronted by the manner in which race enters into the research process itself, and influences the relationship between researcher and those being researched.

Writing of their research dealing with first-generation Chinese and Indo-Canadian women living with chronic illness in Canada, Dyck, Lynam, and Anderson (1995) suggest further difficulties with addressing difference in interview research. They state that structural inequalities based on class, status, age, race, and sexual orientation all influence interview dynamics, as do differences in political views between study participants and researchers (Dyck, Lynam, and Anderson 1995: 612). They also state that these differences can result in shifts in power within the social relations of research (ibid). Acknowledging differences and their impact on research is important for Dyck, Lynam, and Anderson (1995: 613) because the “axes of difference among women, which may be drawn on variously and situationally in defining and ordering social relations, poses a challenge to researchers employing feminist methods based on the notion of open, intimate exchanges between women.”

Inequalities and differences need to be addressed in the design of studies and at different stages in the research process, as Dyck, Lynam, and Anderson’s (1995) work shows. Although they had attempted to account for linguistic differences through hiring research assistants conversant in Chinese and Indian languages to conduct interviews, they did not account for the manner in which their role as “invisible researchers” would affect the study, the ways that the
research assistant would have to mediate between researchers and participants, how differences could effect home interviews, and how cultural differences might make both the research and its goals obscure to participants.

Reflexively Speaking

[R]eflection upon the researcher’s participation in a research project provides valuable data, from which we can gain insight into the empirical findings of the research, as well as learn more about the use of methods highly dependent on intersubjective relationships (Dyck, Lynam and Anderson 1995: 611).

The critical demands of reflexivity are significant reasons why so much material has been written on different researchers’ experiences with different feminist research methods in women’s health. Nonetheless, there is little insight given as to how reflexive data are or ought to be included in research materials. And yet, reflexivity, at each stage of the research process and by all of its participants, is a central value of feminist research, both in consciousness raising and in ensuring that none of the ethical rocks of research remain unturned. Reflexivity is also significant in order to assess the ways in which researcher power, biases, and assumptions have affected the collection of data, their interpretation, and the presentation of results.

Dyck, Lynam, and Anderson (1995) give the most explicit accounting for reflexivity in the material under consideration in this review. In their attempt to minimize power differentials in the research situation, they reflect at length on the research process, the ways in which they have or have not addressed the complexity of interview dynamics, and the manner in which various axes of structural difference, personal experience, and individual comfort levels played a part in the types of data they collected in their research. Further, they look to the ways in which
researcher subjectivities, assumptions, preconceptions, and so forth, affected the design of the project and contributed to problems in collecting and assessing data. This is important for a number of reasons. “If we recognize that women researchers are participating in the same social world as those being “researched,” we need to explore carefully how we are a part of creating and contributing to the social reality of study participants” (Dyck, Lynam, and Anderson 1995: 62). It is also necessary because “[t]he in-depth interview situation is itself a social context, with attendant social practices, which has been constructed with the intent to search for meaning through the negotiation of understandings about the topic of interest” (Dyck, Lynam, and Anderson 1995: 62). Including reflexivity in the research process can take a number of forms, from establishing the researchers positionality in the interview situation, to including research diaries in the research findings (see, for example, Patti Lather’s recent work on women and HIV).

5. Participatory Research Methods and Women’s Health

In participatory research, academics must give back something more direct to the subjects who have afforded the researchers time and trust. This is essential even when the research question the academic is pursuing is removed from the subjects’ immediate concerns. In such a way, the researcher and the researched might pursue their parallel objectives independently while engaging in a mutually beneficial exchange (Petras & Porpora 1993: 112).

In Feminist Methods in Social Research, Reinharz (1992) describes a number of approaches to feminist action research, all of which emphasize the central role of action in the research as opposed to being an outcome of the research. Reinharz (1992) lists five types of change-oriented research: action research (projects that try to change people’s behaviours throughout the process of gathering data and uses feedback from the participants in the evolution
of the project), *participatory or collaborative research* (in which women who are the focus of research participate to varying degrees in the research process), *prevalence and needs assessment* (in which the determination of a particular experience or need motivates change), *evaluation research* (which evaluates the effectiveness of specific programs or actions in meeting needs or solving problems), and *demystification* (which refers to the collection of data and development of knowledges in areas where there is a paucity of research). The literature on feminist methods and women’s health shows that participatory or collaborative action research has tended to be the most prevalent of these approaches, although the others have an obvious role to play in feminist approaches to women’s health.

