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Beyond Reflection: Cake and Co-operative Inquiry[1]

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Issues arising during a participatory action research project with a group of midwives are explored, in particular, those related to group process, membership, and roles. A Midwives Action Research Group established an Early Mothering Group for women in hospital to talk to each other and form supportive social networks. The time-honored ritual of sharing morning tea and cake allowed both midwives and mothers to experience the therapeutic potential and power of women's ordinary talk.

KEY WORDS: Action research; midwifery; women's talk; group process.

1. INTRODUCTION

Prior to the review process for this manuscript, I thought that I had truly reflected on what it meant to undertake participatory action research. As did my involvement in this form of co-operative inquiry, so too, does the writing process move me beyond my comfort zone to a place where my thinking has been turned upside-down. Outside the layers of reflection that surround the original project, I discover fresh understandings and insights. In this paper, I unwrap some of the processes that, until now, I had thought dealt with and safely tucked away within the pages of my Ph.D. thesis (Barrett, 1998). Following a summary of the overall project, I will highlight aspects of the research that relate to group process, membership, and roles.

2. FOUNDATIONS

I set out with a general idea of working with a group of midwives to help make women's early mothering experiences more enjoyable.[4] Having worked in

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[4]The Early Mothering Period is defined in this context as the period of time surrounding birth, including approximately 1 week thereafter.

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midwifery and nursing for more than 20 years, I was drawn to action research as it promoted the idea of working collaboratively and involving other midwives in making changes that could improve practice (Kemmis & McTaggart, 1988). Further, that the action research group would be able to reflect on and learn from their own actions appealed to my sense of not wanting to impose myself on them. I was reluctant to objectify participants by doing research "on" them—it was very important for me that power relations within any group research endeavors were evenly distributed. As I have stated elsewhere (Barrett, 1998, 2001; p. 294), I preferred to work "with" other midwives and have them own the change and action plans.

It was important that women were valued, their voices heard, and their experiences, ideas, and needs validated (Hall & Stevens, 1991). Aspects of feminist process added another dimension to the action research participants' work in that the power of the group was founded in mutual sharing, integration, nurturing, letting go, responsibility, and reflective evolution (Wheeler & Chinn, 1991). Feminist principles underpinning the way the group operated sat comfortably with the egalitarian goals of participatory action research; both felt "right" and fitted in with my aim of carrying out research that would not exploit participants or generate outcomes that were meaningless or inaccessible to them. I now feel comfortable situating my research within the broader, more inclusive tradition of co-operative inquiry (Heron & Reason, 2001; Reason & Bradbury, 2001a; Reason, forthcoming).

3. BRIEF OVERVIEW OF THE PROJECT

Over a time-span of approximately 2 years, midwives joined with me to form the Midwives' Action Research Group that became known affectionately as "MARG." During this time, we become change agents within the maternity wards of a large metropolitan hospital for women in Sydney, Australia. MARG was the life force of the action research work that resulted in the setting up of an Early Mothering Group. This was a space for women having a baby in hospital to meet over morning tea and talk with each other during the first few days following their baby's birth. A midwife attended in the role of friend, hostess, and facilitator, joining in the conversation as another woman who had something to share, while at the same time being there in case the need arose for mothers to access relevant information or be referred to another health care professional.

Evaluation of the Early Mothering Groups occurred over a period of 11 months and they proved to be very popular with mothers who attended. Feedback was obtained by mothers voluntarily completing a very short, open-ended questionnaire, and also by MARG participants meeting with each other afterward and reflectively sharing their own views and experiences. All 26 MARG meetings were audiotaped and transcribed, then thematically analyzed for threads that mapped the pattern

and weave of various conversation topics so that both process and evaluative comments were recorded. The Early Mothering Groups provided mothers with their own time and place to share experiences with other women, form supportive social networks before they went home from hospital, as well as learn from each other, and exchange helpful information. Deeper therapeutic processes were also evident including debriefing, catharsis, and validation (Barrett, 1998).

