

Feminist Methodology in Social Movements Research

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Feminist social scientists have developed distinctive principles of inquiry that depart from the positivist ideal of the detached, value-free scientist and are consistent with the feminist goal of rendering women's experiences visible and challenging gender inequality. In this article, I show how my research on the postpartum depression self-help movement illustrates five features of feminist methodology: a gender perspective, accentuation of women's experiences, reflexivity, participatory methods, and social action. My intent is to demonstrate how attention to the epistemological and methodological questions posed by feminist researchers produces new standards of evidence that allow us to recognize the gendering of social movement processes and theory.

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Despite considerable interest in women's movements, scholars of social movements have been relatively unconcerned with the vexing epistemological and methodological problems posed by a growing body of writings that advocate the use of feminist methods in research. On the one hand, this is not surprising. For just as there are diverse views among feminists about the best strategies for achieving gender equality, feminist scholars hold diverse views about the kinds of knowledge feminists are to produce (Harding 1986; Hawkesworth 1989; Nielson 1990; Acker, Barry, and Esseveld 1991; Collins 1991), the appropriate methods for doing feminist research (Stanley and Wise 1983; DeVault 1990; Fonow and Cook 1991; Cancian 1992; Reinhartz 1992; Risman, Sprague, and Howard 1993), and even whether there is such

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a thing as a distinct feminist methodology (Grant, Ward, and Rong 1987). On the other hand, social movements research is one of the areas in which a strong tradition of qualitative research persists, and many of the questions feminists raise about the knowledge production process in social research can be seen as general criticisms of the scientific method and the strong pressures toward quantification and away from contextualized knowledge that signal scientific precision (Nielson 1990; Lather 1991; Denzin and Lincoln 1994; Agger 1998).

I must confess that, even though most of my research has focused on women's movements, at first I was skeptical about the relevance of feminist methodology for social movements research. Feminist scholarship begins in the recognition that the positivist model of science is merely one model of reality, that science is shaped by human beings and filtered through human consciousness, and that traditional positivist science reflects and reinforces dominant culture and values (DuBois 1983). As a qualitative researcher, I saw the distinction between feminist and qualitative methods as a false divide because the post-positivist qualitative research tradition attempts to respond to some of the same dilemmas of subjectivity versus objectivity, local knowledges versus context-free generalization, and action versus theory that feminist research does. Then a body of quantitative research by feminists revealed that it is possible to separate method, epistemology, and methodology in a way that makes it possible to distinguish between feminist research methods and the same methods practiced in accordance with alternative theories (Jayaratne and Stewart 1991; Steinberg and Haignere 1991; Steinberg 1996). By accentuating the connections between theory, research, and experience, this work demonstrated that quantitative research can also challenge the impersonality, elements of inequality, and excessive rationalization associated with conventional social science methods. In an essay that attempts to move beyond the debate over whether qualitative methods are more feminist than quantitative methods, Gottfried (1996:5) identifies a common theme in feminist research: "Feminism as method sees the representation of women's experience as the beginning and often the end of the production of knowledge claims." If feminist scholarship begins by asking questions informed by women's exclusion in the world and from the standpoint of a personal life that has yet to be taken seriously by others, the aim of feminist research is to expand science and culture to create knowledge that makes a difference in the world. Ultimately feminist methodology aims to outline an approach to research consistent with feminist aims of challenging gender inequality and empowering women. It is in this sense that I place the project that I am about to describe squarely within the context of the developing tradition of feminist methods in social movements research. My intent is to show, however, that producing feminist re-

search can be as unsettling to the researcher as it is to the conceptual categories that frame the research.

In this article I use my experience studying the postpartum depression self-help movement to describe the process of doing feminist research on a social movement. Only a handful of social movements researchers have explicitly acknowledged using feminist methods (Thorne 1978; Mies 1983, 1991; Ryan 1992; Brown and Ferguson 1995; Reinelt 1995; Whittier 1995; Taylor and Rupp 1991, 1996; Beckwith 1996; Naples 1996; Taylor 1996; Naples and Clark 1996; Robnett 1997; Fonow forthcoming). Scholars interested in advancing principles of feminist inquiry (Nielson 1990; Reinhartz 1992), nevertheless, point to Jo Freeman's (1975) landmark study of the 1960s women's movement as an example of the multimethodological, experiential, contextual, involved, and politically relevant nature of feminist research. It was nearly a decade after Freeman's book was published, and well before a voluminous literature appeared on feminist research methods, that I had a rare opportunity to launch a feminist research project.

