

Participatory Research Basics

A good deal of research in the social and psychological sciences is patterned after models developed for the natural sciences. Careful observation and documentation of the behavior of objects in nature (ideally under controlled situations), using consensually agreed-upon methods, has resulted in amazing advances, no doubt. The same methods applied to humans have also resulted in impressive models that predict behaviors with high levels of certainty. Being able to predict responses to some stimulus is, indeed, an important avenue to changing behaviors, if we are in a position to design and implement the stimulus. If, for example, clinical research can demonstrate that a particular therapeutic intervention (whether medication, talk therapy, or some combination thereof) results in the amelioration of depression, the solution to the problem might be simply one of getting people into treatment.

Unfortunately, we quickly discover that identifying problems in a community and prescribing a response rarely provides an easy way to actually solve them.

Community work is messy! Take our example of depression:

- How will we find out whether depression is a problem in our community?
- Under what conditions might someone recognize that they actually have a problem?

- What would they need to know about the community to be aware of mental health resources?
- What level of confidence must they have to believe that mental health resources would provide a solution?
- What would be required of them to actually get into treatment?
- What would be the familial, social, and cultural consequences of their being "in treatment"?
- How would they pay for treatment?

Obviously, implementing a community intervention to identify and respond to depression in the population is a more complicated undertaking than we might first perceive. Because there are multiple "costs" - individual, social, cultural, economic, and because there may be competing needs in the community, we may be driven to ask the uncomfortable question: "What is an *acceptable* level of depression in the population?", yet another very complicated question that won't be solved by science.

That question aside, if we decide that, as a community, there is a problem and we want to work on this issue, how will we approach it? Do we want to simply turn the problem over to the experts?

- Will you simply turn the problem over to the professional mental health community?
- Is this a problem that the medical community should tackle?
- Is this a problem with a neighborhood-based solution? Do you think that reducing the social isolation of elders might improve rates of depression?

Every solution we might propose is clearly embedded in a particular “way of thinking” about the problem, i.e., proposed solutions have their own ideologies. Moreover, each alternative implies vastly different action steps, varying networks of involved parties, political ramifications, evaluation requirements and, of course, vastly different kinds of investments. Perhaps we can attack the problem from every direction. That would be wonderful. But how realistic is that?

Since the proposed solutions will be ideological in nature, think again how important it is that we take the time to put together research and action groups that reflect the diversity in the community. Should we have only the experts on board, we risk jumping to a technical solution that favors the traditional providers of service. Should we have only middle-class people in the group, we risk “calling” the problem by a middle-class name. The term “depression”, for example, has multiple meanings across cultural boundaries and may not translate at all across linguistic boundaries.

So how do we travel this path towards solutions that work for the people for whom they are intended? Through *participatory research*.

Participatory research engages and employs the knowledge and skills of diverse community stakeholders in the identification and definition of community problems and assets and in the development and evaluation of action steps and solutions to those problems.

Participatory research, then, is but one element of a broader community development philosophy that values inclusion across the board.

What are some examples of participatory research that relate to the development of elder friendly communities? Let's go back to the challenge of depression and think about some participatory methods that might help us develop that "insider's" perspective on the problem:

- Conduct focus group discussions at senior centers on the topic of depression, framing it in down-to-earth terms: "Know someone who's got the blues?"
- Have volunteers conduct "key informant" interviews with people who have a stake in the issue - psychologists, emergency room personnel, home care nurses, ministers, lay visitors, mental health consumers, family survivors of suicide, family doctors, etc.
- Put together a radio or TV call-in show with a panel of stakeholders holding diverse views on the subject.
- Convene a discussion group of neighborhood activists to describe the barriers to social interaction in the neighborhood and ways they are trying to overcome them.
- Ask the local mental health center to share generic (anonymous) information from psychological autopsies that may have been conducted post-suicide, where elders have been involved.
- Ask a depression-support group (if one exists in the community) to put together a set of collages that demonstrate the subjective experience of depression and the elements of a community that would help make it "depression proof."

In following sections, we'll provide some detail about some participatory methods that can be used to explore the wide range of issues and problems that many of our communities confront and seek to resolve.