Underpinning this flow of conversation and emotional support was a nurturing ritual partaken of by (mostly) women (and some men)—morning tea. At each Early Mothering Group, mothers were offered a variety of teas, coffee, cold milk or water, and a selection of non-hospital biscuits (cookies) of the special, tasty kind that women put out for house guests who call for morning or afternoon tea. These included chocolate-coated, cream-filled, and wheat-meal biscuits as well as tasty shortbreads; contrasting sharply with the plain and monotonous public hospital variety normally offered to mothers with their morning and afternoon teas. Basically, we (MARG participants) wanted mothers to feel special. One way of doing this was to offer them nourishment of the body, mind, and spirit. This made up in some small way for the lack of ordinary talk-time available in hospital midwifery and nursing practice.

In fact, the latter observation emerged from my doctoral work as important data supporting hospital midwives' claims that they never have enough time to spend with mothers in their care (Barrett, 1998). A permanent state of "busyness" precludes these midwives and nurses form being able to provide satisfying emotional care for birth women. Talk time is not easily measurable using conventional quantitative tools, thus it is "invisible" via the biomedical positivist and economic rationalist perspectives that dominate the way contemporary health care is funded, administered, and researched. Ironically, it was through talking and reflecting on our own practice that this insight crystallized.

4. INVOLVEMENT

Prior to MARG taking form and while awaiting hospital Ethics Committee approval to commence the study, I undertook a "preliminary reconnaissance" of the field (Kemmis & McTaggart, 1988). This comprised talking informally with midwives in all areas of the hospital about things that mattered in relation to their role and women's experiences of early mothering. This was important for two reasons. Primarily, I wanted to get an idea about issues that were amenable for potential change or improvement and also relevant for midwives themselves. Second, I wanted to become known as a part of the hospital so that I could authentically *be* (and *be seen as*) a researcher and a midwife within the yet-to-be-formed group, rather than simply as a Ph.D. student directing it.

My direct contact with birth women had been more recently limited to education. To further enhance my "street cred" during the research and again become

tuned-in myself to what it felt like to be a ward midwife—reidentifying with my midwife "self"—I worked a weekly or fortnightly evening shift. I purposefully became an "insider" as part of becoming accepted in the field. Later on, during our meeting conversations, MARG participants were to affirm that I was seen as an employee of the hospital rather than an outsider. I felt accepted and trusted. Consistent with my egalitarian views on carrying out research that did not exploit participants, I also felt that I would be less likely to do this if I identified with what it felt like to be one of them. In effect, when we started operating as an action research group, there was no major distinction between the MARG participants (midwife-researchers) and myself (the researcher-midwife); there was an "us" rather than a "them and us."

Not only did I want to increase my involvement as a way for more meaningful reflection on and understanding of the world in which the MARG participants practised as hospital-based midwives, but also I felt that becoming a ward midwife again for a time would help to even out potential power imbalances between midwife-researchers and researcher-midwife (myself). Issues of power (both negative and positive understandings) are central to co-operative inquiry (Heron & Reason, 2001; Reason & Bradbury, 2001b; Reason, forthcoming) and certainly underpinned processes and reflections as we negotiated the action research phases.

I felt that it was important for MARG participants to be able to relate to each other with some degree of familiarity and genuineness. All midwives could potentially have been affected by any changes implemented, and it was essential that I did not enter the setting as a change imposer, but rather as a change energiser, so as to avoid the transgression of overpowering as opposed to empowering midwives.

In terms of group process, I used gentle facilitation rather than directive leadership. At the time (as recorded in my journal entries), one of the most difficult tasks was to "let go" of the need to direct the group. Interestingly, later on during mothers' groups, the same dilemmas would apply and became part of the MARG's deliberations and reflections in the planning phase of the primary action research cycle.

