

# COMMENTARY

## COLLECTIVE WISDOM PARTICIPATORY RESEARCH AND CANADA'S NATIVE PEOPLE

*Many development problems now confronting Third World nations have been spawned by the culture clash between colonizer and colonized. To a large extent, Canada's Native people, some 3 percent of the country's population, share that historic predicament. In this commentary, Marlene Brant Castellano, a Mohawk Indian and professor of Native studies at Trent University in Peterborough, Canada, describes the process and development-related benefits of "participatory research". Her example is that of the efforts of Canada's Native people to resolve the thorny issue of family and child welfare.*

By MARLENE BRANT CASTELLANO

**O**rdinary people are capable of generating the knowledge necessary to guide their action.<sup>1</sup> This is a basic assumption underlying the practice of participatory research.

When the principle is enunciated in the research community a host of questions is immediately raised: If the statement is true, why is community knowledge not being applied more effectively to resolve critical problems? How does this axiom fit with the passivity we encounter in trying to promote development? Is scientific expertise unnecessary, then, in community problem-solving? How can researchers with a scientific knowledge base involve themselves in participatory research?

Although Canadian experience cannot be directly transferred to the context of developing countries, there may be enough similarities between Third World environments and Native communities in Canada for a useful discussion of these questions.

Probably the most vigorous efforts to effect social change in Canadian Native communities are those focused on family and child welfare. In very practical ways the knowledge and resources of the community have been

mobilized to attack a problem that had reached catastrophic proportions.

### REMOVAL OF CHILDREN

In the 1960s health and social service professionals identified a widespread crisis in Native family life. Alarming numbers of parents were evidently failing to provide adequate care and supervision of their children. The response of government-supported social agencies was to remove the children from the circumstances of neglect and place them in foster care outside the communities, where they typically remained until the age of 16 or 18.

Social science researchers interested in this phenomenon noted that child neglect, with subsequent child removal, was occurring most frequently in communities where the shift away from a hunting and fishing lifestyle had taken place without complementary integration into an urban-oriented, industrial economy. Mental health clinicians observed that the deficiencies in parenting were occurring in families where the parents themselves had been deprived of adequate socialization because of confinement in residential schools throughout their formative



years, a practice that had largely been abandoned by the 1970s.

There were also studies documenting a correlation between foster care experience and conflict with the law, suicide, and other symptoms of mental distress in native youth and young adults. Although these research findings gave a partial explanation of what was happening, they did not result in action to institute new economic strategies or to stem the tide of further family disruption.

It was the initiative of Native political leaders that established child welfare reform as a national Native priority in 1983. This was the culmination of a participatory research process, carried out primarily in an oral mode, which began in local communities and gathered momentum over several years.

Local actions had protested adoption practices that permanently removed Native children from tribal membership. Influential chiefs, who had themselves lost children or other relatives to adoption, foster care, and suicide, were outspoken in their criticism. A film and study reports on the issue were produced and widely circulated. Nationwide hearings of a federal government committee on Native self-government provided a

forum in which the breadth and depth of concern became evident.

By 1983 there was a consensus among Native people and assent in government agencies that wholesale removal of Native children from their families and communities had to stop, and that family support measures had to be initiated. Local leaders demanded that social agency personnel be accountable to local authorities. Alternative care facilities in the community began to be identified. Health education, carried out by health aides recruited from the community and aimed particularly at young, often single parents, was promoted. Study circles and workshops on nutrition, family violence, alcohol abuse, and parent-child communication were convened. Competent parents and elders knowledgeable about traditions of childrearing were sought out as resources.

At present, local communities in many districts are banding together to establish family and child service agencies. These agencies assume legal responsibility for protecting the welfare of children, which, native people declare, has always been their right and their responsibility, even though it was taken over for a time by outsiders.

The question posed earlier was: If community knowledge is potentially effective, why is it not applied? The crisis in Native child welfare overtaxed the community's capacity to respond because of the rapidity of social and economic change and because the normal channel for transmitting and adapting knowledge from generation to generation was disrupted by the residential school experience. The surrounding society pre-empted the community's right to work out its own solution and, in attempting to help, compounded the problem. The healing process is now being carried forward on the initiative of Native people, with the determination that their own knowledge will not again be overridden by outside expertise.