At first it seemed as though the research chose me, instead of the reverse. The director of the Office of Program Evaluation and Research of the Ohio Department of Mental Health approached me about doing a sociological study of postpartum depression. Although the topic seemed a bit far afield from my ongoing interest in feminism and women's movements, learning that Dagmar Celeste, an ardent feminist and then wife of Ohio Governor Richard Celeste, was behind the study sparked my interest. During her husband's political campaign, Celeste had spoken frequently in public forums about the crisp winter day six months after their sixth and last child was born when, at home caring for the new baby and playing games with her three other young children, her "speech turned into riddles and rhymes, [her] body could not sit, stand or lie still, and [her] mind was racing at ever-increasing speed while [her] soul was terrified." Hospitalized for two months and treated through a combination of psychotherapy and antidepressant and antianxiety medications, Celeste had come to define what happened to her as postpartum depression. Celeste had revealed, however, that in seeking treatment, she had discovered that the medical establishment did not consider postpartum illness a legitimate psychiatric disorder. In the nineteenth century, there was fairly universal consensus on the existence of postpartum illness, which accounted for approximately 10 percent of hospitalizations. Charlotte Perkins Gilman's literary masterpiece *The Yellow Wallpaper* recounts the anguish of her depression following childbirth. Over time, however, the condition disappeared from the medical literature on the grounds that it reified women's biological differences from men. In 1952, postpartum illness dropped out of the psychiatric nomenclature with the publication of the first edition of the American Psychiatric

Association's *Diagnostic and Statistical Manual (DSM)*. Subsequently, every edition of the *DSM*, the official handbook of mental illness, has excluded psychiatric illness connected to childbirth as a distinct diagnostic category on the grounds that "there is disagreement about the importance of childbirth as the precipitating factor" (Hamilton and Harberger 1992:18).

Dagmar Celeste had been an avid feminist since the 1960s, had recently earned a bachelor's degree in women's studies, and maintained strong ties not only to local and state feminists but to other progressive groups on the national scene. Working through the Director of the Ohio Department of Mental Health, who was also a nationally recognized feminist lawyer and major player in the radical branch of the women's movement in central Ohio in the 1970s (Whittier 1995), Celeste convinced the department to fund a sociological study of postpartum depression. As a staunch feminist, Celeste wanted two assurances. First and foremost, the study was to be carried out by a team of feminist researchers who would focus on the sociological aspects of postpartum illness. Second, the principal investigator would act as a feminist advocacy researcher (Steinberg 1996), which meant not only conducting research that contributes to social change but working on policy initiatives that benefit women and families affected by postpartum illness. The important point is that how I got involved in studying the postpartum support group movement helps to explain how I came to view the problem of postpartum illness through a social movement lens. Celeste, along with a woman in Santa Barbara, California, and another in New Jersey, both of whom were also long-time activists in the feminist movement, were spearheading the formation of a national self-help movement around the issue of postpartum illness.

In this article, I show how attention to the epistemological and methodological questions posed by feminist researchers shaped my study of the postpartum self-help movement. After providing a brief overview of the movement, I organize the discussion around five features that most writers would agree are the core of a distinctive feminist methodology: a focus on gender and gender inequality, a spotlight on the everyday experiences of women, reflexivity as a source of insight, an emphasis on participatory methods, and a policy or action component (Fonow and Cook 1991; Cancian 1992; Reinhartz 1992). Of what use are these practices unless they allow us to identify and rectify problems in conventional frameworks? The goal of those who advocate feminist research is to make women's experiences visible, render them important, and use them to correct distortions from previous empirical research and theoretical assumptions that fail to recognize the centrality of gender to social life. I conclude, therefore, by discussing how a feminist research approach not only allowed me to recognize

the gendering of social movement processes and theory, but also to question feminist criticisms of women's self-help.

THE POSTPARTUM DEPRESSION SELF-HELP MOVEMENT

The social movement that participants refer to as "the postpartum depression self-help movement" consists of two separate but interacting national social movement organizations, Depression After Delivery (D.A.D.) and Postpartum Support International (P.S.I.). Both groups formed in the mid-1980s out of the experiences of women who suffered serious postpartum psychiatric illness and were able to find sources of treatment and support that confirmed their self-diagnoses. The movement gathered steam between 1986 and 1988 through sweeping publicity that began with the founder of D.A.D.'s appearance on the "Phil Donahue Show." Widespread media attention, especially to the possible link between postpartum illness and infanticide, helped Depression After Delivery grow into a network of more than 250 support groups tied together in some cases by state or regional-level associations. Today the movement operates through a "warm line" that links women with support groups, national and regional conferences, newsletters and publications, and a network of lay and professional leaders and experts whose perspective on postpartum illness is sanctioned by the movement. Its membership consists mainly of women who have suffered major depression or psychosis connected to childbirth, a small number of husbands of women who have endured major depressions and psychoses, and a handful of medical and mental health professionals and researchers interested in the treatment and study of postpartum disorders. Consistent with the mainly white and middle-class composition of the organizations that historically have made up the feminist movement in the U.S. (Buechler 1990), participants in the postpartum support group movement come from the white, educated, upper-middle class thought to make up the demographic base of the new social movements (Klandermans and Tarrow 1988; Kriesi 1989). This constituency calls attention to the movement's structural origins among white middle-class women struggling to balance work and family roles as their participation in paid employment has caught up with that of African American, single, and working-class women (Hochschild 1989; Reskin and Padavic 1994; on role strain and postpartum depression, see Taylor 1987).