5. POWER

I was conscious of all sorts of power dynamics around us in the organization at large and within our action research group and I was aware of the possibility that such skewed power relationships could very easily evolve within MARG. My journal entries and reflections were full of concerns about whether I was exerting too much power or influence over the other participants in the group.

Upon reflection (as always), I surmized that seeing MARG participants as less powerful than I was would be doing them an injustice. The research was being carried out within their work environment, not mine. They were the clinicians and practitioners in the hospital and I was the visitor, although at the time I was working regular casual shifts and was seen by the others as "one of them." I

conceptualized authority-power within MARG as being balanced through a sharing of "knowledge-power." I did not, in fact, perceive that other MARG participants had less knowledge-power than I, rather that we had power from different sources of awareness and what we brought to the group as a result of this. Knowledge-power for the MARG was linked to one's access to knowledge that had bearing on issues relevant to the project's aims.

Midwife researchers possessed a certain degree of *clinical* knowledge-power, in that they were actively involved in full-time care of women before, during, and after childbirth; my knowledge-power was in the form of a beginning understanding of participatory action research. Their hands-on, day-to-day clinical knowledge-power was greater than mine, which had, of recent years, been circumscribed by my limited opportunities to actually provide direct care for women as a ward midwife. Conversely, my *research* knowledge-power was greater than that of the midwife-researchers. I was a doctoral student with recently acquired (although still at this stage quite raw) knowledge of research methodology and theory.

Group coherence built on inner strengths, unfolding as we reflected on events occurring during our action research work and supported each other through difficulties and dilemmas. As the MARG evolved, decisions were made democratically. This is not to say that we always agreed about things, but rather that the group shared a rapport and trusted each other to a level that we felt we could talk things through, disagree and debate issues, and yet listen to each other's opinions before final decisions were made.

6. MEETING AND EATING

Seven midwives from diverse areas of the hospital decided to join the group. One had only recently completed her midwifery education, another had been a midwife for more than 30 years, with a spread of experience, age, and personalities in between. Until we met for the first time as a group, most of the others did not know much about the each other, while I had known only one of the participants prior to this. Finding out we had similar interests and feelings about work, life, and the universe through our talking at meetings resulted one of the MARG participants becoming my best friend.

I was terribly excited about stepping out into this new adventure called action research and, at the same time, aware that I needed to try and "let go" of having to control things—to trust in the power and strength that would grow from within the group. Sitting in an inner city café awaiting the participants at our very first MARG meeting, I mused on what the future would bring and where this adventure might lead. Pensively, I captured this moment in a journal entry and poem. From these early beginnings, food was to play an important part in the research.

> 27th May, 1992
>
> Just relax . . . go with the flow . . . and my feelings. That's what this feminist perspective is supposed to be all about. And the group power is what the action research perspective is supposed to be all about. Maybe that's what my life lesson is all about at this point in time.
>
> *The sun is shining on a warm Paddington winter morning.*
> *The cappuccino is frothy and chocolaty.*
> *The music is easy.*
> *The world is nice.*

After this first MARG meeting, having tea and coffee with cake or biscuits while we talked seemed such a normal thing to do. After all, people do this ordinarily at any social gathering where conversation is to be the primary activity. Food and fluid as a "social lubricant" made sense for subsequent meetings as participants were in the middle of working days and their bodies needed nourishment to keep going. Apart from my own situation whereas I was a full-time Ph.D. student employed for limited hours per week, attending MARG meetings was an extra activity for the others, which is remarkable considering their already very busy days. Throughout MARG's life of approximately 18 months, I considered it part of how I could repay the other women who were giving so much of themselves for the project.

Here, Polanyi's (1983) "tacit knowing" is relevant to conceptualize the idea of tea and cake at MARG meetings; being a taken-for-granted understanding of something that may otherwise remain seemingly invisible without reflection to help draw out its essence and meaning. "Cake as research" symbolizes how midwives' tacit knowing of this ritual and their practice was uncovered through the processes of reflection and learning that they wove through MARG meeting conversations.

