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Feminist ideological identification feminist praxis and an ethic of care within an emotional culture of a feminist organization

Dan H. DeGooyer

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Feminist Ideological Identification, Feminist Praxis, and an Ethic of Care within an Emotional Culture of a Feminist Organization

by

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B.A. University of Utah, 1991

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Date
The examination of organizational members' ideological identification and feminist praxes, and the emotional culture of a feminist organization was considered. Feminist ideology was found to be unrepresentative of any known feminisms (e.g. liberal, revisionist) but rather was oriented toward a folk feminist ideology that was directed at generally improving women's lives. Feminist praxis (the process of moving from feminist values into actions based on those values) at the organization occurred through choice, education, and empowerment. An ethic of care of this organization was found to have internal and external dimensions. Internally among staff, there was a lack of an ethic of care. Externally, there was an extensive ethic of care directed at clients.

An ethnography of speaking was used as the methodology for this study in order to uncover the intricacies of this feminist organization. Ethnography of speaking is useful for the generation of new theory and the testing of existing theory in regard to feminist organizations and the emotional culture within these organizations. Importantly, an ethnography of speaking allows for a relationship of trust through which the details of the organization may be uncovered.
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The door to the room is suddenly opened, Emily (a staff support person (SSP)) walks in, and a conversation begins between her and Sandy (an administrator).

"Do you remember our HIV girl?" Emily asks.

"Yes..." responds Sandy.

"She just called, she thinks she's pregnant...." there's a brief moment of silence.

"Does she know about how to protect herself?" Sandy asks Emily.

"Yea, we went all over that when she was here last."

"shit..."

Emily asks, "I'm scheduled to leave on my vacation tomorrow, and she has an appointment in the morning.... can you be here to help her with the pregnancy test?"

"Yea, I'm scheduled to be here, I'll be here..." Sandy responds.

Emily is relieved, "Thanks, I'll leave all the information I have written up in your box."

"Alright."

Emily leaves. Later it is found out that this "HIV girl" was sexually attacked -- raped -- and that she might have HIV (the test from the lab has not been returned so they are not sure). Now the employees find out she is sexually active, may not have been using contraception, and may be pregnant. The person relating this story to me asks me if I am doing okay. I say "yea" and notice that my body is wound up, tense. My legs are crossed at the knees and feel like they somehow managed to tie themselves into a knot.

A few minutes later, Emily returns. She speaks from the edge of the door, "I just wanted to come in and tell you that I will be here in the morning. I called my partner, and he said he would be willing to leave a little bit later so that I can be here for the test."
The administrator replies, "Thanks for letting me know. I'll be here if you need me."

It's an average day at Western Health Clinic (WH). The clinic is full of emotion, with little free time and many interruptions. Schedules need to be ironed out, and dire and desperate events demand attention. Conversations are non-judgmental and focused around sexuality, responsibility, confidentiality, care, and openness.

Clinic employees are concerned with issues such as sexual assault, sexually transmitted diseases (STDs), HIV and AIDS, contraception, pregnancy (both unplanned and planned), abortions, and sexual education. At the same time, there is a concern for the client and for other employees. This caring is even extended to the researcher.

By examining aspects of this clinic's culture there may be an increase in understanding the organizing practices and underlying rationales for why WH and similar organizations exist; and how feminist ideology and praxis, and the expression of emotion are inherent factors of these organizational cultures. In this study the communication culture of an organization that offers education and services for reproductive health, family planning, and abortion in the Western United States will be discussed. Specifically, WH organizational members' manifestations of feminist ideology and praxis and of a culture with respect to emotion will form the basis of this discussion.

A Feminist Perspective

In exploring whether this organization is feminist, through examining its feminist ideology and praxis, it is appropriate to use a feminist theoretical perspective. A feminist perspective is fitting because the organization is perceived by the researcher to be a pro-choice organization as it educates about, advocates for, and offers safe abortion services. (The researcher's bias is that this organization is a feminist organization.) While this reason is not sufficient to typify WH as a feminist
organization, it is a starting point and directs the researcher to take a feminist perspective to investigate this organization. In this way, an organization whose members advocate for choice and offer sexual education (which in this particular context is seen as feminist) may be perceived and researched through a feminist perspective.

Feminism, as a way of thinking and acting, offers a multitude of perspectives. That is, there is not just one feminism, but many feminisms (Bullis & Bach, 1997; Fine, 1993). What is common to all these feminisms is that they are concerned with the issue of gender, how gender is created through everyday talk or discourse, and what practices may be enacted to ensure that women are empowered (Buzzanell, 1994, Fine, 1993, Jaggar, 1988).

Value of Feminist Organizational Communication Theorizing and Research

A feminist perspective of organizational communication theorizing and research was used in this study because it provides a beneficial or valuable means of studying organizations. The value of a feminist perspective in examining organizational communication is argued for by drawing on many feminisms (e.g. perspectives of ecofeminism, post modern feminism, liberal feminism, etc.), rather than just one (e.g. standpoint feminism). This broad approach is necessary in order to develop a more comprehensive and generalized view of the benefits of a feminist perspective of organizational communication theorizing and practice.

Utilizing a feminist perspective for organizational communication theorizing is beneficial in numerous ways. A feminist organizational communication perspective is ethical, pragmatic, transformative, educational, and heuristic (Bullis & Bach, 1997; Buzzanell, 1994; Fine, 1993; Mumby, 1992; Putnam, 1990). The next section offers a rationale for using a feminist perspective specifically discussing these benefits.
Feminist Perspectives as Ethical

A feminist perspective allows for practitioners of organizational communication studies to develop awareness of social organizational practices (Putnam, 1990). Through developed awareness, feminist organizational communication perspectives are viewed as ethical. Methodologically, feminist perspectives are ethical because they demonstrate awareness of the connections among people and living beings. By being mindful of living things and being aware of the connections among researcher and researched, it becomes very difficult to begin the separation of self and other that is necessary for harm to be implemented on others. For example, within a feminist perspective there is generally a focus on interpersonal relationships and the inherent connection of these relationships.

These foci of mindfulness toward living beings and on the interpersonal relationship maintain the well being of people in the organization, which becomes a focus of a feminist perspective. One methodological result of the ethical aspect of feminist theorizing and research is to "reject theory and research which denies people's capacity for creating experience, their right to participate freely in shaping the organization in which they work, and which furthers the economic interests of the organizations without regard to the well-being of the people who constitute the organization" (Fine, 1993, p. 142). This emphasis on ethics in the form of connection between researcher and researched and the accompanying honoring of interpersonal relationships is clearly evident in feminist research. Importantly, the researcher and the subject are intimately connected. Due to this intimacy, there is a passionate connection among researcher and subject in feminist research. The researcher cares for her/his subjects on an emotional level (Fine, 1993). It is notable that ethics and passion (or emotion) go hand in hand in a feminist perspective. Emotion is an integral and vital part of an ethical feminist perspective and will be discussed below.
Feminist Perspectives as Pragmatic

Beyond acknowledging emotion and being ethical, a feminist perspective is also pragmatic and transformative, which makes for change in people and institutions. A feminist perspective is pragmatic because it is based in praxis. Praxis is the application of feminist theory in actual communicative events to increase awareness and educate people so productive change may be made in how people act and think about the organization (or aspects of it, especially those aspects of oppression and alienation) (Buzzanell, 1994; Tompkins and Wanca-Thibault, 1995).

Through examining notions of identity and interaction, organizational communication is informed by a feminist praxis, and as such, a feminist perspective improves women's lives (Foss & Foss, 1994). One way a feminist perspective improves women's lives is through its demand to challenge the stereotypical role differences between women and men (Mumby, 1992). Not only does a feminist perspective ask us to confront our notions about gender, but it also asks us to change these notions through action in interpersonal relationships, organizational interactions, and on a societal level. One way people are asked to change their notions is to work toward less misogynistic interpersonal, organizational, and societal relationships (e.g. working toward relationships that honor women rather than devaluing them) (Bullis, 1992).

Feminist Perspectives as Alternative

A feminist perspective, by asking men and women to change, demands alternative vision to traditional or existing systems of oppression and organizing. Feminist organizational communication theorizing poses alternative questions and perspectives on theory and research (Buzzanell, 1994). Similarly, Bullis advocates for the alternative
ability of a feminist perspective (specifically eco-feminism) and the use of such a perspective:

...feminism challenges extant systems that may be less useful in the future than they have been in the past. Feminist analyses, then, offer the possibility of recovering alternatives that have been made invisible... (Bullis, 1992, p. 147).

Furthermore, feminist perspectives (particularly post-modern feminism) are alternative perspectives because they examine multiple voices with multiple perspectives on multiple issues (Mumby, 1996). While Mumby is talking about post-modern feminism in particular, this idea of multiple perspectives is extended to incorporate other feminisms as these other feminisms provide for a variety of offerings of multiple voices.

Albrecht and Bach (1997) argue for using feminist perspectives in examining alternative theoretical questions within alternative organizational settings. That is, not only should alternative questions be asked, but they should be explored in alternative organizations, using more alternative research methods. For example, they would advocate gathering narratives (as a different method) in a sorority (in a different organization) to uncover the membering practices in this organization. Feminist research allows for "(a) emphasis on women's experience [as an alternative from men's experience], (b) understand[ing] the world in different ways [other than the overly generalized ways of men], and (c) us[ing] a variety of research methods [beyond traditional positivistic social scientific methods]" (Albrecht & Bach, 1997, pp. 63-64). Similarly to Albrecht and Bach, Mumby (1996) argues for the study of communication in alternative organizations and suggests for problematizing (questioning what is natural or implicit) what qualifies as an "organization." He specifically argues for examining organizational settings, "such as collective and feminist organizations" (Mumby, 1996, p. 273). Thus a feminist perspective is alternative in the questions posed by feminist researchers, in the theory used in the process of asking those
questions, in the methods used to explore those questions, and in the sites where such
research is undertaken.

**Feminist Perspectives as Educational**

Rethinking organizational communication incorporates both an alternative and an
educational aspect. Feminist perspectives are alternative because they move the focus of
research from the center to the margins. In moving to the margins, feminist
perspectives demand a stretching of imagination and thought and they encourage others to
speak their position to become aware of their voice - an aspect of education. Fine
(1993, pp. 155-156) articulates precisely this educational aspect of feminist
perspectives "... the process of placing ourselves in the margins both enlarges our own
vision and empowers others to find their own voices, two necessary conditions for
discovering and creating organizational forms that encourage everyone to participate to
their fullest." Through basing feminist research on personal experience, participants
in that research are encouraged to "discover their own truths," another aspect of the
educational value of feminist perspectives (Foss & Foss, 1994, p. 42). Finally,
feminist perspectives are educational as they encourages people to think more about
their actions (praxis) and invites them to be more questioning of the relation between
their thoughts and behaviors.

**Feminist Perspectives as Heuristic**

A feminist perspective problematizes the familiar, hence it is also heuristic.
This move from feminist perspectives as educational to feminist perspectives as
heuristic reflects a change in the emphasis from the focus on the persons' own self to the
realm of ideas. Mumby describes the critical questioning heuristic that is a value of
feminist theorizing:
Feminist theory and research embodies in a positive way the crisis of representation that currently pervades academia and the social and political world. It is no longer easy for academics to hide comfortably behind notions of objectivity and value neutrality in making claims to truth. (Mumby, 1992, p. 165).

Feminism, through this problematizing or questioning of what seems neutral allows for radically reconsidering our conceptions of gender and communication (Mumby, 1992). Feminist perspectives are heuristic because they have, "the potential to uncover concepts and to root issues and explanatory frames in constructs heretofore missing from organizational communication research" (Putnam, 1990, p. 7). Feminist theory, by examining organizations as sites of power, "makes it possible to problematize the privileging of traditional organizational forms" (Tompkins & Wanca-Thibault, 1995, p. 17). The heuristic and alternative offerings of feminist perspectives are apparent as they have the aim of using diverse premises and solutions for oppression and alienation (Buzzanell, 1994). These feminisms are vitally heuristic as they may create theory and research that enhance awareness of women's subordination in organizational life, and that direct individual, organizational, and societal change (Buzzanell, 1994).

Hence, the feminist perspectives of organizational communication are invaluable. Such perspectives offer an ethical view of organizing. They are pragmatic and transformative. Feminist perspectives offer alternative ways of thinking about organizations, and as such they are educational and heuristic.

A Feminist Framework

Rather than a particular feminist perspective being chosen for this study, a general framework was chosen. This framework allows for the exploration of feminist perspectives as they occur in the organization of Western Health. This organization's feminist organizing will be examined in light of six of Martin's (1990) ten dimensions of a feminist organization. The dimensions (or framework) that will be used in this
analysis include feminist ideology, values, goals, outcomes, practices, and structure of
the organization. This framework is useful because it allows for the examination of
different feminist perspectives and practices as they occur in an organization. Martin's
feminist organizational dimensions and some different feminisms will be elaborated on
in the literature review of Chapter 2. Using a feminist perspective in examining the
organizational communication at Western Health should be extremely useful,
interesting, and revealing.

Researcher's Feminist Perspective

In writing about feminism and sexuality, it is necessary to express the biases of
the researcher in regard to these issues.¹ I call myself a compound feminist, borrowing
the term "compound" from Gottfried and Weiss (1994). A "compound feminist
organization" is an organization that acts in ways that reflect more than one feminist
perspective (Gottfried & Weiss, 1994). In this manner, a compound feminist is a
feminist that takes on different feminisms for different situations. I call myself a
compound feminist because I find myself drawn to different feminisms for different
reasons in different situations.

I think of myself as a standpoint feminist because my view of feminism is based
on my own experiences of feminism and my own reasons for being a feminist. In
particular, I see myself as a standpoint feminist as I am a man and a feminist, and I need
to value my own experiences as a male feminist. I also utilize revisionist feminism in
revising or rebuilding the relations and roles between women and men. I enact
revisionist feminist principles through my attempts to re-construct our society
through my use and awareness of language (especially when I teach). I am attracted to

¹As these researcher biases are my own, it is necessary that I write in the first person. In
this way, I become responsible for my own voice and my biases. This is important as these
biases inform my research.
the ecofeminist notion of respect for and connection with nature. This respect reflects the idea that all things are living and I must recognize this vitality and value all things in nature as being alive. I also am attracted to post-modern feminist thought in that it focuses on critiquing the existing structures and relations of power so that there may be continuing possibilities for change. In this way, or in these thoughts and actions, I am a compound feminist. Hence, my view of feminism is one that views feminism as a tool for the critique, improvement/revision, and expression of the relations between women and men as they are based in a particular context, such as the organization.

Another important consideration accompanying my feminist bias, regards the issue of power. My bias in regard to power is reflective of a standpoint feminist perspective. As a white male in this society I am certainly privileged in regard to having access to speak and being heard. Although I am privileged as a white male, my experiences have allowed me to gain an understanding of positions of less or no power. I am relatively young, and have been a student for most of my life with little financial resources or access to established positions of power. I have also been a non-membered, non-religious individual in a pervasive and dominant religious culture. I see these experiences as they relate to power as being similar to standpoint feminism in that these are my own experiences and they have positioned me as distinct from others. Furthermore, because of these experiences, I tend to privilege the perspective of those who are in the least powerful position in a given situation, and tend to critique those people in positions of power.

In relation to sexuality, specifically focusing on reproductive choice issues, my perspective is that there should be as many birth control options as possible so that people may decide whether they should have children. This "choice" to have children demands a recognition of available resources both for the people having the child, and for what ecological resources are available for the child and the people on the planet. These
choices should encourage a non-judgmental attitude, responsibility, and care of the human body and mind. As far as issues of sexuality, I believe that people should be responsible, honest, and caring for themselves and those other(s) with whom they are in relation.

Emotional Expression in Organizations

Accompanying a feminist perspective of organizing is an examination of the expression of emotion in organizations. Organizations are becoming increasingly diverse. This diversity is reflected in the increasing number of women workers. By the year 2000, 47% of the workforce will be women (Johnstone, 1987). Interestingly, it is projected that 60% of all newly employed workers from 1985 - 2000 will also be women. In conjunction, minorities will make up 27% of new workforce members in this same period, and immigrant workers will increase from 7% in 1985 to 22% by the year 2000 (Johnstone, 1987). A significant issue for this diverse workforce is the expression of emotion. As there are a greater diversity of people with varying notions of how to express emotion, it is necessary to examine this area. Importantly, the expression of emotion as a framework is not used in this thesis in the stereotypical fashion whereby it is assumed that feminists and feminist perspectives are "emotional."

Significance of Emotional Expression

Emotional expression is vital to everyone's lives. People develop love for one another and express their commitment to each other. Rival groups promote hatred and become determined to eradicate the other group. Intimates feel sorrow at the loss of loved ones. There is a range of emotions that we experience in the modern world from sadness and grief, to depression, dysphoria and frustration, to anger, rage, fear, disgust, contempt, guilt and anguish. Additionally, we experience the emotions of envy, jealousy,
love, compassion, embarrassment, shame, and anxiety (Hochschild, 1983), among others.

The examination of emotional expression enables us to recognize that emotion is a significant part of both women's and men's everyday lives, both in private life and in public organizations. For instance, within the Interpersonal area of the field of Communication Studies, Planalp (1993) writes of her plans to research the areas of mutual knowledge, communication and emotion, and the examination of abuse in intimate relationships. Specifically she asks "...how do we communicate emotions in everyday life?" (1993, p. 5). Moving beyond the interpersonal realm, these same questions and others are being asked in an organizational context. For example, emotional expression has been found to be a vital component in the public lives of flight attendants and bill collectors who work for Delta Airlines (Hochschild, 1983). Within organizations this managing of emotions and emotional expression will become a normal part of our jobs; thus, there is great need to examine the expression of emotion in organizations.

Furthermore, emotional expression has not been studied extensively in an organizational context as emotion is perceived as being a physiological construct residing within the body and thus "inappropriate" for organizational life (Putnam & Mumby, 1993). Examining the expression of emotion makes emotion significant in an organizational context in that it is assumed as being negotiated or socially constructed through participation in the work context (Putnam & Mumby, 1993). Emotional expression is significant in that it is an integral aspect of organizational life. In this next section this organizational context of emotional expression will be highlighted.

**Management Approach to Emotional Expression**

Study of emotional expression in organizations has emphasized emotional "management" or "control," the use or management of emotion to be "productive" for the
organization. For example, at Disneyland, management personnel inform employees that if they are happy and joyful, then the customers, known as "guests," will also be happy and joyful (Van Maanen & Kunda, 1989). "Happiness" at Disneyland will ensure that patrons are satisfied, but it places an undue burden upon employees, especially when they have to be happy for eight hours at a time. A management-control orientation leaves much to be desired in the acknowledgment and exploration of emotion as a significant aspect of organizations.

Care as an Approach to Emotional Expression

A different approach other than that of "management" to the study of the expression of emotion is the study of emotion as it is a part of an emotional culture (Taylor, 1995). An emotional culture framework offers an orientation toward care with emotional expression rather than management of emotion as part of the emotional culture of an organization. It privileges female relationships and encourages participation among women.

Another aspect of this emotional culture is an "ethic of care." An ethic of care challenges organizational structures based on hierarchy and self-interested behavior through the utilization of democratic organizing that moves toward maintaining the emotional connections between women (Taylor, 1995). Importantly, Taylor may be interpreted as privileging the natural linking of women and emotion. The researcher does not take the view that emotion and women are linked any more than men and emotion are linked. Both women and men are emotional beings. However, traditionally, men are characterized as typically neglecting emotion and this offers a possible rationale as to why Taylor privileges female relationships.
Emotional Culture as Framework

Taylor's (1995) "emotional culture" offers an ethical understanding of emotion and its significance in organizations. It is ethical as it acknowledges emotion and emotional expression in human life, is participatory, and has the maintenance of personal relationships as a main component. An emotional culture and the ethic of care within this culture will be used as the second framework of this thesis for examining aspects of Western Health's emotional expression. Utilizing this theoretical framework, the researcher demonstrates his bias that organizations should allow for emotional expressiveness and have a strong ethic of care. This emotional expression framework will be further elaborated in the literature review in Chapter 2.

An Ethnography of Communication

Ethnography of communication is a research method that is used to examine the talk that occurs in a given situation. After a period of time is spent in the situation and through the use of descriptive theoretical framework (or lens) to examine the talk, conclusions about the particular cultural situation are made by the researcher. Conclusions are made about the cultural situation based on the talk and the framework so that the situation may be understood and shared with others. The idea of ethnography in the tradition of Philipsen (1977) is to create and share knowledge so that others may undertake the same process to revise or improve the theoretical framework.

Ethnography is situated in a given location. Due to this situatedness, ethnography allows for rapport, trust, and credibility to be established between researcher and participants. Similarly, as more time is spent in the speech community and as more familiarity is developed between the researcher and speech community members and members' ways of speaking, ethnographies of communication uncover the more subtle and more "invisible" aspects of an organization. The value of this detailed information is
to elaborate on existing theoretical claims, and to provide a part of an ongoing discussion around certain issues. These issues in this thesis are feminist ideology and praxis and emotional expression in organizational culture.

An ethnography of speaking is appropriate method to the study of WH for both theoretical and pragmatic reasons. Theoretically, this ethnographic approach will allow for testing and possibly validating, extending, or discarding the theoretical frameworks of feminist organizing (Martin, 1990) and emotional expression (Taylor, 1995) as they are applied at Western Health. Pragmatically, in order for research on feminist ideology, praxis, and emotion to be worthwhile at WH, a degree of trust and rapport had to be developed for the data to be encompassing, thorough, and revealing.

Trust is crucial because WH is a political (or contested) organization. It is a politically contested organization in that some people in society do not believe that WH should explicitly work toward informing people about sexuality and offering choices regarding their sexuality. This sexuality issue, as it is contested and politicized, is in many cases seen as a more "private" aspect of a person's life. For some people, talking about sexuality issues and working at an organization that encourages such talk is clearly unacceptable; therefore an ethnographic methodological approach that builds trust between the researcher and the researched was utilized.

This ethnographic approach also used aspects of an inductive method in coding and analyzing data. An inductive approach is fitting to this organization (WH) in that the organization deals with the sensitive issue of sexuality, and that both emotion and feminism, when examined together may be interpreted by some people to be reflective of the "emotional nature of feminists." Clearly, this is neither the desire nor intent of the researcher. Using an inductive approach will allow for the examination of the meanings of "emotion" and "feminism" as they are articulated and lived by the people in the organization rather than as they may be attributed by the researcher. Granted,
meanings of "emotion" and "feminism" will be guided through the two perspectives of Martin (1990) and Taylor (1995), and by the biases of the researcher as described above. Thus, this ethnographic methodology aims to uncover the ways of speaking in which organizational members of Western Health demonstrate feminist ideology, feminist praxis and an emotional culture that is reflective of an ethic of care.

Summary

The goal of this research is to examine, through ethnographic methods, an organization's situated communication practices in light of two theoretical frameworks, (1) a feminist ideological and praxis perspective and (2) an emotional culture ethic of care perspective. The researcher will use an inductive approach, namely Philipsen's (1977) linearity of research design, involving five steps of an ethnography of communication in researching this organization.²

The remainder of this thesis is divided into four chapters. Chapter Two is the review of literature. The ideas of feminism(s), feminist organizations, and emotion and emotional control in organizations will be elaborated in this chapter. Chapter Three elaborates on the ethnographic methods used to gather and analyze data by the researcher. Chapter Four is a discussion of the findings of the data. Finally, Chapter Five is the discussion of the findings.

²Briefly, these steps are to 1) identify the class of phenomena and select a speech community; 2) describe the connection between the meaning in the situation and the language that underlies the meaning in the situation; 3) select a descriptive-theoretical framework; 4) observe, record data, use open coding to code the data, and write about the data; and 5) make interpretations of the data (both four and five are undertaken in one reflexive process) (additions to steps four and five are adopted from Bach & Braithwaite, 1986).
CHAPTER 2: REVIEW OF LITERATURE

The emphasis of this study is feminist organizations and emotional cultures in feminist organizations as they are applicable to a reproductive health clinic. In this chapter reviews of relevant literature on feminist organizations and emotional expression in organizations are offered, followed by a review of the literature on the ethnography of speaking. In the feminist section, definitions of feminist perspectives of organizational communication will be discussed as necessary background to this work. Then, the definitions of a feminist organization will be offered to further provide a framework of a feminist organization. Finally, the use of one such definition to be used as one of the descriptive frameworks for this study will be offered as it is a comprehensive definition that allows for determining whether WH is a feminist organization.

The call for and use of feminist perspectives in organizational communication studies is increasing (e.g. Fine, 1993; Putnam, 1990; Foss & Foss, 1989). These perspectives are being used because they provide a valuable lens through which to think about and research organizational communication practices. Within this section of this chapter, organizational communication from a feminist perspective will be examined to provide background for further discussion.

Definitions of a Feminist Perspective

Feminist thought is a broad area with many different views of what feminism is. People often refer to feminism as "feminisms" because of its multiple dimensions (Fine, 1993; Bach & Bullis, 1983). Some of these feminisms include liberal feminism, standpoint feminism, Marxist feminism, radical feminism, contemporary socialist feminism, ecofeminism, post-modern feminism, revisionist feminism, and Black
feminism, to name some. As there are many feminisms, it is necessary to provide an overview of the offerings of feminist thought as a backdrop for understanding how these feminisms may be applied to organizational communication. In this section of the feminist literature review, various and multiple definitions of feminist perspectives will be provided, and then their possible contributions to organizational communication will be discussed. These feminisms were selected as they are encompassing and, to an extent, represent feminisms generally. A table of these feminisms, their main ideas, and their key assumptions is provided at the end of the feminisms listed here (see Table 2.1).

**Liberal Feminism**

Liberal feminism aims toward the goal of equal legal, political, and social rights for women. This goal includes involving women equally with men in all public institutions, with an emphasis on education (the "creation of knowledge") so that women's issues are no longer ignored (Phillips, 1987). Examples of liberal feminism are the promotion of legislation that prohibits discrimination against women, such as legislation signifying that men and women are equal marriage partners (Jaggar, 1988). A critique of liberal feminism is made against its focus on individualism (Phillips, 1987). The basic critique is that liberal feminism's focus on the individual as an independent "actor" is inconsistent with recent research which positions the individual within a social network of influence which provides the context for how "individuals" or people act (Jagger, 1988). Liberal feminism brings insight into issues of women's power in organizations, and how power is negotiated or suppressed through and around organizational legalistic policies.
Standpoint Feminism

Standpoint feminism is also known as "Women's Voice" feminism (Calas & Smirchich, 1989). This feminism focuses on women's experiences (women's voices or women's standpoints) as valid along with men's experiences (Calas & Smirchich, 1989) and as an alternative to men's experiences (Bach & Bullis, 1983). As such, this perspective demonstrates and celebrates the differences between women's and men's experiences and places women's (different) experiences as another valid form of human experience (Calas & Smirchich, 1989). As this perspective is based on women's experiences, standpoint feminists recognize the need for all women to be able to articulate their experiences and standpoints to be able to effect positive change for women in the world (Bach & Bullis, 1983).

Standpoint feminism allows for the comparison among groups of women in specific contexts and settings in multiple organizations. Through this comparison, women's work experiences are highlighted which emphasize the personal relationships and the connections within and among women in these different contexts. Such comparisons also allow insight into gendered interactions within these settings (Buzzanell, 1994), all of which may lead to change in others toward creating new ways of organizing.