The three main strategies of the postpartum depression movement—direct service, consciousness-raising, and lobbying—were borrowed directly from the women's health movement of the 1970s. Support groups supply

information, material aid, and emotional support to women and their families. In the postpartum self-help movement, women find support and community not only through face-to-face groups, but also through indirect channels such as telephone networks, self-help reading and talk shows, and pen-pal networks, all of which serve to confirm shared experiences and open windows on new identities (Giddens 1991). Just as important as the services they provide, support groups create a social space in which participants can develop experientially based explanations of and solutions to their problems as alternative or supplement to professional knowledge. Self-help groups also provide preventive education to populations at risk and educate medical, mental health, and legal professionals, as well as politicians and the public at large, about the needs of women and their families. Finally, activists in the postpartum support movement engage in a variety of institutional change strategies, such as pressuring medical and mental health professionals to treat postpartum illness as a legitimate psychiatric disorder, lobbying for legal recognition of a postpartum psychiatric defense in cases when women are charged with killing their children, demanding health insurance coverage for postpartum illness as a complication of pregnancy, and advocating new experimental treatments, such as progesterone treatment and the use of antidepressants in pregnant and nursing women (for a more complete description of the movement, see Taylor 1996).

THE FEMINIST RESEARCH METHODOLOGY

There is remarkable agreement among feminists that five features make up the core of feminist methodology. It is important to keep in mind that these elements were derived from reviews of existing research by feminist scholars and should be viewed as a summary of extant practices rather than as a rigid model of the way feminist research should be done. While I had used some of these strategies in my prior work on women's movements, the postpartum project was my first attempt to deploy all five features of feminist research.

Gender and Inequality

The most essential feature of feminist research is its attention to gender and gender inequality. The history of my postpartum depression project shows how central gender and gender inequality were to the research from the outset, although like most feminist research I sought to combine feminist theory with disciplinary theories (Reinharz 1992:249). The seeds were

planted in the spring of 1982 when the director of the Office of Research and Evaluation of the Ohio Department of Mental Health, herself a sociologist, convened a meeting with feminist social scientists on the Ohio State University campus. It was at this meeting that I learned that Dagmar Celeste was eager for the department to sponsor a study of the social aspects of postpartum illness. Although the media had used Celeste's psychiatric history to question her emotional stability when her husband ran for office, her commitment to research on postpartum illness was motivated more by her own feminist convictions than by her husband's political aspirations. As a result, when the research director of the Ohio Department of Mental Health insisted that she would not sponsor a project without a guarantee there would be no interference with the research, the governor's office set only one condition: the study was to be carried out by a feminist researcher. Celeste was adamant in her insistence that the study take a critical stance by questioning conventional definitions and explanations of postpartum illness found in the medical and psychiatric literature. Reviewing this literature I found that empirical studies of postpartum illness were rare. Early medical literature on postpartum disorders focused principally on hormonal explanations, heredity, and personality (Hamilton 1962). A newer body of psychological writings paid more attention to psychological and social factors by placing childbirth and postpartum disorders squarely within a social stress research tradition (Atkinson and Rickel 1984). Not only had there had been no studies to date of the sociological aspects of postpartum illness, there was no attention to the role that gender processes might play in relation to the meanings postpartum illness has for those who experience it as well as for the professionals who manage its definition and treatment (Nixon 1985).

Thus began a project that employed a team of four to six graduate research associates, generated several different kinds of qualitative data, and took me nearly ten years to complete. Since the beginning of the research, I was fortunate to have had the support of the sponsoring agency in designing a project in accord with the emerging standards of feminist research. The Ohio State University Department of Sociology, Center for Women's Studies, and Office of Research and Graduate Studies also supplied one-fourth of the approximately \$100,000 total funding for the project. Although the research did not start out as a study of a social movement, I ended up conceptualizing the project in this way because I found it the most meaningful and valid way to think about the struggle taking place over postpartum illness. I have sought in this research to describe postpartum illness and women's self-help from women's own point of view and to provide an explanation of the postpartum self-help movement that links it to gender inequality. My contact with activists made it

clear that women were not simply seeking to medicalize and essentialize women's personal experiences of motherhood. Instead, they were using this issue as an opportunity not only to question the male-dominated medical establishment but to resist the orthodox white and middle-class view of the selfless, devoted, glowing mother and to convey the variety of women's experiences of motherhood. In my preliminary interviews with activists I found that women tended to use the term "postpartum depression" not in the strict clinical sense, but rather to communicate a complex of distressing emotions that violate gendered emotion norms pertaining to motherhood.