7. A "MAD TEA PARTY"—FOOD AND FACILITATION

MARG meetings were not really a "mad tea party"; the similarity between the Hatter's party in Lewis Carroll's *Alice in Wonderland* and MARG ends with tea and cakes that were enjoyed by all. Nevertheless, a typical MARG meeting consisted of midwives sharing tea, coffee and a cake or pastry that one or other of us would bring along for the group. At a meeting prior to implementing the primary action plan—the Early Mothering Group—during the planning phase of the action research, midwives spoke about ways of enticing mothers to attend the proposed Early Mothering Group and how to provide a nurturing atmosphere where they would be able to relax and chat together. We needed a symbol that would promote caring messages for mothers similar to those we were giving and receiving through our group processes and conversations at MARG. Our message to mothers was simple:

> This is a space for you to spend some time meeting your own emotional needs. We want you to feel special and pamper you as we know what an amazing, giving role you are taking on as new mothers.

MARG as a reflection or microcosm of the Early Mothering Group is evident in the following extract from one of our meeting conversations. Didi had brought along some leftover Christmas cake for our MARG meeting.[5]

June It's great [*referring to the left-over Christmas cake we were all eating, which Didi had brought along for the MARG meeting*]! So, this is another thing that came up in my head. Do we bring anything for the women at the Early Mothering Group to eat? What are the logistics of cups of tea and all that sort of thing? Do we bring biscuits?
Didi Food's always a good thing.
Sue [*eating*] I think you can bring biscuits, but they probably won't eat them all, so then you have some left for the next group.
Ann They might just like a sweet biscuit and a cup of tea.
Didi It's a good token—you know?
June It's a breaker, isn't it?
Didi Yes, that's the word I was trying to use. It's like a gesture.
June It's been an important gesture in our group [*chewing a mouthful of cake*], because the food and the coffee is an important sort of thing, I think, in women's talk.
Diana Well it's a social interaction [*group all talking at once as they ate their pieces of cake*].
Didi Women talk over coffee.
June [*with a mouthful*] Mmm. And tea.
Ann Mmm. And tea [*with a mouthful of cake*]. It melts the barriers a bit, doesn't it?
Diana Sounds like the "Nescafé advert" [*group laughter*]!
June [*laughing with a mouthful*] May be it will be.
Didi Yes!
June So, that's easy. The 'biscuit' bit's easy [*speaking in the middle of a lot of group laughter*]. What's coming out of this group is humour, as well. I sit there transcribing the field-tapes sometimes, and I have these lovely little laughs. It's part of women and talk and support, too.

With cake and conversation in our own group, we were embodying the very essence of what we wanted to provide for mothers—food and facilitation. At the same time, we were discovering the positive effects of humor (which also became a cathartic process at mothers' groups).

8. NEW MEMBERS AND GROUP IDENTITY—AMBIVALENCE AND ACCEPTANCE

Midwives' conversations were richly laden with stories and reflections about the world in which they lived, worked, and related, as well as their experiences setting up and eventually facilitating the Early Mothering Group. I was one of these midwives and found it refreshing to feel part of such a supportive group, while at the same time believing that we were doing something that was helping birth women. Feeling valued was an important motivating factor when it came to finding energy to work through difficulties and we found it empowering to identify

[5]Pseudonyms are used.

with each other as part of this group. Here I highlight part of MARG's story that presented us with the dilemma of wanting new members but being afraid of losing our group closeness, cohesion, and identity. This is relevant in terms of how groups may proceed within their own changing environment.

A co-operative inquiry/action research group that works over time is bound by fluid and permeable perimeters. This can result in varied outcomes; however, reflection on both positive and negative aspects can lead to fresh insights and understandings. About 8 months after our first meeting, we spoke about needing more midwives to join MARG and help facilitate the Early Mothering Groups; by this time, several MARG participants had left the hospital.