Marxist Feminism

Marxist feminism posits that nobody, but especially women, can gain equality when society divides people into classes based on power and wealth (Buzzanell, 1994). Women's oppression, according to Marxist feminism, is an outcome of the "political, social, and economic structures associated with capitalism" (Tong, 1988, p. 39). Marxist feminists strive for the removal of class boundaries and re-education, so that competition is replaced by cooperation (Jaggar, 1988). Marxist feminism brings to
organizational communication an exploration of how everyday interaction subordinates women through oppressive economic and class structures, as these economic and class structures are replicated within the organization (Buzzanell, 1994).

Radical Feminism

Radical feminism is a contemporary phenomenon of the late 1960's, which emphasizes feelings and personal relationships (Jaggar, 1988). It is radical in that it advocates minimizing or abolishing women's traditional responsibilities of childbearing and childrearing - through contraception and abortion (Jaggar, 1988). Historically, radical feminists are from a predominantly white, middle-class, college-educated background. These women termed themselves "radical feminists" to signify their "commitment to uncovering and eradicating the systematic or root causes of women's oppression" (Jaggar, 1988, p. 84). Radical feminism seeks to make visible the finer, "all pervasive" distinctions between the sexes in both the public (work) sphere and private (personal) sphere. Proponents of radical feminism argue that gender is the way that women are subordinated to men, as it is an elaborate system of domination of women by men. Thus, the goal of radical feminism is to understand the system as it is produced by men and to change (destroy) it (Buzzanell, 1994; Jaggar, 1988).

Radical feminism brings into question the traditional means of social scientific research constructs, assumptions, and methods to communication studies, with the recommendation of beginning anew entirely (Buzzanell, 1994). Radical questioning is done by examining the system of male domination by returning the focus of research back to women; focusing on their discourse and patterns of interaction, and specifically focusing on cooperative "female-valued" organizations (Buzzanell, 1994). Radical feminism thus encourages taking different approaches to the study of communication and
to ask different questions in regard to what is worthy of being studied in the organization (Buzzanell, 1994).

**Socialist Feminism**

Socialist feminism is a product of the 1970s which attempts to construct a feminism that is a synthesis of radical and Marxist feminisms (Jaggar, 1988). It attempts to develop a political theory and practice that liberates women through the attempt to understand personal activities (e.g. sexuality, childbearing and childrearing, home care, etc.) in a deliberately historical manner (Jaggar, 1988). This historical manner takes into consideration Marxist feminist orientations (critiques of capitalism) and radical feminist orientations (critiques of patriarchy) with hopes of taking the best from each to accomplish women's liberation (Jaggar, 1988). Thus, socialist feminists elevate synthesis and integration by focusing on the numerous forms of male oppression (i.e. gender, race, class, and sexual orientation), rather than simply emphasizing oppression by worker or class status (Buzzanell, 1994).

Socialist feminism offers insight into organizational communication studies through offering two means of changing male-dominated values of competition in the organization to cooperation. These are disengagement and mainstreaming. Buzzanell utilizes Adamson, Briskin, and McPhail's terms (1990) to define disengagement and mainstreaming; disengagement is the "desire to create alternative structures and ideologies based on a critique of the system and on standpoints outside of it"; and mainstreaming is the "desire to reach out to the majority of the population with popular and practical feminist solution to particular issues" (Buzzanell, 1994, p. 356). These actions allow either for change through creativity or change through mass mobilization to enact cooperative values in the organizational setting.
Ecofeminism

Ecofeminism combines ecology, feminism, and spirituality to illuminate the historical, symbolic, experiential, and theoretical connections between the domination of women and nature by men (Bach & Bullis, 1983). As such, ecofeminism is both a critical social theory and an activist movement that recognizes nature as being alive. Ecofeminism challenges the patriarchal notions of domination, hierarchy, and dualism, while explicitly valuing and acting in ways that support diversity and the vitality of life, or the view that all of life is sacred and alive.

Ecofeminism brings three considerations to organizational communication (Bach & Bullis, 1983). First is that ecofeminism allows us to view organizational communication with caring, with a focus on relationship building, and with emotion. Second is that ecofeminism allows for the use of a personal narrative to illuminate the more sensitive aspects of an organization as the individual perceives themselves in relations with others, while also recognizing and allowing the other individual voices, those voices in relation, to be heard. In this way, all organizational members have a voice which may be heard. A final aspect of this feminism is that it seeks to break down the dichotomy of private and public life by recognizing that dichotomous terms inherently value one part of the term over the other. Breaking the dichotomy down recognizes that both sides of the term are valued, rather than only one. In this way, all of life is said to be valued for ecofeminists (Bach & Bullis, 1983).

Post-Modern Feminism

Post-modern feminism, also referred to as post-feminism (Calas and Smircich, 1989) questions the validity of all categories of experience. Post-feminists take as given that the world and our experience in it is constructed through our language and as such, recognize that dualistic categories (e.g. women and men) are constructed
culturally and may therefore be de-constructed to demonstrate how one side of the
dualistic category is privileged. Of particular interest to the post-feminist is how
gender is constructed with women being the de-privileged side of the pair (Calas &
Smirchich, 1989). Culture or society (and more specifically within this thesis) the
organization, becomes the "text" wherein these dualistic categories are created or
invoked with meaning (Calas & Smirchich, 1989). That is, the organization becomes
the site where dualistic categories (e.g. men and women or staff and administration) are
created, and the place where these categories may be de-constructed.

The insight post-modern feminism offers to organizational communication is the
notion that there is never a single Truth. This multiplicity of truths allows for an
imaginative approach to organizations which demands a recognition that the organization
is constantly changing, that the organization is never fully "established" (Calas &
Smircich, 1989). For example, post-modern feminist thought is one way to make
cooperation visible to organizational members, by making obvious, through
deconstruction, the unstated competitive assumptions in the organization (Buzzanell,
1994).

Revisionist Feminism

Revisionist feminism focuses on how to reconstruct or "revision" the world so
that both men and women are not oppressed by the implications of masculine and
feminine stereotypes (Buzzanell, 1994). This type of feminism recognizes the
similarities and differences of men and women and how these may be changed to
reconstruct a world that honors women's values (Buzzanell, 1994; Marshall, 1989).
By focusing on women's experiences and honoring those experiences, revisionist
feminism offers views of the meanings of women's work. This meaning is valuable for it
extends and complements men's definitions of work. Importantly, these meanings bring
a more fluid and much less distinct view of personal and professional lives (Buzzanell, 1994). This is important for organizational communication theorizing in that it opens up a new area to be examined and critiqued, namely the combination of the public and private spheres.

Significantly, this revisionist view of feminism is not to be confused with standpoint feminism as revisionist feminism focuses on re-constructing both men's and women's worlds, while also honoring women's socialization and values (instead of only honoring women's experiences). Revisionist feminism allows for the inclusion of many interpretations (e.g. both women's and men's) without placing more significance on one or the other. Thus, revisionist feminism also demands a reflection of the constructs that are developed and the methods used in exploring these constructs within an organization in order to reflect a more feminist orientation (Buzzanell, 1994).

**Black Feminism**

Black feminists articulate the "interconnections of race, gender, and social class in Black women's lives" (Collins, 1990). This view of feminism also includes the notion that black feminists have multiple identities as they have "outsider-within" status. This status involves their identities in relation to feminist thought and being a person of color - as feminist thought is traditionally identified as belonging to white feminists (Jaggar, 1988). Black feminists acknowledge the oppression of being linguistically framed in terms of the language of the dominant group (i.e. white) (Collins, 1988). The core themes of black feminism include a history of struggle, notions of "community" that are strong and emphasize care and emotional strength, and the emphasis on the everyday experiences of black women (Collins, 1990; Jaggar, 1988). Racial meanings are seen as historically constituted in traditions, history, and culture of mothers, songs, cooking, and gardens (Jaggar, 1988). Importantly, education
is seen as a theme of change and empowerment (Collins, 1990). Black feminism brings to organizational communication studies a broader and more complete view of issues of oppression, namely a historical view of class and race, which along with gender make for a more encompassing focus of organizational communication studies.

This list of feminisms is neither complete nor extremely in-depth. It is written with the goal of describing some of the various perspectives of feminisms and what these feminisms have to offer organizational communication theorizing and research. They are offered to illustrate how feminism may inform organizational communication theory, research, and practice. These feminisms are not completely representative of all feminist perspectives, nor are they completely defined in their application to organizational situations. Many of them may and do overlap to some greater or lesser extent when applied to an organization. For instance, one or more feminisms may be seen as operating within the organization by different members; or people in the organization may use different feminisms for different ends (e.g. see Gottfried & Weiss (1994) for this overlapping of feminisms, what they term "compound feminist organizations"). However, as they are described above these feminisms do provide a background that is both necessary and (hopefully) sufficient for a more complete understanding of the various feminist perspectives of organizational communication. These feminist perspectives will help in determining whether WH is a feminist organization. In table 2.1 a summary of these nine feminisms is provided.
Table 2.1
A Summary of Nine Feminisms

<table>
<thead>
<tr>
<th>Type of Feminism</th>
<th>Beliefs about Women</th>
<th>Beliefs about Men</th>
<th>Key Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberalism</td>
<td>Women should have equal legal, political, and social rights.</td>
<td>Men need to make room for women to have equal opportunities.</td>
<td>Examines how power is manifested around legalistic and bureaucratic policies.</td>
</tr>
<tr>
<td>Standpoint</td>
<td>Women experiences are different than men, and their experiences should be valued.</td>
<td>Men are different than women, and are unable to understand women's perspectives.</td>
<td>Women need to articulate their experiences to affect positive change (Bach &amp; Bullis, 1983).</td>
</tr>
<tr>
<td>Marxist</td>
<td>Women are oppressed through economic and social class structures.</td>
<td>Men are also subordinated through economic and social class structures.</td>
<td>Marxism encourages the examination of the replication of class structures.</td>
</tr>
</tbody>
</table>
Table 2.1 Continued.

A Summary of Nine Feminisms

<table>
<thead>
<tr>
<th>Type of Feminism</th>
<th>Beliefs about Women</th>
<th>Beliefs about Men</th>
<th>Key Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radical</td>
<td>Advocates abolishing the traditional roles of women.</td>
<td>Men produce the systems that oppress women though sexual aggression and violence (Buzzanell, 1994).</td>
<td>Distinguishes between &quot;private&quot; and &quot;public&quot; spheres, and advocates destruction of systems of dominance.</td>
</tr>
<tr>
<td>Socialist</td>
<td>Transcend oppression through the synthesis/integration of personal activities with awareness of historical and capitalistic forces.</td>
<td>Men oppress women through the gender, race, class, and sexual orientation. (Buzzanell, 1994, Jaggar, 1988).</td>
<td>Women are liberated through awareness of personal activities and how they are patriarchal and capitalistic.</td>
</tr>
</tbody>
</table>
Table 2.1 Continued.

**A Summary of Nine Feminisms**

<table>
<thead>
<tr>
<th>Type of Feminism</th>
<th>Beliefs about Women</th>
<th>Beliefs about Men</th>
<th>Key Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecofeminism</td>
<td>Women, like nature, are dominated by men. Women are diverse, caring, and honored.</td>
<td>Systems of patriarchy are set up and maintained by men to oppress women and that promote the destruction of women (Bach &amp; Bullis, 1983).</td>
<td>Focuses on power and on enacting feminist values that recognize women and that nature is alive.</td>
</tr>
<tr>
<td>Post-modernism</td>
<td>Women are deprivileged in relation to men.</td>
<td>Men are privileged in creating culture.</td>
<td>World is constructed culturally, may be deconstructed. Deconstruction examines the value inherent in relationships.</td>
</tr>
</tbody>
</table>
Table 2.1 Continued.

A Summary of Nine Feminisms

<table>
<thead>
<tr>
<th>Type of Feminism</th>
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<th>Beliefs about Men</th>
<th>Key Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisionist</td>
<td>Women are fluid, and able to move between categories.</td>
<td>Men are also viewed as capable of being fluid, but to a lesser extent of men.</td>
<td>Seeks to &quot;revision&quot; the world so that people are not oppressed by male and female stereotypes (Buzzanell, 1994).</td>
</tr>
<tr>
<td>Black</td>
<td>Black women are distinct form other women based on their race, class, and gender. Black women have multiple status. (Collins, 1990)</td>
<td></td>
<td>Focuses on everyday experience of black women. (Collins, 1990).</td>
</tr>
</tbody>
</table>
Feminist Organizations: Definitions and an Application

Along with the values of feminist perspectives of organizational communication, it is useful to have an idea of what a feminist organization "looks" like or how people within feminist organizations communicate. In this section, definitions of feminist organizations will first be provided with an emphasis on six of Martin's (1990) ten dimensions of a feminist organization so that a clear template of what a feminist organization may be offered. Martin's (1990) framework will be used as an encompassing and useful model of a feminist organization to determine whether Western Health is a feminist organization. These dimensions provide a background for the research questions which guide this study.

Definitions of Feminist Organizations

In this section, definitions of feminist organizations will be provided, along with an evaluation of each as to their usefulness toward identifying a feminist organization. A feminist "alternative" organization is a place where women may collectively create organizations, through their various meanings or interpretations in defining what a feminist organization may be (Mumby, 1996). These meanings hold that feminist organizations are beyond the control of patriarchal forms of domination, and emphasize an egalitarian and non-hierarchical structure. This view of feminist organizations is based on a social construction of the organization through women's collective interpretations. Such a view of an organization communicates another "alternate truth" of the organizing process, and reflects an interpretive view of organizing (1996, p. 283-284). An interpretive view of organizations offers an understanding of the organization based on the different meaning of the organization for the people who work in the organization. A critique of this view of a feminist organization is that such
organizational structures rarely occur. That is, feminist organizations are difficult to create, but not impossible (Mumby, 1996).

A feminist organization may is also seen as "the places in which and the means through which the work of the women's movement is done" (Ferree & Martin, 1995, p. 13). Here, an inductive and social-constructionist view of organizations is offered (Ferree & Martin, 1995). As feminist organizations in this view are capable of self-definition, seemingly any organization which is perceived as a place or agent of feminist work, however that is defined, is a feminist organization. This definition seemingly accepts a great variety of organizations.

Buzzanell (1994) defines a feminist organization based on Martin's 1990 definition:

Feminist organizations are defined as for profit and nonprofit, pro-woman, political, and socially transformational. They include the National Organization for Women (NOW), women's service organizations (e.g., feminist women's health clinics, rape crisis center, and battered women's shelters), and feminist cooperatives .... (Buzzanell 1994, p. 353).

This description of a feminist organization seems to be circular, using organizations that are already feminist (e.g. NOW, and "feminist women's health clinics") as the definition for feminist organizations. This description of these organizations may be seen as circular because of the social issues with which they are involved - which focus around feminist issues.

Feminist organizations are also seen as "impure" organizations and are called "compound feminist organizations" (Gottfried & Weiss, 1994). Such organizations are impure as they combine elements from more than one feminist practice and or ideology. As such, compound feminist organizations are fluid, using different feminist strategies at different historical moments of the organization. Relatedly, this compound view emphasizes a pragmatic and contextualized view of a feminist organization over the
theoretical view of feminist organizations (Gottfried & Weiss, 1994). For example, the authors view Purdue's Council on the Status of Women to be a compound feminist organization in that a liberal feminist perspective may be seen in the Council's goal statement, while a radical, Black or socialist feminist perspective is evident in the use of the Council's willingness to confront the administration on issues of change through the use of the local press (Gottfried & Weiss, 1994). Thus, depending on the situation and the desired goal of this feminist organization, different feminisms can be seen as guiding or influencing this organization. This pragmatic approach to a feminist organization is a characteristic of a compound feminist organization.

Thus far, in these definitions a "feminist organization" looks like an organization that focuses on gender and is pro-women. Feminist organizations tend to be participative and less hierarchic and bureaucratic, yet are not ideally participative/democratic or bureaucratic as they are actual organizations where people work and which have varying structures. Feminist organizations are places where organizing for women happens, and this is how feminist organizations accomplish work. As a part of this accomplishing of work, feminist organizations are transformative.

Two of the definitions above view feminist organizations as being defined as places where feminist actions are undertaken (Ferree & Martin, 1995; Buzzanell, 1994). One definition views feminist organizations as being fairly difficult to achieve theoretically (Mumby, 1996), while another views them as being based in particular contexts and using different feminist strategies to attain different goals which are fitting in these contexts and are therefore based in reality and as such are already achieved, rather than only theoretical (Gottfried & Weiss, 1995).

These definitions of and distinctions between feminist organizations, to some extent, reflect the feminist perspectives described earlier in that they are diverse. Feminist organizations are both ideal theoretical types and actuated practices, they are
situated in reality, accomplish or enact work, and are typically participatory, but may not necessarily be unstructured. Some feminist organizations are also highly pragmatic; they do what needs to be done, using different and wide ranging feminist practices, to meet a desired goal within a specific situation. These definitions of feminist organizations provide various views of feminist organizations. What is needed is an encompassing view of a feminist organization that is flexible enough to address the different feminisms available, yet has boundaries so that qualities of a feminist organization may be made sense of. Martin (1990) attempts to offer just such a perspective with her ten dimensions of feminist organizations.


Martin provides an extensive and detailed framework for defining a feminist organization. These ten dimensions of a feminist organization are feminist ideology, values, goals, outcomes, founding circumstances, structure, practices, members and membership, scope and scale, and external relations. These characteristics provide a comprehensive and descriptive image of how an organization may be a feminist organization.

As these ten dimensions are more comprehensive than the definitions offered above, six of these ten dimensions will be used as one of the descriptive frameworks for the theoretical development of this thesis. Briefly, only six dimensions are used as they do not violate the confidentiality of Western Health. These six dimensions include ideology, values, goals, outcomes, structure and practices.

3 A table of all ten of these dimensions is offered in Appendix A.
4 A more complete description of a descriptive framework as used for theoretical development will be discussed in the following methods chapter, see Descriptive Frameworks below. Briefly, a descriptive framework is a theory that guides the questions that will be asked of the participants in the research setting, as well as guiding the researcher in looking for specific communication phenomena in the research setting and in the data (Stewart & Philipsen, 1982).
Six Dimensions of a Feminist Organization as Descriptive Framework

Feminist Ideology

Ideology has to do with the generalized beliefs, and the more broad and more nebulous aspects of every organizational context (Martin, 1990). In this sense for this researcher, ideology may be equated with belief or perspective. Feminist ideology is the acknowledgment that women are an oppressed and disadvantaged group which is based in social structures, and that the necessary change out of oppression requires social, political, and economic changes (Martin, 1990). These aspects of a feminist organization's ideology are evident in its mission, its organizational rationale, and its range of activities and concerns. (Although Martin does not specifically discuss how these ideology aspects are evident, she does state that other dimensions need to be explored in order to fully define an organization as feminist. These dimensions will be more fully elaborated on below.) Ideologies may include liberal feminism, Marxist feminism, radical feminism, and standpoint feminism among others. Regardless of the feminist ideology to which an organization may subscribe, a feminist organization will have a feminist ideology that acknowledges the oppression and disadvantages that women experience, and that this oppression is based in social events (Martin, 1990). An organization's ideology will allow for viewing what the organization's leaders see as being an accurate view of their organization. That is, "Ideological claims and disclaimers can tell us only what organizational leaders (or official documents) assert to be true or are willing to admit" (Martin, 1990, p. 192). Ideology allows us to view a specific part of the whole of a feminist organization.

Throughout the explanation of the six of Martin's (1990) ten dimensions used in this study, there will be examples of how these dimensions may take form in an organization. These examples will be provided through an organization called "The
Feminist Bookstore." Although this organization is fictitious, it is based on the researcher's casual perceptions of a "women's" bookstore in the Western United States.

The ideology of The Feminist Bookstore becomes apparent through examining its mission statement. The Feminist Bookstore's mission statement clearly and explicitly states that the organization is associated with the women's movement. The statement is written in such a way that it specifically argues for equality of women with men (liberal feminism) and for the education of women and men so that a better society may be re-constructed (revisionist feminism). As such, the organization "officially" endorses feminist beliefs and is therefore considered a feminist organization. To more fully view how an organization may be a feminist organization involves examining other aspects besides its members' ideologies (Martin, 1990). One of these aspects is the organizational members' values.

Feminist Values

Feminist values are the, "...normative preferences that are invoked as guides to goal formation, action, planning, policy making, and so on..." (Martin, 1990, p. 192). Feminist values include egalitarianism, cooperation, nurturance, and peace and are focused on interpersonal relationships, empowerment, self-esteem building, personal autonomy, participation, and/or democracy. Feminist values provide an idea of how an organization views itself, or how it provides a self-image (Martin, 1990). The values that an organization has depend upon the people (both leaders and members) in the organization, its situation in a community (and in nested communities (i.e. city, state, and national governments), and how these entities all work together to create the organization's values (Martin, 1990). Similarly, the values of the feminist organization would also seemingly depend upon which type of ideology the organization
may be said to subscribe to, although Martin does not explicitly state this (Hayden, 1996).

An example of a feminist value that would indicate a feminist organization is the emphasis placed on cultivating personal relationships among and between staff and clients at The Feminist Bookstore. Although this value is not a liberal feminist value, it tends to represent revisionist feminism in allowing a means for the education necessary for reconstruction of society to occur. As such, The Feminist Bookstore may be said to honor a feminist value. Feminist values accompany feminist goals, for these goals are the projected outcomes that are based on the values.

Feminist Goals

Goals are the "action agenda that an organization claims it wishes to achieve and that it actually pursues..." (Martin, 1990, p. 193). Feminist goals are of three main types. The first goal is "to change their women members by improving their self-esteem, political awareness, skills, and knowledge...," the second goal is "to serve women generally through providing education or services such as political education, personal counseling, health care, shelter from batterers...," and the third goal is "to change society so that women's status, treatment, opportunities, and condition in life are improved" (Martin, 1990, p. 193). Comparison between feminist organizations can be made on the basis of whether the organization's goals are more internal or external or both. Specifically, a feminist organization's goals can be analyzed and evaluated on the extent to which they are more on a personal (internal) or societal (external) transformational level (Martin, 1990, p. 193). Here, Martin again describes how to make distinctions among feminist organizations, without evaluating one type of feminist organization as "better."
An example of feminist goals is the goals of The Feminist Bookstore. The goals of this bookstore involve all three of Martin's goals. The bookstore aims to change women members through having certain books available that are on women's issues such that women's knowledge may be increased, they may gain skills, and as one outcome, they may improve their self-esteem. The bookstore also has as it's goal to serve women generally. To this end the bookstore carries books on women's health, and offer services such as ordering certain authors and publishers that are specific to women's interests. The bookstore also attempts to change society (which may be interpreted as re-constructing society), not only through the previous two goals, but also through bringing in guest speakers and by collecting books to resell for specific fundraisers for women's causes.

**Feminist Outcomes**

The next dimension of a feminist organization is directly related to its goals or activities, and asks what are the outcomes of a feminist organization. This fourth dimension, feminist outcomes, includes "the consequences for members, for all women, and for local and national societies of feminist organization activities" (Martin, 1990, p. 193). Outcomes may include the more personal aspects of improvement of self-esteem for women, developing a sense of power and autonomy, political awareness, and consciousness of women's oppression, as well as the larger societal aspects of affecting and improving the expectations and perceptions of women. Feminist outcomes for the Feminist Bookstore are the purchasing of new cooking equipment for the community child-care and education center with money that was raised from the selling of the donated books to The Feminist Bookstore. In that an outcome of this book selling is to help an education center, this outcome may be said to be both liberal and revisionist, as they both strive to educate people, although to different ends. (A liberal feminist
perspective educates with the aim of equality, while a revisionist feminist perspective educates with an aim toward rebuilding the roles of men and women.)

An organization is a feminist organization if it meets any one of the first four dimensions described above, as these four represent feminist organizations in Martin's (1990) experience. An organization is a feminist organization if it meets any of the other two criteria listed below (structure and practice) although these second two dimensions are not unique to feminist organizations. These second two dimensions, while not unique to feminist organizations are widely discussed in the feminist literature and are representative of feminist organizations (Martin, 1990). These second two dimensions are included to "indicate additional dimensions on which feminist organizations can vary and still qualify as feminist" (Martin, 1990, p. 189).

Structure

Structure refers to the organization's intended "normative internal arrangements, ... the manner in which control or authority is organized and power is distributed, the way work is divided up and integrated, and the arrangements for decision making and conflict resolution" (Martin, 1990, p. 195). Typically, structure in feminist organizations is more democratic or participatory and less hierarchic and bureaucratic. However, there are no ideal feminist organizations, and as such, feminist organizational structures are often mixtures of bureaucracy and democracy (Martin 1990, p. 195).

The intended structure of the Feminist Bookstore is that of a hierarchical pyramid. There is supposed to be a single person at the top of this organizational pyramid who is responsible for all major decisions. This person is also supposed to be paid the largest wage. As this structure was first created in the late 1960s, it doesn't
really fit a revisionist feminist organization in that the organizational structure has not been re-constructed from previous traditional hierarchic/bureaucratic structures. Thus, in a revisionist feminist perspective, The Feminist Bookstore could be characterized as not having the intended structure of a feminist organization. (This bookstore would still be considered a feminist organization because it meets the four criteria of Martin described above). In a parallel manner, The Feminist Bookstore may also be characterized as having a feminist structure in that through a liberal feminist perspective hierarchy is acceptable as long as every position is open to (and occupied by) women, and that these women are receiving the same wage as men in comparable positions.

Practices

Whereas structure refers to the intended arrangements, or to the ways that things should be done in a feminist organization, practice, the sixth dimension of the dimensions of a feminist organization used in this study, refers to the way things actually are done (Martin, 1990). More specifically, practices are "the strategies and tactics that feminist organizations employ, both internally and externally" (Martin, 1990, p. 196). An important issue in regard to practice is whether feminist organizations "employ a uniquely feminist praxis [combination of theory or beliefs, and action based on that belief or theory] and, if so, the form it takes and with whom it is employed" (Martin, 1990, p. 196). This dimension is a focus on the "doings" of the organization and whether these doings are specifically feminist. Descriptions of some of the practices that are undertaken by feminist organizations include: delivering services in ways that emphasizes caring and empowerment for their customers, lobbying the government, creating demonstrations, giving speeches, advertising on TV and radio, and competing for funding by writing proposals (1990).
The Feminist Bookstore is an organization that is composed of two alternating work teams. People typically work part time, 20 hours a week, except for the two directors who are full time. The directors are responsible for the scheduling. Each director is responsible for one team, and they both know fairly realistically what the other is doing as they work closely together. Team members often switch work hours to meet their various schedules. They also work closely with the directors to order books, check inventory, serve clients, and clean the bookstore. There isn't a lot of bureaucracy, except for the ordering of slips and scheduling of hours, and the only hierarchy is evidenced by having the director positions.

While this characterization of the "work team" of The Feminist Bookstore is not unlike many other organizations (including non-feminist organizations), this bookstore may be characterized as having feminist practices in that the workers are hyper-aware of the goal of empowering women through education (available through the books) and through the practice of caring for all the people in their bookstore. As a result, clients are treated in a "caring" manner, as are all employees. Basically, this bookstore qualifies as having feminist practices, and in regard to the six dimension discussed here is a feminist organization. Table 2.2 offers a synopsis of the six dimensions of Martin (1990) used in this study.
Table 2.2
Six of Martin's (1990) Ten Dimensions of a Feminist Organization

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Feminist ideology</td>
<td>The question to ask here is &quot;Does the organization endorse feminist beliefs?&quot; And if so, what feminist beliefs are they?</td>
</tr>
<tr>
<td>II. Feminist values</td>
<td>Here, the question asked is &quot;Does the organization emphasize feminist values?&quot; Such values would include care, cooperation, personal relationships, and participation of all organization members.</td>
</tr>
<tr>
<td>III. Feminist goals</td>
<td>This dimension asks &quot;What is the internal action agenda of the organization?&quot; That is, does the organization encourage women and society to change?; and are women generally served by achieving this goal?</td>
</tr>
<tr>
<td>IV. Feminist outcomes</td>
<td>The question to ask of the organization here is &quot;Are there subjective and material transformations in the people who participate with this organization?&quot; Is society transformed by this organization's work?</td>
</tr>
<tr>
<td>V. Structure</td>
<td>Here, the question is &quot;What are the organization's internal working arrangements?&quot; This is a concern of the organization as being participatory or bureaucratic, hierarchical or flat.</td>
</tr>
<tr>
<td>VI. Practices</td>
<td>The question asked here is &quot;What do members enact in following their goals, and are these acts consistent with feminist ideology, goals, and values?&quot;</td>
</tr>
</tbody>
</table>
Table 2.2 Continued.

