

Research principles and research experiences: critical reflection on conducting a PhD dissertation on global health and disability

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This article is a presentation of insights gained through critical reflection on the experience of doctoral dissertation research on disability in Western Zambia. The framework guiding this critical reflection is the Principles for Global Health Research released by the Canadian Coalition for Global Health Research (CCGHR) in 2015. These six interrelated principles were developed in order to inform and foster research that better and more explicitly addresses health inequities. The principles are: humility, responsiveness to the causes of inequities, commitment to the future, inclusion, authentic partnering, and shared benefits. Critical reflection on the dissertation fieldwork raises the challenges of fulfilling each of the principles. Additionally, the structural power from a researcher in a position of relative privilege, as well as institutional power through the doctoral researcher's academic program, was apparent. The exercise of power enabled certain possibilities for action by the researcher and the participants with disabilities while constraining others. The insights generated inform the next steps for this project in Western Zambia and considerations for current and prospective doctoral student researchers.

Keywords: global South; Zambia; participatory research; action research; research methods

Introduction

This study could lead to some possible benefits for you or your community... The study is a student research project to increase understanding and will not include any direct material benefits such as money or food rations (Information letter for participants in disability research in Western Zambia)

When I look back at the study information that I shared with individuals considering participation in my doctoral dissertation research, I realize that many of these individuals may have understood some of this information to be contradictory¹. For the potential participants,

members of disability groups in Western Zambia whose main expressed concern was poverty, it could have been hard to imagine a potential benefit that was unrelated to money or food. For me, a person of privilege from Canada who came of age in the era of a knowledge economy (Powell and Snellman, 2004), I had expected that the generation of new knowledge could lead to new possibilities to address inequities. However, as the research project advanced, the divergence between my expectations for the research and those of the participants became increasingly apparent. Seeing that I had foreseen an arrangement where an academic researcher and disability groups could partner to redress inequities, I found the unanticipated disparate expectations both painful and compelling to examine.

The primary incentive for me to engage in this research was to address the inequities faced by persons with disabilities in the global South. By inequities, I am referring to ‘differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust’ (Whitehead, 1991:219). Worldwide, there are tremendous disparities rooted in an unequal distribution of power and resources, which itself is a result of the international political economy and systems of governance (Ottersen et al., 2014). These unfair and unjust differences disadvantage countries in the global South. Further, it is likely that persons with disabilities face even more disadvantage than their non-disabled counterparts (WHO and World Bank, 2011).

Unfortunately, well-intentioned research is not guaranteed to reverse inequities. Indeed, ‘research activities have the potential to worsen, rather than address these injustices’ (Canadian Coalition for Global Health Research, 2015:1). Given my experience, I decided to use a framework grounded in a concern for equity to review my doctoral research.

The Principles for Global Health Research: a framework grounded in a concern for equity

In 2015, the Canadian Coalition for Global Health Research (CCGHR) released a set of six interrelated principles to inform research efforts to promote global health equity: humility, responsiveness to causes of inequities, commitment to the future, inclusion, authentic partnering, and shared benefits. These principles were developed to ‘offer a set of practical tools...to inform [research] practice, spark dialogue, and inspire reflection’ (CCGHR, 2015:1). Consistent with my concern about disparate expectations, the Principles for Global Health research recognize that research is not conducted outside of the frame of power relations that creates health inequities. Instead, researchers must face the ‘mutual entanglement in the structures and processes that contribute to avoidable inequities’ (CCGHR, 2015:9). Moreover, these principles were developed through an evidence-informed process, with an ethos of solidarity together with those experiencing the devastating effects of systematic health injustices.

Purpose and structure of this paper

The dissertation experience that I reflect on spans from development of the research protocol through to dissemination and defense. To develop the insights presented in this paper, I engaged in an iterative process of analyzing data from the study, reviewing the principles, and discussing tensions from the dissertation fieldwork activities with my supervisory committee members, who also co-author this paper.

Below I present this analysis in four parts. First, I describe the context, objective, and structure of the dissertation research. This section is followed by the critical reflections organized according to the six Principles for Global Health Research and the insights that they generated. I then use these insights to illuminate ways in which power was exercised in the research field, with its concordant effects on the doctoral dissertation. Finally, I discuss the implications, including the next steps for this project, recommendations for doctoral student researchers, and some limitations to the analysis.

Description of the Dissertation Research

Here I describe the context, objective, and structure of the dissertation research. The context is drawn out according to my underlying motivations and the conversion of these into a research protocol. The objective is described as per the research protocol. The structure of the research is described through an overview of the study design and a summary of the methods.