In her discussion of feminist approaches to participatory research, Maguire (1987) provides a framework for feminist participatory research. For her, feminist participatory research should be based on a critique of the androcentric nature of traditional research, place gender at the centre of research, incorporate an inclusive feminism, consider how both women and men benefit from research, its process and outcomes, attend to equity issues between members of the research team and participants, and evaluate the effectiveness with which the research process addresses gender inequity as an issue. Feminist participatory research is community and action based, and has long found application in community-health nursing (Thompson 1991: 31).

It is possible to see how Maguire’s (1987) framework can be brought to bear on women’s health research. Its central aim, to have research team and participants work together to locate a problem and design and evaluate research, is in line with many goals of feminist methodology. It also serves as one method of bringing women into the research as full partners (MacPherson 1988: 20) from beginning to end. Power imbalances between researcher and research participants
are thought to be mitigated by this move, and through seeing women as experts on their own lives and on their community and how they interact with it. In this way, research partners are not only involved as sources of data, but also as complex people whose differences and various forms of expertise make them valuable members of the research team from the point of defining the problem, planning and conducting data collection, and analyzing and sharing results. Although participation can occur on a number of levels (Petras and Porpora 1993), this collaborative approach can bring together action, data collection, and education.

---

16 Martin and Humphries (1996) point out that one also needs to assess the impact on institutional structures on the differences that exist among women. They look specifically to the structural inequalities that emerge during research between researchers, presumably a more “equal” group, because of the institutional structures that provide the context for the research. Using their own experience of a collaborative research study designed to explore qualitative methods that are informed by principles of equity and participation and their application to cross-cultural studies of women’s health, Martin and Humphries (1996: 211) found that differences in professional background between academics and those with traditional medical training can lead to conflicts, particularly when these backgrounds inform different interpretations of the causes of ill health. However, these conflicts were not the only ones they faced in the research process; there were also numerous institutional obstacles that arose across cultures. Martin and Humphries (1996: 211) write: “On reflection it is clear that structured racism and colonialist attitudes underpinned many of the problems we met and made it difficult to put our shared principles into practice in the research itself, ultimately destroying any possibility of collaboration.”

Problems arising with the UK university with which they were associated were compounded by intense competition for funds. However, the focus of the Martin and Humphries’ (1996: 212) project, reproductive health, was granted economic support from the university, they assume, “because as an aspect of health of international concern, it was potentially economically productive.” Rigidity in university expectations, which did not account for the complexities of reorganizing a workload, for example, created difficulties at the early stages of the project. When a funding organization signaled interest in the project, and decided to fund it, a number of other complications arose, such as demanding that the project be moved (a suggestion that ran counter to the aims of the project in that it had been based on a locally identified need and had found community support and interest in participation), having a policy that funds be held by the UK institution rather than the local institution, and setting up as a liaison a local UK director of fieldwork. Martin and Humphries (1996: 212) view all these demands as having a basis in racism, but both the funding organization and the UK university showed no interest in taking up the issue. The conflicts generated by these issues and others caused one colleague, from the country where research was to take place, to withdraw from the project and “tore apart possibilities for collaboration” (Martin and Humphries 1996: 214). For Martin and Humphries (1996: 214-215) complex institutional factors at play in research situations need to be addressed, not solely at the interactional levels, but also at the more complex level of difference and representation.
Through collaborative action, it is felt, the knowledge of all partners in the research process will evolve out of the settings or contexts in which research takes place. In this way, participatory research is based on the idea of empowerment education. Based on the work of Paolo Friere (1970), empowerment education is referred to by some as the integration of consciousness raising and dialogue, with teaching efforts directed at individual change, the community’s quality of life, and policy changes aimed at achieving social equity (Wang, Burris, and Ping 1996: 1391-1392). In Friere’s approach, education is seen to empower people to critically analyze social, political, and economic relations, and to act as community advocates in order to effect change on all these levels. The goal of empowerment education - called “consciousness raising” in other circles - is to be able to reflect the community back on itself, to reveal the social and political realities that influence people’s lives. In a feminist model, the central social reality that is foregrounded is gender, but, as we have seen above, the complexity of women’s lives and the differences among and between them, often mean that gender is not the sole focus.