To gain insight into the emotional expectations that apply to new mothers, I began the data-gathering process by examining the popular and professional discourses on childbirth and mothering. The sample included 100 items from the prescriptive literature, including popular magazines, best-selling books, and manuals on childbirth, parenting, and motherhood published between 1975 and 1994. I also examined scientific and medical publications on postpartum psychiatric illness, including a sample (35) of the most commonly used medical and nursing textbooks published between 1975 and 1994. Finally, I drew from interviews with 56 medical and mental health providers—including obstetricians and gynecologists, pediatricians, psychiatrists, nurses, social workers, psychologists, and clergy—to uncover discrepancies between actual medical and mental health practices and the conception of postpartum illness presented in formal medical discourse.

If there was a single finding that confirmed my decision to study this problem from a social movement perspective, it was the fact that I discovered in analyzing these data sources an emerging feminist discourse about postpartum illness. And this discourse, which contested dominant medical views, was produced by activists associated with the burgeoning postpartum self-help movement.

A second rationale for a social movements approach also became apparent very quickly. My research itself was intertwined with the emergence of the movement. Not only did Dagmar Celeste's activism on behalf of postpartum illness precipitate my interest in the topic, but the participatory methods shaped the course of the movement. For example, I frequently spoke at movement-sponsored conferences and provided research reports used to draft speeches for Dagmar Celeste. The media put the spotlight on my research locally and nationally, as for example, when Jane Brody's "Personal Health" column on postpartum depression in the *New York Times* referred to my research and concluded by listing the telephone number of Depression After Delivery, one of the two main self-help organizations. Research and activism interacted symbiotically. To the extent that activists in the movement were searching for new understandings of women's problems, it is difficult to assess the extent to which my research, which framed

postpartum illness in terms of gender inequality, influenced the collective action frame of the movement. But certainly feminism has played an important part in the mobilization and course of the movement. For this reason, I also made gender central in charting the course of the movement by using this case to explore the relationships among gender, the ideas and strategies of contemporary women's self-help movements, and feminism.

Experience

The women's movement historically has mobilized out of women's most fundamental everyday experiences of gender oppression and challenged society to look at the world through women's eyes (Ferree and Hess 1994). In the academy, feminists from all the mainstream disciplines have argued in the same vein that the topics and theoretical frameworks of the social sciences all too often have been male-centered and need to be reexamined and reconceptualized in light of women's experiences (Stacey and Thorne 1985). Empirical feminist research seeks to validate, give voice to, and understand the experiences of women and men who have been marginalized or ignored in traditional research. While this, at first, led to the privileging of qualitative methods, in recent years feminist researchers have placed greater emphasis on understanding women as subjects in their own right rather than treating them as objects of research. This has opened the door for quantitative researchers to use feminist techniques at the same time that it has clarified the way qualitative studies also can support inequality (Sprague and Zimmerman 1989). Feminist scholarship, whether qualitative or quantitative, involves bringing the researcher into the matrix of knowing in order to know the the issues, blind spots, politics, and commitments that might impede the researcher's ability to listen to and hear voices unlike one's own.

At first, I was interested primarily in women's experiences of postpartum illness for what they tell us about the meanings of gender, motherhood, and the female self. Rather than begin with medical definitions of postpartum illness, I sought to understand the complexity and range of women's emotions in their own terms. The cornerstone of the initial research was fifty-two open-ended, in-depth interviews conducted between 1985 and 1989 with women who self-identified as having suffered "emotional problems" in the year following the birth or adoption of a child. For purposes of comparison, a team of four interviewers (including myself) also interviewed a second group of 50 women who had given birth to or adopted a child within the previous two years and were not asked to identify their emotional response as a criterion for being interviewed. To locate

the interviewees, the research team posted notices at home birthing centers, day-care centers, physicians' offices, hospital maternity units, social service agencies, restaurants, a citywide baby fair, and in local newspapers in an attempt to reach a diverse group of women. The 300 women who responded were somewhat older white women with higher levels of income and education than American mothers in general, even though we made numerous attempts to construct a diverse sample of interviewees in terms of class, race, and sexuality. The final sample included traditional nuclear families, single parents, lesbian parents, and adoptive parents (for a more detailed description of the demographic characteristics of the interviewees, see Taylor 1996:36).

I chose the semi-structured interview method because of its compatibility with my commitment, as a feminist scholar, to allowing women to describe their experiences in their own terms, to developing more egalitarian relationships with interviewees, and to encouraging interviewees to introduce new research questions based on their own lived experiences. To facilitate rapport, the majority of interviews were conducted in the interviewee's homes, and members of the research team provided childcare in many instances. The interviews lasted between one to four hours and were tape-recorded. A loosely structured set of questions guided the interviews, although in reality they were more like structured conversations. The objective was to encourage women to elaborate on their experiences in order to allow the emergence of unanticipated issues. In accordance with feminist interviewing principles, we avoided treating the mothers as objective instruments of data production through various strategies intended to establish non-hierarchical relations with the women, such as providing information and resources when women asked for it, using interactive strategies to prod discussion, and allowing ourselves to become personally involved with interviewees in several instances (see Oakley 1981 for a discussion of feminist interviewing strategies).