The underlying motivations

My pathway into research began as a rehabilitation professional (a physiotherapist) from the global North developing programs for persons with disabilities in the global South. Through these experiences, I slowly came to realize that ‘my patients’ often did not see their bodies, disability, health, and society in the same ways I did. This type of discrepancy in worldview is common when making comparisons across cultures (Holzer et al., 1999; Nettleton 2006), challenging the notion that an intervention such as rehabilitation should be transported across cultures without significant consideration (Bourke-Taylor and Hudson, 2005; Iwama et al., 2009). Furthermore, having been exposed to community-based rehabilitation as the pre-eminent strategy for global health, I was familiar with the goal of empowering ‘people with disabilities and their families by promoting their inclusion and participation in development and decision-making processes,’ (WHO et al., 2010:12). However, I learned through experience that the aspirations of empowerment, inclusion, and participation were elusive endeavours in practice. Over time it became apparent to me that the problems that people

faced, and my inability to respond effectively, were manifestations of phenomena that were systemic and pervasive, demanding consideration at multiple levels ranging from the interpersonal to the transnational (see also Chouinard, 2014).

As a foreign national simultaneously engaged in management and front-line work in the global South, it was apparent that multiple levels of consideration were interconnected. Since I worked in non-governmental organizations that were focused on Southern problems but fueled by Northern charity, I was exposed to contrasting perspectives regarding global inequality. In general, my patients were aware that the world was a systematically unequal place where they faced limited opportunities and the daily realities of harsh pragmatism (see also Muderredzi and Ingstad, 2011). By contrast, similar perspectives were rare among donors who funded the programs in which I worked. For donors, the patients' situations were the product of unfortunate circumstance that could be changed through charity. That the donors had ample resources for their excessive personal consumption, with a little extra available for donations, was often expressed as a product of good fortune, but never one of unjust structural privilege (see also Ponte and Richey, 2014). Although this perspective allowed space for compassion, it did not further a sense of justice or collective solidarity.

Working at the boundary of global inequity with the systematically privileged of the global North on one side, and the systematically constrained of the global South on the other, made visible my 'mutual entanglement' (CCGHR, 2015:9). Not only was front-line work constrained by avoidable inequities, it was dependent upon structures and processes that created these same inequities (see also Townsend et al., 2002). This position of dependence was therefore not advantageous for challenging these structures and processes directly. On the other hand, being at the front-line, provided an advantage: the perspective of seeing actual faces, personalities, and worldviews on both sides was a vantage point for creating strategies that might synergistically address both realities.

In order to operate closer to the grassroots level, but simultaneously come to better understand the situation at multiple levels, I sought to enroll in a doctoral research (PhD) program. In pursuing a PhD, I followed the precedent of students from the global North who focused their dissertations on disability in the global South (e.g. Aldersey, 2013; Berghs, 2011; Burck, 1989; Grech, 2011). My goal was to find an arrangement where knowledge generation and practical action at multiple levels were seen as complementary, and could therefore be pursued simultaneously. In the interest of transparency, I must also note that through doctoral studies I was also seeking a degree for the purposes of career opportunities and accruing professional social capital.

Converting motivations into a dissertation

Doctoral programs are fundamentally focused on research, through the execution of a dissertation. Once enrolled in a promising program, I created a dissertation advisory committee that brought together scholars familiar with certain substantive (i.e., global health, disability, and rehabilitation), and methodological (qualitative, critical, and participatory strategies) areas. The early aim of this research was to study perspectives on disability and ways to improve the situations of those who experience it in a low resource setting. This seemed consistent with a grassroots orientation, potential for direct action, but also knowledge generation to capture the attention of audiences in the global North. Since one co-supervisor had colleagues and ongoing activities in Zambia, the research plans were developed for that country. Zambia is a lower middle-income country, with a gross domestic product per capita higher than many of its neighbours, but still quite low on the global scale (World Bank, 2014). The advisory committee ultimately included members from both Zambia and Canada.

In addition, the connections of the co-supervisor in Zambia allowed for important interaction with national-level disability advocates who suggested that I pursue this work in Zambia's Western Province. Among the provinces of this relatively poor country, Western Province has the highest consistent level of poverty (Central Statistical Office, 2012). Western Province's population is 85% rural (CSO, 2012), although the provincial capital of Mongu is a large town with urban amenities.

With the identification of a low resource jurisdiction for the research, advanced research methods training through the doctoral program, and the pragmatism required to craft a feasible research protocol, I was able to declare the study's objective. The objective was to co-construct new ways of thinking about disability, and what to do about it, in the context of a North-South relationship between a North American-trained rehabilitation professional and disability communities and their members in Western Province, Zambia.

Study design and methods summary

This research was a qualitative study using a constructivist design (Silverman, 2006). The dissertation was further informed by a critical social science perspective (Eakin et al., 1996) and participatory research (Herr & Anderson, 2005). The methods of this study are described in greater detail elsewhere (Cleaver, 2016) but I provide a brief summary here.