Six of Martin's (1990) Ten Dimensions of a Feminist Organization

Note. Adapted from Martin 1990, pp. 190-191.

Summary

As a brief summary, there are six dimensions that will be used in this study from which a feminist organization may be characterized. Being situated in any one of the first four of these dimensions (i.e. feminist ideology, feminist values, feminist goals, and feminist outcomes) makes for a uniquely feminist organization (Martin, 1990). The second two dimensions, (i.e. structure and practices), while not unique to feminist organizations, are widely discussed in feminist literature, and indicate additional dimensions that an organization may qualify as being a feminist (Martin, 1990).

As indicated earlier, Martin attempts to provide a framework of a feminist organization that is encompassing and flexible yet has enough edges so that a feminist organization has form. The dimensions provide an outline or scheme for applying to particular organizations in a heuristic manner that will be rewarding in discovering more about whether an organization qualifies as a "feminist organization." The descriptions of each of these dimensions are reviewed and used in this study to demonstrate the specificity and the utility in adopting these six dimensions as a descriptive framework in describing WH as a feminist organization.

In utilizing these specific dimensions of Martin's, the researcher will apply the six dimensions of feminist ideology, feminist values, feminist goals, feminist outcomes,
feminist structure, and feminist practices to Western Health in determining how WH is a feminist organization. Information surrounding the founding of the organization, the scope and scale of the organization, members and membership of the organization, and its external relations (Martin, 1990) will not be examined, as there are not enough data to support discussion of these dimensions. Moreover, if these other dimensions are highlighted the confidentiality of the organization may be compromised. A final reason for not utilizing those dimensions is that any one dimension of feminist ideology, values, goals, and outcomes are sufficient to characterize an organization as feminist (Martin, 1990); having these additional dimensions as descriptive framework will increase the validity of the results of this study.

Hence, in exploring whether WH is a feminist organization the following research questions will guide this investigation.

Research Question #1: What is the feminist ideology of Western Health?
Research Question #2: How is feminist praxis enacted at Western Health?
Research Question #3: How is Western Health a feminist organization?

Responses to research questions one, two, and three will be provided through the analysis of data.

Emotion and Organizational Communication

Similar to the increase of the use and call for feminist perspectives in organizational research is the use and call for emotional perspectives. Not only is studying the communication of emotion interesting and pleasurable (Rafaeli & Sutton, 1989), as it simply has to do with emotions, but the examination of the communication of emotion in organizations is becoming more significant and recognized. This is apparent in the call for the recognition of a more "rational" concept of emotion, whereby emotion is viewed as legitimate and complementary to reason, in regard to organizational
behavior (Mumby and Putnam, 1992). As emotion is becoming more "legitimate" and recognized as an inherent aspect to every organization, it is necessarily in need of more study.

In regard to feminist organizations, Taylor (1995) argues that there is always an emotional facet to the organization. This notion is significant to this thesis as WH is examined as to how it is a feminist organization. Feminist organizations always have an emotional aspect due to the emotion experienced as being a feminist involved with the "daily struggles" of feminism (Taylor, 1995, p. 223). She also argues that feminist organizations are inherently emotional in that there is a motivational aspect in the feelings of anger from injustice, joy in participating, the love and friendship discovered and shared with other women, and the "pride" in remaining feminist with continued opposition (1995, p. 224). In these ways, the expression of emotion is feminist organizations is a central component of the organization.

In this section of the literature review a discussion of emotion and organizational communication is provided. Specifically, the study of emotion and its significance in organizations is provided, with the emotional perspectives and definitions of emotion articulated, and the relevance of emotion and communication in an organizational context discussed as these provide a general background for emotional expression in organizational communication. Then the focus of a "control" orientation to emotion in organizations is critiqued. A fresh view of the study of emotions in organizations is offered, with an explicit focus on an emotional culture with an "ethic of care" as an alternative to the organizational "control" orientation highlighted. Finally, a theoretical "ethic of care" descriptive framework is offered as a means for the examination of the speech community of study for this thesis.
Organizational communication studies on emotion are focused on the communicative phenomena that effectively work to manage the emotions of the people in the organization. There are numerous articles that examine exactly this management or control of emotions (e.g. Rafaeli & Sutton, 1989; Van Maanen & Kunda, 1989; Waldron & Krone, 1991). Provided in this section are the definitions of emotion, definitions of relevant emotional terms, and a review of the emotional literature in organizations and how this literature is focused on emotional control. (This bias of control in studies of organizational communication will be critiqued and a bias of caring will be offered in its place.)

Three Views of Emotion

There are three views of emotion within the social sciences; organistic, interactional, and social constructionist (Abu-Lughod & Lutz, 1990 on social constructionism; Hochschild, 1979, 1983, 1990). To provide a broad understanding of emotion, each of these views will be briefly defined along with their accompanying terms.

The organistic view of emotion. In the organistic view, emotion is seen as an instinct with no social influence. That is, emotions are an instinct that we have as a biological creature. As noted, "In this [organistic] view, one could as easily manage an emotion as one could manage a knee jerk or a sneeze" (Hochschild, 1979, p. 554). The organistic view is developed out of the works of Charles Darwin, William James, and Sigmund Freud. There are five characteristics of this view. First, emotion is seen as a biological process (Hochschild, 1983). As such, for Darwin it is an instinct, for James...
a psychological process, and for Freud it is a "libidinal discharge" (p. 205). Second, emotion is fixed as a "basic similarity" across all different categories of people - it is a rudimentary element of being human. Third, the manner in which an emotion is labeled, assessed, or expressed in the organistic view is seen as extrinsic to emotion, which results in a lack of interest in how the emotion is instinctually monitored. Fourth, emotion is assumed to exist prior to introspection; emotion is always a part of existence, whether one is aware of it or not. Finally, as emotion is a biological event, there is interest or concern in the origin of emotion. As this view is based in biology, the only role of social factors in emotion is for them to act as "triggers" to biological reactions that then help to steer the emotional expression into appropriate channels.

**Interactional view of emotion.** The interactional view assigns more social influence to emotions than the organistic view. Within the interactional view emotions are "deeply" social rather than completely biological (Hochschild, 1979). Emotion goes beyond being elicited or regulated. It does not merely happen before an event, or after an event, but it happens during the event "interactively" (Hochschild, 1990). An interactional emotional view allows for the shaping of emotions as they are happening (Hochschild, 1990). As such, emotion is not strictly biological, rather, there is always some biological component of emotion that is involved in the social event of emotion (Hochschild, 1983). What is important to this interactional view is the meaning that emotion takes on in these social events (Hochschild, 1983). Therefore, interactionists question whether feeling is always a part of the person, in contrast to the organistic view of emotion where emotion is a visceral reaction (Hochschild, 1979). In the interactional view, the focusing of attention by an individual may create the emotion. This involves a reflexivity of emotion for interactionists, which allows for the view of emotion as being "open-ended" rather than organistically "fixed" (Hochschild, 1983, p.
206). For example, if a woman were to stub her toe, the organistic response would be the visceral reaction of jumping up and down in pain. Her anger at herself would be channeled into a fitting emotional expression of "Ouch!" This event would lead to the assumption that emotion is an integral aspect of all humans who stub their toes. In the interactional view of emotion, this woman would stub her toe, jump up and down in pain, and while doing this she would reflect upon the stupidity of her toe stubbing and flame herself into a maddened rage at this act of stubbing her toe, increasing her anger and embarrassment (Hochschild, 1990).

Instead of questioning the origins of emotion, as is done in the organistic view, interactionists focus on the aspects of emotion that uniquely define social groups of people. In this view, social factors are integrated into the very formulation of emotions. For Hochschild, emotion is better examined and thought of from the interactional view, "Probably some of the emotion, some of the time, fit the organismic model, and some of the emotions, some of the time, fit the social constructionist, but in my view most emotions, most of the time, fit the interactional model" (1990, p. 120).

Hochschild offers the following in her interactional perspective. She defines emotion as awareness of four elements. These four elements, usually experienced at the same time, are 1) assessments of a situation, 2) changes in bodily sensations, 3) the free or constrained display of expressive gestures, and 4) a cultural label applied to particular patterns among the first three elements. As these are usually experienced at the same time, Hochschild claims that the learned appraisal, display, and labeling of emotion are linked to each other. Also, emotion is a sixth sense, and as such it communicates information about ourselves to ourselves. Hochschild goes on to contrast this notion of emotion with feeling. For her, a feeling is something less than an emotion, something milder, with less grounding in the body.
The interactional view of emotion is developed quite well (Hochschild, 1990). There are a multitude of emotional events. The events are defined and described below to provide a full view of emotion as it is defined in an interactional perspective. In assuming an interactional view of emotion, there is an attempt to feel or to create feeling in ourselves. There are two ways to create feeling; there is surface acting and deep acting. **Surface acting** is when we change how we feel from the outside in. An example of surface acting is when someone gets up in the morning feeling ill at ease and decides to wear their best "dress" clothes in an effort to change how they feel - in hopes to feel more at ease. **Deep acting** is when a person changes how they feel from the inside out. An example of this is when a person monitors their physical body and breathes deeply, in an effort to relax their back or neck muscles, so that they may feel better (Hochschild, 1990).

Hochschild identifies three types of deep acting. The first was just previously described and involves changing bodily state. The second method is to narrow one's focus on a particular point of reference; such as how a flight attendant may focus on the amount of time left until landing in order to move her anger beyond the passenger who has created difficult working conditions for her. The third way of deep acting is through visualizing reality differently (Hochschild, 1990). This realization involves reframing or recontextualizing the circumstances of the emotional event. An example of this is to reframe a drunk obnoxious passenger into a child afraid of flying (Hochschild, 1990).

With these types of localized emotion management are other more extensive types of emotion management, which is referred to as expression rules and feeling rules. **Expression rules** are "the unarticulated ground rules of social interaction..." which state how emotional norms or how people "ought to try to appear to feel..." (Hochschild, 1990, p. 122). An example of an expression rule is the emotional rule that people should appear to feel sad at funerals and happy at weddings.
Feeling rules, "govern how deeply we should feel, and for how long" (Hochschild, 1990, p. 122). These feeling rules also help determine the appropriateness of feeling for people who are in feeling situations (Hochschild, 1990, p. 123). Feeling rules determine whether we are "on" or "off" on our timing, duration, and intensity of feelings. For example, feeling rules would tell us if we are appropriate in our being in love with our counselor, or angry at an infant.

One important aspect of feeling rules is that of emotive dissonance. Emotive dissonance is the distinction between a particular feeling rule as it is known to a person and how that person may expect to feel a certain way, and a rule of how a person should feel, given a particular situation (Hochschild, 1979). For example, that a graduate may expect to feel apprehensive at graduation, while at the same time knowing she or he should feel jubilant, makes her/his feeling of apprehension toward the future a feeling of emotional dissonance.

As we live and feel in our lives, we come to have certain expectations, or developments of emotion. Emotion lines are the notions that inform people of what events in what circumstances are necessary to inspire appropriate feeling (Hochschild, 1990). Emotion lines, then, will tell a person in a particular culture, for instance a family member, what is the appropriate feeling in response to a particular event. An emotion line of anger for a family member (the family member's notion of what anger is appropriate for a particular circumstance) will determine how much anger is appropriate for spilled milk at a table, for a flower pot that is demolished in a household rough-house game, or for an argument over how to squeeze the toothpaste container.

These notions of emotion (expression rules, feeling rules, and emotion lines) lead to the develop an emotional culture. Here, Hochschild uses Gordon's term ("emotional culture" 1981; 1988 as cited in Hochschild, 1990) to identify the norms for how emotions should be coded, appraised, managed, and expressed. As such,
Hochschild creates for us a language and a sense of emotion that takes us from emotion and feelings to emotional management, emotion rules and emotional dissonance, to emotional culture within an interactional view of emotion (1990).

**Social constructionist view of emotion.** The social constructionist view of emotion does not give significance to the biological or organistic view of emotion. In Hochschild's (1990) social constructionist view, emotion does not have any biological influences and is entirely social. Along with Hochschild, Abu-Lughod and Lutz (1990) offer a view of emotion that is social constructionist. This perspective focuses on emotion and discourse. "Discourse" in this sense of the word is referred to by Lutz and Abu-Lughod as emphasizing language in context, texts, and the public and the social aspects of the language and texts. Within a social constructionist view, emotion is experienced through focused attention on discourse or, as they describe, a focus on "detailed, empirical studies of conversation, poetics, rhetoric, and argument about and with emotional content" (Abu-Lughod & Lutz, 1990, p. 10). In this socially constructed view of emotion, then, emotion is experienced within discourse as it is created in, rather than shaped by speech. As notions of emotion and rules for expressing emotion are emotion are created in language, this is also where emotion and emotional rules are defined or permeated with meaning. Furthermore, and in contrast to Hochschild's view, Abu-Lughod and Lutz' view of emotion acknowledges the body. That is, this view includes the possibility that the body, and its physiological processes, is involved in emotion (Abu-Lughod & Lutz, 1990, p. 12).

Taking a social constructionist view of emotion allows emotion to be viewed in differing ways depending on the context the discourse of emotion occurs in. In this manner, emotion is delineated by Abu-Lughod and Lutz (1990) as being more complex and multi-dimensional, where meanings are contested through the different utterances
and interchanges of language, with a result of a "less monolithic" construct of emotion (1990). Emotion, then, is defined as that which is emotional in a given context/situation as it comes about in or through talk/discourse. More specifically, Emotion is "embodied" simultaneously in three ways (Abu-Lughod & Lutz, 1990). These emotional embodiments are "1) phenomenologically experienced, (2) vehicles for symbolizing and affecting social relations (e.g. when angry glaring represents the imposition of moral obligation), and (3) practices that reveal the effects of power (as in gestures of respect and shame in many cultures)" (pp. 12-13).

These three perspectives of emotion (social constructionist, interactionist, and organistic) differ significantly in how much social influence is assigned to each view; the social constructionist view assigns the most significance, the interactional view allots the next most significance, and the organistic view accords the least significance (Hochschild, 1990). In this thesis, as research is focused on the use of language in an organization, or a speech community, it is most fitting that the social constructionist view of emotion is the perspective to be taken for this study. In taking a view of emotion that is social constructionist, the definition of emotion for this study will necessarily be that which is emotional or pertaining to the emotions as identified and described by the participants in the organization of study. While this view is clearly a social constructionist view, the aspect of embodiment - that emotion is part of a phenomena situated in the body (and reflecting an organistic view of emotion) is also fitting and would be a part of the definition. Also, interactionist terms, such as emotional culture, will be utilized to act as a guide for explicating emotion as constructed event. All three perspective of emotion described above are useful in that they provide a base of knowledge for how the communication of emotion is viewed in organizations.
Organizational Emphasis on Emotional Control

Emotional expression is also a means to control others. As part of the larger literature review, these studies on the communication of emotion are not necessarily social constructionist studies of emotion. However, these studies are similar to each other in that they attempt to control emotion in an effort to increase benefits to the organization.

Self, Peer, and Management Induced Control

Organizational emotional control is defined as an inherent aspect of organizational culture, with "... attempts to build, strengthen, deepen, or thicken organizational culture often involve[ing] the subtle (or not so subtle) control of employee emotion - or at least those emotions expressed in the workplace" (Van Maanen & Kunda, 1989, p. 54). The workplaces Van Maanen and Kunda examined in this article are Disneyland in Anaheim, California and High Technology, Inc. in Somewhereville, USA. At Disneyland this emotional control is manifested in the slogans used by management whereby the idea that if employees are happy at work, then the "guests" will also be happy at play; not only is this control of emotion indicated by management, it is almost demanded, as workers are "beseeched" to "wish each guest a pleasant day" (Van Maanen & Kunda, 1989, p. 69). The emotional control rule here is to "be happy" at all times with everyone:).

Attempts for emotional control at High Tech, Inc., similarly, are extensive. The emotion at this high technology corporation is demonstrated in two ways: through both the support and dissent of the company by individual members of the company, and the accompanying peer attempts to control dissent in others. Support is evidenced in one way by the bumper stickers on cars in the parking lot and on doors in the facility that claim for their owners and inhabitants "I LOVE TECH." Similarly, support is
demonstrated through the emotional expression of superlatives to describe everyday events as "super" and "terrific" (Van Maanen & Kunda, 1989).

One instance that describes the emotional dissent and emotional peer influence at Tech involves a meeting with "Bob." In a meeting, "Bob" angrily remarks that he doesn't "see any Tech" and that he hasn't "met a Tech" to his manager and engineering group. This outburst goes unacknowledged by the manager of the group, and the next time "Bob" begins to speak a fellow worker offers to buy him a drink if "Bob" stops talking. This culture at Tech is a culture that is "promoted" by those in top management, and is "pushed with considerable self-consciousness and effort, down through the ranks" (Van Maanen & Kunda, 1989, p. 84) Emotion at Tech is viewed as being both supportive and distancing. When it is supportive, it is a part of the culture that is impressed from above. When there is emotional distancing or dissent, the rule is for fellow workers to attain control of the dissent through attempts to manage the behavior of their fellow worker. This article demonstrates how the role of emotion is utilized to control the workers in the organization, in this instance to create a group that works effectively to create an emotion culture that follows particular norms of support and self-management of emotion at Tech.

Another instance of emotion as a device to control people in an organization is provided in a grocery store chain in Israel (Rafaeli & Sutton, 1990). Based on their prior work, the researchers believed that employees will use emotional expression to gain control over their customers.

In examining this idea three hypotheses were suggested. First, that the more busy a store is the less positive emotional display will be expressed by cashiers; which is a negative relationship between how busy a store is and positive emotional expression (Rafaeli & Sutton, 1990). Second, given that there are stronger incentives for maintaining control over demanding customers, there is the prediction that the greater
the demands placed upon the cashiers by the customer the increased chance that cashiers will display positive emotion. Third is the hypothesis that positive emotional expression by cashiers towards demanding customers will be greater when the store is slow rather than busy.

Evidence was found that service employees will display good cheer during busy times over slow times (hypothesis #1), and importantly, that more positive emotions will be displayed when customers are demanding (hypothesis #2). However, no support was found for the prediction of a positive relationship between customer demand and display of good cheer by the worker is weaker when the interaction occurs in a busy store (hypothesis #3) (Rafaeli & Sutton, 1990, p. 634). These findings are significant in that they add additional support to demonstrate that an emotional control orientation is utilized in organizational communication studies. Moreover, as hypothesis two demonstrates, workers will use emotional management in their work (as the clerks displayed more positive emotions to the demanding customers). This second finding is interesting in that to "control" customers the cashiers had to increase their own control of emotion.

Talking About Emotion as Taboo

Control of emotional expression in organizations is also demonstrated in an article on the emotional culture of students in medical school. Smith and Kleinman (1989) describe the emotional management strategies (perhaps more subtle and professional terms for "control") that students use in managing their "uncomfortable" and "inappropriate" feelings experienced around the body in their studies in medical school. One such strategy is termed "transforming feelings" (Smith & Kleinman, 1989, p. 60). Transforming feelings is used when medical students are first beginning to touch other peoples' bodies. The feelings are transformed or controlled from viewing touch as
being "appropriate only in a personal context, or as inappropriate in any context" (Smith & Kleinman, 1989, p. 60) to being appropriate as "part of scientific medicine" or to being appropriate as the touching is a part of an exercise in "intellectualization" (Smith & Kleinman, 1989, p. 61).

There are four other techniques used by the students in controlling their emotions. These are through (1) accentuating the positive (focusing on the good feelings that happen when doing good work); (2) using the patient as a place to shift students' own feelings, which is accomplished through empathizing with the patient or "putting the patient first" (Smith & Kleinman, 1989, p. 63), and also by making the patient responsible for the student's feelings through projection or blaming the patient; (3) laughing about their experiences by creating humor in uncomfortable situations; and finally, (4) avoiding contact with the patient by not doing certain medical procedures so as to avoid the feeling that goes along with the physical contact the procedures involve (Smith & Kleinman, 1989). What is noteworthy in this study is that the emotional control techniques utilized by the students are "taboo" to talk about among themselves or with the doctors who are training them (Smith & Kleinman, 1989, p. 68). Thus, the emotional control in this "organization" involves these five activities described above, and importantly, it involves not talking about the emotion felt in doing the medical work. Again, this article provides a control orientation to the examination of emotional expression in organizations.

To Talk or Not to Talk:
Felt Emotions vs. Expressed Emotions and the Outcome of Emotional Dissonance

Another study of emotional expression focuses on the difference between expressed and felt emotions on the job (Rafaeli & Sutton, 1989). Expressed emotions are those emotions that are displayed on the job. These may be displayed verbally, for
instance, by telling someone that they are angry with them, or nonverbally - with a scowl. **Felt emotions** are the emotions a person feels that may not be voiced. Rafaeli and Sutton's (1989) study focuses on organizational emotions that are expressed and how they may, or may not, reflect a person's inner feelings. Importantly, researching about felt emotions requires a great deal of interpretation about internal states of people and a reliance on self-report measures, whereas researching expressed emotions are more directly observable through peoples' behaviors (Rafaeli & Sutton, 1989). There are two significant findings of Rafaeli and Sutton's research in relation to emotional control; first is their focus on both felt and expressed emotion, and second, their development of Hochschild's (1979) idea of emotional dissonance. By focusing on both felt and expressed emotions, the authors have provided a more comprehensive and thus realistic view of emotion in organizations. This outcome is also substantiated in a follow-up study by Waldron and Krone (1991), wherein the authors restate the significance of the difference between felt and expressed emotion in providing for an increased understanding of the role of emotion in organizations.

The second significant aspect of Rafaeli and Sutton's research comes directly from their comprehensiveness and is their elaboration of emotional dissonance. Emotional dissonance is defined by Hochschild (1979) as the difference "between a feeling rule as it is known by our sense of what we can expect to feel in a given situation, and a rule as it is known by our sense of what we should feel in that situation" (original emphasis, 1979, p. 564). What Rafaeli and Sutton add to emotional dissonance is that emotional dissonance can be done in "good faith" or in "bad faith." That is, in Rafaeli and Sutton's terms:

> If employees believe that offering false emotions should not be a part of the job, then they are faking in bad faith. But if employees offer false emotions and believe that offering them should be part of their job, then they are faking in good faith. We contend that emotional dissonance will be most strongly related to strain among people who fake in bad faith...
since their level of psychological discomfort will be much higher than people who fake in good faith. (Rafaeli & Sutton, 1989, p. 37).

This elaboration on emotion dissonance is important because it highlights the role of felt and expressed emotions in organizations, and moves toward a more comprehensive analysis of emotion in organizational cultures as it offers a more encompassing view of Hochschild's (1979) emotional dissonance.

Towards an Ethical View of Emotion Management in Organizations?

A final example of emotion as used to control organizational members is a study of bill or debt collectors (Sutton, 1991). Sutton examines how organizations attempt to maintain the emotional norms of their members in light of the influence of the members' inner feelings, and what the limits to this control of members by the organization may be. Through a qualitative research design involving interviews, participant-observation, and examination of written materials, Sutton found that managers attempt to create and instill norms that are contradictory to collectors' inner feelings about debtors rather than to maintain norms that are congruent with collectors' inner feelings about debtors. These attempts to create and instill norms were undertaken because the managers thought that feelings evoked by the collectors' experiences on the job were powerful enough to overwhelm any manager espoused norm (Sutton, 1991). This managerial undertaking was based on managers' reports of their own previous experiences of doing the debt work that the bill collectors were doing.

Three significant and related ideas come out of Sutton's study in relation to this thesis. First is the idea that managers who understand the emotions of working in a particular job will be better able to control subsequent employees in the same job. This again emphasizes the importance of a control orientation in the studies of organization and communication. Second, is the emotive dissonance experienced by employees who feel some emotion(s) in their work, while the organizational norm for feeling and
expressing emotion during work is mandated to be some other emotion. Sutton asks what kind of pressure is an outcome of this emotional experience, and what the effects from such feeling(s) may be (Sutton, 1991). Here, Sutton begins to approach emotion in organizations from a caring perspective.

Third, is Sutton's call for attention to the selection of persons for service jobs who are more fitting to the emotional demands of that type of work. This would allow for workers who are not as emotionally fitting to the job to do something else where they will not be emotionally harmed nor taken advantage of emotionally. Such an approach would make for a more beneficial symbiosis between organization and worker in that the agency would reduce costs (due to turnover, absenteeism, stress, etc.) and the workers would come into the job with emotional stamina, and the skills to cope with emotional dissonance (Sutton, 1991). This approach is a more caring approach to emotion management in the organization, as it moves the emotional expression research away from a control orientation to a caring orientation.

An Emotional Culture Beyond Control

What is needed, in terms of the communication of emotion in organizations, is to move beyond this emotional control orientation. A fitting extension of Sutton's idea to fit the emotional skills of the employee with the needs of the organization is called an "ethic of care" (Manning, 1992, Taylor, 1995). An ethic of care occurs in feminist organizations within an emotional culture and privileges female relationships and "female bonding" (Taylor, 1995). These female relationships and bonds are privileged because of women's distinct position as being oppressed, as being a "feminist[s] trying to live in a nonfeminist world" (Taylor, 1995, p. 223); and also because of women's positions of continuing the work of the feminist movement and the emotions that are involved in doing this work as women. That is, an ethic of care values the expression of
emotional life of employees within the organization rather than neglecting it and attempting to control it.

An ethic of care also encourages participatory structures of organizing and activities that challenge traditional hierarchy and the self-interest which works to undermine emotional ties among women and their commitment to collective good. An ethic of care involves two elements (Manning, 1992). The first element is that of a willingness to focus attention on another. The second element of an ethic of care is that the caring involves action - to enact caring. These two studies are vital to this thesis in that a caring approach to emotional expression is emphasized. This is important as it recognizes the importance of the communication of emotion in organizations and offers a means for examining this communication that views emotion as being a positive aspect of an organization.

Summary

In many cases, to a greater extent in the literature, the organizational focus on emotional control is unproblematic. It is so in that emotional expression as an aspect to control others is taken as the norm. In other words, emotional expression as a controlling and controlled aspect in organizations is "naturalized" or taken as a routine for the organization and accepted. Through this naturalized view of emotion as a controlling and controlled aspect of organizations, other possible views of emotion are negated (e.g. emotion to be welcomed or encouraged rather than to be controlled).

Therefore, what needs to be highlighted in reviewing these articles is the emphasis on emotion as it is used by the managers and workers in an organization in an effort to control people in the organization. Similarly, the notion of emotive dissonance (Hochschild, 1979) and faking in bad faith and faking in good faith (Rafaeli & Sutton,
1989) are important in understanding how this control orientation of emotion in organizations may be enacted within the organization.

