

What is Action Research in the Context of Community Research?

Presentation to the ANGOA Community Research Forum, Victoria University, Wellington, 27 November 2012, by Dr Hilary Stace, Research Fellow, Health Services Research Centre, School of Government, Victoria University of Wellington.

Action research involves an ongoing reflective process whereby you reflect on what your research is telling you. Reflection also helps you recognise what values and beliefs might be informing your assumptions. With participatory action research you are also member of the community being researched so a participant in your own research. Much effective community research is done this way.

In this presentation I will look at the origins of action research and how it can be applied in community research, particularly in the context of the field I am most familiar with, disability studies.

Here is a description of action research from Wikipedia. I like Wikipedia as it is itself an example of participatory action research. It is a community of practice always reviewing and improving information for the Wikipedia community. By tomorrow this definition might have changed and improved.

Action research or participatory action research – is a research initiated to solve an immediate problem or a reflective process of progressive problem solving led by individuals working with others in teams or as part of a "community of practice" to improve the way they address issues and solve problems. Action research involves the process of actively participating in an organization change situation whilst conducting research. Action research can also be undertaken by larger organizations or institutions, assisted or guided by professional researchers, with the aim of improving their strategies, practices and knowledge of the environments within which they practice.

Action research has evolved over several decades. In the 1970s Paulo Freire (1972) promoted education using participatory methods among disadvantaged people in South America and

suggested that through critical reflection people could both analyse their problems politically and empower themselves to take action.

Most of my current work, including my 2011 PhD research (Stace, 2011) is under the disciplinary umbrella of Disability Studies. Disability Studies' ideal of emancipatory research owes much to Freire's work and action research. It has an expectation that research will empower or emancipate disabled people. Non disabled research partners, such as myself, can assist as allies in their emancipation.

One of the triggers for the establishment of the discipline of Disability Studies was an incident in the 1960s when residents of an English group home for disabled people asked researchers to investigate their conditions as part of a dispute between residents and management (Mercer, 2002, p. 230). However, the able-bodied researchers used methodology which located the problems within an individual/medical model of disability rather than condemning the institutional conditions the residents had to live with.

Disappointed, Paul Hunt (1981), one of the residents, labelled the researchers 'parasite people' for 'siding with the oppressors, looking after their own professional and academic interests, and leaving the residents feeling exploited and betrayed' (Mercer, 2002, p. 230). Hunt became one of the founders of UPIAS (the Union of Physically Impaired Against Segregation) which published a statement of rights, *The fundamental principles of disability*, which can be seen as marking the start of disability rights movement, the social model of disability and directly to the new discipline of Disability Studies (UPIAS, 1976).

Just a note here. Disability Studies practitioners refer to 'social model' as opposed to 'medical' or 'individual' model research. The 'social model of disability' – as explained in this introduction to the 2001 *New Zealand Disability Strategy* – sees disability as socially constructed by a society which creates barriers to the participation of disabled people, for example, buildings without wheelchair access. Social model research usually involves elements of action research. As the *NZDS* says:

Disability is not something that people have. What people have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is a process which happens when one group of people create barriers by

designing a world only for their way of living, taking no account of the impairments other people have.(Ministry of Health, 2001, p. 1)

Until the early 1970s, research methodology had been dominated by positivism, which values neutrality and objectivity; at its 'ontological core is the assumption that the social and natural worlds contain a single reality' and quantitative methods can 'establish cause-and-effect relationships between social phenomena' (Mercer, 2002, p. 231).

Positivism and the softer post-positivism research methodology for social research have since been challenged by phenomenology – the idea of the social construction of reality and the existence of multiple versions of that reality. The decades since the 1960s have also seen the rise of academic disciplines critiquing the experience of those marginalised or discriminated against because of their, for example, ethnicity, disability, gender or sexual orientation. Significant for scholars in all these disciplines is the participatory aspect – that they are participants in their research, and have a stake in its outcome, and this led to challenges to positivist assumptions about objectivity and there being some neutral discoverable 'truth'.

One of the contributors to the new methodology was Michael Oliver, a disabled British academic sociologist. He took account of the developments in social research and created the Emancipatory Paradigm which included:

- rejection of the individual model of disability and its replacement by a social model approach;
- concentration on a partisan research approach (so denying researcher objectivity and neutrality) in order to facilitate the political struggles of disabled people;
- reversal of the traditional researcher-researched hierarchy/social relations of research production, while also challenging the material relations of research production;
- pluralism in choice of methodologies and methods. (Mercer, 2002, p. 233)

He talked about combining structural analysis with writing oneself into the picture and of challenging 'tarmac' professors or 'tourist' researchers, who fly in, take knowledge from disabled people and leave. Oliver summarised his life's work. 'For me, all social theory must

be judged on three interrelated elements: its adequacy in describing experience; its ability to explain experience; and, finally, its potential to transform experience' (Oliver, 2009, p. 89).