These interviews were supplemented by 56 semi-structured interviews, conducted between 1985 and 1989, with medical and mental health providers, and by an analysis of the self-help and medical and scientific discourse on childbirth, postpartum illness, and motherhood published between 1975 and 1994. These data opened my eyes to the renegotiation of motherhood taking place through the discussion of postpartum illness in the popular advice literature and to the challenge women are posing to the discourses and practices of medicine and mental health that do not accurately reflect women's own experiences of motherhood. Even if women tend to subsume their problems under the generic label "postpartum depression," the feelings and signs of postpartum illness from the standpoint of new mothers are much broader and cluster around the four basic emotions of guilt, anxi-

ety, depression, and anger. Women's stories make it evident that, at least for some women, the emotional experiences of motherhood are almost the antithesis of the dominant white middle-class model of mothering—that of a caring relationship almost entirely in women's hands. The women interviewed for this study made it clear that it was not the reactions of physicians, nurses, and medical providers that led them to assess their feelings as a sign of postpartum depression. Indeed, only a handful ever discussed their emotions with health providers. To the contrary, most of these women view themselves as victims of an unresponsive male-dominated medical establishment that failed to hear their "cries for help." Rather, they hear confirmation of their feelings in the voices of other women who, as part of a submerged network of self-help groups, share their personal experiences of postpartum illness through self-help reading, parenting and baby magazines, television talk shows, childbirth education classes, parent education courses, and mutual support groups. This led me to question the usefulness of labeling and medicalization theories of women's mental health that treat women primarily as passive victims of medical and psychiatric diagnosis and practice for understanding postpartum illness (Oakley 1984; Schur 1984; Lunbeck 1994). Instead, I drew from Thoit's self-labeling approach to relate women's negative emotions to the contradictory meanings, or the emotion norms of motherhood, as described by the interviewees and debated in popular, self-help, scientific and medical writings on postpartum illness.

When, in the course of my research, a self-help movement focused on postpartum depression began to emerge in Ohio, this opened the door for me to begin thinking about women organizing around postpartum illness as a means of resisting and challenging the dominant construction of motherhood that is so pivotal to women's subordination. As my research question expanded to the postpartum self-help movement, the data-gathering shifted to activists involved in the self-help campaign, the two major self-help organizations—Depression After Delivery (D.A.D.) and Postpartum Support International (P.S.I.)—and the variety of forms of support that are the heart of women's self-help. Between 1990 and 1991, I conducted semi-structured tape-recorded interviews with 29 participants (24 women and 5 men) in the postpartum support group movement, including the leaders of both D.A.D. and P.S.I. in accordance with the same feminist principles described above. To get a broader picture of the movement, in 1994 I mailed an open-ended survey to D.A.D.'s 220 telephone support contacts around the country. That I identified myself as a member of both national self-help groups and an activist in the movement undoubtedly helped obtain a 60 percent response rate.

Reflexivity

The objectivity assumption—or the notion that there is an independent reality to be known separate from the subjective knower—is integral to the textbook definition of science. The equivalent epistemological presumption in feminist-based inquiry is reflexivity, which is the idea that subjective experience, including actions and feelings that derive from the researcher's own social location, influences the production and interpretation of research (Collins 1989; Richardson 1990; Fonow and Cook 1991; Ellis and Flaherty 1992). This element of feminist research stems from the belief that all methodologies are, to a degree, shaped by the interests and position of the researchers who deploy them (Bonacich 1989). Particularly relevant to feminist inquiry is the notion of standpoint epistemology, or the idea that women's status as a subordinate group enhances the production of knowledge. Women's marginality, it is believed, provides a kind of double vision of being both an insider and outsider that sensitizes the feminist researcher to both the dominant worldview and women's own subordinated perspective (Hartsock 1983, 1996; Collins 1989). Who we are, according to this view, is spoken into existence in every aspect of the research endeavor.

It took me a long time to write *Rock-a-by Baby*, the book based on my research on postpartum illness. Although the reasons are intellectual as well as personal, completing the project led me to agree wholeheartedly with Susan Krieger (1991), who writes in *Social Science and the Self* that our arguments are always based to a certain extent on our own experiences. Researching the postpartum self-help movement admittedly has changed the way I think about the nature and significance of feminism. At the same time, the changes that took place in my life while I was completing this project influenced the direction of the study almost as much as the deliberate research strategies.

At first postpartum depression seemed an unlikely subject for me. True, my dissertation was about mental health and focused on the emergence of an indigenous network of mental health services when a tornado tore through Xenia, Ohio, in 1974. But I had not worked on the sociology of mental health for 10 years. I had just coauthored a book on the American women's movement in the doldrum years of the 1940s and 1950s. Little did I know at the outset that my research on postpartum depression would tie together my earlier and current interests. For in listening to women's voices and observing their collective efforts not simply to have their personal needs met but to question the larger system of gender relations and to agitate for changes in the medical and legal systems, I began to see a part of the women's movement I had not noticed before. This research, as it turned out, made more connections than I ever would have imagined to

my work on women's movements, which has focused on women's communities as sources of feminist protest and as sites where women are negotiating new understandings of what it means to be a woman (Taylor and Whittier 1992; Taylor and Rupp 1993).