In women’s health, participatory approaches have been used in community-health nursing projects, and in the third world, to cite two examples. Two articles that represent participatory initiatives in both these areas emerged in our search of feminist research methods and women’s health. The first, “Exploring Gender and Culture with Khmer Refugee Women: Reflections on Participatory Feminist Research,” deals with a project that combines elements of community-health nursing practice and feminist research in a support group with Cambodian refugee women in Maine (Thompson 1991). The other, “Chinese Women as Visual Anthropologists: A Participatory Approach to Reaching Policymakers,” brings together Chinese rural women in a
women’s health project and combines empowerment education, feminist theory, and the photo novella as an innovative methodology (Wang, Burris, and Ping 1996).\textsuperscript{17} Taken to two different contexts in these projects, these articles show how the participatory approach can be quite useful, not only in feminist approaches to women’s health, but also as a means to address difference.

Thompson’s (1991: 32) project with Khmer women, which included a Khmer woman and a community health nurse as co-directors, was proposed in order to “explore psychosocial adjustment among refugee women and to focus specifically on the cultural or symbolic traditions that refugee women bring with them to the United States.” Informed by feminist archetypal theory, this project involved life-history and trauma-history interviews, discussions of dream narratives and Cambodian mythology, and participant observation. It sought to discover how cultural definitions of gender, historical narratives of women in Cambodian culture, and religious and cultural symbols influence the adjustment of these women to life in the US and their responses to the experiences of trauma and assault.

Interpretation of dream narratives, field notes, stories, and drawings was not entirely inductive, but it did look to identify recurring themes in the data with an awareness that these themes would emerge as a result of the interaction between the material and the researchers’ conceptual biases. In order to reduce these biases as much as possible, formal presentations of the material were made to the Khmer women to get their feedback. Although the intention of this project was full participation among all research partners, the goal was not fully achieved and discussions of researcher reflections on the research process may provide insight as to why. One

\textsuperscript{17} The use of the photo novella as a methodology might warrant its consideration as a somewhat novel research approach.
reason that Thompson (1991: 33) points out is the role of nurses in practice, and that ways in
which these roles can infringe on the ideals of participatory research: “It is not always possible to
restrict research to the patterns found in participatory social science. There is a dimension of the
practice role that nurses simply cannot leave behind when they engage in community health
research.”

Wang, Burris, and Ping (1996) had fewer problems in their photo-novella project. Basing
their project on the theoretical grounds provided by feminism, they sought to use a methodology
that would be attendant to the needs of rural Chinese women and to provide a ground from which
women’s subjective experience as researchers, the importance of personal and everyday
experience, and political commitment to catalyzing change could be brought together. In the
context of the Yunnan Women’s Health and Development Program, Wang, Burris, and Ping
worked with 62 women living in rural southwestern China (the women represented 50 natural
villages) offering them intensive training in the techniques and processes of the photo novella,
and in the use and care of an autofocus, autorewind 35mm camera.