I conducted the fieldwork for this study with the support of five hired research assistants (all post-secondary students) from Western Zambia. None of us were considered to have a disability. The research participants were approached as groups rather than independent

individuals. The participants were two groups of persons with disabilities; one urban, in the Provincial Capital of Mongu (22 participating members), and one in an outlying rural area (59 participating members). Data were generated through eight focus group discussions (FGDs) and 39 individual interviews, all of which were conducted in the participants' languages of choice; typically in Silozi, but occasionally in another African language, English, or sign language. All data generation activities were semi-structured and led by me, with the assistance of the research assistants for logistics, simultaneous translation, and other supporting roles. The FGDs and individual interviews were audio-recorded and transcribed by the assistants according to a transcription guide that was developed for the study. I also made participant observation fieldnotes during and/or after all interactive activities. After the fieldwork component, I returned to Canada to conduct the data analysis with the support of the dissertation advisory committee. The total time spent in Zambia included five months spent primarily in the capital of Lusaka in order to prepare

Reflecting on this study using the Principles for Global Health Research as a framework

The six Principles for Global Health Research, produced by the Canadian Coalition for Global Health Research (CCGHR, 2015), are presented as parts of a wheel, with each principle sharing an equal connection to the underlying foundation of equity. Here I describe the research as it relates to each one of the principles, in turn. The insights gained from this review process are summarized in Table 1 below.

Table 1 – Insights gained through the review of a research project using the CCGHR Principles for Global Health Research (CCGHR, 2015)

<i>Principle</i>	<i>Main insights</i>
1. Humility	Assessing the practice of humility was challenging if not impossible due to the pre-existing power dynamic.
2. Responsiveness to causes of inequities	Research was a tool to explore the structural aspects that underpin health equities observed in practice, but did not lead to discernable change in the short-term.
3. Commitment to the future	The structure of doctoral dissertation research institutionalized the commitment to the student researcher's future and the protection of research participants; but involved only a voluntary commitment to the futures of other stakeholders.
4. Inclusion	Inclusive research remained a challenge even though this principle was foundational to the project.
5. Authentic partnering	These research practice principles were undermined by: a) The structure of the doctoral program, and
6. Shared benefits	

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- b) A power dynamic in which the student researcher's concerns were centralized while those of participants were marginalized.
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1) Humility

This principle is described as the destabilization of certainty in order to open oneself to deeper exploration of 'values, beliefs, motivations, and assumptions' (CCGHR 2015:9). In conducting this doctoral dissertation, I was stimulated to examine my deeply-held views by tensions felt viscerally while in the field, the challenge of making sense of the vast corpus of data, and additional readings during analysis. Although these activities are part of the operationalization of humility, the description of the principle entails a paradox: if we perpetually '[position] ourselves in a place of learning rather than knowing' (CCGHR 2015:9), how can we know that we are practicing humility?

Beyond self-awareness, humility is 'the quality of having a modest or low view of one's importance' (Oxford, 2016). Understood in this way, humility might make a person more approachable, even in an ostensible situation of power. This sense of humility is possibly best epitomized by Ivan Illich's (1990:320) suggestion that 'If you insist on working with the poor...then at least work among the poor who can tell you to go to hell'. During my fieldwork, I never had a participant tell me to 'go to hell.' Is this a sign that I acted with humility such that my presence was comfortably received? Alternatively, is it possible that participants did not feel sufficiently empowered to voice such a protest? Could it be that humility is insufficient to overcome some power imbalances structures? Given the ways that humility is described, I can confirm that I engaged in self-awareness behaviour, but consistent to the principle, I remain unsure of the extent to which I effectively practiced humility.

2) Responsiveness to causes of inequity

This principle was the concern that motivated me to pursue doctoral studies. As previously described, the problems that I was striving to address as a rehabilitation practitioner were rooted in inequitable structural forces, yet the charity-based organizations in which I worked not only permitted inequitable structural disparities, but depended on them for donors (see also Townsend et al., 2002). My dissertation was therefore designed to amplify different (disabled, Southern) voices in order to challenge a status quo where the privileged were able to ignore the perspectives of 'the others.' To achieve this goal, I aimed to present an alternative account of the situation of disability in the global South to privileged audiences. These audiences included my rehabilitation colleagues from the global North and non-governmental organization supporters.

Sensitizing privileged audiences to alternative perspectives about the structured transnational dynamic that privileges some at the expense of others, is a long-term endeavour with a potentially unreceptive audience. Therefore, success will be difficult and takes time. Despite my intent to respond to this cause of inequity, it remains to be seen as to whether the strategies I used will be effective in achieving this goal.

3) Commitment to the future

This principle is described primarily in terms of sustainability and global connectedness. In this spirit, the CCGHR (2015) calls on researchers to re-conceptualize timelines beyond the minimum requirements for research practice in order to ‘challenge the tendency to cycle through project-driven agendas’ and instead ‘leverage short-term or immediate opportunities within a long-term vision’ (7). This principle challenges some of the fundamental considerations of doctoral studies. The first is the challenge of contributing to a long-term vision through an uncertain short-term commitment. The next challenge is the question ‘to whose future are we committed?’