Over time, I also realized that this research was about my own experience of depression which struck in the midst of the project. My dark cloud came after several months of debilitating pain that led me to have a total hysterectomy at the age of 41. Almost immediately, I began experiencing hot flashes, and within a matter of weeks after the surgery I was anxious, unable to concentrate, and couldn't sleep. Over the course of the next three months, I was hospitalized two more times, once for complications resulting from the surgery and once in cardiac intensive care, a result of the stress of recovery and a family history of early death from heart disease. Finally, a full-blown clinical depression set in, and I was unable to eat, sleep, leave my house, or even read a book for nearly six months. During the same period, my step-father was diagnosed with cancer, and he died four months later. Life seemed hopeless and not worth living until I finally agreed reluctantly, after three months of psychotherapy and only as an alternative to psychiatric hospitalization, to take the antidepressants my female physician had prescribed. Within a matter of days, I was back on my feet and in six months found that I was able to stop taking the medication.

Up to that time, the depression I had been studying had been more academic than real. As a feminist, I had been critical of the turn toward recovery and self-help taken by the modern women's movement since the 1980s. As a sociologist, I have long been skeptical that helping individuals will do much to change the social structures and institutions I believe are responsible for people's real suffering. And as a typical American, I was dubious about turning to medication to solve my unhappiness. I vividly remember that about a year after I recovered from the depression, I gave a talk about my research on postpartum depression at a local hospital. What I had to say must have reflected the changes taking place in my thinking. For Dagmar Celeste, who happened to be in the audience, approached me and said, "I thought you understood our problem before. Now I can see you really understand what it is like to be depressed."

While the book I wrote based on the research is not in any way a memoir of my own experiences, a central tenet of feminist research is the recognition that the social location and standpoint of the author shapes one's observations and interpretations. Although I relied on theories and arguments that come from the disciplines of sociology and women's studies to understand postpartum illness, I undoubtedly projected a great deal of myself onto this topic. There is another reason I discussed my own de-

pression. It seemed voyeuristic to lay bare the lives of the depressed women I studied without articulating the meaning of depression in my own life. In this vein, some readers may wonder why I have chosen to use the names of self-help activists in the text. The fact is that most of the self-help activists I interviewed are public figures who not only are accustomed to being quoted in the media, but would consider confidentiality an impediment to the movement's aim of bringing the problem of postpartum illness into the public domain.

If over the course of my research, I also came to understand depression in a more personal way, I have also come to terms with my own decision not to bear and raise children. I have never been sure exactly how or when I came to the conclusion that I did not want to be a mother. But being reflective about both the self and other in research made me aware that my own childlessness, in part, motivated my desire to understand the significance of motherhood in the lives of the women in my study (see also McMahon 1996). It is perhaps a sign that women's self-definitions revolve less around motherhood than they once did that the women I got to know while doing this study never questioned my decision. Nor did they challenge my ability to understand and write about their lives because I never mothered a child. Ironically, the greatest resistance came from a feminist colleague whose suspicion about my status as a non-mother created such self-doubts that, once again, I found myself immobilized. One of the unanticipated bonuses of using participatory methods was that several of my research participants helped resolve this impasse by reading initial drafts and validating my analysis.

Participatory Methods

If the textbook model of scientific inquiry describes research as a one-way process in which the researcher elicits and receives data, feminist conventions are almost the reverse. Feminists advocate research techniques designed to break down the false separation and hierarchy between the researcher and the researched. This includes not only participating in the activist community being studied but empowering the community by encouraging their involvement in the research process (Cancian 1996; Naples and Clark 1996). To this end, I sought the advice of self-help activists in designing the study, identifying interviewees and obtaining other data sources, and interpreting results. In addition to the individual level data, I relied upon three additional sources of information obtained through ethnographic methods that provided a point of entry into the self-help community. First, D.A.D. and P.S.I. generously opened their files to me,

providing access to organizational documents, personal correspondence, surveys of their membership, copies of D.A.D.'s quarterly newsletter *Heartstrings* from 1987 to 1995, and files of 30 infanticide cases maintained at D.A.D. national headquarters. Second, I watched, taped, and obtained written transcripts of television talk-shows and news programs that featured self-help activists. Finally, I conducted fieldwork on the movement from 1988 to 1993. I attended local and regional conferences and training sessions, board meetings of national D.A.D., the annual conference of Postpartum Support International, quarterly meetings of Depression After Delivery Ohio, and spent endless hours on the telephone, eating meals, and socializing with members of these groups. Often the boundary between my life and the field site seemed to disappear, as when I provided support during my vacation at the beach to an activist and friend who had been hospitalized after a recurrence of postpartum psychosis. On another occasion, as a result of a referral from P.S.I., I found a source of help for a young man who teaches on my own campus. His wife suffered such a severe depression following the birth of their second child that their marriage was about to dissolve. While I always presented myself as a researcher, I have been influenced by feminist writings that value openness, reciprocity, and empathy between the researcher and the person studied (Smith 1979; Collins 1989; Krieger 1991; Oakley 1991). I therefore spoke openly with interviewees about my own experience of depression, my feminism, and the fact that I am not a mother myself.