The three main goals of this project were to empower these women to record and reflect
their own lives (particularly with regard to their health needs) from their own perspectives, to
reflect their findings back on them and therefore to increase collective knowledge about women’s
health status, and to inform policymakers and members of the larger population about the health
concerns of rural women. The photo novella was chosen as a methodology for a number of
reasons, not the least of which were the fact that the use of a camera does not require any formal
education, or the ability to read and write, and the fact that the photograph can be a powerful tool
of bearing witness to everyday experiences (Wang, Burris, and Ping 1996: 1392).
Through providing a medium for these women to present their own experiences as they saw them, the photo novella, the exhibition of the results for the community to see, and the presentation of photos to policymakers, three policy decisions regarding daycare, midwifery, and the education of girls were influenced. However, Wang, Burris, and Ping (1996: 1397-1399) warn that there are a number of problems with this method and the changes it catalyzed; sustainability, the danger of spurring a false sense of empowerment where there is no possibility of meaningful participation, addressing pervasive assumptions about peasant women lacking the intelligence or creativity to portray their lives in meaningful ways, the fact that this method works “within the system” and does not shift to women the power to decide policy, and the problem of placing the burden of change on less-powerful groups rather than on privileged groups. However, by viewing women as “natural anthropologists,” this methodology draws on women’s own resources and existing relationships to catalyze change where they view it as necessary in the communities in which they have been, and will continue to be, a part.

6. Balancing Empowerment and Legitimacy

Activist research often conflicts with academic standards. “Activist” research as I

---

18 Indeed, we must also scrutinize the ways in which we understand empowerment. As Sheilds (1995) shows, the ways in which different women understand the meaning of empowerment can have significant effects on whether or not research efforts are successful at “empowering” women as they intend to. In a small sample study (15 women aged 21 to 71 who self-identified in their response to a recruitment flyer), Sheilds (1995: 22-32) found that three common themes emerged in the definition of empowerment among these women: the emergence of an internal sense of self, choice and control of movements to action, and intra- and inter-personal connectedness. She suggests that these three definitions of empowerment need to be taken into account in women’s health research and practice as it has become a key focus in health care, is integral to the vision of health promotion promoted by the World Health Organization (Ottawa Charter), and plays a role in the conceptual underpinnings of research and policy.
define it aims at challenging inequality by empowering the powerless, exposing the inequities of the status quo, and promoting social changes that equalize the distribution of resources. Such research is “for” relatively powerless groups, and often involves close social ties and cooperation with these groups. In contrast, academic research aims at increasing knowledge about questions that are theoretically or socially significant. Academic research is primarily “for” colleagues. It involves close ties with faculty and students, and emotional detachment from the people being studied. Sociologists who do activist research and want a successful academic career thus have to bridge two conflicting social worlds (Cancian 1993: 92).

The perceived incompatibility between research done for women and research done for colleagues has specific consequences for feminist scholarly activists. In some cases, close relationships between scholars and those they study and having those studied initiate research can be seen to create bias (Messing 1995: 241), while in others the imperatives of feminism are seen to be in conflict with accepted research methods and can result in a lack of funding for projects (Messing 1995). Further, the use of feminist research methods, in their critical approach to positivist methods long accepted by policymaking bodies, the academy, and funding agencies, can lead to questions about the rigour of research and the ability of the research to speak to institutions, organizations, and the state (Meekosha 1989; Messing 1995; Oakley 1993a, 1993c; Cancian 1993; Hall and Stevens 1991).

There has been a great struggle for feminist researchers in women’s health between the demands of political commitment and empowerment in feminist research and those of the institutional bodies and organizations that both fund and make decisions on behalf of all women. This struggle is compounded by the assumptions carried by many people that activism and intellectual work need to be kept separate. Shakespeare (1996: 118), for example, writes of the relationship between disability activism and academic research: “in my view, it is necessary for
there to be a division of labour between academics and activists: notions of accountability and representation are relevant in the political context, while notions of engagement and commitment are more relevant in the sociological context.” Whether or not political and academic work can be separated on these grounds, the impact of the assumption that they ought to be has a cost for feminist researchers attempting to bring notions of accountability and representation and engagement and commitment together in their research.

Writing of activist participatory research, Cancian (1993) says that conflicts with academic standards can thereby present barriers to academic success, including creating conflicts with academic departments and colleagues and with members of the community organizations with which they are involved. Because activist research is devalued, the lack of institutional support can also place the burden on community organizations and groups to fund research conducted on their behalf. Further, the lack of institutional support can also create a climate in which the activist researcher is unable to reach policymakers and therefore bring about change through the research. Although activist research can challenge inequality and propose changes that would benefit the relatively powerless, its role in bringing about such changes can be impeded. Cancian (1993: 105) offers three possible solutions to this dilemma: first, to participate in organizations that are accountable to both academia and activists; second, use a dual-career strategy that involves one career in academia and another in activism; and, third, work in a sociology department that values activist researchers. These three options, while limiting, are presented by Cancian (1993) as possible compromises to enable a researcher to work within both activism and academia.