My experience as a doctoral student has involved significant uncertainty. The conduct of the research itself entailed uncertainty as my plans evolved in ways that I could not foresee in response to new information I learned as a student advancing through my academic program. Moreover, life beyond doctoral studies is even more uncertain, with my willingness and ability to engage in extensions of my doctoral work dependent upon unknown future opportunities. As an attempt to contribute to a long-term vision through this uncertain short-term commitment, I aligned my work to the maximum extent possible with one co-supervisor’s ongoing research program. This alignment was successful insofar as I was able to share country-specific information amassed as part of my fieldwork and contribute to strengthening Zambia-Canada health research relations (CCGHR, no date).

My contribution to the future of the co-supervisor’s research program aligned with my own interests, since I was also relying on the connections of this research program to pursue my dissertation project. The scenario that led me to Zambia raises the question ‘to whose future was I actually committed?’ As a capacity-building venture, doctoral studies focus upon the future of the student. Despite the potential contributions that I presented above, it was my future that was most likely to be positively influenced by the completion of this research and its successful defense. Due to the *commitment to my own future*, and the constant awareness that receipt of the doctoral degree is dependent on program completion, the dictates of my institution were mainstreamed obligations. By contrast, concerns related to partners, the local economy, and the environment were optional, and addressed at my discretion. As I describe below, in moments of tension and conflict, the discretionary concerns towards the *commitment to the future of others* were insufficient to overcome the mainstreamed obligations that dictated the terms of program completion, and thus my commitment to my

own future.

4) Inclusion

In parallel to being one of the Principles for Global Health Research, *inclusion* has long been a concern of persons with disabilities and a matter of interest in disability studies (Oliver and Barnes, 2010). Inclusion was foundational to this dissertation, and also a constant challenge within it. Challenges with respect to inclusion emerged early in the research design process: during the preparation of the research ethics submission, there were foreseeable ethical issues related to consent processes for potential adult participants with intellectual disabilities (a dilemma that ultimately did not arise during the conduct of the research).

By contrast, a different issue related to the inclusion of participants based upon ‘disability type’ was more difficult than foreseen: despite the intention and budget to hire sign language interpreters, I was unable to find a candidate to fulfill this role on a regular basis. For this reason, the participation of two members of the urban group who communicated primarily by sign language was reduced to an unwieldy process of communicating in focus group discussions through a shared piece of paper through which a research assistant tried to present a superficial running transcript of the dialogue while collecting comments and questions. Although the devotion of an employee to this task seemed like a reasonable compromise given the resources available, it did not allow the type of inclusive participation we sought to achieve. Reflecting back on the fieldwork, I also realized the extent to which I focused my inclusion efforts on ‘disability types’ as compared to the other areas of historical marginalization, such as ‘race, class, sex, ability, religion, sexual identity, Indigeneity, etc.’ (CCGHR 2015:5).

5) Authentic partnering

The principle of *authentic partnering* was a design consideration throughout the research process, with considerations of national-level and local-level partnerships. Like *shared benefits*, partnership is a central tenet of the participatory research paradigm (Herr and Anderson, 2005), which aligned with this project’s commitment to simultaneous knowledge generation and practical action.

The partnerships developed with national-level disabled persons’ organizations (DPOs) were of minor intensity but important. Because of these partnerships, the DPOs invited me to workshops to learn about national disability policy. The DPOs also shared connections that enabled me to begin work in Western Province. By contrast, there was little interest among the national-level DPOs to discuss the focus of the research or the practical impacts that the findings of various research questions could produce.

The greater challenge with respect to authentic partnering was at the level of the research participants. The desire for local-level partnerships was a key reason for designing the research around *collective* rather than *individual* participation: partnership seemed more achievable with established collectives. I had hoped to develop the research questions and design together with these collectives, however, I did not have a pre-existing partnership with these types of grassroots groups, meaning that I would need to recruit them. In order to recruit groups for the research, I needed research ethics board approval, which required that I have research questions and a study design. These requirements eliminated the possibility that I could co-construct the research with the participants. As a compromise, the study was designed to allow the participants to influence processes related to data generation, with the intent that these initial steps of shared leadership would gain momentum into a dissemination phase that would better reflect authentic partnering.

In actuality, the process of building increasing levels of partnership with the research participants was fraught with difficulty. The difficulties were experienced in different ways with each participating group. In each case these difficulties were mostly related to the extent to which the benefits of the research were shared. The urban group and I were able to co-develop a plan for data generation but whereas I foresaw the involvement as a producer of academic products to be shared with key stakeholders, the participants often spoke of me as a potential donor.

With the rural group, the difficulties were more fundamental. These difficulties were manifested through the understanding of the nature of the group, which in turn had direct effects on the eligibility of participants in the research. Whereas I had expected the disability group to have a structure based upon local dynamics and priorities, the community members expected me to arrive with pre-defined criteria about the individuals who should be considered disabled and therefore the recipients of ‘help’ (Clever, 2016).