The distinction by Rafaeli and Sutton (1989) between felt and expressed emotions and the examination of both for studying emotion is also noteworthy in that this offers a broader meaning (and a less unproblematic meaning) of the understanding of emotion in organizations. Sutton's (1991) call for a more fitting relationship between the role of the worker and the organizational emotional norm is also significant in its more humanistic and caring concern advocated toward the worker, while also benefiting the organization. These aspects are important to emotional organizational research as they demonstrate that emotion in the organization is problematic and worthy of research. The difference between felt and expressed emotion has been utilized in the interview process of data collection of this thesis, and the response to the call for a more fitting relationship between the role of the organizational member and the organizational emotional norm is a guiding theory of this thesis. Based on this belief that there should be a more caring and fitting relationship between the organizational member and the organizational emotional norm, an emotional culture ethic of care is used as a descriptive framework for this study.

Emotional Culture "Ethic of Care" as Descriptive Framework

Emotion cultures develop out of an awareness of the control of emotion, how this control is used to maintain gender differences, and how this control may be challenged (Taylor, 1995, p. 229). Such a view of emotion in feminist organizations makes for a caring relationship between organizational members and the rules for communicating emotion. Feminist organizational members resist emotional control through the three steps of "(1) channeling the emotions tied to women's subordination into emotions conducive to protest, (2) redefining feeling and expression rules that apply to women to
reflect more desirable identities or self-conceptions; and (3) advancing an 'ethic of care' that promotes organizational structures and strategies consistent with female bonding" (Taylor, 1995, p. 229). This orientation toward a feminist emotion culture is used as a descriptive framework for theoretical development of this thesis as it values the communication of emotion in feminist organizations (and non-feminist organizations) and challenges traditional forms of communicating emotion in organizations.

Drawing from Taylor's (1990) feminist organization's emotional culture framework, the following research questions will be asked:

RESEARCH QUESTION #4: What is the "emotional culture" of this organization?
RESEARCH QUESTION #5: What is the "ethic of care" in this organization?

These two research questions along with research questions one, two, and three, provide a framework for examining the expression of emotion in a feminist organization. Next, a review of literature on the ethnography of communication is described as it is the method used for examining these research questions.

Philipsen's Ethnography of Speaking

The approach used in answering these five research questions described above is an ethnography of speaking. There are many types of ethnographies, all of which are primarily concerned with the description and analysis of a culture (Saville-Troike, 1982). The specific focus of this thesis is an ethnography of communication - which is concerned with the description and analysis of culture through communicative behavior within a specific (cultural) setting (Saville-Troike, 1982). This ethnographic approach is based on Philipsen's ethnography of speaking (Carbaugh, 1995; Philipsen, 1992; Stewart and Philipsen, 1985; Philipsen, 1982; Philipsen, 1977). An ethnography of communication is a qualitative research endeavor grounded in a distinct situation where talk occurs. Ethnography is qualitative in that it informs under what
conditions something is meaningful to those who find it so (Philipsen, 1982). Put another way, ethnography is qualitative in that it examines the processes of creating meaning "intersubjectively" between and among members of a particular situation. As a particular meaning is indexed (qualified by context) among other meanings it is identified through the speech manners and methods in which these meanings occur (Halfpenny, 1979). As indicated earlier, an ethnography includes five aspects; 1) examining a specific phenomena in the context where it naturally occurs; 2) making a connection between the phenomena and the communication that underlies the phenomena, 3) using a theoretical framework to help explain the phenomena and compare it; 4) observing, recording, openly coding data, and writing about the data, and 5) making interpretations of the data (Philipsen, 1977; additions to steps four and five are adopted from Bach & Braithwaite, 1986).

The Ethnographic Situation (Speech Community)

Meaningful ethnographic events are based on the reports of language in action - talk - as it happens in a particular situation, community, or culture (Philipsen, 1982; Stewart & Philipsen, 1985). Such a situation is considered to be the "natural setting" (LeCompte & Goetz, 1982), where the communication happens and is referred to as the speech community (Stewart & Philipsen, 1985). Importantly, an ethnography focuses on a particular situation; on what is distinctive in that setting (Stewart & Philipsen, 1985) in terms of language use. An ethnography, then, attempts to elucidate the subtleties and nuances of meaning for the members of a particular culture -- a particular speech community -- through focusing on the ways language is used.

Language use within the given speech community is examined in three different ways; as special events, as factors in speech events, and as functions in speech events (Stewart & Philipsen, 1985). Special events are the particular contexts for speaking,
which include how speech events are distinct from each other, the beginning and ending of the event, and the patterns of the speech event's structure (Stewart & Philipsen, 1985). For example, in an organization a special event may be identified, through ethnographic method, as being the once a month informal meeting of "management" and "staff" at the local brew pub where staff and management work on the "problem areas" they see in the organization.

Factors in speech events involve the elements of a sender, receiver, message form, channel, code, topic, and setting (Stewart & Philipsen, 1985). For instance, one factor in this brew pub speech event concerns which particular manager talks with which staff person at the informal gathering. This speech event also has the factor of how and what these dyads talk about.

Functions in a speech event refer to how the speech act is used in the speech community. Functions of speech acts include emotive, referential, persuasive, and contextual usages. An example of the functions of speech at the monthly informal meeting is the use of persuasion by both managers and staff dyads as they discuss their respective issues. It is worthy of note that there may be linkages in the factors and functions in speech events (Stewart & Philipsen, 1985). These three aspects of a speech community (i.e. structure, factors, functions) may be used to describe the ways of speaking within a particular community (Stewart & Philipsen, 1985).

In this thesis, Western Health is viewed as a speech community. Western health is a speech community as this organization is a particular context of speech. Western Health as a speech community is further elaborated below (see The Speech Community of Western Health in chapter two).
Ethnographic Theoretical-Descriptive Framework

The speech community becomes a site through which certain aspects of the speech culture may become more apparent. What may come to the foreground in the speech community depends upon what the researcher, and the participants see as meaningful. Significantly, what is meaningful becomes apparent in relation to a descriptive-theoretical framework (or a descriptive framework (DFW)) which orients or guides the researcher in pursuit of the intricacies of meaning of the particular situation (Stewart & Philipsen, 1982). This conceptual framework is then used in comparison to the actual framework of meaning within the particular situation in order to illuminate the conceptual framework's comparability among situations and to build or extend knowledge (Stewart and Philipsen, 1982; LeCompte & Goetz, 1982).

Ethnographic Fieldwork

The manner in which these systems of meaning, the subtleties and nuances of participants' meaning, in a speech community are understood by the researcher is through "fieldwork." Fieldwork is just that, spending time in the field (the situation, community, or culture) doing work. The time that is spent in the field is of a significant amount in order to understand how the connections among and between the meanings are of significance as they are created in the speech community. This demands a long term, in-depth approach rather than a "snapshot" approach (Marshall & Rossman, 1989) Work involves trying to understand the delicacies of the culture through non-participant observation, participant observation, interviews with members of the culture, and with particular "informants" who know their own culture and are willing to share their experiences of it. This work is done by describing and interpreting the given information (Stewart & Philipsen, 1985). All of the information from fieldwork are compiled in fieldnotes that are used as the data of the research.
Writing About and Interpreting the Data

The job of the ethnographer, in Philipsen's view (1977), is to create (write) a document that accurately describes, based on the data of fieldwork, the systems of meaning as spoken within a particular culture. This writing then, is based on observations, participant observation, interviews, documents, and any other means that will provide information about the culture. Once these data are beginning to be compiled the researcher compares the data through coding, and interprets the data. This interpretation is done both inductively and through a descriptive-theoretical framework. In this way, the culture's ways of speaking (or particular aspects of it) are made sense of in light of other cultures. This ethnography of speaking methodology will be further explained in light of research at WH below in chapter three.
CHAPTER 3: METHODOLOGY

Provided in this chapter are the methods used to gather and analyze a qualitative case study. A qualitative case study is defined as a prose description of a specific phenomena, based on the descriptions of observations of the phenomena, and written in such a way as to allow for the cumulative abstraction (analyses and interpretations) of multiple instances of the phenomena (Philipsen, 1982). A methodology of a qualitative case study provides a blueprint for how the research is undertaken so that others may evaluate the research endeavor, and also, so that other researchers may replicate the study.

The ethnographic method used in this study is elaborated on here. To begin, the speech community will be described and the choices of particular theoretical-descriptive frameworks (DFW) to be applied to the organization are illustrated. Then, the procedures of data collection (fieldwork) are discussed, while data analysis techniques used to discover, elaborate, and qualify the comparability of the theoretical-descriptive frameworks (the DFW) with the meaning framework of the organization will be highlighted. Finally, methods ensuring the validity and reliability of the study in this organization will be provided, along with methods of triangulation, and the researcher's goal of ethical research. (Table B.1 in the Appendix offers a synopsis of this research methodology). Significantly, steps one through four of these methods follow the first four of five steps for gathering qualitative data (Philipsen, 1977).
The Speech Community

"April showers
bring May Flowers
Don't forget your
Raincoats!"

(Handmade sign at Western Health, made of construction paper with blue, green, yellow, and pink flowers in each corner, above a table of various condoms, jellies, and foams used for birth control.)

Western Health

The speech community where this study was undertaken is located in the Western United States. Western Health serves primarily the reproductive needs of women. Two years (1994) ago, abortion services were begun, to augment the family planning services that the agency was already offering. Family planning services offered by WH include testing for sexually transmitted diseases (STDs), pregnancy tests and counseling, HIV testing and counseling, abortion and abortion counseling, and birth control education and supplies. The goal of WH is to provide reproductive health services (education and advocacy), to help improve women's lives. Western Health believes that the accessibility of family planning and contraceptive services must be readily available for all people.

The permanent staff and permanent part-time staff consists of 35 people. Organizationally, there are three main administrators, one outreach educator - also an administrator, five nurse practitioners (NPs), five support staff people (SSP), one nurse (LPN), three receptionists, one reception coordinator, and one lab technician. The remainder of the staff are comprised of work study people, volunteers, or part time charting/clerical people. The staff described here does not include the three doctors,
who work at the clinic only when abortions are being performed. (An organizational chart of WH is provided in Appendix C.) Staff members range in age from the late teens (19) to the late 40s. Staff members are almost entirely women, with the exception being two male doctors, and two regular male volunteers. The women staff members are mostly Caucasian, with one African national, and two Native American Indians. All nurses have at least a baccalaureate degree, as do the administrators. Staff Support People (SSP) typically are working toward this degree or have recently achieved it.

Definition of a Speech Community

A speech community is a social group whose members share at least one linguistic code and rules for its use (Stewart & Philipson, 1985). A speech community is also equated with a specific culture (Carbaugh, 1988). Culture, in this view, is something that is felt intensely by the "natives" to that culture, it is commonly understood by all - it "resonates" with the people of the culture; and it offers available options for all people in the culture to act in recognized ways. Speech communities are also seen as being heterogeneous; the language used by some people in a speech community does not necessarily equate to how all people use the language in that same speech community (Romaine, 1982).

Hence, a speech community is situated in a particular place, has a commonly intelligible use of language, is accessible to all members, yet it is not necessarily used by all members. While not all organizations are speech communities, in light of this definition, Western Health clearly is a speech community. For instance, it has a particular language that is situated at or within the organization. Also, implicit rules for speaking at WH are know by organizational members. In this way, the language at WH is commonly intelligible to all of the workers and not to people outside of the organization. This language, although known by all the participants, is not necessarily
used by all of them, nor used in the same way by everyone. Finally, these speaking practices are intensely "felt" at this organization. As such, WH is a speech community.

**Descriptive Theoretical Frameworks**

A descriptive-theoretical framework (DFW) is a set of categories used for guiding and formatting the discovery of descriptive data (Philipsen, 1977). A descriptive theoretical framework is a heuristic device, used in hopes of becoming refined, and becomes the object of study within a given situation. When it is refined, based on the data provided, it is considered an advancement of theory. A DFW is also seen as a tool used by the researcher to understand and describe any speech situation, and through testing in the speech community it is modified (Philipsen, 1982). A similar definition of a theoretical framework is a theory which may be used as a heuristic base whereby the cultural patterns may be discovered and described (Carbaugh, 1988). The framework then is tested for its practicality to a given situation, with the necessary changes being made, which in turn leads to the development of the theory. Finally, a descriptive framework in an ethnography provides the basis for any and all comparability. It is what allows for the comparison of one speech community vis-a-vis another, as such it also speaks toward the generalizability and hence the external validity of any ethnographic study (LeCompte & Goetz, 1982). For this study, following Philipsen (1977), Carbaugh (1988), and LeCompte and Goetz (1982), a descriptive framework will be defined as a heuristic frame for discovering and describing the patterns of talk at Western Health, for elaborating or refining the frameworks described below, and for making claims of generalizability with the findings. In a qualitative case study the value in utilizing a descriptive framework is incalculable.

Moreover, as descriptive frameworks are used to isolate and frame particular speech events in a speech community, they guide the researcher to look for specific data,
leading the researcher to an increase in the understanding of the speech community. The use of a DFW is a process involving the "moving back and forth" between the DFW and the "raw" data (Philipsen, 1982). This allows for the "focused exploration" of the communicative phenomena of interest (Philipsen, 1982). Utilizing a DFW in this manner becomes a vehicle for constructing theory "about the nature of the class of phenomena described, [and] the relationship between language and social life" (Philipsen, 1982). Thus, using a descriptive framework has as its goal the construction of theory and subsequent generalization of theory.

The two descriptive frameworks used in this study are both guided by feminist thought and seem fitting and heuristic to the organization as it is described above. Both of these are described in the literature review of the previous chapter. The first DFW is six of Martin's (1990) ten dimensions of a feminist organization. The second DFW is based on Taylor's (1995) categories of an "emotional culture" that challenge the "management" orientation of emotion research in organizations.

**Data Collection**

**Pilot Study Data Collection**

This thesis is a culmination of two investigative undertakings. Both have involved Western Health. The first part of this research was undertaken as a pilot study for a graduate course in qualitative methods. The second aspect of this event is the continuation of this pilot as research toward completing this thesis. In this section, the pilot study is first described, and then the thesis (continuation) study is discussed.

**Entry to the organization.** In an effort to obtain data to provide answers to the research questions described in Chapter 2, fieldwork at Western Health began in Fall, 1994. Entry to the organization began in November 1994, and permission to gather
data was given by the executive director after consultation with staff and the board of directors. Access to the organization was provided through a professor/gatekeeper who knew two administrators at the organization. Both the President of the Board and the Executive Director of WH emphasized that the staff's approval of our proposal was the most important step in getting both studies approved for the researchers (DeGooyer & Durham, 1995).

The Executive Director circulated a voting ballot to determine if the staff approved of the study, and it was approved. With the staff behind the proposal the board also approved it. Permission to gather data for both the pilot study this thesis was given (DeGooyer & Durham, 1995). The final step before beginning the research process was the approval by the Institutional Review Board. The approval was given the first of November and the researchers began their work (see Appendix D).

Observation and interviews. The pilot study involved observation, interviewing, and document collection (DeGooyer & Durham, 1995). Data collection occurred during 25 hours of observation and 20 interviews over a period of six weeks. There was not participant-observation as the researchers were unqualified to help do useful work. Data collection also included gathering documents from an information box in the employee message center to obtain organizational artifacts. Such artifacts included internal memos, advertisements of the organization, and planned activities (i.e. meetings, parties, and promotional events).

As this pilot study was focused on social support in organizations the interview information from the pilot is not helpful in regard to the thesis research questions. However, the use of observation notes and organizational documents will be used in providing richer data of the organization.
With the data from the pilot study, the researchers provided a training event for the organization. This training was completed in April of 1995. After completing this training, the researcher left for the summer and returned in October.

**Thesis Data Collection**

*(Re)entry.* In October of 1995, the researcher called and left messages over a period of three weeks. Finally, the Executive Director called and voiced a concern that the researcher may become too involved in the clinic and that she wanted him to become "less engaged" in that he could be in a position where people may do an "end-run" around her. She stated that the researcher could continue with the study if he only observed, without offering any recommendations resulting from this study to the organization (e.g. in the form of a training). The researcher agreed to this criterion and observations were begun.

**Non-participant observation.** Non-participant observation is doing fieldwork in the speech community without participating or rather, merely watching without joining the participants in what they are doing. Observations have involved a total of 31 hours and 15 minutes. These observations have occurred over 40 days, and have involved observing the organization as it operates over its day. That is, observation notes were recorded from 8:00 AM throughout the day until 7:00 PM, and involved observing every hour the organization has been open, except Saturdays. The location of the observation has occurred in all areas of the clinic accessible to staff. As such, over the two studies a total of 55 hours (plus or minus) were spent in observation (Appendix E.)

As an observer, the researcher was "openly subtle" in writing notes in front of people as they were working. That is, the researcher was continuously and obviously writing observation notes in front of people as they were working. This type of note
taking is later translated into minutely detailed fieldnotes of conversations among staff in their meetings and in their daily interactions. Two features of this process are noteworthy. First, the researcher had been doing this visible note-taking observation the entire year and a half of observation. This results in less observer effects or reactivity (such as subjects acting in socially desirable ways) to the researcher's note taking by the participants (LeCompte & Goetz, 1982). Second, these detailed fieldnotes have been nearly verbatim accounts of conversations involving "low-inference" descriptions, which are a mandate for any internally reliable ethnographic study (LeCompte and Goetz, 1982). Along with these low inference descriptors, the researcher has recorded his thoughts on the speech community and have indicated these in his observation notes with brackets (\[ \]). In sum, observation has been the main mode of performing fieldwork to gather data for this study.

**Participant observation.** Participant observation, although not as extensive as non-participant observation, did occur in this study. Participant observation is participating within the speech community as both a participant and an observer. As Conquergood relates (1991), participant observation is situated in the experiences of the human body. In fact, it "privileges" the body. This could not be more apparent than in participant-observation at WH, as it is a health clinic with an explicit sexual focus on the body. Research at this organization is an extremely embodied event, it is "an intensely sensuous way of knowing" (Conquergood, 1991, p. 180).

This sensuous way of knowing became apparent to the researcher through three particular participative events; being a training "guinea pig" for learning how to draw blood, being an abortion escort, and filing charts. The researcher was involved as a guinea pig in practicing for drawing blood at a training meeting. The abortion escort work involved opening the clinic to women and their support people who were coming in
for an abortion. This "escort" was a "security" role and involved opening a locked door after the people had identified themselves. Finally, filing and documenting pap-smear forms, and banking charts (putting charts of people who have not been into the clinic in over a year) added to the researcher's experience at the clinic. While these participant-observations were limited, they punctuate the embodied aspect of work in this organization in general, and more particularly, they offer a glimpse of the intensely embodied and personal nature of work that is done at Western Health.

**Document artifacts.** Along with participant-observation, and non-participant observation, organizational documents were collected over a period from October 1994 through July 1, 1996. Documents collected include internal memos (e.g. schedules for meetings), advertisements for staff activities (e.g. for Christmas Parties), advertisements for organizational activities with the larger external community, and personal written communication between administrators and the researcher.

**Interviews.** Interview data were gathered from 13 organizational members. These interviews were for the purpose of gathering data related to the research questions. Interview questions were structured around feminist ideology and emotional expression. Questions pertaining to feminist ideology were structured so as to identify the ideology of organizational members, their values, their rationales for working at WH, and their definitions of feminism. Questions pertaining to emotional expression were structured so as to identify the emotional culture of the organization, and more specifically, the communicative rules for expressing emotion. Interview guides are found in Appendix F.

The format used for these interviews was based on Spradley's (1979) three ethnographic elements. The first ethnographic element is stating the explicit purpose of
the interview. The second element is giving ethnographic explanations. This involves offering the researcher's views of the culture to have an exchange between interviewee and interviewer, with the goal being that both participants are learning from each other. This element also focuses on using the language from the speech community or using "native terms" to describe the speech community. The third element Spradley offers is asking ethnographic questions, which are of three types; descriptive, structural, and contrast questions. Descriptive questions aid a researcher to collect the native terms of the interviewee/informants language. Structural questions enable the researcher to understand the domains of the interviewee/informant's knowledge about their speech community. These type of questions allow the researcher to look at how the interviewee/informant structures their knowledge allowing for a more complete and rich view of the speech community. Finally, a contrast question allows the researcher to understand the meanings of terms vis-a-vis other terms within the interviewee/informant's speech community. This helps in understanding the speech community and in coding and analyzing the data. Spradley's three elements of an ethnographic interview (1979), as described above were used in both general interviews and with informant interviews.

General interviews were arranged with members from all levels of the organization and one "outsider." These interviews involved three administrators, three nurses, two receptionists, three staff support people, a lab technician, and an ex-employee of the organization (the "outsider"). By interviewing people at all levels of the organization, and even beyond the organization (the "outsider") a more complete view of the organization was provided. Of these interviews, one did not clearly record on the tape recorder and with another the background noise was too loud, resulting in a total of eleven interviews that were transcribed. (These two interviews, although not transcribed, were used to intuitively inform the researcher of the speech community.)
Once transcribed, interview data were compared with artifactual data as well as observational data to provide a richer and more detailed view/description of the organization.

**Informant interviews.** Informant interviews are different in that they are a secondary or "follow-up" interview with specific participants to ensure that the researcher's interpretations are accurate. Informant interviews were undertaken to validate the perceptions of the researcher. Questions asked of informants were based on the analysis of fieldwork data. Informant interviews were done with one member from administration and one staff support person.

The administrator responsible for education in the community served as the administrative informant. She is in a position, vis-a-vis the other administrators, that allows for a descriptive and privileged view of the organization as she is an administrator, acknowledges staff positions, and is active in the community. The support staff person informant had worked in the same role in another health clinic in the same regional affiliation. Based on her experience of other organizations this informant was able to make comparisons with this organization to validate the feminist and emotional practices that occur at WH, as seen by the researcher.

**Data Coding**

Coding of data was based on the two descriptive frameworks of six of Martin's (1990) ten dimensions of a feminist organization and Taylor's (1995) three characteristics of emotion in an organization, as already noted. These frameworks were chosen as they are both oriented toward a feminist theoretical view of organizations. Such an orientation will be worthwhile in this research process, as based on the researcher's observations, which have typified Western Health as having aspects of a
feminist organization (e.g. the employees emphasis on choice, the value placed on serving women in ways which empower them, etc.).

**Data Analysis**

The data analysis method used in this study incorporated methods of constant comparison (Glaser, 1962), and taxonomic analysis (Spradley, 1980). Constant comparison involves the moving back and forth between the data and the two descriptive frameworks to find instances of feminist organizing and emotional culture. These instances were then re-examined and categorized according to their "domains" or larger groupings. Groupings were then analyzed using taxonomic analysis to see if there were larger more inclusive domains, and then these domains were confirmed through observation.

Importantly, both data coding and data analysis are viewed as an integrated process in this research. This is due to the ways in which data coding and data analysis contribute to each other in discovering the meanings of the speech community. The integration of these processes of coding and analysis is especially descriptive of constant comparison, as will be seen below.

**Constant Comparison**

Constant comparison (Glaser, 1962) strives for the joint method of coding and analysis to systematically generate theory, which is plausible for a general phenomenon. This method involves four steps: 1) comparing incidents to a category; 2) integrating categories; 3) delimiting the theory; and 4) writing of the theory (Glaser, 1962). This is an inductive process which is constantly being redefined. As such, theory from this method tends to be developmental or demonstrative of a process. While inductively
generating theory is not a specific purpose of this research, it is useful as it may provide instances of support, or rejection of DFW's.

The first stage of constant comparison is the comparing of an incident, while coding it, with other incidents previously coded within a category. During this stage, notes are written as to how ideas are connected. This allows for clear connections among the emerging ideas of the theory, and for a systematic recording of those ideas. For example, possible instances of feminist praxis (e.g. education) were coded against other instances of feminist praxis (e.g. choice) while making explicit notes as to how these ideologies were related. The next step in this stage is to return to the data to ensure these codings are accurate (Glaser, 1962).

Integration of categories and their properties occurs in the second stage. As the incidents become properties of a category, new incidents are coded as to their relation to these categories rather than with other incidents. Additionally, the categories become integrated with other categories, showing how these categories are related theoretically. For instance, the instances of the feminist praxis of education became a category of "education as feminist praxis," which along with the other categories of "choice as feminist praxis" and "empowerment as feminist praxis" are viewed as one theoretically related description of the communicative behavior at Western Health.

The third stage is "delimiting the theory" (Glaser, 1962, p. 441). This is the process of curbing the demands of constant comparison, which happens at two levels: 1) the theory itself; and 2) the original theoretical categories proposed for coding. At this point, the theory begins to "solidify" as major modifications of the theory are no longer needed as the categories are representative of the data. At this point, with the feminist praxis example, it is clear that "education as feminist praxis" is a category which is made up of instances of instances of visiting schools, talking on public radio, etc.
When this happens the researcher becomes "committed" to the data - as evidenced by the researcher's willingness to code and analyze incidents according to how they fit to the categories developed. This is the "delimiting" of the original list of theoretical categories (Glaser, 1962). Another aspect of delimiting theory is the easier manner in which incidents become coded and analyzed into a category. That is, an incident is readily identified and placed within a category. Glaser terms this categorization aspect "theoretical saturation" (Glaser, 1962). Where there is an incident that is unable to fit within a category, then a new category may be created. This demands an acknowledgment of how much data is already coded and analyzed, and if there is enough of a difference of this incident to create another category. If so, then a return to the notes (data) is required. However, this creation of a new category is dependent on the resources allowed for the study (time, researcher energy, money, etc.).

The fourth stage of the constant comparison method is that of writing the theory. At this point the notes accompanying each category demonstrate the connection among categories and incidents which then become the (new) theory. For the theory to be written it is necessary to combine the notes on the categories. These notes then, act as a resource for validating certain points or exploring theoretical gaps (Glaser, 1962). Thus, the theory of feminist praxis is written based on the notes taken on each of the related feminist praxis categories of choice, education, and empowerment.

**Taxonomic Analysis**

Taxonomic analysis involves seven steps; (1) selecting a domain; (2) looking at the similarities based on semantic similarities; (3) looking for additional included terms; (4) searching for larger, more inclusive domains that might include as a subset the domain of analysis; (5) constructing a tentative taxonomy (draw the relations among the parts and their relationships to the whole; (6) making focused observations to check
out the analysis; and (7) constructing a completed taxonomy (Spradley, 1980). For example, in undertaking taxonomic analysis on the emotional descriptive framework of Taylor (1995), the first step is to select a domain such as an "ethic of care". Second, similarities of what an "ethic of care" means to participants will be made. Third, additional terms included in these meanings of an "ethic of care" will be examined as part of the search for more inclusive domains (the fourth step). Fifth, a tentative taxonomy is constructed based on the relationships among the terms surrounding the "ethic of care" and the meanings of an "ethic of care." Observations are then made to ensure that the analysis of what an "ethic of care" means is accurate. Finally, the completed taxonomy of an "ethic of care" is provided.

Both constant comparison (Glaser, 1962), and methods of taxonomic analysis (Spradley, 1980) were used in coding and analyzing these data as these two methods of analyses complement each other. Constant comparison is a process of data analysis that occurs while data is being inductively coded into notes. Taxonomic analysis, involving a deductive process of data coding (where coding begins with a given domain), allows for emphasis on the meaning of the categories and on the validity of the notes (data) through further observation of the phenomena after the taxonomy is constructed.

More specifically, the data (consisting of 392 pages of interview notes, 132 pages of observation notes, 56 pages of document artifacts collected from the organization, and 64 pages of pilot study observations for a total of 644 pages) were first collected. Based on this process of data collecting (interviewing, transcribing, and reading of data) categories were intuitively and inductively derived. At this point a tentative taxonomy of theory was created. Using this tentative theory, informants were interviewed as to the accuracy of the claims of this theory. These intuitive/inductive categories were then refined based on the data from the informant interviews. At this point, all data was compared with the DFW's and the categories as they were derived
inductively and refined by informant interviews. This resulted in the creation of categories of incidents. These incidents were coded into categories in which the researcher made connections among data, after which the researcher wrote a "theory" that demonstrated how the categories fit together (Glaser, 1962).