Another way that feminist participatory research departs from conventional scientific investigation is through the use of strategies that involve activist community organizations in designing the study and analyzing the results. In developing the social movements phase of the project, I relied heavily upon the advice of a group of lay and professional volunteers interested in postpartum illness who convened at the Ohio governor's residence in August 1989 to launch a statewide network of support groups in Ohio. The collaboration did not end there. I frequently sought the advice of participants in my interpretation of their experiences. At times, I treated movement activists as key informants, for example, when I asked a physician to read my account of the medical debate over postpartum conditions or when I asked Jane Honikman, founder of P.S.I., to validate my reading of the feminist origins of the movement. Frequently, I sent preliminary copies of papers to participants to make certain I was not imposing my views on the women. When *Rock-a-by Baby* was published, nearly everyone I had interviewed who was affiliated with the movement received a complimentary copy of the book, and some women wrote lengthy letters of gratitude.

I used discussions with interviewees and presentations to support groups not merely to present research findings but also to share theoretical and research skills that have been useful to the movement. My goal was to render women agents involved in interpreting their own problems rather than to become another “expert” involved in creating knowledge that might misinterpret women’s postpartum experiences. Not surprisingly, my research has found its way into the speeches and popular and scholarly writings of numerous self-help activists. On nearly every occasion when I have given presentations on my research at academic institutions inside and outside the state, I have been surprised to discover self-help activists in attendance, and they generally participate vocally in the question and answer period. Certainly not all self-help activists see the movement in the same light that I do, and some women have disagreed with my interpretation, but at least my research has not remained detached from the people I studied. That I sought in various ways to empower participants at the same time that I was researching the movement has meant that I have experienced this research as less alienating than some of the previous research I have done. More important, I am firmly convinced that research done in cooperation with community activists is more likely to benefit powerless groups.

Action

Knowledge-generation is the starting point of most academic research, but feminist research often begins out of a commitment to social activism (Naples and Clark 1996; Naples 1998). Ideally feminist inquiry has a policy component that benefits a particular group of women and aims to reduce gender inequality (Spalter-Roth and Hartmann 1996). It is the action component of feminist research that frequently produces tension in the lives of feminists who struggle to balance the contradictions between the openly political and biased nature of research advocating policy *for* women and the presumed political neutrality and unbiased assumptions embodied in basic scientific standards (Steinberg 1996). Since the beginning of my research I have been fortunate that The Ohio Department of Mental Health encouraged me to build into the project an action component as a condition of receiving the grant.

At the same time that I was engaged in researching the postpartum self-help movement, I sought to make the results of my work available to policy-makers who might make changes to benefit women who have suffered postpartum illness. I did this in several ways. At the end of the first two-year funding period, the Ohio Department of Mental Health sponsored

state-wide conferences in two different regions of Ohio to disseminate preliminary research results. The audience included policy makers in health, mental health, and human services. I also invited the women and men interviewed for the study to these conferences with the aim of breaking down the division between “expert discourses” and the women whose needs are in question (Fraser 1989). That the feminist approach to research has real meaning for participants came home to me when one woman attending the conference expressed feelings of empowerment by exclaiming, “you used my words in your presentation!” It was at one of these conferences that Karen Mumford, one of the founders of Ohio D.A.D., came into contact with Dagmar Celeste. Shortly afterwards, in 1989 the postpartum support movement in Ohio began to take shape as Mumford joined efforts with Celeste, who has never lost sight of the conviction that mutual support and caring are the cornerstone of feminism. Together they sought to create a statewide system of small groups of women to support each other personally and act politically to break the silence surrounding “motherhood and madness.”

In addition, I served on Dagmar Celeste’s personal Advisory Board. In this capacity, I advised her staff on policy with respect to women’s mental health and on the establishment of a statewide network of postpartum support groups. I also drafted material for speeches Celeste delivered locally and nationally about her own experience with postpartum illness. I made numerous presentations on my research to health professionals at local hospitals and to movement activists, including Ohio Depression After Delivery. In addition, I have lectured to dozens of academic audiences around the country about the research. Media publicity about my research also furthered activism surrounding postpartum illness. When my research was featured in outlets such as *The Columbus Dispatch*, *Chicago Tribune*, *The Montreal Gazette*, *The New York Times*, *Self Magazine*, and *American Health Magazine*, I referred the professionals and individuals who contacted me to the two national self-help organizations. Finally, I have served as an advocate for those campaigning to win a psychiatric defense for women charged with killing their children in connection with postpartum illness by writing letters on their behalf to parole boards. Since my book on the postpartum self-help movement was published—and I chose to publish with a trade publisher rather than a university press in order to make the findings more accessible to women who have suffered postpartum illness—I have been contacted by several women incarcerated in the state of Ohio. If it was often difficult to balance the tenets of academic research with my commitment to advocacy on behalf of these women, little did I realize the intellectual rewards that I would reap from moving in both the political and academic worlds.