MARG's identity was unfolding. We had become so well known and approved of by significant gatekeepers within the institution that our group and action plan was fully endorsed by the Director of Nursing Services (DONS). We felt so empowered in our new roles and strong identity that we were reasonably comfortable inviting the most powerful nurse and midwife within the hospital to join us. About half way through the project, we invited her and other senior midwives to join (although not all took up our offer). One thing that made it easy for us to consider this radical change in membership was the fact that the new Director was known to be approachable, forward thinking, and supportive of midwives, nurses, and women.

Powerful people could help catalyze implementation of our action plan, but we were hesitant about what sort of changes new members would bring to the MARG group dynamics. There was a certain level of reluctance to let go of the strong bonds of support and friendship that had built up during the past 10 months since MARG had been meeting. The new Director of Nursing Services had expressed interest when I asked her about whether she would like to join. Being aware of the potential for her position of authority to override her presence as an ordinary member of MARG, she wanted the group to have a chance to debate the issue prior to making a decision. This led to some soul-searching by MARG participants about what to do if someone with whom we did not feel comfortable wanted to become part of the group.

On the one hand, we wanted our group to be effective and we saw that having powerful people as members would help us overcome many potential obstacles in trying to make an organizational change within a hospital. As midwives and nurses, we belonged to a group that had relatively less power to influence decisions than did the more powerful medical and general administrative groups.

On the other hand, we had built up such a good rapport and were getting so much from our regular meetings and conversations that we were afraid of upsetting our group cohesion and closeness. This is not to say that we never disagreed, only to point out that we had evolved into a group that valued each other's diverse opinions and respected others' rights to speak as equals. We were really comfortable saying whatever we felt like saying about whomever we felt like saying it. We often spoke

about sensitive issues. Didi wondered aloud about what it might be like to censor what she said, should the new Director join MARG:

> I guess the only thing that makes me a bit nervous even though I want her in the group—because I think she really has got a great feeling for women—I do worry about whether I'm going to be a bit scared to say brash rude things I often say [*laughing*].

The imperative to clearly articulate our principles of process and procedure—to formalize our guidelines and have some ground rules—was gaining momentum. Our reflections on admitting new members helped us to articulate the principles underpinning MARG's processes and functioning. This led me to draw on previous conversations and print out a summary of "MARG ground rules," which I brought to the next MARG meeting for discussion and reflection. The list of group issues that we considered important to address with new members included: trust and confidentiality, group cohesion, power relationships and decision-making, ownership of group-initiated actions, reliability, and action-plan work sharing.

In the end, we decided to welcome new participants for a trial of membership at two meetings. The Director of Nursing Services joined MARG as another midwife sharing stories, continuing to support the Early Mothering Group in her administrative roles and, later, as the Executive Director of the newly built Hospital. This helped in two ways: legitimization of the research and validation of our action plan (the Early Mothering Group).

Group dynamics changed slightly after more new members joined; participants became a little less open with personal revelations. Only four of the original eight midwives (including myself) were left in what had been a tightly knit group. Although new participants were active in facilitating the Early Mothering Group in various ways, they were not connected in the same way as core members were to the conversations that had been woven into the MARG's midwifery praxis during the group's formative phases.

I recall thinking that the new MARG member who was the Director of Nursing Services may have had problems finding time to regularly facilitate mothers' groups. She verified this, highlighting the idea that MARG participants might be able to fulfill various roles in support of the action plan. For instance, her role could be paving the way past various gatekeepers, lending her support and endorsement to the Early Mothering Group, and helping to maintain it as part of the hospital's supportive infrastructure for new mothers. In fact, the new Director was one of the strongest supporters of both MARG and the Early Mothering Group, helping negotiate a way through numerous difficulties encountered in the ensuing years. It was important that we had her support, although she did not actually sit in on Early Mothering Groups.