Reliability and Validity in Ethnographic Research

Validity and reliability are the general methods of determining if research is worthwhile. Validity refers to whether the research is "correct" or accurate in measuring what is stated to be measured and reliability refers to the whether the research will achieve the same results, when the research is done in the same manner, time after time (Kirk & Miller, 1986). Both constructs of validity and reliability are problematic, generally and in ethnographic research in particular.

Claims of Reliability and Validity

External reliability. Reliability is problematic in ethnography because as ethnography focuses on naturalistic behavior in the situation, and as the situation is continually changing, the goal of maintaining the sameness of the research event becomes very difficult (LeCompte & Goetz, 1982). Another problem with reliability in ethnographic research is the idiosyncrasies of the researcher. As each researcher is unique she or he will interact and affect the site of study differently. Both of these issues concern external reliability or whether two independent researchers conducting research in the same setting will "discover" to the same degree, the same phenomena and constructs (LeCompte & Goetz, 1982, p. 32). This is a concern with replicability of the study.

Claims to external reliability are "enhanced" for this study through the recognition of four methodological and observational problems as offered by LeCompte
and Goetz (1982). These four problems are researcher status position, informant choices, social situation and condition, and precision with analytic premises and constructs.

The status of the researcher is an important consideration as so much of ethnographic data is dependent on this social role (LeCompte & Goetz, 1982). This problem of the social status of the researcher is addressed in the discussion and evaluation of the social relationship he maintained at WH articulated in the findings section. Basically, the researcher attempted to maintain a professional role in the research setting. Professionalism included following the dress code, offering assistance when possible, scheduling and maintaining an observation schedule, and creation of relationships that were maintained within the research setting with confidentiality and respect.

A second problem in making claims to external reliability concerns informant choices. Informant choice impacts external reliability in that the choice of informant will have dramatic effects on the accuracy of information presented. Thus, specific reasons for choosing informants are important. Similarly, the representativeness of these informants for the research site is vital in establishing external reliability. The two informants were chosen because of their unique positions in the organization. Both had status as administrators in the organization, yet both also had experience beyond the administrative role in other organizational contexts. Also, one informant had a staff role which added to her reason for being chosen as an informant. Hence, both informants were able to articulate a view of the organization that was less biased.

The "social context" of the interview site provides a third problem with external reliability and regards the location and the circumstances surrounding each interview (LeCompte & Goetz, 1982). Two of the interviews were on site with administrators and were conducted in their offices with the doors closed. Four other interviews were also
on site and were conducted in a conference room; again with the door closed to allow for privacy. All but seven of the interviews were conducted off site, as differing sites for interviews will elicit different information and will make the study more externally reliable (LeCompte & Goetz, 1982).

The problem of precise description of analytic constructs and premises is another difficulty with claims to external reliability. Without this precision, replicability of the study will not be able to occur. Precision was sought after through the feedback from faculty advisors and from peer reviews to ensure that premises, constructs, and arguments of this study were clear.

**Internal reliability.** Internal reliability is the degree to which two or more observers, using previously discovered phenomena and constructs in a setting, would assign the same meaning to data in the same way as did the original researcher(s) (LeCompte & Goetz, 1982). Internal reliability is problematic for the ethnographic researcher as usually only one researcher has access to a speech community, as is the case with this study. Consequently, other strategies to attain internal reliability will be addressed here. Two strategies used in this study are the use of low-inference descriptions and the use of mechanically recorded data (LeCompte and Goetz, 1982). Through the use of these strategies, this ethnographic research may be said to approach internal reliability rather than to attain it (LeCompte & Goetz, 1982).

Low-inference description in fieldnotes include the verbatim accounts of participants as well as their descriptions of their nonverbal behaviors. This becomes the basis of data for analysis, and provides multiple examples to be used in the findings to make these findings "rich" (LeCompte & Goetz, 1982). Similarly, other researchers call for the use of descriptive "raw" data (Kirk & Miller, 1982) whereby findings will become "saturated" with this data (Fitch, 1994). Fieldnotes have been extremely
A detailed, with a specific and explicit coding scheme for differing between direct quotes, paraphrasing of participants' speech acts, and interpretations of these acts by the researcher.

Tape recorders were also used in this study to approach internal validity. As indicated above, the use of a tape recorder during interviews and informant interviews was used and documented. This is a worthy strategy as it captures raw data to a great extent (LeCompte & Goetz, 1982). Furthermore, transcription of interview tapes allows for outside review to verify textual evidence (Thompkins, 1994).

Internal validity. Validity is problematic in ethnographic research in that it is extremely difficult to know precisely whether the observations and measurements made are reflective or fitting to what is actually observed and measured (LeCompte & Goetz, 1982). That is, there is a question of "whether the researcher sees what he or she thinks he or she sees" (Kirk & Miller, 1986, p. 21). This problematic accuracy is exacerbated in ethnographic research in that there are so much data to sift through to ensure accuracy. That there are so much data is also a strength of ethnographic research in regard to validity in that there are typically a large amount of data collected in diverse ways that supports claims made to accuracy of observation and interpretation. Fundamentally, this question or claim to accuracy is an issue of the internal validity in ethnographic research.

There are four practices through which internal validity is achieved; living within the culture for extended time, informant interviewing, participant observation, and researcher self-monitoring (LeCompte & Goetz, 1982). Claims to accuracy are based on long periods of time in the field. This time allows for the analysis and comparison of constructs, and the matching of these constructs to participants' reality (LeCompte & Goetz, 1982). This time in the field is significant, as it also provides
insight into "deeply held beliefs and values, and other organizational events" of the participants (Marshall & Rossman, 1982, p. 150). Fitch agrees that time in the field is vital to establishing evidence of internal validity, "The researcher should have been deeply involved and closely connected to the scene, activity, or group studied" (1994, p. 36). As this study is based on over a year and a half of time in the field, a total of plus or minus 55 hours, as well as observation at various fundraisers, parties, meetings, and other social events, this study may begin to approach being internally valid by the researcher. This study may begin to approach internal validity as more time could have been spent in the field (e.g. Gerry Philipsen spent three years in "Teamsterville" doing field research (Philipsen, 1992)). However, due to this lack of time in the field, it is less internally valid.

Observer effects, the possibility for reactivity of participants to the researcher, is another threat to an internally valid study (LeCompte & Goetz, 1982). Reactivity may come in at least two significant ways; through the reliance on participants for status enhancement and through abnormal participant behavior in interviews or when being observed (LeCompte & Goetz, 1982). These threats to internal validity were addressed through establishing and maintaining several field relationships (as a remedy for the threat of status enhancement), and through the use of two informants to independently corroborate the data, which was a remedy for any abnormal behavior (LeCompte & Goetz, 1982). Threats to abnormality were also reduced through the long term observation undertaken by this researcher. This allowed participants to become accustomed to him. Regarding the concern expressed by the executive director on the possibility of negative influence of the researcher on organizational members, it must be noted that this concern came only from the director. Many other organizational members did not voice this concern, rather, they articulated an interest that the researcher was not offering training.
Through informant interviewing and participant-observation the natural settings of a speech community are more accurately presented. This allows for more fitting perceptions of the meaning systems of the participant. As this study included only one round of informant interviews involving two informants, it is less internally valid.

One threat to internal validity that is related to informant interviewing is the selection of informants (LeCompte & Goetz, 1982). This is a concern in that informants need to be representative of the diversity of the speech community. This representativeness will allow for a more comprehensive and accurate view of the community. In regard to the representativeness of the informants chosen, this study is less than adequate. That is, use of more informant interviews would have added internal validity.

The final main strategy undertaken by researchers to enhance internal validity is that of self-monitoring or the continual questioning that a researcher asks of him/herself during the entire research process (LeCompte & Goetz, 1982). One way to enhance this questioning process is to move beyond or distance the researcher from the speech community for select periods of time. This distancing allows for time to reflection, question, and make sense of the situation, while not being engaged in it directly (Fitch, 1994).

One threat to self-monitoring is the acquiring of "spurious conclusions" (LeCompte and Goetz, 1982). Spurious conclusions come about through inadequate self-questioning, and inadequate examination of collected data, or mis-interpretations of discussions with informants. This threat is addressed through awareness of the self-monitoring process and through longevity of being in the field. Claims toward internal validity in regard to spurious conclusions are made through exposure to the community (plus or minus 55 hours of observation) and through the informant interviewing of two different informants.
External validity. External validity in ethnographic research is concerned with the degree to which theoretical constructs are applicable across groups (LeCompte & Goetz, 1982). While internal validity is a strength of ethnographic study, external validity is less so in that it is more difficult to attain. This difficulty of external validity in ethnographic research has to with the situatedness of each qualitative study. As each ethnography focuses on the subtitles and nuances of particular groups of people there is less that is comparable.

Claims to external validity are made based on comparability and translatability. Comparability is the requirement that the characteristics of the group studied and/or the constructs that are generated are clearly identified so that they may be used as a basis for comparison with other similar and dissimilar groups (LeCompte & Goetz, 1982). Translatability refers to the explicit identification of research methods, analytical categories, and the characteristics of phenomena. This explicit identification of research methods should be so clear that comparisons made can be made confidently. There are four factors that may affect comparisons across groups: selection effects, setting effects, history effects, and construct effects (LeCompte & Goetz, 1982).

Selection effects question the degree to which constructs are specific to the group studied and if they are comparable outside the group. Selection effects may be addressed in two ways. First, constructs are constantly questioned as to their fitting to the group under study. That is, selected constructs are examined as to their relevance to the speech community. Second, selection effects are addressed through being explicit about the make-up of the group studied in terms of socio-economic background, level of education, racial composition and population characteristics (LeCompte & Goetz, 1982).

Selection effects were addressed in a number of ways. First, the researcher spent a plus or minus 55 hours in the field. Second, attention was focused on the
continual questioning of categories of the researcher to insure they matched the speech community. Third, the distinct characteristics of the organization of study are discussed as they describe the speech community.

Setting effects question how the researcher affects the speech community through her/his researching of it. In this sense, constructs generated in one setting may not be comparable to other settings in that the constructs may be an outcome of the "context under investigation rather than of the context only" (LeCompte & Goetz, 1982, p. 52). This demands that the "interactive dynamics" of the researcher with the research site need to be explicitly expressed (LeCompte & Goetz, 1982). Setting effects in this study were considered by this researcher through the researcher's stating of his biases regarding power and feminism in the introduction of this thesis.

The third threat to external validity is termed history effects. These are the extent to which comparison of constructs may be invalid due to the difference in time periods in which the studies occurred. The manner to address this threat is to be explicit and precise in describing the constructs and the "historical variables" of the research setting. The researcher attempted to address this threat to this study through careful situating and explaining of the time period of this study, with a description of the time periods relevant issues in terms of this study.

The final threat to external validity is that of construct effects, the extent to which meanings of constructs and terms used are shared across populations, speech communities, and time periods (LeCompte & Goetz, 1982). For this threat to be addressed, first the researcher ensured the data collections are as complete as possible. This involved spending time in the organization, collecting artifacts, and interviewing 13 organizational members. Data interpretations are also ensured to be as accurate as possible. This was accomplished through the use of method triangulation of data sources and informant interviews. The use of peer review by fellow graduate students and
faculty advisors further ensured this construct validity (LeCompte & Goetz, 1982). Tompkins (1994) suggests another method to ensure external validity which he terms "recalcitrance," involving seeing how the subjects respond to a complete playback of the results and conclusions of the study. Recalcitrance demonstrates the completeness of fit of the theoretical constructs to the speech community. These moves to assure the construct validity ensure that if there are differences between groups that they are due to the different attributes of the groups being examined rather than the constructs themselves (LeCompte & Goetz, 1982). The researcher enlisted three willing organizational members to read a completed draft of work to ensure the construct validity or the "recalcitrance" of it (Tompkins, 1994).

Another method of addressing the threat of construct effects is to clearly delineate a descriptive framework. Using a descriptive framework allows for the demonstration of how data are collected and how data analysis is to be guided (Marshall & Rossman, 1989). The threat of construct effects in this study was mitigated through the use of two descriptive frameworks, those of Martin (1990) and Taylor (1995).

**Triangulation of the Research Design**

Triangulation refers to use of multiple investigators, data collection, data analysis, and research methods to ensure that data are reliable and valid (Benoit, 1988; LeCompte & Goetz, 1982). Marshall and Rossman (1989, p. 146) define triangulation as "bringing more than one source of data to bear on a single point." Faules (1982) refers to multiple method triangulation as a process of using multiple methods to examine the same phenomenon. The benefit of multiple method triangulation is that it maximizes the benefits of a single method while minimizing the limitations of this method (Albrecht & Ropp, 1982). For this study, triangulation refers to the use of
multiple methods of data collection and analysis to provide a description of Western Health that captures the meaning as it is spoken in this speech community.

Triangulation in data collection was accomplished through many methods of data collection. Specifically, these involved non-participant observation, participant observation, document collection, interviews, and informant interviews. All of these methods of data collection act as different reference points on the same phenomena (Marshall & Rossman, 1989), and therefore make the study more thorough, while also illustrating researcher bias (Reichardt & Cook, 1979).

Triangulation in data analysis was accomplished through utilizing the methods of constant comparison and analytic induction. This also involved using the two descriptive frameworks of Martin's (1990) and Taylor (1995). Using two frameworks is a more stringent approach in evaluating communication phenomena, as they are more encompassing, allow for greater insight into areas where the theories conflict, or leave gaps (Benoit, 1988). Similarly, multiple theoretical frameworks assists theory development through the assessment and integration of theories within a particular communication phenomenological area (Benoit, 1988).

**Ethical Considerations**

Use of feminist theory in this study demands a particular emphasis on ethics. This is due to feminism's concern with and emphasis on power relations between genders. In the instance of this study, there are two incidents of power relations. Those between the researcher as a man doing feminist research among women5, and those of the

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5A methodological/ethical consideration with this study is that the researcher is a man undertaking feminist research. What is problematic for men and feminism is their experience as most typically being in positions of power. (I qualify my assertion here with "most typically," because some men in some situations are powerless to a greater or lesser extent, and some are oppressed. In keeping with standpoint feminist thought, I don't want to and am unable to speak for all men. Although I agree with the view that men are clearly advantaged as they are more likely in positions of power.) Marshall (1993, p. 124) argues just this, that thinking by men about feminism is difficult for men due to
ethnographer as researcher within the speech community. The considerations of power between ethnographer and subject and subsequent manifestations of this power (Stacey, 1988) are highlighted.

The concern with power is the possibility for manipulation and/or betrayal of the researcher/researched relationship (Stacey, 1988). Specifically, the concern is with the power differential between the researcher and subject which is pronounced in the fact that the researcher may (and typically does) leave the speech community, whereas the "subject," necessarily, may not. The second concern of power is with authorship. That is, authorship is concerned with who has the power to "author" the ethnography (as product rather than research process) and who gets to decide what is authored into the ethnography to what extent, for what ends.

One method for handling this issue of power is to involve the subjects more extensively in the research process, for example, by sharing interpretations and the final document with informants (Wheatley, 1994; Stacey, 1988). Yet, as Stacey (1988) highlights, such a move does not completely provide an answer to the problem of authorship. In fact, it may induce a greater problem, which is a more intimate relationship between subject and researcher (Stacey, 1988). By definition there is no clear way out of such ethical dilemmas, rather, it is necessary to do what seems most fitting given the situation and the values of those in the dilemma. Thus, dilemmas offer an opportunity to question (and hopefully learn from) the ethnographic ethical situation, and to use guiding (feminist) values in making ethnographic choices, which is their position at the top of power structures where the creation of values that limit women and sustain men occur. Yet, feminism for a man (read me) allows for the "enabling" of him to think in different ways on how men and women's worlds are constructed and constrained (Mumby, 1996). As such, men may both move beyond their experience and refashion it. Feminism allows us to critique the binary thinking that typifies patriarchal society, specifically gender differences, resulting in increased awareness of just this problem (Mumby, 1996). Thus, I argue that through awareness, feminism allows for thinking of possibilities (beyond dualism of gender differences) and for acting on/out those possibilities that encourage men to be critical of their experiences and positions.
precisely what Wheatley suggests (1994). For this thesis, subjects were intimately involved in the authoring of the text. This involved asking for feedback from three organizational members based to see if the text accurately represented the organizational culture.

In making methodological choices in this ethnography, it is necessary to become personal, as I am responsible for my choices and have no better way to authentically represent these choices than through writing in the first person. In this ethnography, I have attempted to live to feminist values (e.g. care, equality, authenticity, imaginative and critical thinking) as I have chosen my methods, and when I, undoubtedly, have encountered my ethical dilemmas. This attempt to bring a feminist perspective to my methods has already been articulated above. Such an attempt involved working cooperatively with my "subjects," and being aware of the power differential and acting appropriately in situations where this differential is recognized (e.g. in the authoring of this thesis). Importantly, even as I do encounter dilemmas, as a man, it becomes problematic to address these as a feminist.

**Summary**

As indicated by the length and detail of this methods chapter of this thesis, great value is placed on the reliability and validity of this research. The emphasis here is to demonstrate a rigorous approach to qualitative methods in particular and research in general. This is necessary to ensure the credibility of the findings of this thesis. Claims to credibility are achieved through the systematic nature of the ethnographic research process as it is described above using five steps of qualitative inquiry (Philipsen's, 1977). Through these five steps and this discussion of external and internal reliability and internal and external validity, the researcher makes claims to the soundness of the findings and discussion articulated below.
CHAPTER FOUR: FINDINGS

This chapter reports the findings of the data. These findings are based on the five research questions as they were introduced in the literature review. The first section of this chapter reports WH's organizational members' feminist ideologies, and their feminist praxes, and whether WH is a considered to be a feminist organization. The second section of the chapter describes the organizational emotional culture of WH, and what the ethic of care is for the organization.

Feminist Ideology at Western Health

The results of research question one (What is the feminist ideology of organizational members at Western Health?) will be based on the ideological dimension of Martin's ten dimensions of a feminist organization (Appendix A). Particular emphasis on feminist ideology as a dimension of a feminist organization was given by the researcher in the interview process. Hence, this first area of the results will be on this particular dimension of feminist ideology.

Feminist Ideology is the:

generalized beliefs that make sense of and direct attention to particular aspects of social reality and that include a conception of the world as it should be... Ideology is broader and more nebulous than guiding values or goals and includes a rationale for the organization's existence, mission, and range of activities and concerns (Martin, 1990, pp. 189, 191).

If an organization endorses a feminist ideology, they can be identified by type (i.e. liberal, Marxist, standpoint, etc.). In this findings section, organizational members' feminist ideologies will be reported, as they are distinct from each other. Importantly, while Martin argues that ideological claims inform researchers "only what organizational leaders (or official documents) assert to be true or are willing to admit" (1990, p. 192), this researcher takes a more comprehensive view of organizational
ideology to include the ideologies of the other organizational members (beyond the "leaders").

A Liberal Feminist Ideology

There are a number of organizational members who identify with a liberal feminist ideology. For instance, one administrator's feminist ideology is representative of liberal feminism in that she views feminism as "getting rid of inequities." Similar to this administrator, a NP's feminist ideology is reflective of liberalism in her emphasis on equality for people. She views feminism as the, "striving for equality of opportunity, regardless of gender without being totally rabid." This woman is also wary of radicalism. One SSP's feminist ideology is also based on a liberal view. She stresses that women must have "equal access to any information they need to live a happy or more equitable lifestyle." Similarly, she states that women "need to be able to live a subsistence level lifestyle, but do it themselves." Hence, there is a liberal feminist ideology representative at Western Health.

Anti-Radicalism

Accompanying the liberal ideology is a tendency for organizational members to avoid identification with any kind of radicalism. One administrator explains her views, "I don't necessarily believe you have to be radical about it... I want it to be a positive thing, and I think it's..., at times misused, at times, used to be pushy rather than productive..." This appeal to being non-radical is pervasive in the clinic and is reflective of the context within which the clinic operates. Identification with radicalism is seen as being counter productive to the work of organizational members in this clinic.

One NP describes this non-identification with a radical perspective, "I see it [feminism] as striving for equality of opportunity, regardless of gender without being
totally rabid." This woman is particularly wary of radical ideology as such an ideology has done damage to the feminist movement, and due to this, the movement is "not being taken seriously anymore." This anti-radicalism is not directed at radical feminism, as organizational members did not identify with radical feminism, rather, it is against radicalism in general. This general anti-radicalism is representative of organizational members who are older in age. For the most part, the SSPs and receptionists don't have an anti-radical identification.

A Folk Feminist Ideology

Rather than fitting into a particular feminist ideology, there tends to be an feminist ideology that reflects a belief that aims toward the improvement of women. This researcher terms this an folk feminist ideology. The term "folk" is chosen as it reflects and honors the women in the study and their connection with the other women (clients, volunteers, and co-workers) with which they are in contact. This folk feminist ideology is apparent across all three organizational member groups.

For the receptionists there isn't a distinct feminist ideology. Rather, they offer a unique valuing of women. This valuing of women means "being supportive of women, trying to empower them with whatever I can as far as education goes, being respectful of who they are." In this way, valuing women is empowering women. This empowering also includes "the right [for women] to make their own decisions, [and] be their own person."

A SSP has a similar valuing of women. For her, feminism means, "what you can do to empower women, by being non-judgmental, by giving them a place where they could confront a frustration or worry or crisis in their life, and give the information they need to help them deal with that." Both the receptionists and the SSP's identify feminism as "empowering women" and "offering choices." For some SSP's, women are
empowered through attaining a safe physical and emotional space and the necessary information to make their lives better.

The NP's don't really identify with the term "feminist," but most of them focus on improving women's lives. They don't like the term because within their experience it has "negative connotations" and appears "too radical" for them. Rather, they use the terms "pro-women" and "pro-family" in describing their feminist ideology. For one NP, feminism is "empowering women." Empowering women happens by women "having the knowledge base and being able to make better [health, sexual, and life] decisions based on accurate knowledge." Other than not being radical, this person's view of feminist ideology does not fit any of the various feminisms described above (see types of feminisms in the literature review).

An administrator also describes herself outside of any definition of a particular feminist ideology. Her view of feminism is one where women have "inclusion without question." This administrator's feminist ideology leans toward humanism rather than feminism, but "humanism is really too broad."

Folk feminists provide a revealing lens through which to view feminism. Folk feminists are working women who do not necessarily have the time nor energy to consider what "feminism" may mean for them beyond their work situation. Within their work situation, folk feminists value and empower themselves and other women through education and the offering of a space which is safe. Furthermore, folk feminists work toward improving and empowering other women, valuing women without judging them for their life choices. Thus, with folk feminism we move toward the idea of "inclusion without question."
Summary

Given the data, organizational members' feminist ideology is difficult to describe for the organization. Many of the people interviewed tend to subscribe to a liberal feminist perspective through their advocacy of equality of gender. It is interesting to note that few interviewees clearly subscribed to only one particular feminist ideology. Rather, they either discussed aspects of several ideologies (i.e. liberal, standpoint, revisionist) or were generally promoting women's values (i.e. respect, being non-judgmental, encouraging responsibility, and the provision of a safe place in which to provide care for women). Also of significance is that the more mature organizational members had negative connotations of radicalism. Thus, organizational members do not view feminism through a distinct ideology or perspective, but rather, as a general attitude of respect and care toward women. This general attitude of respect and care toward women is defined by the researcher as folk feminism. Table 4.1 offers a summary of organizational members' feminist ideology.
Table 4.1

Feminist Ideological Identification at Western Health

<table>
<thead>
<tr>
<th>Feminist Ideology</th>
<th>Administrators</th>
<th>Nurse Practitioners</th>
<th>SSP/Receptionists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal</td>
<td>X X</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Standpoint</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radical*</td>
<td>O*</td>
<td>OO*</td>
<td></td>
</tr>
<tr>
<td>Revisionist</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folk</td>
<td>XX</td>
<td>XX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

Note. An "X" indicates an organizational member's identification with a particular feminist ideology. An "O" indicates a desire not to identify with a particular feminist ideology. Markings on the chart (i.e. "X" and "O") are not representative of individual organizational members as some members reported having more than one type of feminist ideology and not all organizational members are represented on this table.

*Organizational members who did not identify with radicalism did not specifically not identify with radical feminism, rather they did not identify with radicalism in general.

Feminist Praxis

Moving beyond organizational members' feminist ideologies, the next area examined was that of feminist praxis. Feminist praxis is the application of feminist theory in actual communicative events to increase awareness and educate people so that productive change may be made in how people think and act in the organization.
(Buzzanell, 1994, Tompkins & Wanca-Thibault, 1995). This involves moving from feminist thoughts to specific feminist actions that occur within a communicative context.

(Praxis is not to be confused with feminist practices, which are the strategies and tactics used to employ the structure of the feminist organization (Martin, 1990)). Feminist Praxis, in response to research question two (How is feminist praxis enacted at Western Health?) occurs at WH through the offering of three main activities: reproductive choice, reproductive education, and empowerment. All of these areas of praxis are offered by nearly every organizational member within the clinic.

**Choice as Feminist Praxis**

Feminist praxis is offered through choice. Choice involves the reproductive options of reproductive health, including contraception, disease prevention, and abortion services that are offered everyday to everyone, regardless of economic availability, social circumstance, gender, sexual orientation, or any other cultural stigma. This praxis means that the door to the clinic is open six days a week from early in the morning (9:00 AM) until late at night (7:00 PM). In the words of one administrator, accessibility is valued by ensuring that "the front door is open six day a week from 9:00 AM to 7:00 PM." Western Health is accessible. This accessibility is also evident in a copy of a letter that is pinned up to a bulletin board which thanks WH for a $100.00 loan:

> Once again I would like to thank you for the loan and the wonderful services from all of you. The wonderful people there have helped me through the roughest time in my life. Thank you.

This accessibility of services is evident in maintaining open doors and providing limited funds to clients to help pay for services. This aid in providing services is described by one employee:
... we're all so committed and that we are all so willing to do things above and beyond the normal call of a normal job, you know, I mean all of us have done things like, we shouldn't do, things like, if, if we had to refer a patient out, if for instance, if she was 15 weeks along and wanted a, an abortion, and we don't do abortions at 15 weeks, so she has to go to [another city], and she doesn't have a car and she has no support, we have all offered to drive, you know, we'll take you out there, we'll stay with you through it, we'll bring you back, we've all done stuff like that..

This feminist praxis of choice also means that WH is one of the only clinics in the area that offers abortion services. The two other aspects of the praxis of choice are advocacy and confidentiality. Advocacy involves the legal work to ensure that reproductive choice issues are accessible. Advocacy includes lobbying at the state capitol and instigating lawsuits to ensure that abortion remains accessible. Part of this accessibility is the knowledge that services are confidential. In the words of one administrator, "confidentiality absolutely, ... is not to be violated." This reflects the administrator's value of being accessible. Confidentiality ensures that only the clients who receive services at WH will know about their own reproductive health. Confidentiality is strictly maintained at Western Health.