Similar to community-based organizations created as responses to opportunities in Malawi (Swidler and Watkins, 2008), ‘the rural group’ presented itself at the crossroads of community needs and community members’ understanding of what I could provide. According to the comments of the community’s leaders, my approach to engaging with the community was confusing to them. The leaders had experience with other visitors from abroad, but these visitors had all come to ‘help’ (i.e. distribute money, food, and medical services). That I would travel around the world to come and ask questions and talk seemed inconceivable. It seemed to them that I either did not have a plan, or that I had a plan but I was delaying its enactment. From the exchange with the leaders it appeared to me that anything that they would have seen as ‘a plan’ was outside of what I had foreseen – and communicated – as part of my preparation.

In addition to the difficulties with the group understanding me, I had difficulties

understanding the group. Through my initial interactions with community members I had believed that there was an established rural group with ‘maybe a few dozen members’. Finding this group was a relief to me, since I had designed the study to include a rural group and its members as participants. As I began to plan the data generation activities with the community leaders, the number of ‘group members’ began to grow, surpassing one hundred at one point. The question of who was, or was not, disabled – and therefore eligible to participate – was contentious within the rural community. According to participants in previous charitable distributions, fixed amounts of food and clothing had been ‘divided among all the disabled,’ causing many to claim disability status (see also Hansen and Sait, 2011). Those with more severe disabilities declared themselves to be ‘the real disabled’ and contended that the inclusion of less disabled people meant that they did not receive their fair share.

I was troubled by the dramatic growth in group size since my research was not designed to include over one hundred participants. The resulting dynamic between me and the community leaders was one of confusion and frustration. I held the first round of focus group discussions with 59 participants; more than I felt I could manage well, but far less than the number of people who wanted to participate. It was only at this stage that I realized the difficult position of the community leaders: they had brokered my involvement in the community, which was seen as a positive, but were also gatekeepers to the research, which made them potential targets for antagonism. In order to relieve some pressure from the leaders and fulfill my research plan of completing interviews and an additional focus group discussion, I unilaterally selected the participants for these remaining data generation activities. Although successful for the purpose of generating the data that I needed, this strategy was not a reflection of authentic partnering.

6) Shared benefits

Like *authentic partnering*, this principle was a consideration from the start of this dissertation. As a researcher, I felt that my work could lead to products that were consistent with my task of knowledge generation and also of be use to national-level disability DPOs or the participating research groups. More specifically, I had envisioned that the data generated and analysed for my dissertation could be re-packaged as reports or presentations for advocacy activities or other purposes. I foresaw that such ‘academic products’ would be a *shared benefit* for the national- and local-level stakeholders. During the fieldwork components of this dissertation research, it became apparent that the potential of these academic products did not resonate with the people with whom I sought to ally. The national-level colleagues seemed indifferent to these possibilities, while the members of the participating groups remained silent through the repeated suggestions of using research findings to inform collective action.

The lack of interest in academic products from the participating groups was not indicative of lack of ideas about how I could produce relevant benefits. Their recommendations to me included: visiting government and NGO offices and telling them that persons with disabilities required more resources; taking their photographs and returning to my country in order to collect donations; providing loans; or buying equipment. These requests reminded me of the dynamic between privileged donors and downtrodden persons with disabilities that I had witnessed in other global South locations, where persons with disabilities were willing to forego agency with the hope that their immediate basic needs would align with the items that donors were willing to give. At the time of data generation, I was able to hear all of these requests for material resources, yet I distanced myself from these. I instead wanted to focus on strategies that could lead to longer-term and further-reaching benefits, empowering participants by helping them harness their own productivity (Clever, 2016).

I thought that I had pre-emptively created distance from direct requests for resources by stating that there would be no material benefits for participants in the consent process, and attempted to maintain the distance in an active and ongoing manner during the interactions by trying to direct the discussion to other topics. To my frustration, these requests for resources continued throughout the duration of fieldwork.

With some time for reflection, I now see the participants' requests in a different light. Then, as now, I saw the request stemming from recognition that I had access to money and material resources while they did not. The change in my perspective relates to the extent to which the participants were executing agency. During the fieldwork activities, I thought that the participants were ignoring the terms of the consent process because they did not know what else to do. At the time, I was unable to see that participants might not have felt able to overtly challenge my proposal regarding the benefits of research, lest it mean that they risk losing access to important resources they believed I could share. Instead, participants responded to the opportunities and burdens of research participation with strategies of subtle acquiescence and resistance (Scott, 1985). In the case of this research, for many of the participants it seemed that the main strategy was participating in the research in order to voice their need for material resources as the answer to almost every question.

In the shadow of these challenges, an important benefit that I was seeking (data generation in order to complete a PhD) was achieved, while most of the suggestions of the research participants were left unaddressed. However, there was one clear and unforeseen benefit for the urban group. Because of an oversight, neither the chair of the urban group nor I had thought of contacting the local traditional leader prior to beginning data generation. Late in the fieldwork process we realized the omission and arranged a meeting. This initial meeting led to an invitation to the traditional court. While at the court, the area traditional leaders asked the chair what they could do for the group, at which point she suggested they could be

given a plot of land. With land allocation largely in the jurisdiction of the traditional leadership, the request was granted.