IMPLICATIONS FOR SOCIAL MOVEMENT THEORY

In studying postpartum illness and the social movement that emerged to address this problem, my goal initially was to use research procedures that fit the feminist goal of challenging gender inequality and empowering women and other marginal groups. Ultimately, however, the purpose of social science research is to explain, and thereby to solve, social problems. If, as feminists hold, women experience a series of erasures and distortions owing to their structural location that can become epistemologically constitutive, how do feminist methods allow us to see features of the world that remain invisible or secondary to conventional research? What new points were incorporated into my thinking as a result of the feminist method? How was my understanding of social movements transformed?

Researching the postpartum depression movement has influenced the way that I think about social movements in general and feminism more specifically. Feminist scholars interested in the study of social movements recently have called attention to the gendering of both social movement processes and theory (Barnett 1993; McAdam 1992; Naples 1992; Neuhauser 1995; Blee 1996; Robnett 1997; Gamson 1997; Staggenborg 1998a). They hold that the preoccupation with movements operating in the political and economic arenas rather than in the cultural arenas, the emphasis on formal organizations and exclusion of more fluid and diverse forms of association, the accentuation of cognitive factors and negation of emotions in social protest, and the focus on institutional change strategies rather than identity politics in mainstream social movement theories are based on the exclusion of women's collective action (Ferree 1992; Whittier 1995; Staggenborg 1996, 1998b; Taylor forthcoming a). This exclusion, in turn, creates fundamental inadequacies in theorizing about social movements. In my writings on the postpartum support group movement, I too demonstrate that treating gender as an analytic category in the study of social movements illuminates a range of questions for investigation that both expand and challenge conventional assumptions by enabling scholars to identify important issues pertaining to the political opportunities, mobilizing structures and strategies, and framing processes of social movements (Taylor 1996; Taylor forthcoming b).

Although feminist research may have originated to challenge the gender bias of traditional social science and the tendency for theoretical expression to marginalize and distort the experiences of women and other less powerful groups, the critical stance is firmly implanted in the feminist tradition in a growing body of work that problematizes taken-for-granted questions in feminist theory (Hartsock 1996). In my work on the postpartum self-help movement, I have attempted to show that a combined gender

and social movements approach offers a more complex reading of women's self-help than we find in feminist accounts. Feminist writers have been outspoken in arguing that contemporary women's self-help reinforces women's subordination by promoting what Wendy Kaminer (1992, 1993) terms a "cult of victimhood" that undermines feminism's most fundamental tenet to empower women (Echols 1989; Wolfe 1994; Kitzinger and Perkins 1993).

My reading of women's self-help, in contrast, has focused on the contradictory impulses in this form of feminist organizing. On the one hand, I have highlighted the ways that the postpartum support movement erodes gender inequality by targeting the practices and logic of social institutions, such as medicine, the law, and the family, that inscribe gender difference and maintain gender stratification. By using postpartum illness as a site for challenging the ideology of intensive mothering that requires women to dedicate themselves to childrearing, activists in the postpartum self-help movement are engaged in defining a new kind of mother. Women's self-help communities also challenge the gender code by cultivating emotion cultures that permit open displays of emotions that violate prevailing definitions of femininity (Taylor 1995). Finally, support groups make caring a collective project in a society that holds individual women accountable for the care and nurturing of children. On the other hand, like many contemporary women's self-help movements, by organizing around an interpretive frame of gender difference, whether biologically or socially constructed, women's self-help reinforces the binary divide that some scholars hold to be the foundation of gender (Butler 1990; Stein and Plummer 1994). Thus, the feminist methods I discuss here not only allowed me to see how the dynamics of self-help movements challenge some of the fundamental tenets of social movement theory, but they also resulted in my questioning the feminist dismissal of self-help as a simple upholder of the gender status quo.

One sociologist has noted that combining activism with an academic career means "swimming against the mainstream" (Chesler 1991). For scholars of social movements the current may not be as strong. Certainly the academic power structure poses a formidable barrier to the use of post-positivist methodologies such as feminism and other participatory and action-oriented approaches that are often seen as undermining scientific standards or objectivity. My work on the postpartum self-help movement demonstrates, however, that the kind of "insider" knowledge gained from alternative methodologies that allow us to "enter the field" can result not only in the development of situated knowledges located in a particular time and space (Haraway 1988), but they can open possibilities for more general and universal theoretical visions.

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