**Education as Feminist Praxis**

Education to the public outside of the clinic and to the clients within the clinic regarding issues of sexuality is another means of feminist praxis. Education is offered to the public through visits to local high schools and through local talk radio, as well as offering one time courses to the public about STDs or HIV. Education also occurs within the clinic through the SSPs and NPs (and receptionists to a lesser extent) talking with the clients about their reproductive needs and offering health information and health services to the client. At times, SSP's were behind their time schedule as they would spend time offering information/education about abortion to women who were not wanting to be pregnant.
Empowerment as Feminist Praxis

An accompaniment of the choices and education available as feminist praxis at WH is the feminist praxis of empowerment for the client. In this sense, empowerment is the acknowledgment of possibilities heretofore unseen by a patient or client. This empowerment is due to the work of the employees at WH. For instance, simply educating a client about her abortion choices and the explaining that that is a choice is empowering to that client. In the experience of one SSP:

being able to talk to women who come through the door, that maybe... don’t see themselves as powerful people, and feeling controlled by other situations in their lives, not feeling able, like, like they can make choices by themselves, and sort of being able to, give them that power, and say, you’re your own person, I have seen a lot of women, that, you know, have consistently made, you know, decisions based on other people’s, decisions about what is best for them, and sort of making that step, seeing their faces so relieved, and so thankful, so I feel like I see a really interesting side of people, and maybe, for a lot of people, sort of a turning point and start believing in themselves...

Empowerment as feminist praxis is an outcome of many interactions with organizational members, from SSP’s to receptionists, to NP’s and to administrators.

Summary

All three of the feminist praxes of choice, education, and empowerment are clearly evident at Western Health. Both feminist praxis and feminist ideology as they are described above inform us about whether Western Health is a feminist organization. Thus far, WH may be categorized as a feminist organization in that it has aspects of different feminist ideologies and that feminist praxis is enacted by organizational members.
Five Dimensions of a Feminist Organization

Merely having a feminist ideology is reason enough to describe an organization as feminist (Martin, 1995). However, more information will help to make a more valid determination of whether WH is feminist. Furthermore, continued examination of this organization is fitting as not every organizational member has a distinct feminist ideology, although most organizational members enact feminist praxis in some form. In order to answer more completely whether WH is a feminist organization, the third research question of this study was asked. This questions reflects to what degree Western Health is a feminist organization (How is Western Health a feminist organization?). In answering this research question, five of Martin's dimensions of a feminist organization were examined (see Appendix A for all of Martin's ten dimensions). The dimensions examined were feminist values, goals, outcomes, structure, and practices.

Feminist Values

The second dimension of Martin's (1990) feminist organization framework, following feminist ideology, is that of feminist values. Feminist values are "guides to goal formation... are general with no particular behavior attached" to the value (Martin, 1990, p. 192). Examples of feminist values include egalitarianism, cooperation, nurturance, peace, the primacy of interpersonal relationships, empowerment, sharing, fairness, and care, to name some.

There are four main feminist values of organizational members at Western Health and one contested value. People value access to reproductive health, reproductive education, the ability to cooperate with co-workers, and care. People also value survival differently in this organization, hence it is contested. These values will be explained as to their significance for organizational members.
Access as Feminist Value

Access to reproductive health is a deep value for organizational members. This access includes the availability of abortion choice. The value of accessible health care also involves the budgeting of monies by administrators to pay for lawyers who instigate lawsuits to ensure that abortion remain safe and legal. This value of accessibility is directed toward the clients by administrators through the provision of a place for women to go which is safe and accessible for all women regardless of income, social status, or any other reason. A claim to the value of accessible health care is also made by an NP, "we provide care for women, and great, great care, and um.. whereas they might not be able to get it elsewhere."

Education as Feminist Value

Education is also a feminist value at Western Health. Valuing education means valuing the idea that everyone should have information and knowledge about their sexuality and reproductive health. Part of this education is the value that people assume responsibility for their own sexuality.

To the public, the administrators' valuing of education and responsibility are apparent in their efforts of advocating for and educating about women's reproductive rights. A great deal of time is spent by administrators outside of the clinic educating the public about choice issues and advocating for such issues. This education is apparent through administrators' many public speaking engagements and activities such as AIDS awareness and legislative lobbying.

Similar to these administrators, receptionists invoke the values of responsibility and education as part of their everyday working. They attempt to encourage responsibility through the engagement and encouragement of clients to pay
their own expenses, or as much of their expenses as possible, and through persistent and
gentle reminders of particular behaviors that are responsible. In the words of one
receptionist:

I have that a lot, where young girls come in, this is their first
appointment, the moms want to fill out all the paper work, and, and that's
not very empowering to that person who comes in for her appointment,
she...it, it doesn't make her take responsibility for for why she's even
there even if it's just for her pap smear... It's really important for that
young woman, I feel, to fill out that information, to have to answer the
questions, if she needs help from her mom to ask help, but not to just
turn it over to her and let her do it.

Staff Support People also value and provide a considerable amount of
reproductive education to their clients. The manner in which this education is
undertaken is full of respect, non-judging, and confidentiality, so that the clients may
feel safe enough to listen and act upon the information. The SSPs also offer an empathetic
ear as part of their education when sharing their information and getting the information
they need to do their job.

Cooperation as Feminist Value

All three groups within the organization value cooperation from co-workers.
Organizational members would often help one another by taking one another's shift if
there was a difficulty in scheduling, or they would take a client that they weren't
scheduled to take so that someone could have a break. Cooperation was also evident in the
general hustle and bustle of everyday work as people would help others find a client's
file or answer a phone. Administrators, NP's, SSP/receptionists have said that if the
support of their respective groups were not there for them, they would leave. This
demonstrates the feminist values of personal relationships and cooperation within each
group. One administrator has said "if [a fellow administrator] wasn't here, I don't know
what I'd do!" Similarly, one SSP commented "there's definitely a feeling of among the
SSPs that if there wasn't that inner support between those four or five of us, we wouldn't work here, I think that has been pretty clear, you know, that we rely on each other. " Likewise, an NP stated "if I didn't like any of them [the NP's] or didn't get along with them it would be a miserable place to be." As evidenced by the data, there is clearly a great deal of care, cooperation, and support from co-workers within each group.

Care as Feminist Value

Administrators also very much value quality care for clients. This valuing of care is seen by them as one of their main goals. This value by the administrators is evident in their programs of quality assurance. For them, quality assurance is "increasing care [for clients] and decreasing risk [for the clients and the organization]." Administrative care is also evident in their working outside the clinic to provide to educational programs and legislative lobbying.

The NPs emphasize the feminist value of non-judgmental quality care to patients. This value of providing non-judging care is proudly related by one of the NPs when she states that care is provided to clients "no matter what their situation, and [we] provide it in the best possible way ..., best way possible." An example of providing care in the "best way possible" is when one NP went through all of the examination rooms and made them safe for infants. In this way, the valuing of care was demonstrated through the "baby-proofing" of the rooms.

Commitment of the SSP's/receptionists to WH is an example of the value of care by these organization members. This care for clients is evident in their willingness to continue to work at WH even though they are effectively disengaged in decision making processes that affect their work, work at a tremendously fast pace with few if any breaks, and work long hours, while often working more than one job to make economic ends meet.
Survival as Contested Feminist Value

Some administrators also value a business orientation toward economic survival which most people in the other two groups of people are not in a position to experience or understand. This survival value is one of ensuring that the organization is open day after day, so that reproductive health services are provided for those people who need them. This emphasis on survival is related through one administrator's words "one [value] that I think we have is a belief in the service, support of the agency and services for people." The administration's commitment to women's reproductive health is seen through this "survival" emphasis.

It must be noted that the some people in the other two organizational groups view this "survival" as being overused. To them it has become an "excuse" of administrators for not responding to the needs of the staff. In this way, some people are not in a position to recognize this "survival" aspect of the administration. Other people, however, are aware of this survival aspect, as one employee states:

it really surprised me with working at WH how money is really big there, it's even bigger than it ever was with me in private business, it's because we survive on that money, and it's like if we don't get it we are going to close our doors or whatever, and, and that's the one thing that, that I don't think that people really realize, when they go to work there, how big of an issue the money thing is...

The value of surviving is a key value of the organization. How people see "survival," whether it is an essential value, an excuse, or is a necessary burden of the organization affects the organization. As different organizational members attach different meanings to the term, it is a contested feminist value in the organization.
Summary

The feminist values at WH include a contested value of survival, and the values of care, cooperation, education (and responsibility), and access to reproductive health. Not all of these values are held equally by all organizational members, nor by all organizational groups. Table 4.2 offers a summary of these values by organizational group level.
Table 4.2

Feminist Values at Western Health

<table>
<thead>
<tr>
<th>Feminist Value</th>
<th>Administrators</th>
<th>Nurse Practitioners</th>
<th>SSP/Receptionists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Through advocacy and public presentations.</td>
<td>Through provision of information about clients.</td>
<td>Through encouraging of responsibility.</td>
</tr>
<tr>
<td>Cooperation</td>
<td>Among fellow administrators</td>
<td>Among fellow NP's and SSP's</td>
<td>Among fellow SSPs/Receptionists.</td>
</tr>
<tr>
<td>Care</td>
<td>Through &quot;quality assurance.&quot;</td>
<td>Through the provision of confidential services.</td>
<td>Through empathy to clients and commitment to the organization.</td>
</tr>
<tr>
<td>Survival</td>
<td>This is a contested value among organizational members.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Feminist Goals

Feminist goals are "action agendas that an organization claims it wishes to achieve and that it actually pursues..." (Martin, 1990, p. 193). There are three types of feminist goals. These are to change individual women through increased self-esteem, skills, knowledge, and political awareness, to serve women (i.e. through services of health care, legal services, etc.), and to transform society so that women's opportunities, status, treatment and life conditions are improved (Martin, 1990, p. 193).

Changing Individual Women (People)

Support staff people work toward the feminist goal of changing individual women (and men) through their efforts of education with clients. This education is transformative in that SSP's are "just providing that space for them to have questions answered maybe to have an exam in a non-judgmental manner" and to provide information "with an empathetic ear." Often, SSP's would spend extra time with a client who needed to talk about her healthcare and reproductive needs. Receptionists work toward the goal of changing women through their encouragement of women clients to take responsibility for their sexuality as they are being admitted to the clinic and as they are leaving.

Some administrators are perceived (by the NPs and SSP/receptionists and this researcher) to be lacking in their efforts with changing individuals. There is a sense of not feeling adequately supported by the administration for some of the people who work there. Similarly, attempts to change the life conditions of women are limited in the amount of money available for increasing pay or training opportunities for women working at WH. However, there are some services offered for women within the clinic.
For instance, flu shots are made available without charge during the first few months of the cold season.

**Serving Women (People)**

Nurse practitioners provide health care services for female (and male) clients, as such, they are serving individuals and changing their lives. Women's health conditions are improved through these medical services. Along with this, women are encouraged by the NP's to become more knowledgeable about their own bodies and to complement the knowledge they already have with the information that the NP's and SSP's offer to them. For example, NP's tell their clients how to eat and to stop smoking to improve their health. Nurse practitioners also directly affect the lives of the clients through the service of health care. Thus, NP's feminist goals are directed at both serving clients' health needs (through the provision of medical services such as pap smears, STD tests, etc.) and through changing individuals (through increasing the knowledge of clients about their own bodies by sharing information).

**Transforming Society**

Administrators transforms society mostly through their work outside the organization. These goals are acted on through advocacy and education. One administrator specifically works toward increasing awareness of the politics of reproductive health, and spends a great deal of time working on increasing awareness for women's reproductive health in the political process. As such, work toward changing individual women is accomplished as well as the transformation of society.

Another administrator transforms society outside the clinic by offering reproductive education within the community. Through speaking and group activities within the community she acts toward goals of empowering women, increasing awareness
of services for women (and men) (by telling them about the services at WH) and transforming society (by working toward increased opportunities for women and men of all ages by sharing information about sexuality).

**Summary**

All organizational members work toward feminist goals. Administrators do this mostly outside the organization through advocacy and education. Nurse practitioners do this within the organization through education and health services, as do the SSP's/receptionists. Nurse practitioners and SSP/receptionists don't do this work outside of the clinic, and the administration doesn't do this inside the clinic (among staff). All three groups do all three goals to a lesser or greater extent. Staff support people do more toward changing individual people, NP's do more toward serving individual people, and administrators do more toward transforming society than any of the other two groups. Table 4.3 offers a synopsis of organizational members' feminist goals.

**Feminist Outcomes**

Feminist outcomes are "the consequences for members," specifically for women and for national societies and organizations (Martin, 1990, pp. 193-194). These consequences may include improving members' self-esteem, their skills and knowledge, and their awareness of oppression, power, and autonomy. All organizational members experience feminist outcomes at WH. These feminist outcomes include increased self-esteem, increased skills, awareness of oppression, and awareness of responsibility.
Table 4.3

**Feminist Goals at Western Health**

<table>
<thead>
<tr>
<th>Feminist Goal</th>
<th>Administrators</th>
<th>Nurse Practitioners</th>
<th>SSP/Receptionists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Women (People).</td>
<td>Perceived as</td>
<td>Changewomen</td>
<td>Changewomen</td>
</tr>
<tr>
<td></td>
<td>lacking in</td>
<td>through</td>
<td>through</td>
</tr>
<tr>
<td></td>
<td>changing women</td>
<td>education.</td>
<td>education.</td>
</tr>
<tr>
<td></td>
<td>within the clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serve Women (People).</td>
<td></td>
<td>Serve women</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>through the</td>
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<tr>
<td></td>
<td></td>
<td>provision of</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>medical services.</td>
<td></td>
</tr>
<tr>
<td>Transform Society.</td>
<td>Transform</td>
<td>society through</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>advocacy and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>education.</td>
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</tr>
</tbody>
</table>

**Note.** Empty cells indicate a lack of observed instances of the indicated feminist goal.
Developed Sense of Self as Feminist Outcome

Two administrators get a lot of recognition from the work that they do outside the clinic (i.e. advocacy and education), which builds their knowledge and experience. Similarly, by working with women outside the clinic these two administrators' efforts also increase women (and men's) self-esteem, sense of power, and political awareness regarding reproductive issues.

For the NPs, feminist outcomes include having a very strong sense of themselves. This involves being very articulate in voicing their needs emotionally and acting in ways to have these needs met. This strong sense of self is articulated by one NP:

And then there's those of us who just come right out and tell them, hey, you know, this is what's goin' on [with laughter], be it that, you know, she says it in an angry voice or an aggressive voice you know, some people would rather just have the cards on the table instead of, perhaps just beating around the bush.

In these ways, the NP's develop or have a strong sense of self esteem.

Developed Skills as Feminist Outcome

Generally, skills and knowledge are increased for all those who work at WH as they are learning their job as it is done in this organization. Such skills and knowledge include how to draw blood, how to do a pregnancy tests, and how to counsel people who are inquiring about pregnancy and pregnancy alternatives. Other skill and knowledge trainings include attending CPR and first aid classes. This skill and knowledge is also developed by individual administrators and NP's as they are learning how to do their respective jobs. However, after this initial learning there is little time or money for increased training.
Awareness of Oppression as Feminist Outcome

While not cultivated as an administrative agenda within the organization, there is an awareness of oppression and power (or lack of power) for the SSP/receptionists and to a lesser extent, the NP staff. This awareness is from the SSP/receptionists being in a position that is perceived (by themselves and this researcher) as being less powerful. One instance of this awareness of power is evident in a scheduling memo that had been rewritten with the entailments of what the memo meant for an employee. For this employee, the memo meant less work and less pay and a more hectic schedule.

For clients within the clinic, there are also feminist outcomes. These outcomes include greater awareness of their own ability to make their own decisions regarding their sexuality, and how they are developing awareness of their possibility of choices. It also includes an increased self-esteem as they take an active role in their own education in relation to their sexuality.

Awareness of Responsibility as Feminist Outcome

Receptionists also have feminist outcomes of increasing clients' awareness of their reproductive choices, oppression, and responsibility. For instance, one receptionist was working with a high-school aged girl who needed a note to excuse her absence from school while she was at the clinic. The girl commented that the administrator knew where she was, but that she needed a note anyway because the administrator did not like the clinic. At this point the receptionist snorted in disgust at the girl's comment and told the girl how she thought the school administrator had a controlling nature. While the meaning of this comment appeared to miss the girl, there was an attempt, as perceived by the researcher, to instruct the girl about the girl's school administrator's oppression toward women and their reproductive health.
Receptionists encourage responsibility through the use of their language in
asking people for donations for the services the people receive. Payment is based on the
amount of income made by the client. Receptionists place people in an income bracket
and then ask the client to pay a certain amount. For instance, a woman who comes in to
pick up birth control pills will be asked to pay for so much of that medical service.
Receptionists will ask for payment in the following manner "You are in the donation
category so you get one free cycle per month, if you want to pick up more than one, you
have to pay $5 per cycle, and if you can donate it is very helpful to us."

Summary

For the most part, administrators have feminist outcomes from outside the clinic. These feminist outcomes include educating high-school aged young adults about
STDs and HIV/AIDS. It also includes lobbying at the legislature to ensure access to
abortion, of which both activities are absolutely essential.

Inside the clinic there is not a sense of the creation of feminist outcomes for the
organization as a whole. Rather, feminist outcomes come about in each independent
group (e.g. among the administrators, among NPs, and among the SSP/receptionists) or
individually as in the previous description of the administration's feminist outcomes.
Table 4.4 offers a summary of feminist outcomes.
Table 4.4
Feminist Outcomes at Western Health.

<table>
<thead>
<tr>
<th>Feminist Outcome</th>
<th>Organizational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrators</td>
</tr>
<tr>
<td>Developed Sense of Self.</td>
<td>Through interaction with the public and public recognition.</td>
</tr>
<tr>
<td>Developed Skills.</td>
<td>All three groups have increased skills through the acquiring and practice of their particular skills.</td>
</tr>
<tr>
<td>Awareness of Oppression.</td>
<td>Both NP's and SSP/Receptionists have an increased awareness of oppression as they participate in the organization. The SSP/Receptionists tend to be more aware of this as they are the least powerful.</td>
</tr>
<tr>
<td>Awareness of Responsibility for Clients.</td>
<td>Both NP's and SSP/receptionists encourage clients to be responsible and inform clients of their choices.</td>
</tr>
</tbody>
</table>

Note. Empty cells indicate an observed lack of the identified feminist outcome.
**Feminist Structure**

Feminist structure is "an organization's normative internal arrangements" and is concerned with the distribution of power, control, and authority, as well as the arrangements of conflict resolution, decision making and division of work (Martin, 1990, p. 195). The structure at WH is very much hierarchical and patriarchal. Western Health is hierarchical in that the structure of the organization has one person at the "top" of the organization who is supported by increasingly larger levels of employees below this person (see appendix C for WH's organizational chart). Western Health is patriarchal in that there is little, if any, negotiation or participative decision-making. Decisions come "down" from administrators and there is little opportunity for open dissent by staff. This patriarchal structure is reflected in the words of one employee:

...there's always a one up, and that's definitely there, I mean there's a, you know, there's an executive board, and then there's a, I mean, we even got a... a graph one time of where the power was [with laughter] and where people were in that graph, ...being there, ... I could see where the power was, you know, I mean, all the arrows go up.

Administrators are the most autonomous group of people and tend to set the tone for the organization. The NP's are autonomous from both the administration and the SSP/receptionists as they are the specialists and know how and what they need to do, while the SSP/receptionists have little or no say in decisions that affect them. In effect, there is not a feminist structure at Western Health.

**Feminist Practices**

Practices are the "strategies and tactics" that feminist organizations actually employ, in opposition to the intended organizational arrangements, which are termed "structures" (Martin, 1990). Practices need to be explored in relation to how they reflect feminist values, as well as what people do and how often they do it. These
practices need to be divided into practices that occur inside the clinic and practices that occur outside the clinic for each of the three groups. Importantly, there is a consideration of not having enough time to undertake these practices. This time consideration is a third factor when considering feminist practices.

"Outside" Practices

Outside the clinic, administrators' practices are extremely feminist, involving education and advocacy concerning reproductive choice issues. Education practices involve an outreach person/educator who goes into local schools to increase awareness of reproductive choice, as well as having miscellaneous activities that are educational and foster reproductive and sexual awareness. Advocacy practices are evidenced by the executive director's lobbying efforts, speaking engagements, and fundraising events.

"Inside" Practices

Inside the clinic there are three practices. These practices are a business orientation that ensures the "survival" of the organization, provision of services, and education. Practices of most administrators are enacted in ways that are consistent with business, including a structure of hierarchy and patriarchy, rather than feminism. Decisions are made at the top and come down and if something is done wrong by lower level staff, they are self-perceived as being punished. Also, there is the consistent concern financially "surviving" on an daily basis.

The NP's practices are all inside the clinic, with no practices outside. These practices are consistent with feminist practices in that they provide health care services for women, regardless of situation or circumstance, on a daily basis. Medical services are provided with care and support, as well as empowerment for the individual clients.
The SSP/receptionists' practices are also feminist within the clinic. The SSP/receptionists have similar practices with the NP's; they work only within the clinic and work to provide care for women on a daily basis. However, there are some differences. The SSP's practices are directed toward the clients' reproductive health information rather than their medical services. Staff support people offer counseling and inform clients of their reproductive choices, or of what is involved for each particular client based on their reason for being there (e.g. general reproductive physical health, STD, pregnancy, abortion, etc.). The receptionists involve the seeking of pertinent information from the client so that they may receive the appropriate service, as well as providing the client with the information they need such as services available, cost of services, and answering the client's questions.

**Time as Constraint in Providing Feminist Practices**

Woven within these practices inside and outside the clinic and among the three groups is a strong limitation of simply not having enough time to do what needs to be done so that it is done in a quality manner (which is a manner that is completely satisfactory to the employees). People in all three groups complain of the constraint of not having enough time to do their work. Part of this lack of time is due to this being a non-profit organization. As this is a non-profit organization, there is not a lot of money available to make time to spend with the clients. This time factor is a crucial aspect of this organization that affects the practices of organizational members.

**Summary**

Feminist practices occur both "outside" the clinic and "inside" the clinic. Inside practices involve those of the NP's and the SSP/receptionists. Outside practices are
undertaken by the administrators. Table 4.5 offers a summary of feminist practices at Western Health.

<table>
<thead>
<tr>
<th>Feminist Practice</th>
<th>Organizational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrators</td>
</tr>
<tr>
<td>Education</td>
<td>Undertaken by</td>
</tr>
<tr>
<td></td>
<td>administrators</td>
</tr>
<tr>
<td></td>
<td>outside the clinic.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Undertaken by</td>
</tr>
<tr>
<td></td>
<td>administrators</td>
</tr>
<tr>
<td></td>
<td>outside the clinic.</td>
</tr>
<tr>
<td>Business</td>
<td>Emphasized by</td>
</tr>
<tr>
<td></td>
<td>administrators</td>
</tr>
<tr>
<td></td>
<td>within the clinic</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of</td>
<td>Undertaken</td>
</tr>
<tr>
<td>Services</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

Note. Empty cells indicate an observed lack of instances of feminist practice.
The answer to the question of how WH is a feminist organization is best answered through the emphasis placed on clients. It is feminist in that the clients receive care that is deemed feminist as it is quality health provision that stresses education, empowerment, accessibility, confidentiality, non-judging, and caring. As an organization, WH is not feminist as feminism is seen as a limitation in health care (in that it excludes men and is perceived as being too radical). Western Health is also not feminist in the treatment of employees by some administrators as perceived by the employees. In the words of one employee, WH is feminist and not feminist:

I guess mainly because they serve a lot of women, and they also hire a lot of women, but sometimes their attitudes aren't necessarily that of, as a feminist organization, because sometimes I don't think that you get the, they don't hear what the general staff are saying, just because of other things that are happening, and they, they still operate like as a business, so they don't always listen at, on a feminist level I guess...

This view of not being a feminist clinic for the people who work there is also apparent to another employee. She states:

I guess you really do think that they would care about women, but I don't, I think that the concern here is for the organization and not for individual people.

Within WH the view is that clients receive care from a feminist perspective, but for the women who work within the organization that feminist perspective is lost.

As the results indicate above, WH is a "feminist organization," at least to some degree by some people in relation to the six dimensions of Martin's (1990) feminist organization framework and in relation to the idea of feminist praxis. As a feminist organization, the question of what is the emotional culture of this organization was also examined. The results of research question four (What is the "emotional culture" of this organization?) will now be presented.
The Emotional Culture of Western Health

The emotional culture of WH may be organized around two types of communicative practices. The first type concerns the practices that resonate with almost all organizational members. These will be termed the meta-organizational communicative practices. The second type of practices resonate only with certain levels of organizational members. These communicative practices include the organizational groups' notions of "putting off," of "safety," and of "punishment." These emotional cultures will now be explained.

Meta-Organizational Communication of Emotion

The emotional expression practices that occur over all levels of organizational members at WH are numerous. In this section these practices will be elaborated on. These meta-organizational practices include a commitment to care, being professional, being emotionally "bold and caring," experiencing emotion as negative, solidification of organizational groups, venting, leaving the building, and pace. These will be elaborated on below.

Commitment to Care

The most important and pervasive emotional rule in this emotional culture is that the best care is given to the patient. The patient always comes first. An aspect of this emotional communicative rule is that there is a tremendous commitment by all employees to ensure that the patient always comes first. This commitment is apparent in the language of many of the employees who work there. For instance, one SSP states:

I mean, everyone here is here, at least, you know, for some similar reasons, and they're all incredible women, really committed, really intelligent, really passionate, really patient oriented, so it's exciting to be a part of that, it makes me feel really lucky to have known them, to be working with them everyday...
A NP also feels very strongly about the women who work here and her language demonstrates the commitment that people feel for their work "I think, I think we're all a bunch of pretty significant women in this organization." Another NP concurs:

I think that they [the employees] believe that women should have the freedom to choose, that they are doing something for somebody else here, it's a great organization as far as being able to provide care to people and, they feel good about that...

Administrators also feel this commitment as demonstrated through their language. One administrator states her amazement at the commitment she sees that the employees have:

[I'm amazed at] everybody's everyday grassroots commitment to making sure that choice, that access, that information, that health, that all of that is, you know, that that's the order of the day, and that people are never too busy to do that you know, I, I think that's amazing, an idea, and that that's just, that's the order of the day, and it's, it's the menu, you know...

Another administrator also is amazed at the employees commitment:

in light of everything that has happened, I mean between the government, and the violence, and, medical, you know, the craziness of medical provision, we keep going, you know, we keep offering services... I think is what is good about us, we just keep doing it, and we keep getting better at it, and bigger, and better and stronger, and, and all that, and we keep improving our care, and, in light of all the bashing we take and financially and in politics and all that, a lesser group would have faltered, but we, we stuck with it, I think that's the most amazing thing about us as an organization...

Within this emotional culture of WH, there is a strong sense of commitment that ensures that patients have quality care that is accessible. This will elaborated on below (see Ethic of Care).

Professionalism

Another consistent communicative rule of organizational members is that emotional expression must be professional when dealing with clients or with people from "outside" the clinic. One receptionist articulates this professionalism:
I mean all the paper work we've gotten, you know, you want to present in a professional manner to clients, just in the world, the world of business, you know, that you want to present yourself in the most professional manner you can."

Professionalism is also demonstrated by the language of another employee:

I try to ... practice my profession in a way that sort of doesn't bring my biases into it, ... you know, we all see things here that kind of freak us out and scare us, and upset us and make us mad, but that doesn't get in the way of how we treat clients and what clients are able to take away from it, I think there is an acknowledgment that by doing that, you contribute to the growth of the whole human being, and all that, that's why [how] I see people practice professionalism.

Being professional is a very strong communicative rule at Western Health.