As a footnote to this story, next to the Ph.D. award framed and hung in pride of place in my home is a letter from the aforementioned Executive Director/Director of Nursing Services, thanking me for "... allowing us to be involved ..." and

commenting that the project had been " . . . a very positive activity for the Hospital and has made a real contribution to care" (Thoms, 1999). These comments are priceless validation that the action research was meaningful for midwives, mothers, and midwifery within the hospital; I value them highly.

9. WOMEN'S WORDS

Consistent with feminist values highlighted earlier in my paper, it was important to acknowledge women's voices. As one way of increasing audibility within the limitations of the printed page, I decided to record MARG meeting conversations on audiotape and use written transcriptions of these to map progress and change. Later when writing up my Ph.D. thesis, I would use these midwives' own words as the main text for 5 out of 12 chapters. Over approximately 18 months that we met, I transcribed the 26 "field tapes" verbatim following MARG meetings and returned a copy of the transcription to each midwife at subsequent meetings for further reflection and/or comment. This proved to be a very powerful way of preserving what would normally be lost to memory or to the walls of the "tearoom." Some would argue that this is unnecessary and may even interfere with the processes aligned with action research (Tripp, 1995); however, it was important for the reasons outlined above to have full conversations available.

In terms of balancing out power and control within the group, it was important that I not impose my interpretation on each transcribed conversation. This was the rationale underpinning my decision to return whole transcripts to participants rather than summaries. I met with mixed reactions from MARG participants when they viewed their own words for the first time. These ranged from mild interest, through curiosity and amusement, to a strongly held opinion that valuing women's orally transmitted knowledge (by recording and transcribing it) could help to empower women. Cath (pseudonym) thought it was " . . . like a 'soapy'—like reading a Shakespearian comedy . . . " Midwives whose talking was recorded and transcribed were quite entranced and fascinated by seeing their own words in print.

Only toward the end of MARG meeting 26 (out of a total of 30), some 18 months following the first gathering, did participants decide that they did not need to have full conversation transcriptions returned to them; summaries of each meeting would suffice from here on. As Didi (pseudonym) reflected, in the beginning when MARG participants were beginning their action research work, there was some degree of insecurity about what would happen to them. The transcriptions then seemed to be some kind of physical evidence that what MARG was aiming for was something special—the worry was that the "spark" that was keeping MARG participants' motivation to keep going would somehow be lost if the transcriptions ceased to be made available.

Silently, I remember feeling relieved that the physical pain associated with transcribing would ease; however, I also wondered what would happen to MARG

after this. After another four meetings, the MARG discontinued, despite attempting to start on another action plan which was second on the original list of priorities—a support group for midwives within the hospital. It became difficult for participants to continue without formal organizational time being made available—the realities of having to meet their job commitments within very busy hospital wards precluded MARG participants and other midwives from contributing time and energy needed for this change. I reluctantly departed from MARG to write my Ph.D. thesis.

I made an ethical decision to share facilitation of weekly Early Mothering Groups for a time, as this was a living change that now formed part of the offerings for postnatal women. We experienced thoughts of uncertainty and optimism as our action research work became reality. We hoped that mothers would be able to claim the group as their own or may even return to attend it after they had left the hospital.

10. CONCLUSION

In this paper, I have attempted to illuminate some of the issues that the Midwives' Action Research Group dealt with during the time that the action research work was being carried out. Pivotal issues of group process, membership, and roles include: setting up MARG and engaging with participants toward improving practice while at the same time enjoying the benefits of women's ordinary talking and socializing, working with power, and membership within the MARG.

I felt a great deal of satisfaction spending time talking with other midwives, sharing and reflecting on our experiences as we became acquainted with one another and what it was like to work cooperatively in a mutually rewarding research project that improved practice. Others shared my feelings. We were, on the whole, very excited about what we had done. One of the most difficult things I had to do was leave the field and say goodbye to MARG, letting go and giving freely of our efforts to the women for and with whom we worked. Especially hard was ending my co-operative research with cake, coffee, and conversation.

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