Messing (1995), a researcher in the area of occupational health in Canada, has found that
her research on women, despite her institutional support at the Université du Québec à Montréal, has largely failed to find funding at either the provincial or federal levels because rules and standards of occupational health preclude woman-centred studies and lead to the rejection of projects on the basis of revered principles of objectivity, lack of bias, and rigour. Problems such as appropriate study design, keeping a sample uniform, adjusting for relevant variables, arriving at statistical significance, passing peer review, and so on, are presented by Messing (1995) as running counter to the principles of doing research for women, in large part because questions of women’s occupational health do not allow for meeting these requirements (particularly with women who are in non-traditional occupations). Further, the quest to become an advocate for women workers is quashed in occupational-health studies for five reasons:

1) occupational health research is done in a context that opposes the interests of workers to those of employers or governments, where the workers have many fewer resources; 2) to avoid naming these issues, scientists are encouraged to attribute an abstract scientific value to their studies, which disconnects them from the situation under study; 3) standard practices for the conduct of occupational-health research and rules for the determination of scientific quality contain hidden biases against the demonstration of occupational-health hazards, particularly those affecting women; 4) judgement of the value of scientific research takes place in the dark, anonymously, with no confrontation of judge and judged and no recourse by the scientist whose work is rejected; and 5) myths of excellence, relevance, rigour, and responsibility are used to justify the type of research done and the people allowed to do it (Messing 1995: 219).

These barriers to research funding are significant, but they are by no means exclusively relevant to occupational health or quantitative research. Qualitative feminist research has also had to confront questions of rigour.

Hall and Stevens (1991) offer alternative ways in which the adequacy of findings and rigour may be established in feminist research. They argue that one of the most significant
problems that feminist research faces is that there are few guidelines for feminist researchers
dealing with issues of reliability and validity (Hall and Stevens 1991: 16). As Hall and Stevens
(1991) provide a number of methods for affirming the accuracy of feminist research processes
and outcomes, and elaborate a number of standards to serve as potential criteria whereby research
may be proven to be adequate, we will discuss their suggestions at length.

Insofar as reliability is understood in the empiricist tradition by dint of the repeatability of
results, this standard of rigour can present numerous problems for feminist research that focuses
on women’s experiences as unique, particular, and not amenable to verification. Since, in many
feminist research projects, particularly those based on qualitative methods, repeatability is not
possible, Hall and Stevens (1991: 19) suggest that there is a need to develop dependable research
processes by examining methodological and analytic “decision trails” created during the course
of study. They call this process “auditing the inquiry” in order to determine whether decisions are
in keeping with their circumstances and to ascertain whether interpretations and
recommendations are supported by the data. This method of auditing requires that there be
systematic documentation of the rationale, outcome, and evaluation of all actions throughout the
research process.

Another way of demonstrating that dependable data have been found is prolonged
engagement, persistent observation, use of multiple observers, the comparison of many data
sources, and comparisons of individual and group accounts supplemented by the comparison of
elicited and spontaneous data. Hall and Stevens (1991: 19) also suggest two ways of measuring
data reliability. They call the first “diachronic reliability,” and they define it as the measure of the
degree of stability of participants’ themes over time. The second is called “synchronic reliability”
and refers to degrees of similarity between responses in a single period. Dependability, Hall and
Stevens (1991: 19) argue, is a valuable tool for feminist research since it is

a measure for rigor which, unlike reliability, does not decontextualize the data and
does not expect or require that observations be repeatable or constant across
observers and time. If similar meanings can be perceived in the raw data by others
who use similar analytic procedures and construct the inquiry from equivalent
feminist understandings, then arguments about the dependability of feminist
research are strengthened.