Emotionally "Bold and Caring"

Within this organization, there is an emotional awareness and communication about how others are feeling. It is almost as if there is an emotional hyper-sensitivity. That is, people seem to know how other people are doing, they can tell when someone is feeling "down," or is excited, and they know if they have said something that another perceives as harmful, when it is unsafe to say something, or when something can be said from the heart without being judged negatively by others. This notion of emotional hyper-sensitivity is described by a receptionist:

I mean, we're really pretty in tune with each other, if there is something going on we'll usually call each other and find out what is going on, or if you know, just, you know, if you see somebody having a hard time or a hard, then we just go out and ask them, I mean, I think people are pretty, and I don't want to say bold, but I think they're pretty in tune with each other and caring...

This bold caring is also evidenced in the words of an administrator:

we're pretty involved in one another's family lives, [I] mean we know what goes on with each other, so if something like [my family difficulty happens] I told people, you know, because I need the support of the people that I work with and that care about me.... and so there was, there's been
lots of concern and support for the kinds of things that I've experienced around that, and I think we provide that for one another, if a parent is in surgery, or you know, that that's an awareness that we keep in mind when we are working with one another...

Similarly, this emotional awareness is observed by an SSP:

so we encourage each other to talk about stuff, if someone comes out of a room looking upset, we say "What's up? are you okay?" you know, 'n' so people talk stuff through.

Again, this notion of being very in tune with one another is evident in the data. The researcher is not trying to stereotypically equate feminism and emotion, but rather to demonstrate the emotional awareness that occurs within this organization. Hence, within WH there is an awareness of co-workers' emotional well being.

**Emotional Expression as Negative**

Emotional expression, for a great many people in the organization, is viewed as a negative event. In a sense, emotional expression between groups is equated with conflict. This is so because the only time that emotion is given a forum is when there is a conflict, and then the experience of emotional expression is harmful to the people who are engaged in the communication of the emotion. The perception that emotional expression is a negative event is described through the comments of one employee, "[an administrator] used to express a great deal of concern and fear, that if you even open up the conversation [for emotional expression] there's going to be a lot of blaming." This negative perception of emotion is articulated in the description of the same employee. For her, emotion in the organization is perceived as:

... kind of a, the elephant in the living room sort of thing, we don't mention it, anything that is going on, we discount it, we minimize it, you know, because it's messy...

Emotion is the "elephant in the living room" because of the negativity that is associated with emotional expression. While it may seem that being bold and caring is
contradictory with the negativity associated with emotional expression, this is not the case. Emotional caring happens for everyone in the organization, but within their respective groups (although some individuals are genuinely able to do this across groups). Emotional expression is seen as negative when this expression occurs across the groups. Both emotional events of being "bold and caring" within groups and emotional expression across groups are not contradictory as they happen on different levels. They are placed in the meta-organizational category as they happen with all three groups of organizational members.

Solidification of Groups as Emotional Expression
An outcome related to the perception that emotion is negative is that all three groups look within themselves for emotional expression and support, but they do not tend to go beyond their individual groups to do or get this. The one exception are the NP's who generally feel free to express emotion at any time in front of anyone, but who also tend to get their emotional support from their co-worker NPs. There are also a few individuals who are able to express emotion across group boundaries, but at a cost of being questioned as to their "belonging" to the group.

"Venting" as Emotional Expression
Venting is another meta-organizational practice. Venting is the talking that occurs within each group about the difficulties of the job and the dissatisfactions with other organizational members. For example, the SSP/receptionist group "vents" about the administration and the NPs. This venting allows for the recognition of feeling and sharing of experience that is common to this group. In the words of one employee "venting" involves talking:
so people talk stuff through, and I mean, definitely too, we go out and have beers together, and we do, we go out and we vent, and I don't think it's always this big, I don't think it's detrimental, I think some of it's actually pretty healthy.

Venting is productive in that it allows for the people in the group to move beyond the experience that was the catalyst for the venting. While the venting that occurs in the organization is highlighted in the SSP/receptionists, it is necessary to state that it occurs in all three groups within the organization. The SSP/receptionists group is highlighted in this case of venting by the researcher because they are the group that is perceived by the researcher to be the most in need of venting as they have the least amount of power. As such, this venting is representative of the other groups, and in particular is an empowering aspect of this type of emotional communication.

Leaving the Building as Emotional Expression

Accompanying the view that emotional expression is viewed as negative, and that each of these three groups express their emotion by talking among themselves, is that emotion is expressed by going outside the building. That is, people leave the building to express their emotions. For example, one SSP states that when she is emotionally angry she leaves:

I get mad and go away, you know, definitely ... yep, and I can be kind of whimpy too, you know, I guess I look at it, I get mad and emotional and then I go away and I go "it's just fighting a losing battle"...

An administrator also states this same process of allowing emotion to occur "outside" the work situation:

I go home if I can... it's safe there, my poor husband, you know, sits me down on the sofa, and listens to me go like this, blah, blah, blah, blah, while he fixes dinner, ... my support system is my family...

Similarly, another employee mentions this going "outside" to express emotion:
I think, people like to leave the building, it's a place where um... that's very interesting in some ways, because in a lot of work settings that I've been in, you know, there's a place designated where you can kind of kick back, and uh, you know, eat your lunch, or take your break, or read your book for fifteen minutes or something like that, um, and that's okay, um, I notice people at WH doing that and you get out of the building...

Pace

Another emotional rule for all three groups is that there is not a lot of time to talk relationally or emotionally about what is going on in the clinic. The pace of work is just too demanding. In the words of one administrator, emotional expression is second in line to achieving work:

getting all the work done that needs to be done, unfortunately doesn't leave a lot of time for emotional expression, um, and we're probably lax in giving people opportunities for saying how they feel about things...

Hence, emotional expression is confounded by the pace of work which leaves little time for work to be accomplished at WH. These meta-organizational practices of emotional expression are contrasted by the groups within the organization and their respective emotional expression practices. These will be related next.

Organizational Groups' Expression of Emotion

Each of the three groups within the organization also have distinct ways of communicating emotion. These include emotional "putting off" by the administrators, a notion of emotional safety for the NP's, and a notion that it is unsafe for SSP's/receptionists to express their emotion. Each of these will now be described.

Administrator's Emotional Communication of "Putting Off"

With the emotional rule of professionalism, the equating of emotion with conflict and the perception that this is a negative experience, and with the pace of work
discouraging people to express emotion there is a reluctance of administration to "acknowledge" emotional expression. This reluctance is termed "Putting Off." Putting off takes the forms of bureaucracy of expression, ignoring, and the use of memos to discourage or communicatively "put off."

**The Bureaucracy of Expression.** One manner in which this reluctance to communicate is demonstrated is through a "bureaucracy" of expression which staff members have to go through in order to be heard. This bureaucracy is demonstrated through the experiences of an employee:

... there's a chain of command thing about problems that's ... that['s] where there's a big gap, I think, and the staff, tends to talk among themselves, and you know, sort of get validation for the way that they are feeling, and you know, let it out that way, um... and there's a big reluctance on their part to approach the administration about anything...

Another employee also talks about having a problem and talking with her administrative supervisor, then talking to the main administrator, and then finally being told that she had to talk with another administrator who knew all along that this employee should have been talking with her about the problem, but allowed her to talk to all these other people, in hopes (in the perception of the employee who had the problem) of letting the bureaucracy dissuade her from addressing this problem.

**Ignoring.** Between the SSP/receptionists and the administration there is also a dynamic whereby some administrators and some SSP/receptionists feel that they are unable to express their view of a situation. The administration adds to this difficulty by "ignoring" emotional requests. An example of this ignoring type of putting off is the listening of a problem by an administrator and then the administrator's response of "okay, so what have you done about it?" or "what are you going to do about it?" without going any further in helping to solve the problem.
This ignoring may be recognized as a form of "putting off" by the staff. The administrators, however, view this "putting off" as "doing your job." In the words of one administrator:

... sometimes I want to say "Just do you job" you know, "just do it" I know I do that, everybody does that there, you know...

This ignoring form of putting off happens when people's requests are basically disregarded and not addressed. This ignoring is part of a culture where time and resources are limited, resulting in such things as a lack of training time being spent together as a staff. This ignoring is demonstrated by the administration through the stating that "there just isn't enough money available for those kinds of training needs," which is accurate, but is perceived by the other staff (SSP/receptionists, and to some extent NP's) as a platitude, that "business is more important than (emotional) well being."

**Putting Off Through Memos.** The use of memos by administration to communicate messages is an example of putting off. In one NP's words, "I know people have complained before [about] that, they get a memo and then there's no one to talk to them about the memo..." Using a memo to indicate a scheduling change demonstrates the way information comes "down" without any exchange coming up, and effectively works to "put off" the response of the staff. Also, the memo sends a content message without a sense of a "listening" relational message. Rather there is a strong "this is the way it is" message. One employee response to this "putting off" of memo communication is to talk within the building in their respective groups and to go outside the building to express their emotion.
Nurse Practitioner's Emotional Culture as Being Safe

Nurse practitioners are the most able to communicate their emotional at Western Health. They also do this expression more than any other group. Nurse practitioners' communicative rules are that they are safe and "free" to express how they feel, and that they do this in ways that both encourage themselves to be expressive and dissuade others from expressing emotion.

The NP's are the most fully expressive, they can and do express how they feel at work. For example, one NP states her emotional expressiveness:

there's those of us who just come right out and tell them hey, you know, this is what's goin' on [with laughter]... be it that, you know, she says it in an angry voice or an aggressive voice you know, some people would rather just have the cards on the table instead of um.. perhaps just beating around the bush.

On a different note, of emotional discouragement, NP's will often attempt to dissuade SSP's from becoming too emotionally involved with clients who almost always have sad stories. That is, the NP's try to not allow emotional expression get "in the way of work." In the words of one NP:

I've been discouraging it because it interferes with taking care of clients effectively I guess, um... specific examples are, SSPs coming out and saying, "Oh, I feel so sorry for this lady, she just doesn't have any money, and I think we should give her a free pack of birth control pills." Um... obviously that doesn't help the organization, and this woman, unless she lives under a bridge, probably does have some... and it sounds very un-empathetic on my part, but, for, a , there's like a woman that doesn't want to be pregnant, the SSP's will come out and start crying, and it's like, well, how can we effectively take care of patients when we get so wrapped up in the emotional.

Thus, NP's are the most emotionally expressive and they act in ways that discourage others from expressing too much emotion when it gets in the way of work. This discouragement may contribute to the feeling that emotional expression is an unsafe activity for the SSP's/ receptionists.
Staff Support People/Receptionists' Emotional Culture as Punishable

Staff Support People/receptionists are fearful of expressing emotion to the NP's or to administration, except that which is okay to express: professionalism, and satisfaction. If an SSP/reception person expresses anything negative within the clinic to other employees beyond other SSP/receptionists (e.g. anger, dissatisfaction, a strong belief, or questioning of the norm) they get "nailed." This results in the emotional expression staying within the SSP/reception group. An example of this unwillingness to communicate emotion outside of the group occurred when one SSP received a compliment from an NP. The SSP told another SSP that she had been complimented and they both expressed how "shocking" that was (and even this was whispered). This is informative in that a compliment was given (which is an example of communicating between the organizational levels of NP's and SSP's), and that the meaning of this compliment was communicated about in such a way that involved only people from one organizational level (the SSP's).

An outcome of this emotional culture for the SSP/receptionists is that expressing emotion is grounds for punishment and it is unsafe for them to do; hence they don't do it. The perception of punishment is clear in the language of one employee:

well there's you know, I think it's really well understood with the SSP staff and, that if you do step out of line or whatever, it will come back to get you, and so probably that's probably the most prevalent unwritten law and so you just don't do it, you know, do your best to be okay with what you're doing, and tell each other, and then we all can get together and let off that stress.

Another employee supports this view about expressing emotion and being honest about what you feel:

don't tell the truth. Mmmn huuuh! If you tell the truth, you're in trouble and you're accountable, for, or responsible, you take the heat, for whatever it is that's going on, that you're trying to take the responsibility for and tell the truth, then you're, it's dangerous, it's dangerous to tell the truth...
Likewise, another employee talks about this punishment aspect of emotional expression:

I really feel like it is important to lay stuff out on the table, and people are not encouraged to do that here, in fact I feel like people are punished if they do that here...

Hence, for the SSP/receptionists there is a clear understanding that communication of emotion beyond one own's group is unacceptable.

Summary

Western Health has certain rules for communicating emotion. Basically, these rules are that people are committed to providing care, and in doing so, they are very "professional"; there is a great deal of awareness about this communication of emotion (people are "emotionally bold and caring," yet also, they perceive emotion as being negative because it is equated with conflict. Therefore, communication that is emotional is relegated to each individual group of people (administrators, NP's, SSP/Receptionists), leading to group solidarity. These groups allow for the safety of group members to "vent" within their group. Also, group members will leave the building to do this "venting." Finally, there is a lack of time to communicate emotionally. Thus, an organizational wide communicative rule is that people don't communicate about emotion.

Within each individual group, there are also rules for how to communicate emotion. Within the administrative group there is the norm of administrators to "put off" people emotionally through a bureaucracy of expression that impedes expression of emotion from staff to the administrators, through "ignoring" emotional expression through the expectation that people will do their job, and through the use of memos. The emotional communicative rules for the NP's are different in that they feel they are able to express emotion freely. Finally, there is a perception mostly by lower level staff
(SSP/receptionists) but including some others, that it is unsafe to express emotion at the clinic.

It is important to note some significant factors that accompany this emotional culture. First, is the number of young workers who may not have a lot of experience working in such an emotional area and who have different conceptions about how emotion is to be experienced in this area of work. These different conceptions of emotional expression may and do contest with those of the older employees. Second, is that this organizational culture seemingly does not encourage or seek ways in which emotion may be acknowledged that would allow for a useful and care-full expression of emotion.

Ethic of Care at Western Health

Clearly there is an emotional culture at Western Health. The fifth research question in this study is based on a particular aspect of this emotional culture: an ethic of care. An ethic of care is the promotion of female bonding, "even though it may not be practiced" (Taylor, 1995, p. 231). This ethic of care favors democratic organizational practices, challenges to self-interested behavior, and collective commitment. This ethic of care is reflective of research question five (What is the "ethic of care" at Western Health?). Within the emotional culture described above, there is an encompassing "ethic of care" directed toward clients, and a lack of an ethic of care between the three levels of organizational members. Both the ethic of care and the lack of an ethic of care will be elaborated on below.

Client Directed Ethic of Care

This ethic of care is obvious to everyone in the organization from the executive director, to administrative people, to NP's, to SSP's and receptionists, to the volunteers, and, most importantly, to the clients. This care is clearly articulated through the four
main ideas or activities of being non-judgmental, maintaining confidentiality, offering quality care, and being accessible. For each of the three groups of organizational members this ethic of care is manifested in different ways except in the case of being non-judgmental and maintaining confidentiality, which is consistent across all three groups. These four aspects of an ethic of care will now be elaborated.

Being Non-judgmental and Maintaining Confidentiality

Overall for every group, being non-judgmental means offering medical service regardless of the client's economic or social situation, their religious orientation, state of health, race, age, or their reproductive needs (from birth control to pregnancy, to abortion, to dealing with STDs, rape, sexual abuse, etc.). Also, for all three groups, confidentiality means that only at WH will anyone know about a client's reproductive health needs and only inside of the clinic will employees talk about those needs as they are relevant to work. One organizational document emphasizes this confidentiality. The document states that "[Western Health has maintained] confidential" health services for the region for numerous years.

 Provision of Quality care

An ethic of care for the administration is ensuring that there are quality assurance systems in place. In the words of one administrator, quality assurance is "quality of care, expanding services, are we doing what we say we'll do[?]" In the words of another administrator, quality care involves a scrutiny of medical services:

the provision of medical services, you have to be, you have to do it the right way, and there's the WH way of doing things, and, we've developed these for reasons, in fact, I was just talking about it this morning, we are somewhat conservative in our provision of medical care, we're not the ones who are the first ones to try the new drug or the new system or
whatever...we want to be absolutely above reproach when it comes to medical care, we just are very very careful about that, so someone who is doing any medical provision here has to recognize that we don't fool around with this...

Quality care involves providing medical practices that are necessary and offering them in a way that they are as risk free as possible for all clients.

Client care for the nurse practitioners is evidenced through their provision of services that are holistic and acknowledge women as being aware of and involved in their bodies. Such services are very client-centered and emphasize the nurturing of the client. For instance, one NP describes her notion of care for women:

... when I think of when I was growing up, how when women, ... talking in terms of medical care, women that received medical care most often got it from men, who did not give them a lot of education about their bodies...

This NP's view is a holistic view of health where women are acknowledged for their own knowledge of their bodies, and are educated about them. Another NP describes her view of this quality holistic care which involves the client in their own health care, "we let them take part in their care, and they can choose to have care or they can choose not to, and we spend a lot of time with them and treat 'em like they know what they are doing with their bodies."

Quality care for the SSP's/receptionists is described as involving listening. This listening is a willingness to provide an empathetic ear in a "space" that is non-judgmental. This listening is described by one SSP:

I think that it's really important that we provide this health care that involves a lot of listening, and we have a lot of one-on-one, you know, contact with the patient so instead of going to a regular doctor's office and having an exam and then being diagnosed with herpes, for instance, and leaving feeling kind of scared and bewildered, and maybe like you were talked down to, we are real open about it and give them all the information they need, and, and encourage them to read up on it, and really treat it in a way so that they don't feel like they're dirty or there's this stigma attached to it...

Another SSP similarly states this notion of listening which involves:
... being able to have enough time to listen to a patient, not feeling like you have to be rushed, to get to the next patient on time, being able to, I don't know, feel that the other people they are going to come into contact with in the clinic are going to be as sympathetic as you are...

Feminist listening for the client is also described by another employee:

[It is] being able to have enough time to listen to a patient, not feeling like you have to be rushed, to get to the next patient on time, being able to, I don't know, feel that the other people they are going to come into contact with in the clinic are going to be as sympathetic as you are, I guess, maybe trying to slow things down a little bit, I just feel like there's a lot of problems of sort of trying to rush through, and keep on track, and you know, again, it sort of goes back to whole financial ideal of, let's work faster, so we can get out of here earlier, and you know, we sort of lose taking an extra five minutes to make sure that person is getting what they need.

This listening for the client is also described by a receptionist:

[there is a need to ] have a great deal of caring for individuals, be willing to listen, support a wide variety of types of people...

This receptionist also comments about the quality of the this type of client listening:

high quality [care] means that we listen, we serve them the same as we would serve someone who has the money to pay for their visit. We take the time and give the education that it, that's necessary, so I think we provide a lot of education that a lot of places don't, and I think that's one of the things that we put out to the public, that we provide education [that involves this listening].

Thus, quality care for clients involves listening. This listening involves having a safe place to listen and the time to listen well to the concerns of the other.

Receptionists offer quality care that is slightly different than that offered by the other employees. The receptionists offer a care that is a confidential and safe introduction to the clinic for the clients. The receptionists are the first people that a client interacts with in the clinic. They ask questions regarding the reproductive health of clients who come in to the clinic and do so in a way that maintains the confidentiality
of the clients while also asking these questions in a manner that allows for the client to be comfortable and allow for appropriate services to be provided.

For instance, one receptionist was approached by a young woman who came in playing with her left ear and turning her body back and forth in what appeared to be awkwardness and asked "if two girls came in and got helped with a [birth control] prescription, could I get one as well?" The receptionist responded, "Now, we can't just give out a prescription to someone, we need to get a test and [do some other things]. Let me go and get someone who may be able to help you and talk about this." This interaction demonstrates confidentiality and a welcome that is safe. It is confidential in that the young woman's desire to begin birth control pills will not be known to anyone outside the clinic. It also demonstrates a sense of welcoming in a safe environment in that the client is congenially introduced to someone who is able to talk with her to provide information in regard to her decision to begin taking birth control pills.

Accessibility

Accessibility for the administration means mandating that the door to the clinic be open six days a week for anyone who needs reproductive health care needs, regardless of the need, or the circumstance of the person in need. A large part of this accessibility is the advocacy work done by administration. Working on legislation to ensure that abortion is a continuing possibility is a great part of this work. Similarly, education within the WH region is also a large part of ensuring the this organization is accessible. In this sense, if people are unaware of the organization they won't go use it's services.

Accessibility for NPs means having services available for the clients. The emphasis here shifts from maintaining an open front door, to the actual provision of all health services a woman might need for her reproductive healthcare. Such actual provision of care involves:
providing pregnancy tests, providing abortion's important, providing everyday gynecological care, but yet we always pick up other things, I mean we do total body exams and so that if, if we find something abnormal elsewhere, we have them get care from somewhere else that we can't provide, so general care, I think all those things...

Along with this provision of care, there is an awareness by the NPs that this care should be accessible. In one NP's words:

... I think that people who work here are pro-women, meaning that they want to help women in every way possible, which means great care, just provide the best possible care, providing them whether they can pay or not, and giving them the freedom to choose in case they have, if they're pregnant, we provide care for women, and great, great care, and, whereas they might not be able to get it elsewhere.

Hence, accessibility for the NPs involves the provision of all reproductive health services and even the referral to other clinics for the provision of services that are not reproductively based if there is a need for it.

Accessibility for the SSP's involves allowing for the clients to feel that WH is a "safe" and accessible place for them to come to for their reproductive health care needs. This is evidenced in one SSP's words:

...sometimes we're the only place people feel like they can go, maybe they know, that they don't need parental signa-, you know, signatures, or supervision to come, and again, a lot of women, just financially couldn't afford to do this at other places, you know, it all comes down to being able to provide health care and services for, you know, pretty much, anybody who walks through the door...

Accessibility has a strong place in WH's ethic of care.

Summary

Clearly, as the above data indicate, there is obviously an ethic of care directed toward clients at Western Health. Clearly, there is a very pronounced ethic of care that is offered to the clients at Western Health. This ethic of care is shared by all employees of the clinic, although it does take different forms within each organizational group.
Being non-judgmental and confidential is offered by everyone. Quality of care, in terms of quality assurance, holistic health, listening, and welcoming is offered by different people in the organization. Accessibility is also provided to the client by everyone in the organization, but again, in different ways. This accessibility involves having an open clinic, providing services, and offering a safe place. Table 4.6 offers a summary of this ethic of care.
Table 4.6

Client Directed Ethic of Care at Western Health

<table>
<thead>
<tr>
<th>Instance of Care</th>
<th>Administrators</th>
<th>Nurse Practitioners</th>
<th>SSP/Receptionists</th>
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<tbody>
<tr>
<td>Being Non-Judgmental and Maintaining Confidentiality.</td>
<td>Offered through quality assurance.</td>
<td>Offered through holistic health services.</td>
<td>Offered through listening and welcoming.</td>
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<tr>
<td>Offering Quality Care.</td>
<td>Offered through</td>
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<tr>
<td>Being Accessible.</td>
<td>Offered through maintaining an open door.</td>
<td>Offered through the provision of holistic health services.</td>
<td>Offered through being a &quot;safe&quot; place.</td>
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Ethic of Care as Lacking

The second area of interest for an ethic of care is between groups of organizational members. In this case, an "ethic of care" is lacking. That is, there is a lack of openness and caring between the three groups of people in this organization (i.e.
administration, NPs, SSP/receptionists). Importantly, this lack of an ethic of care is
different than the group solidarity discussed in the results of the emotional culture
discussion above. This is different in that the ethic of care focuses specifically on the
caring that occurs, or in this case does not occur in the organization. In this case, the
three groups are clearly not open to each other. Neither are they capable of listening to
each other in the manner that the clients are listened to.

Isolation and Closedness

The attempt at an ethic of care, for the most part, stays within each group. In
this way, the groups are closed to each other. In the words of one SSP:

among SSps for example, we all feel a little closer and maybe are able to
convey what we really believe, and, you know, what we feel is important
to us, where you get into, maybe, talking with the NPs and the SSps, that
seems to, you need to mask that a little more, because you’re not really
sure how they are going to take that, or, and then again into
administration, I think that, there tends to be a pretty big barrier
between what I feel like and [what] we convey to them, you know, what I
feel comfortable with.

This closed lack of caring between groups is also a similar notion with the NPs. As one
NP relates:

... we do seclude ourselves, but I mean it's not like I work with the
administration everyday so, I can't relate to them, secretaries are kind of
[difficult] sometimes, the SSps are what make or break the flow, so it’s,
it's you know, if we NPs don't get along, then it's, it's not pleasant...

An administrator also has a similar view of the three groups of people. With the
administrator, however, there is more of a pronounced difference between the three
groups, with the difference being that the administrators are even more isolated than the
other two groups. One administrator describes this isolation:
... I think there's the whole, admin-us-them thing, and it's too bad that that's there, that's really strong there, it seems that no matter what admin does, it's, there's a hidden agenda in the eyes of them's or us or whoever's who, you know...

Another administrator also perceives this division of groups and the isolation of the administrators:

I think that they as a group, SSPs and nurses, they socialize on their own with each other, and do some things themselves, I think that for me to be there [as an administrator] might even be a limitation...

**Hearing and Not Responding**

There is also a lack of listening between the groups of people in the organization. That is, people may be heard but they are not responded to. This non-responding is described by one employee:

[This non-responding is here] both in the interpretation and in giving of information, I think there is really a lot of unfair, judgmental, I, don't see a lot of, when people give information at WH, there's [not a lot of] tactfulness and kindness, even in hard messages.

In this sense, there is an awareness that people may be listened to, but that not all employees are listened to at Western Health.

**Summary**

In summary, there is a distinct boundary among the three groups of workers which is not at all reflective of an ethic of care. The administrators have the greatest ability and perhaps responsibility in beginning to address this lack of caring. However, the emotional climate of this organization is perceived by this researcher to not be one of the administrators' main concerns. In this sense, WH reflects an aspect of not being a feminist organization.
Important to this study is the emphasis on caring. This emphasis on caring is highlighted through the use of an ethic of care (Taylor, 1995). This emphasis is highlighted here as it is necessary to distinguish the differences between Martin's (1990) feminist organizational dimensions and Taylor's (1995) specific focus on caring within feminist organizations. While there is a difference in the results of these frameworks, there is also instances of overlap. That the results of these two frameworks overlap is significant in that this overlap adds validity that WH is a feminist organization.
CHAPTER FIVE: DISCUSSION AND IMPLICATIONS OF FINDINGS

In this section, instances of support, extension, and development of the two theoretical (Martin, 1990; Taylor, 1995) frameworks are discussed. These frameworks are discussed as they have been applied to the communication practices at Western Health. Six of Martin's (1990) ten dimensions of a feminist organization framework are first provided, followed by the findings of Taylor's (1995) emotional culture framework.

Instances of Support of Feminist Organizations

Martin's framework was supported in this ethnography of speaking through instances of feminist ideology, values, structure, practices, goals, and outcomes. Feminist ideology was supported in that nearly everyone in the organization identified to some extent with some form of feminist ideology. There are many qualifiers in this assertion in that not every person clearly had one particular feminist ideology, some ideologies were more developed than others, and some ideologies, while reflective of feminism, did not fit any known ideological definition. These differences will be commented on in the extension discussion below.

Feminist values were definitely emphasized at WH. As indicated earlier, the values of cooperation within groups, accessibility, education and care were particularly important to organizational members. Feminist goals at WH also support Martin's notions of feminist goals. These goals of WH include changing individual women through education, serving women through the provision of health services and transformation of society through advocacy and education. Feminist outcomes at WH are supportive of Martin's (1990) notions of feminist outcomes. These outcomes include a developed sense of self esteem, developed skills, awareness of oppression, and awareness of
Feminist practices at WH also support Martin's (1990) framework of feminist practices. The practices at WH that support the framework involve both external and internal practices. Practices include education, advocacy, and provision of services.