The land acquisition was clearly a positive development for the urban group. My involvement had facilitated the acquisition of this land, but not through my research in the sense of data, analysis, or knowledge generation: although I was present at the traditional court, the leaders were more interested in the needs of the group than they were about my research. My value to the process seemed to be that I was an interesting international visitor who was attached to this group, providing the group with a sense of importance in the eyes of the leaders. In this case, the benefit of the land acquisition was shared between the group and me through reciprocity: the group had participated in the research for my benefit, while my presence had created the impetus for meetings that ultimately benefited the group.

Using insights to illuminate ways in which power was exercised through the dissertation research

By critically reflecting on my dissertation research using the Principles for Global Health Research as a framework, I was able to identify and ground specific insights for each principle. For the most part, the principles proved hard to operationalize. The challenges were different for each principle, although the elusive principles of authentic partnership, shared benefits, and a commitment to the future (of the participants) were common threads in all.

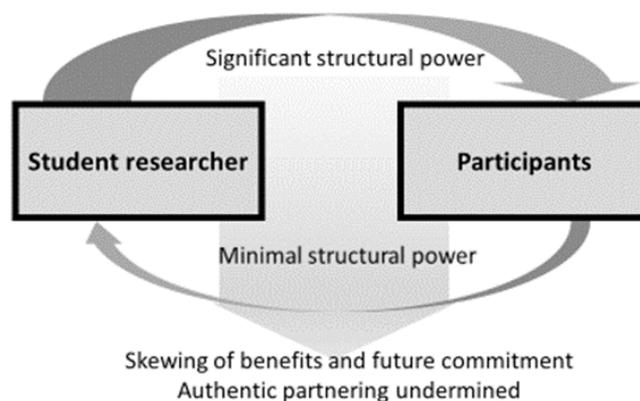
Importantly, the challenges in operationalizing these principles illuminated ways in which power was exercised through the dissertation research. Power can be understood as ‘the production, in and through social relations, of effects that shape the capacities of actors to determine their circumstances and fate’ (Barnett and Duvall, 2005:42). In addition to proposing a generalized definition of power, Barnett and Duvall (2005) created a taxonomy with four types of power— compulsory, institutional, structural, and productive— each of which can be understood according to the kinds of and specificity of social relations through which power is exercised. Although this conception of power was originally articulated for international relations, Shiffman (2014) proposed using this understanding of power in order to investigate the way in which power is exercised in global health activities. The insights generated through the review of this dissertation research illuminated two main ways in which power was exercised: 1) structural power due to the privilege experienced by me as the researcher, and 2) institutional power expressed through research conducted in a doctoral program.

Structural power from a researcher in a position of privilege

Barnett and Duvall (2015) describe the way in which the exercise of structural power is enabled through the positions that subjects adopt relative to one another. These positions are not arbitrarily-allocated, but instead influenced by structural arrangements. In my position as a funded researcher from a high income country, I had access to resources that were desired by participants and difficult for them to acquire through other means. My relative privilege created an incentive for them to gravitate towards me on terms that were mostly under my control. The resources in question included money and its associated purchasing power, acquaintances with money, and easier entry to governmental and non-governmental organization offices. With a lack of feasible alternatives, it is likely that at least some of the participants engaged in the research with the hope of acquiring resources through me. In this type of situation, there is little reason to believe that a consent process stating that there would be no material benefits to participation would be sufficient to counter such hopes. As the researcher, I depended upon the participants for data generation and I wanted the study to proceed as designed. Nonetheless, if necessary, I had the option to search for different participants or redesign the study if unable to find people willing to engage on my terms.

This structurally-enabled social relationship of researcher privilege produced a scenario in which I had the capacity to declare certain circumstances, specifically that there would be a study about disability. Structural power was exercised in the opposite direction with the participants influencing some aspects of the collective activity, such as repeatedly directing the data generation activities to talk of material resources. Although structural power was exercised in both directions, my capacity to drive the agenda was greater than that of the participants (see Figure 1 below), limiting the potential of authentic partnering and skewing the possibilities for research benefits and future orientation in my favour.