The problem of validity is also one that feminist research must confront. In empiricist
studies, validity refers to the degree to which an instrument of data collection measures what the
researcher claims it does. The procedures for determining the validity of findings and measuring
the success of an instrument is usually done through reference to the effects on a dependent
variable as a result of variability in an independent variable. In feminist studies where the focus
is on lived experience, the use of qualitative methods make the application of such a procedure
impracticable. Rather than looking to validity, then, Hall and Stevens (1991: 20) suggest that the
quest for the adequacy of the research method to what is being researched is a viable alternative,
in that adequacy points to feminist criteria that research processes and outcomes be well
grounded, cogent, justifiable, relevant, and meaningful. Requirements of adequacy are met if
methods are critically assessed at each stage of the research process, if research has been
conducted ethically, and if results fairly and appropriately represent what they claim to represent.

Reflexivity is a central component of adequacy, in that researchers’ values, assumptions,
characteristics, and motivations can all have an impact on the theoretical and methodological
framework used in research, as well as in data collection, sampling, and the interpretation of
finding (Hall and Stevens 1991: 21). While it is impossible to eliminate all bias, reflexivity can
focus the researcher’s attention to researcher-participant relationships, mutual influences that may affect responses in different ways, and other significant factors that play a role in the gathering and interpretation of data. Reflexivity can also add to the credibility of findings and interpretations, as can having member endorsement of results. Credibility can be further strengthened through critical examinations of the type and quality of rapport, which can be evaluated by close scrutiny of all interactions between researchers and participants.

The coherence of a study is also important insofar as it draws raw data into a logical discourse and remains faithful to the stories told (Hall and Stevens 1991: 24). The work needs to reflect the complexities of women’s experiences and coherence can be strengthened by demonstrating how behavioural, verbal and affective elements coincide with other observations, verbal responses, and written records. Searching for cases where divergent experiences and other explanations are possible can support and not hinder conclusions about consensus, since these divergences are more illustrative of the complexities of lived experience. Inconsistency, then, does not render perceptions of similarity invalid, but serves to illustrate the variety of thoughts, actions, positions, and feelings held by different women.

While these alternative criteria are significant to much feminist research in women’s health, it is apparent that further work will need to be done in order to ensure that such research and researchers will be able to be advocates for women institutionally, organizationally, and at the level of policymaking. Striking a balance between activism and academic legitimacy cannot happen at the expense of women, for this will run counter to the primary tenet of feminism, but nor must it become a primary preoccupation, for this will detract both time and energy from the numerous tasks at hand.
7. CONCLUSION

This paper set out to examine the links between feminist methodology and women’s health research. Beginning with the debate concerning the existence of unique feminist methods, it explored the key tenets of both feminist research and research on women’s health. It then examined the ways in which feminist methodology has been incorporated into women’s health research by focusing on selected examples of quantitative and qualitative approaches. This final section reviews the principles of feminist methodology and considers their implications for the research mandate of the National Network on Environments and Women’s Health.

7.1 Principles of Feminist Research

In addressing the implications of feminist research for women’s health research, it is important to distinguish, as Sandra Harding (1987) has done, between “methodology” and “methods.” Methodology is concerned with the epistemological stance of the researcher, with the “rules of the game” for conducting research. Methods are the specific ways in which data are collected (e.g., survey research, structured questionnaires, in-depth interviews, participant observation, etc.).

We agree with Harding that there are no distinctively feminist research methods as such. For example, in-depth interviews and life histories, popular data-collection methods in feminist research, emerged out of the more general interest in phenomenological approaches in the social sciences and humanities. Similarly, participatory action research, recently embraced as a research modality consistent with the goals of feminist research, has a long history as an explicitly emancipatory approach to research in such fields as health promotion, social planning and
education (Boutilier and Mason 1994; Alinsky 1972; Freire 1970). However, we argue that there is a distinctive feminist methodology in that there are several “rules of the game” or explicit commitments which guide feminist research: epistemological commitments, political commitments and gender commitments. Taken together, we would argue that these commitments constitute a distinctively feminist research methodology.