More recently in the US, Donna Mertens (2009) with her background as a feminist policy theorist and evaluator working in a Deaf university (Gallaudet, in Washington), developed what she called the Transformative Paradigm. It incorporated the reflective approach of participatory research but added the lens of ethics, social justice and evaluation. A mix of research methods under the paradigm's umbrella is encouraged. Assumptions of the Transformative Paradigm are that research should benefit marginalised populations, and those with lived experience are valued as active and expert participants and decision-makers. The values, assumptions and cultural baggage one brings to research must also be acknowledged and critiqued as part of the research process. The paradigm guides the researchers in, for example, encouraging self-reflection throughout the research process, of knowing yourself in relationship to the community studied and building strategies for trusting, ethical relationships and partnerships.

Mertens provides three common themes of transformative research:

- Underlying assumptions that rely on ethical stances of inclusion and challenging oppressive social structures.
- An entry process into the community that is designed to build trust and make goals and strategies transparent.
- Dissemination of findings in ways that encourage use of the results to enhance social justice and human rights. (2009, p. 5)

Martin Sullivan's work at Massey on spinal cord injury in NZ is a good example of transformative research whereby he has trained up researchers with spinal cord injury as research assistants and they have become part of the community of practice. Not only are people with SCI more comfortable talking to other people with SCI, there are also nuances that only those with lived experience understand (Mertens, Sullivan, & Stace, 2011).

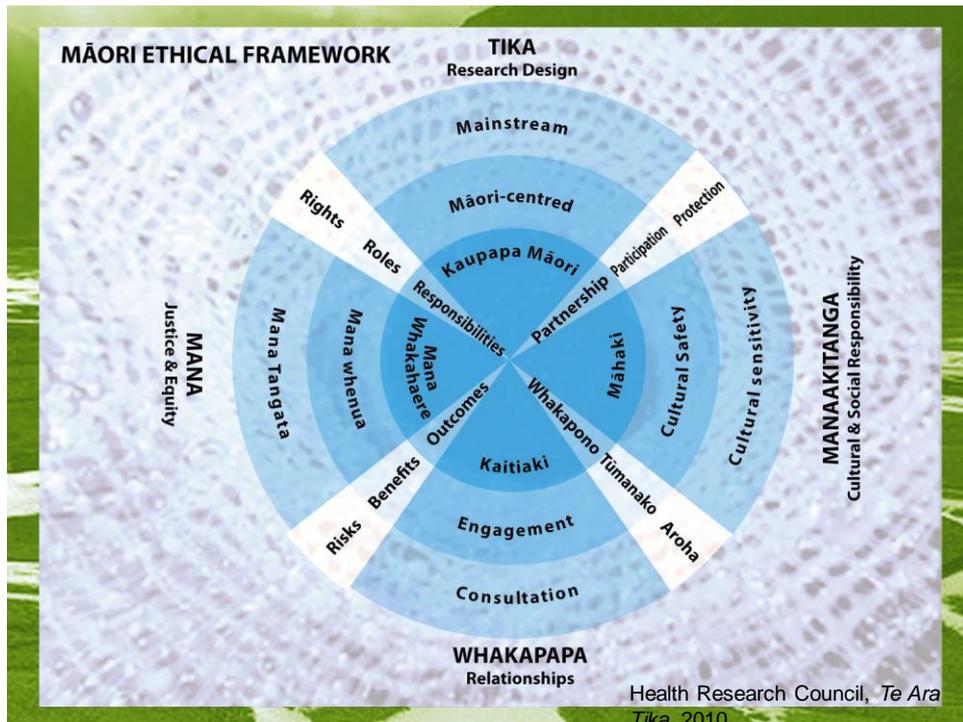
There are also parallels between the experiences of disabled people and Māori. In her research on Māori education, Linda Smith (2009), related how her own research could not be

separated from the reality of everyday life. She gave an example of the daily road she drove which connected and wove between many topics and sites of her research, such as school, government departments and services. Such interconnectedness is common to much community research.

Research questions about Māori, disabled people or in community research generally are often framed around the target population being a problem. For example: ‘What problems does disability cause in the workplace? Instead it could be reframed to a more positive and inclusive, ‘How could workplaces and employment processes better recognise the talents of a diverse workforce including people with impairments?’ This change in basic research question often comes as a result of the reflective participatory process of action research, and bringing in the expertise of those with lived experience.

An often overlooked aspect of action research is the process and energy required to build ‘right’ relationships with all research partners and participants. Right relationships is a Buddhist concept which incorporates assumptions such as that everyone is equally human and that we are all connected and in this together. Michael Kendrick (2009) has developed this concept in his work on the human services of disability support, and how NGOs can act ethically. He urges respect for the different types of expertise everyone brings to the process, or the community of practice. No one is superior to anyone else.

Finally, I would like to show you a diagram I have pinned above my computer to guide my own research. It comes from *Te Ara Tika* which is a document put together by Māori researchers and ethicists for the Health Research Council (2010, p. 4). It expresses the elements of action research within a particularly Aotearoa/New Zealand bicultural environment, and also provides options about levels of partnership and participation. Mostly I work on the outer circle, but aim to go deeper.



In conclusion, there is no one way to do action research or build a community of practice. But I suggest that it should incorporate elements of being a participant and partner in the research, ongoing review/self reflection, culturally appropriate research, an aim of confronting oppression or oppressive structures, and empowerment of the participants in the community being studied.

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