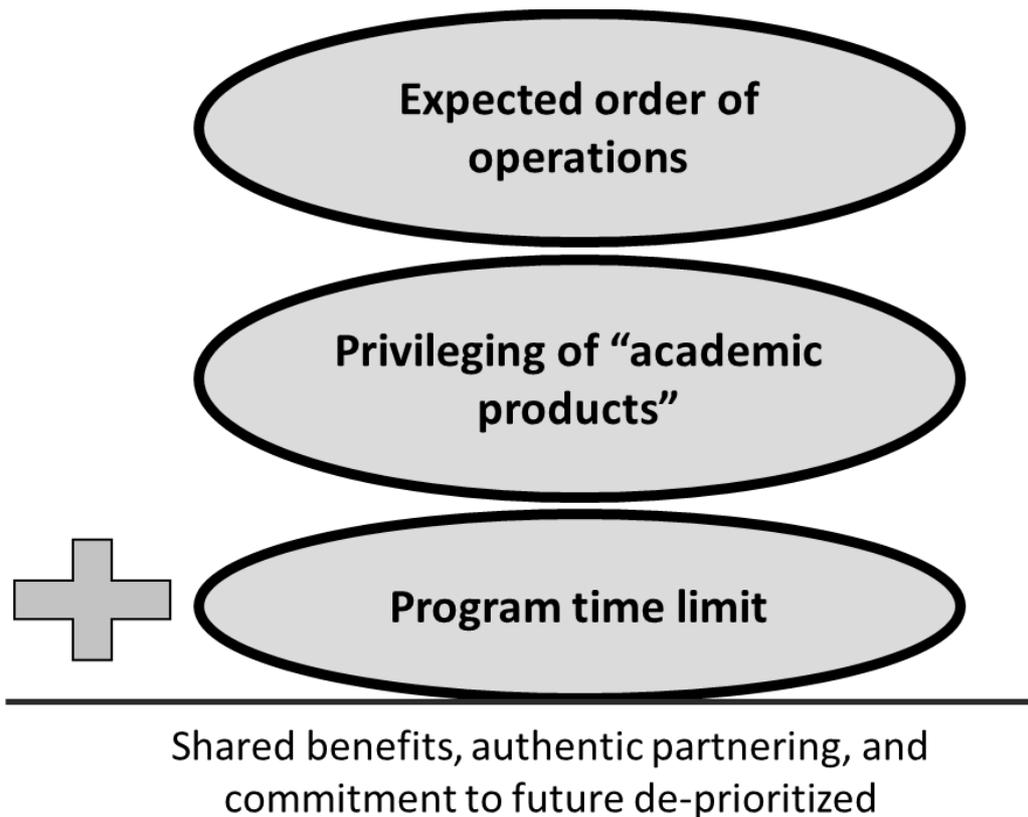
Figure 1 – Structural power resulting from a researcher in a position of privilege.



Institutional power of a doctoral program

Despite the significant structural power created by my position of privilege relative to the participants, as a doctoral student researcher, I was operating within the constraints imposed upon me by my academic program. Barnett and Duvall (2005) propose that institutional power is exercised through the actions of subjects as delimited by the rules and procedures of an institution of which they are part. In my case, the rules and procedures were primarily constraints that were transmitted through me to the research setting where they were manifested in pragmatic decisions. Institutional constraints included the privileging of ‘academic products’ as outcomes of the research, the expected order of operations, and the program time-limit. The sum of these constraints equated to the de-prioritization of the global health principles relative to other considerations (see Figure 2).

Figure 2 – Institutional power of a doctoral program.



The *order of operations* refers to the overall sequence of activities for this study. According to the norms of the graduate department, the study protocol was developed in its entirety before the recruitment of participants. This sequence then meant that it was not possible to

develop the research questions and the study design according to the inputs, preferences, and priorities of the research participants. Since the protocol was developed prior to contact, I had to foresee the benefits that might be created and try to anticipate which ones might be shared as part of a commitment to the participants' futures.

The institutional structure in which I operated as a student *privileged 'academic products'* such as journal articles, conference abstracts, and a completed dissertation that was 'an original contribution to knowledge [such that I] demonstrated an appropriate level of scholarship in [my] chosen field' (Rehabilitation Sciences Institute, 2015:39). According to this academic norm, engaging in different types of activities (even if these were the practical concerns of research participants) was seen as an optional possibility, but not a necessity. Given these realities, my search for shared benefits began with the premise that these should be research findings that could be modified into academic products that would be relevant for local and practical action. The foreseen modifications were reports or presentations of the research findings. In the course of fieldwork, the participants never expressed that academic products were useful to them, and when I suggested this possibility the participants went silent or changed the subject. With the one foreseen shared benefit no longer compelling, would it be possible to identify others?

With the constraints of the *program time limit*, it was not possible to develop an alternative vision for shared benefits since there was little room for the evolution of authentic partnering. The time limits of this dissertation were driven primarily by the term of the student funding package and the academic department's expected time to completion policy. Even though the above factors led to a five-year window, comparatively generous relative to other PhD programs, the program expectations of course work, comprehensive exams, and a substantial dissertation left little available time for authentic partnering leading to shared benefits.

Implications

Next steps for this project

The most important consideration of this analysis is the local practical relevance of this research for the participants, such that there is equity with respect to the benefits of the project. As the CCGHR (2015:6) states, there is a need for 'explicit efforts to identify and honour the needs of all partners involved in [global health research] with an intention to ensure those with the greatest need benefit the most'. Among the stakeholders in this study, it is the participants who have the greatest needs, and they have clearly identified that their needs are in the form of material resources. The challenge for ongoing engagement with these communities after the completion of my doctorate will be to find ways to contribute to the needs for material resources from a position different than that of the detached donor.