**Epistemological Commitments**

As has been illustrated throughout this review, feminist research, regardless of the particular data collection methods employed, takes an explicit focus on the lived experiences of women and the diversity of those experiences. It also recognizes that women’s lives and experiences are situated within broader social, political and economic contexts and, therefore, seeks to uncover the multiple social relations that shape the lived realities of women. Given that research itself represents one arena of social relations, feminist research takes an explicit epistemological stance that acknowledges the intersubjectivity between the researcher and the researched. This means that feminist research acknowledges women as knowers, as experts on their own lives and experiences, and does not privilege the “knowing” of the researcher over that of the researched.

This explicit epistemological stance demands a critical reflexivity on the part of the researcher. Among other things, this can take the form of the researcher’s awareness of her own social position, viz-a-viz those whose lives and experiences are being investigated, along any number of axes of social differentiation such as class, race/ethnicity, sexuality, age, education, power and institutional location. This awareness acknowledges the ways in which social structure
Political Commitments

As illustrated throughout this review, feminist research is centrally concerned with social inequalities, primarily those based on gender. Recognizing that women have multiple social locations, feminist research also pays attention to other bases of inequality which are likely to shape the lives and everyday experiences of women such as class, race/ethnicity, sexuality, age, etc. In addition, feminist research has an explicit emancipatory agenda, seeking social change and an end to social inequalities, specifically, but not limited to, those based on gender. In this sense, as Harding (1987) states, feminist research is not just about women or on women; it is, first and foremost, for women.

Focus on Gender

While other research modalities may embody similar epistemological and political commitments, what distinguishes feminist research is its focus on examining gender as a fundamental category for understanding the social order. To that end, it seeks to uncover the social relations and structural forces which shape, constrain and reproduce the diverse, lived realities of women, including the social relations of knowledge production which inhere in the research endeavour.

Feminist research encompasses research at multiple levels of analysis as it seeks to examine the dialectical relationships between women’s everyday lives and experiences and the structures within which those lives and experiences are situated and lived out. This includes:
research at the *macro* level which examines broad structural forces, such as economic organization and particular political arrangements and processes; research at the *meso* level which looks at the institutional constraints on women’s lives, such as access to educational opportunities and medical care, or bias in the workplace; and research at the *micro* level which examines women’s everyday lived experiences at work, in the doctor’s office or in the domestic sphere, and the meaning that women attach to these experiences.

### 7.2 Implications for NNEWH’s Research Mandate

In keeping with NNEWH’s overall mandate, this paper is intended to be shared with our colleagues in other Centres of Excellence in Women’s Health Research. Further discussion about the implications of feminist research methodology for women’s health research has significance for the major task of articulating a co-ordinated women’s health research agenda in Canada. As discussed in this paper, this agenda should be oriented to a systematic investigation of the social determinants of women’s lives which acknowledges the multiples voices of women in Canada, to the diversity of women’s lived realities and experiences, and to the broader social, political and economic contexts within which women live their lives.

Also in keeping with NNEWH’s mandate is the question of the implications of a feminist methodology for policy-relevant research. Given that policy, including health policy and policy governing health research, constitutes one of the major forces shaping the multiple and diverse contexts with which women live their lives, we propose that a women’s health research agenda include a critical analysis of the ways in which policy, at all jurisdicational levels, functions as a determinant of women’s health. To this end, further research should include the in-depth analysis
of a number of policy documents or initiatives as case studies.

A policy-relevant women’s health research agenda would also include a critique of current women’s health research and the ways in which these may reproduce and entrench structural inequalities which have an impact on women’s health. An analysis of the major health research funding agencies in Canada in terms of their funding agendas, policies and processes and their implications for women’s health research is also in order.

In conclusion, NNEWH has an opportunity to make a significant contribution to women’s health research in Canada by taking a lead role in defining what constitutes “policy-relevant” women’s health research. This would entail articulating a policy-relevant women’s health research agenda based on the principles of feminist research outlined in this paper.
8. WORKS CITED


Coriell, Marilee and Nancy E. Adler. 1996. “Socioeconomic Status and Women’s Health: How Do We Measure SES Among Women?” *Women’s Health*, 2(3): 141-156.


Knowledge Through Difference in Cross-Cultural Research,” Women’s Studies International Forum, 18(5-6), 611-626.