Why did the Native community adopt a passive stance for so long? Under the Indian Act and the neocolonial administration which the Act imposed, Native people lost the power

to make decisions affecting their communities. They were conditioned to believe that they were backward and to accept the judgments of administrators, clergy, teachers, doctors, and police, almost all of whom were educated representatives of mainstream Canadian society. It is significant that the Native community mobilized initially not around the child welfare issue, but around a threat from the Canadian government to terminate historic treaties and the unique system of collective land tenure which they

ties and the path of action; scientific knowledge was instrumental in carrying out the action.

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#### EXPANDING THE KNOWLEDGE POOL

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Discussion of the final question — how researchers with a scientific knowledge base can involve themselves in participatory research — requires some clarification of what we mean by 'research'. Suspicion is sometimes voiced that participatory research is actually community development under an

but also information passed on from others and judged by the participant to be significant.

Participatory research requires a collective, with a common means of communicating, as well as agreed-upon rules for selecting or rejecting information, interpretation, and opinion as a basis for decision-making. Although participatory research could be carried out within powerful institutions, it has been articulated in work with poor and powerless constituencies, among those people who

organizational strategies employed in similar circumstances elsewhere. While there is always the danger that the participatory researcher will fall into the role of expert director, the principle adhered to is that the knowledge and authority of the people are paramount.

From this discussion it should be evident that nothing precludes scientific researchers from participating as peers in a community's participatory research. But they must be willing to submit their experience to the collective process of deciding what is valid and useful as the basis for action. If they wish to assume the role of catalysts, they would do well to acquire skills to facilitate group formation, reflection, and analysis. With the proviso that the community which creates knowledge has a right to prevent dissemination of information contrary to its interests, participatory researchers can and do draw inferences, postulate theories, publish reports of their activities, and engage in scholarly exchange, pursuing goals that may be quite separate from the development goals of the host community.

The example of child and family welfare illustrates the potential complementarity of conventional and participatory research. Social research, in which Native people were objects of investigation, helped to establish, within mainstream Canadian society, the legitimacy of Native aspirations articulated through a participatory research process.

Clearly not all research questions are amenable to exploration by participatory methods. Nor is participatory research a panacea for the multiple problems of poverty, political marginality, and social breakdown which plague Canadian Native people as well as numerous communities in the Third World. Evidence is accumulating, however, that in identifying access points for community change, setting priorities for development, integrating interventions with various sectors of community life, and applying results of laboratory and survey research, participatory methods have an important contribution to make in research aimed at development. □



*Participatory research has been articulated mainly in work with poor and powerless constituencies.*

now enjoy and consider fundamental to their survival as a people. Activism to retain their children was a natural spin-off because, by tradition, the land belongs to the children not yet born.

The question of whether popular knowledge excludes scientific knowledge derives from the erroneous assumption that the former functions as a closed system. In lobbying for child welfare reform, Native people made use of social science research to support their arguments. They became informed about policy-making processes in order to formulate credible alternatives. And they heeded medical and statistical evidence about the incidence of fetal alcohol syndrome and made maternal alcohol abuse a target for health education efforts. The knowledge of the people determined the priori-

assumed name.

My generic definition of research is: a systematic effort to expand the pool of knowledge accessible to society. The systematic effort fundamental to the participatory research method is collective engagement in a rhythm of action-reflection, from which knowledge is created. Action without reflection is activism. Reflection without action is intellectualism. The collective analysis of experience serves to distinguish between personal perceptions, which are valid for the individual but not necessarily for society, and potentially reliable knowledge, which can be used as a basis for action, which in turn generates experience for further reflection. The experience processed in reflection includes not only those things known firsthand

have historically been possessed of the authority to produce socially legitimate knowledge.

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#### THE NEED TO ORGANIZE

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Those who have lived together under oppressive circumstances do not necessarily see themselves as a collective. Nor do they always have available the language to communicate their experience. Organizational structures may need to be created particularly if action is to be directed at changing conditions outside the collective.

Participatory researchers frequently act as catalysts to stimulate awareness of common interests, to introduce communication techniques that facilitate analysis, and to provide information on