For the most part, I foresee that the help that I can provide to secure material resources will likely be me joining the participants for visits to government agencies and non-governmental organizations in order to make claims for material support. These offices were typically welcoming to me, while the participants reported being turned away when they would visit in my absence. That I could be useful in this way is problematic; it reflects and reinforces an ongoing neo-colonial arrangement such that a white foreigner can facilitate access. Conversely, it also brings researcher and participants together in ways that could more realistically involve authentic partnering, which can serve to challenge that same neo-colonial arrangement.

Since the return to Western Zambia will occur after the completion of my doctoral program, my continued involvement is at the mercy of competing opportunities. What will the implications of this plan be if I am offered employment prior to fulfilling these responsibilities? Fortunately, the possibility of building upon the context-specific knowledge that I acquired during the research and the connections that were made is likely in my professional interest. Therefore, a return to Western Zambia would be valuable for *my own commitment to my future* in addition to the possibility of pursuing authentic partnering and shared benefits. This situation admittedly might not be the same for other doctoral students after the completion of their degrees.

Considerations for doctoral student researchers

The insights stemming from my doctoral dissertation experience are not unique to PhD students, yet they are most directly relevant to this constituency. For this reason, I have chosen to focus on considerations that could be enacted by future or current doctoral student researchers. Such considerations could be valuable for those who have chosen to pursue global health doctoral studies in order to ‘approach [their] research with ideals of social justice, health as a human right, a sensitivity to the past failings of development, and a desire to reduce global disparities’ (Walker et al., 2006). Like global health researchers, disability researchers are often aware of problematic approaches to research that were once mainstream (Stone and Priestley, 1996), yet still prevalent. Due to this commonality, the Principles for Global Health Research could be useful to inform the development of doctoral research on disability, in the global South at very least. Furthermore, researchers in other positions—besides doctoral studies—are welcome to modify these considerations according to their specific situation.

Doctoral student researchers aiming to fulfill the Principles for Global Health Research can consider the use of various strategies singularly or in combination. Strategies include the centralization of the principles from an early stage, the identification of the extent to which

the principles can be completed within the dissertation, and an overall study plan that consists of a series of smaller projects.

Centralizing the global health research principles from an early stage can allow a doctoral student to incorporate these principles into all aspects of the dissertation. Although it is possible that the specific ways that the research would fulfill the principles would change over time, centralizing these concerns reduces the probability that they simply ‘fall out’ of the plans as the dissertation evolves. Reference to the principles can garner a sense of legitimacy of these concerns within the research community. Furthermore, a commitment to these principles at an early phase facilitates a clearer conceptualization of priorities that will help a prospective doctoral student researcher identify the program, supervisor, funding sources, and stakeholders that best align with their interests.

Identifying the extent to which the principles can be operationalized within the dissertation, gives the doctoral student permission to determine what can be completed well and to focus on accomplishing these things. In some cases, it might be necessary to acknowledge that competing concerns impede the possibility of addressing all of the principles during the dissertation, such that additional follow up projects are necessary. Recognizing and communicating this situation, could help research communities address more clearly the difficulties and tensions related to the conduct of doctoral research for equity. In turn, this awareness could lead to the creation of programmatic changes that facilitate the possibility of ongoing commitments beyond the project life.

An overall study plan consisting of a series of smaller projects can increase the capacity of a dissertation to be responsive to on-the-ground realities while remaining systematic. This conceptualization of a thesis is consistent with the ‘Cycles of Action and Reflection’ (Ladkin, 2004:540) that have been described by those engaged in participatory research. In practice, this could mean that there is initially a protocol for some initial descriptive stages of the dissertation, while additional protocols are developed in accordance to the first. Importantly, conceptualizing the plans as a series of smaller projects could create more space for stakeholders to influence the project as it progresses, changing the power dynamic from one where the decisions about the research are primarily made before the researcher enters the field.

Limitations of this paper

The implications described here were proximal to this project and the decisions of PhD student researchers: I did not address those that apply more directly to graduate departments, universities, funding bodies, research ethics boards, or other institutions. Also, since critical reflection was grounded to my own situation as a doctoral student researcher, I did not

attempt to speculate on the ways that situations would be similar or different for researchers striving to address equity from other positionalities. It is researchers who are in these different positionalities who are best placed to assess the applicability of these insights for their respective cases. Finally, I approached this exercise using the Principles for Global Health Research as a *post hoc* framework; the insights and subsequent realizations could be different for researchers who declare and centre commitment to these particular principles from the outset.

Conclusion

The purpose of this paper was to share insights gained from reflecting upon the experience of conducting doctoral research on global health and disability. As demonstrated, the CCGHR Principles for Global Health Research offer a useful framework to reflect upon research conducted to address inequities. The insights gained through reflection illuminated ways in which power was exercised and created barriers to fulfilling the principles. Through greater awareness of the principles, the insights gleaned reflecting upon these, and the strategies that this reflection has informed, future doctoral students can position themselves to conduct research that is more effective at addressing systematic inequities.

Notes

This paper is the work of a doctoral candidate supported by the guidance of a dissertation committee. For that reason, the paper has multiple authors but is expressed in the first person singular (i.e., I, me, and my) of the first author doctoral candidate.

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