Instances of Rejection of Feminist Organizations

Interestingly, the structure at WH does not fit the theoretical framework that Martin suggests for a feminist organization. As described earlier, the structure at WH is very hierarchical and patriarchal. Western Health's structure is patriarchal in that it leans toward being authoritative and controlling. In some ways this is necessary due to the medical services provided. For example, provision of abortion services must be done in a controlled manner by professionals who know their jobs precisely. In some other ways, this structure inhibits feminist organizing, such as when staff members are not involved in determining scheduling procedures. As the structure of WH is reflective of being authoritative and controlling, the structural dimension of a feminist organization as it is applied to WH is nonexistent.

Instances of Extension of Feminist Organizations

Martin's framework is extended through four findings. These findings indicate that whether an organization is defined as feminist is relative to whose view of the organization is examined (an interpretive view), that feminist ideology may be a folk ideology, that feminist values in an organization may be contested, and that there is a feminist practice of listening. These extensions will now be more fully described.
Views of Feminist Organizations: Feminism in the Eye of the Beholder

Whether a feminist organization is viewed as having a feminist ideology depends from whose particular perspective the organization is being perceived. Martin (1990) argues that feminist ideology is representative of the leaders of the organization or their documents. However, one finding of this study is that all organizational members have some kind of feminist ideology. Therefore, it is necessary to examine all organizational members' ideologies (and even people beyond the organization) to fully understand the organization's feminist ideology.

For example, most administrators do not see the organization as feminist in any way, although they may be viewed by others in the organization and this researcher as having a liberal or standpoint feminist ideology. Nurse practitioners don't like the term "feminism" as it is perceived as limiting and discouraging people from coming into the organization for care, so their ideology is seen as not radical in any way. The SSP/receptionists do see that the clients receive "feminist" care, but they don't see the internal workings of the organization as feminist. Staff support people/receptionists' feminist ideologies are more liberal, and are also aimed at empowering women. The researcher views the SSP/receptionists' feminism as folk feminism.

Thus, whether an organization has feminist ideology depends upon whose ideology is examined when the organization's feminist ideology is determined. In this way, the feminist organizational members' ideology may be seen as being interpretive, based upon whose interpretation of the organization the researcher acknowledges.

The Acknowledgment of Power in Feminist Organizations

Along with the finding that whether an organization is feminist and how it is seen as such is the contention that members' organizational position and the power associated with that position may impact the feminist ideology adopted by organizational members.
This can happen in two ways. One way involves the outright "claiming" of a position from which to view the organization. The second involves viewing feminist organizations as compound organizations (Gottfried & Weiss, 1994). Each of these will be elaborated below.

**A Positional Claiming of Power.** The "claiming" of a position of power to interpret the organization (i.e. explicitly stating who has power and who doesn't have it and how a specific power position affects the view of the organization) is found to be theoretically significant in this study. For example, at WH the administrators have power in that they make all the major decisions on just about everything, from salary to systems of operation. Similarly, the NP's also have a lot of power as they have a necessary skill that allows them to determine their own needs, set their own schedule, and ask for and receive commensurate pay. Both administration and NP's are also typically the more mature (in age and experience) people in the clinic and in this sense have more power based on their cultivated abilities (see Mansbridge, 1973 on the problem of inequality in participatory groups). In contrast, the SSP/Receptionists have less power in the organization than either the administrators or the NP's. Staff support people and receptionists are skilled, but at a more service/clerical level (respectively) than the administration and the NP's. Similarly, the SSP/receptionists are paid minimally and have little or no "say" in decision making processes. Thus, the SSP/receptionists have little power in the organization.

Varying levels of power in the organization makes for a completely different theoretical orientation of the organization's ideologies and how the organization may be feminist. Being in the least powerful position encourages SSP/receptionists to be more feminist in terms of seeking empowerment and perceiving oppression. This is a fitting extension of their position as they are most willing to question the existing power
relations in the organization. Staff support people/receptionists take this position as they have the least to lose (as they are already at the "bottom" of the organization) and the most to win (in striving for what they think is a more equitable balance of power and resources). Similarly, the administrators, those who have the power, do not take such a critical stance toward their own practices, as it is not necessary for them to do so. And while the NP's are aware of the differences of power, they are seemingly satisfied with their power status in the organization. Thus, they are less likely to openly critique the organization and less likely to act on their critique.

Acknowledging How Power is Networked. Accompanying the idea that feminist organizations take on different meanings based on whose perspective is taken when examining the organization is the idea that power should be acknowledged for how it is networked through the organization. This is a second way in which ideology is manifested within the organization. Gottfried and Weiss (1994) argue that a compound feminist organization draws on many different feminisms as it operates on a day to day basis. One feminism would be utilized to obtain a certain goal (e.g. a perspective of liberal feminism to obtain grant money) and another feminism would be used for another goal (e.g. a view of radical feminism to recruit a particular type of member). Adoption of Gottfried and Weiss' (1994) idea of a compound feminist organization at WH would allow for the multiple feminist perspectives within WH (e.g. the non-acknowledgment of feminism of the administration, to the somewhat revisionist feminism and non-radicalness of the NPs, to the loosely defined "empowerment" feminism of the SSP/Receptionists), without negating any perspective based on who has the most or least power (i.e. without negating the perspectives of either those who are powerful or less powerful. Based on the reported observations, WH embodies this definition of a
compound feminist organization as different networks of people in the organization work toward different goals and outcomes in a way that is reflective of different ideologies.

While this second option of a compound feminist organization seems to be useful in that it offers a more applicable and therefore representative view of what a "feminist organization" does or may be, it may be limiting in that it does not acknowledge the relations or biases of power that happen within an organization. That is, the dynamics of who is more powerful in negotiating internal relations may be overlooked (i.e. the outright "claiming" of a position as advocated for above) as all views are recognized rather than those views that are only the strongest or weakest.

**Feminist Ideology as Representative of Folks**

A more specific extension of Martin's feminist organizational framework beyond interpretive and critical aspects of feminist organizing has to do with the particular feminist ideologies of organizational members. The finding is that almost every employee's feminist ideology was not extensively developed. Except for a few administrators, people had not invested a lot of time to investigate and develop their feminist ideologies. While employees reflected a liberal or revisionist feminist perspective, most employees were "pro-family," "pro-women," and for "empowering women." Organizational members' feminist folk ideologies are directed at the betterment of women through reproductive health. The extension to Martin's (1990) framework is that feminist ideology is not based in a particular feminism (e.g. liberal, radical, revisionist, Marxist, etc.), but rather that it encompasses a folk feminism that aims for the improvement of women, in this case, women's reproductive and related living conditions (e.g. their family life).

There are many possible reasons for why people in this organization have this folk feminism. It may be due to the pace of the organization which does not allow a great
deal of free time to think about how feminism may be related to the organization. It may also be due to the younger people in the organization who have not been in the workforce for a longer period of time and have yet to develop in-depth views of feminism.

The outcome of a folk feminist ideology in regard to compound feminist organizing may at first seem contradictory. However, a few individuals did have more developed views of feminism, which allowed for these different views to come about in praxis to support such a notion of a compound feminist organization. Again, it depends upon whose perspective of the organization is taken, and in this sense, whose view of the organization is validated through power relations. A folk feminist perspective privileges the least powerful staff in the organization (SSP/receptionists), while the compound feminist orientation allows for the validation of all employees’ views.

**Feminist Values as Contested**

A third extension of Martin’s (1990) framework has to do with feminist values. Within WH there was a contested value of the "survival" or business aspect of the organization. This value may be seen as contested as it is reflective of the negotiation of different feminist values. That is, in some administrator’s perspectives, the value of survival of the organization was important. For these administrators, an aspect of survival meant that more women were employed. This view is reflective of a liberal feminist ideology. However, the value of surviving was contested by other organizational members in that such survival meant that organizational practices replicated traditional forms of organizing that did not honor or value women. Employees perceived themselves as being used. This view that women were used or abused to ensure the survival of the organization and that this abuse is inappropriate and unacceptable reflects a more radical or revisionist feminist ideology.
Martin's (1990) framework is extended by the contention of values within this feminist organization. This extension points to the need to examine organizational processes of negotiating contested values to determine whether such organizations may be feminist. Significantly, Martin argues that values provide a means for determining the self-image of the organization. As values of the organization are being negotiated, this negotiation will reflect upon and influence the construction or definition of the self-image of the feminist organization.

The Feminist Practice of Listening

A final extension of Martin's feminist framework concerns the feminist practice of listening. Listening is a major theme in the data for how to provide health services to clients in a caring and compassionate manner. Listening involves providing a safe place and the necessary time for the client (or the employee) to say or voice what they feel is important to them in regard to their reproductive health (or their organizational behavior). This type of listening may be added to the types of practices that are feminist.

Implications of Martin (1990)

In regard to the idea that organizations are interpretive, there is a need for stating researcher bias in undertaking research that is feminist. While explicitly stating bias is certainly not a new idea in research, it is particularly important in examining feminist organizations. At issue in stating this bias are the notions of what is a feminist organization or who defines what is a feminist organization. Specifically, organizations that may be viewed as being only representative of the "leaders" of the organization, or those who have access, opportunity, avenue, or the "right" or speak about the organization may not be entirely representative of what is happening in the
organization. An "organization" may also include the conceptions of what the "organization" is for all organizational members and those people outside of the organization who are influenced and influence the organization. In this way, what a feminist organization may be, and also what a non-feminist organization may be, takes on new meaning as different people are given the opportunity to voice their conception(s) of the "organization."

Related to this idea of what or who an organization may be is the notion of power in feminist organizations. These ideas are reflective of a critical and an interpretive view of organizations. The implication regarding power (the critical view) is that there is always an issue of who has power in the organization. This issue concerns who has power, how they use it, and to what ends organizational members use it. Power negotiation also concerns the relationship of the researcher with the organizational members and how power is reported in research and to what ends (the interpretive view). The significance of the implication is the support of the idea that power needs to be a consideration in all feminist research. Such an implication calls for a critical examination of the definitions of power and how this power is used in organizations.

A third implication of these ideological extensions is the need to examine the processes in organizations more closely. What is suggested by the use of compound feminist organizing principles is that there are many and varied processes involved in an organization. These processes will have to be explored as to their different nuances of form, and how they affect the organization (e.g. whether they are contested or not). An outcome related to examining these processes is that theoretical frameworks will become more contextualized and more involved or messy. Table 5.1 offers a summary of the instances of support, rejection, and extension of Martin's (1990) feminist organizational dimensions.
Table 5.1

**Instances of support, rejection, and extension of Martin's (1990) Feminist Organizations dimensions**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Support</th>
<th>Rejection</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ideology</strong></td>
<td>Radical, revisionist, and liberal feminism.</td>
<td>Ordinary ideology directed at the improvement of women generally.</td>
<td></td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td>Education, accessibility, and cooperation.</td>
<td>&quot;Survival&quot; value is contested.</td>
<td></td>
</tr>
<tr>
<td><strong>Goals</strong></td>
<td>Education, provision of health services, and advocacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>Developed self-esteem and skill, and awareness of oppression and responsibility.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5.1 Continued.

Instances of support, rejection, and extension of Martin's (1990) Feminist Organizations dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Support</th>
<th>Rejection</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td>Hierarchical and patriarchal structure.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practices</td>
<td>Feminist listening.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The remainder of this chapter focuses on the emotional culture at Western Health. Specifically, instances of support, rejection, and extension of Taylor's (1995) emotional culture framework are explored. Following the framework, suggestions for future research are offered.

Instances of Support for the Emotional Culture Framework

Instances of support were found for all three aspects of Taylor's emotional culture framework. These three aspects are the channeling of women's emotion tied to subordination into protest, the redefinition of feeling and communicative rules (from rules that were oppressive to or demeaning of women to rules that are more reflective of desirable self-concepts for women), and the creation of an ethic of care that promotes
organizational strategies that are consistent with female bonding (Taylor, 1995). Each of these three aspects are reported as to how they were supported and extended. These are then followed by the implications of these extensions.

**Channeling of Emotion into the Communication of Protest**

Two instances of support for the channeling of emotions of subjugation into the expression or communication of protest will be described. The first instance is "venting." The second instance is spending more time with the clients as a form of protest.

**Venting as Emotional Protest**

Venting is the process of communicating within the organizational group level about the particular practices or organizational episodes (organizational events) that were subordinating women (particularly the SSP/receptionists). Importantly, this venting also occurred with other organizational groups. In this way, all groups of the organization may be said to feel in some way "subjugated" when communicating with people in other groups.

**Time as Emotional Protest**

In addition to venting, the second instance of communicating protest to emotional communicative rules has to do with time. To some extent, emotion is communicated into protest, such as re-writing a memo that informed the staff of a change in scheduling. However, within the organization the administrators have been fairly adept at not allowing for any means of protest. Administrators are specifically identified here, because the NPs are somewhat satisfied, and the SSP/receptionists are the only group of the three that have a self perceived need to protest, and who don't perceive a "safe" way
to do this. The SSP's protest in one way by spending more time with clients than they should and being sympathetic to their needs. Thus, emotional protest is against a time and emotional control "imposed" by the administration and is communicated by spending more time with clients than is desired by administrators.

**Redefinition of Communication Rules for Emotional Expression**

There are two instances of support for the redefinition of feeling rules or communication rules. The first is the "move" from expressing emotion in front of the entire clinic, to only expressing emotion in each independent group. The second redefinition of communication rules is leaving the building.

**Group Solidification**

As indicated earlier, emotion is communicated within each organizational group. The SSP/receptionists tend to express emotion only with SSP/receptionists, administrators tend to express emotion only with administrators, and to a lesser extent NP's tend to express emotion with NP's. To communicate in an emotional manner with people outside of one's group is unsafe. It is threatening to the individual. By expressing emotion to people within the group, the self-identities of group members' are positively reinforced.

**Leaving the Building**

The second redefinition of feeling rules or communicative rules is the activity of leaving the building to communicate emotion. By leaving the building, the communicative rule that it is unsafe to communicate at WH is redefined. It is redefined in that a physical space replaces WH and makes the expression of emotion safe. Both
activities of leaving the building and group solidarity are instances of supporting the framework.

**Ethic of Care**

The ethic of care dimension of Taylor (1995) was clearly supported as caring was given to the clients. As described in the results of the data, clients receive the best care possible at WH. This ethic of care is evident in the communication with clients offered by everyone in the organization. Without a doubt, the ethic of care for clients is superb. Importantly, this ethic of care is an external ethic of care; it is directed "outside" of the clinic to the clients. Ironically, the ethic of care is less evident within the clinic between the three organizational groups.

**Instances of Extending the Emotional Culture Framework**

In this section, instances of extending Taylor's (1995) emotional culture framework are discussed. These instances include organizational members being emotionally "bold and caring" and the discovery of a lack of caring among staff members at Western Health. Each of these will be elaborated.

**Emotionally "Bold and Caring"**

One extension of Taylor's framework is that, within an organization that works closely together, there is an emotional awareness of how others are feeling. It is almost as if there is an emotional hyper-sensitivity. That is, people know how other people are doing emotionally. Again, this notion of being highly in tune with one another is evident in the data. The researcher is not trying to stereotypically equate feminism and emotion, but rather to demonstrate the emotional awareness that occurs within this organization.
Hence, within WH there is an extreme awareness of co-workers' emotional well being as evidenced by their emotional expression.

A Lacking Ethic of Care

Whereas the ethic of care was clearly present for clients, it was lacking internally. This lacking of an ethic of care is evidenced in the caring given to clients by every employee in the clinic and the lack of care or apathy mostly generated by administrators and then reflected among employees toward each other. This organization has both a deep commitment to quality care for patients and a perceived lack of care for employees.

In extending this framework of Taylor (1995), this researcher is reluctant to highlight this division. First, such a division does not seem to provide a caring view of communication within feminist organizations. It is not caring in that it does not take into account the needs of many of the employees, nor does it reflect the care among administrators that is there. In this sense it is lacking an "ethic of care." From a quality of work life view of organizing, it is an unacceptable division and means of working within this organization for this researcher (and, this researcher would argue, for all employees within this organization, whether they acknowledge this or not).

Secondly, commenting about such a division places this researcher in a difficult ethical situation. In the authoring of this "text" some of what is authored may be perceived as being a negative description of a feminist organization. Implications of this text may be made that may not be accurate as perceived by this researcher. This is neither the intent nor desire of the researcher. The intent of the researcher is to descriptively provide an account of WH that is as accurate as possible, or that may be said to capture the meanings as they are spoken in this particular organization. In
striving toward a realist description of this organization, this contrary ethic of care
must be described.

With this understanding of researcher bias, the lack of care may be examined.
Possible reasons for this lack of care is that there is a history of dissatisfaction between
staff personnel and administrative personnel that perpetuates this apparent lack.
Another possible reason for this lack of care is that there is little money available to the
organization (as it is a non-profit), and the emphasis is on getting the work done rather
than ensuring that people are satisfied with their work. With this possibility, there is
also an assumption by some administrators that both getting work done and maintaining
satisfied employees is a difficult enterprise, if not mutually exclusive.

Implications of Taylor (1995)

One implication of Taylor's (1995) framework is that emotion is more
important than previously thought. Based on the emotional hyper-awareness that was
found in this organization, this researcher argues that the communication of emotional
discourse and the rules that accompany this discourse are a pervasive and influential
aspect of a feminist organization, as well as organizations in general (See Mumby and

A second implication of this study is a lack of care internally within this
organization. This may be due to the hyper-emotional awareness and that people are
reluctant to pressure and move into the emotional and conversational territories of
others. The result of this lack of care is that there are internal and external emotional
aspects of feminist organizations. Another way of saying this is that there may be public
and private aspects to emotional expression in feminist organizations. Interestingly,
while this finding is counter to the feminist idea that everything private should be
public (reflecting radical and ecofeminist notions), it is a consideration.
A Concern of Pace

A final extension of this study, that is reflective of both Taylor’s (1995) and Martin’s (1990) frameworks, is that of pace. Pace, or the amount of time that is allowed to do the required work in the required time within the organization, is an essential factor both in defining the organization as feminist and in the consideration of an emotional culture. Pace is a factor of defining WH as feminist in that time is needed to develop feminist ideology for each member of the organization. Time is needed to develop feminist values, to act toward feminist goals (i.e. rather than "business" goals), and to develop and utilize participatory, non-bureaucratic structures. As pace is placed in a context of a business orientation which emphasizes survival of the organization, insight into the lack of care described above is provided.

Pace is also a factor in determining the emotional care/ethic of care of this organization because the amount of time needed to express emotion and to perform quality health provision is significant. In terms of emotional expression, when the pace of work is so demanding that expression is difficult to undertake, as there is no time to do it, then emotional communication becomes oppressed. A result is that the emotion is necessarily controlled or managed as there is no time for expression. Emotion may be expressed later, or not at all. Pace becomes a concern when the time to provide the most complete care possible is unavailable (as is the case at WH). That is, quality care for clients is provided for the time given, but a more complete care could be provided (e.g. when more time is available to share information with the client).

Table 5.2 offers a summary of the instances of support, rejection, and extension of the emotional culture framework used in this study.
Table 5.2
Instances of support, rejection, and extension of Taylor’s (1995) Emotional Culture dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Support</th>
<th>Rejection</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channeling of emotion into protest.</td>
<td>Venting, and spending more time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redefining of rules for emotional expression.</td>
<td>Group solidarity and leaving the building.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethic of care.</td>
<td>Caring as it is provided to clients</td>
<td>Emotionally &quot;bold and caring.&quot; Lack of care among employees.</td>
<td></td>
</tr>
</tbody>
</table>
Implications for Communication Scholars

One important practical contribution to communication coming from this research is the utilization of a feminist framework for examining the communication practices within an organization. This research adds another "voice," although a small one, to the organizational communication research literature. This feminist framework provides a point of reference which may allow for further comparisons of feminist ideology and the expression of emotion in organizational communication research.

Another contribution to communication is the illumination of the importance of examining different levels of communication within an organization. More specifically, what this research points to is an assessment of the communication that happens between individuals within a group, between groups within an organization, and finally what is happening communicatively within the organization as a entity. Such a programmatic research endeavor would provide for a very rich understanding of the communication that constitutes an organization. This researcher also suggests that such programmatic research will have to be theoretically grounded in a perspective that accounts for issues of power. Such a grounding will inform the researcher(s) about how the communication practices will be made meaningful by different organizational members.

A Final Image: Western Health as Feminist Organization

In ending this research work, a final image of Western Health as a feminist organization is provided. At certain moments, the author's inability to understand much of the complexities and contradictions of WH have been frustrating. In this thesis he has attempted to portray the richness of WH to the reader, however, many of the categories used in the study are rigidly applied. The advantage of a more rigid approach is that it renders the organization more understandable as particular aspects of the organization are highlighted. The disadvantage is that the subtle richness of the organization is not
captured as well as it might have been. Putting aside the author’s ability to richly describe the contradictions and complexities of the organization, it is important to recognize WH as a truly phenomenal organization that provides vital services to a community of people. The organizational members of WH, although perceived as in part lacking an ethic of care, still offer each other support and understanding. Organizational members at all levels of the organization are deeply committed to their work and the service offered is exceptional.

The researcher views Western Health as a feminist organization because of the contested value of "survival" and because organizational members work toward the empowering of women. That there is conflict over the value of survival within the organization demonstrates the need for WH to exist. If WH was completely funded the larger social issue of sexual health and reproductive freedom would not be of such significance. That the organization needs to survive shows the important role of WH in society.

Considering the amount of pressure, both from the work pace and from the highly personal and life altering events surrounding sexual and reproductive health, Western Health members fill this sexual and reproductive health role well. Western Health as an organization and the people that work there provide for the author an example of living gracefulness. Organizational members fulfill a crucial need in the community and they do so with little monetary support. They work under intense time and social pressure yet provide services that demonstrate a caring that is compassionate and genuine. They provide so many services with so little money for such a large number of people that they are truly graceful.
Suggestions for Future Research

Further research on feminist organizations and the emotional culture of such organizations is necessary to substantiate what is described in the current study and to explore related areas of organizational communication. Eight suggestions are offered.

Further research is needed in the exploration of folk feminist ideology, how value differences in feminist organizations (and non-feminist organizations) are negotiated, the feminist practice of listening, use of an emotional culture framework for diagnosing organizational difficulties, how emotionally aware feminist organizational members may be toward others within their organization, use of time in feminist organizations and how pace affects the organization, and an inquiry into men's roles in feminist organizations.

A folk feminist ideology, as it has been described above, is an interesting area for future research. Do people who work in feminist organizations always have clear and fully developed ideas of feminism? What does it mean to be a feminist in a white collar organization, or in a blue collar organization? For people who have folk notions of feminism, how does this affect their practice of feminism? Again, exploring this ordinary notion of feminism in different organizations and with different people will allow for more complete view of how feminism is perceived in different organizations in society.

The negotiation of different feminist values as they contribute to the identity of the feminist organization would also evoke an intriguing set of questions. Do feminist values guide decision making processes in feminist organization? What happens when there are conflicting sets of feminist values and processes within one organization? What feminist self-identity is created when there are conflicting feminist values? Answers to these questions would begin to inform us about value negotiation in such organizations. A difficulty of this research would be finding such an organization that is
undergoing such negotiation and then being allowed to examine it. A second difficulty with this research is the linking of values with processes and the demonstration that they are connected.

The feminist practice of listening, the practice of spending enough time with someone and allowing them a safe place for expressing themselves, also demands further research. Is feminist listening an occurrence in other organizations? Does feminist listening offer empowering aspects to the speaker as well as the listener? What is the difference that this listening creates in comparison to our everyday listening (or is there such a difference)? Furthermore, is this type of listening not only a feminist listening but also a caring listening, and does feminist listening occur in other feminist organizations? Clearly, there are many avenues for exploring feminist listening.

An area of applied research in organizations is the focusing on emotional communication rules for diagnosing organizational difficulties. In the gathering data for this thesis, the use of the emotional culture framework provided a useful means of studying the organization. In this regard, the examination of the communication rules regarding emotion in the organization provided a method for people to express their difficulties with other workers in the organization, and to explore the relations of power, or networks of influence that occurred in the organization. Further research on the communication of emotion rules as a diagnostic tool in organizations may allow for a direct and revealing view of the culture of the organization.

A second area of research about emotion has to do with the finding of hyper-awareness surrounding the emotional culture of this feminist organization. Is this hyper-awareness a norm in other feminist organizations? Does this hyper-awareness lead to an ignoring of emotional needs by organizational members as the emotional communication becomes too demanding? Does feminist research undertaken by a male researcher influence the focus on emotional awareness in feminist organizations?
The finding that an ethic of care that is directed externally to clients while not being directed internally to organizational members is also an area that needs to be explored. Specifically, what does this dichotomy entail for feminist organizations? How is this dichotomy negotiated among feminists as they attempt to live to their values of making the personal public? If this dichotomy is representative (which it probably is not) what influences encourage such distinctive caring?

Another area for future research is to examine the aspect of pace in feminist organizations. For example, does pace determine whether organizations are "allowed," from an emotional management perspective, to be feminist in their expression, or in their acknowledgment of care? Do pace or time considerations also affect the type of participatory decisions that are made, as Mansbridge (1973) has argued? And lastly, how does pace affect organizational members ability to be involved in decision making processes?

The last suggestion for research involves exploring the communicative behavior and roles of men in feminist organizations. Whereas Martin's (1990) feminist dimension of members and membership was not examined in this study, there were men involved with Western Health. For example, there were men on the board of WH, but only one man who had been employed within the clinic itself. There were also male doctors, but no other men in the organization. From a revisionist feminist perspective, the lack of men in this organization may be seen as negligent in creating a feminist world. However, from a radical perspective, having no men within the organization may be seen as appropriate and having men on the board may be seen as negligent. Regardless of the perspective, as a male researcher undertaking feminist research, there is a desire and need to explore how men communicate in feminist organizations.
Table A. 1


<table>
<thead>
<tr>
<th>Dimension</th>
<th>Descriptive Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideology</td>
<td>Does the organization officially endorse feminist beliefs associated with the women's movement? Does the organization unofficially endorse feminist beliefs? With which moral, ethical, personal, and political issues is the organization most concerned with?</td>
</tr>
<tr>
<td>Values</td>
<td>Does the organization emphasize the importance of mutual caring, support, cooperation, interpersonal relationships, personal growth, development and empowerment? Are internal democracy, fairness, and self-help positively valued?</td>
</tr>
<tr>
<td>Goals</td>
<td>Does the organization have an internal action agenda that helps members see women as an oppressed group and encourages women to change (politically, personally)? Does the organization have an external action agenda aimed at improving women's status or opportunities in society?</td>
</tr>
</tbody>
</table>
Table A. 1 Continued.

**Summary of Martin's (1990) Ten Dimensions of a Feminist Organization**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Descriptive Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Are members transformed by participation in the organization? Does participation change them subjectively or materially? Is society transformed by organizational activities to women's benefit?</td>
</tr>
<tr>
<td>Founding Circumstances</td>
<td>What date was the organization founded? In association with what stage or aspect of the woman's movement? Was founding associated with other social movements?</td>
</tr>
<tr>
<td>Structure</td>
<td>What are the organization's normative internal arrangements? In what ways is the organization bureaucratic, collectivist? How is work divided up and integrated? How are decisions supposed to be made? How are conflicts supposed to be resolved?</td>
</tr>
<tr>
<td>Practices</td>
<td>What activities do members (or others) perform in pursuit of internal and external goals? Are practices consistent with female ideology, values, and the normative structural arrangements? How do members justify their practices?</td>
</tr>
</tbody>
</table>
### Table A. 1 Continued.

**Summary of Martin's (1990) Ten Dimensions of a Feminist Organization**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Descriptive Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members and</td>
<td>What are the requirements for membership? What are the characteristics of members (e.g., gender, political views, age, race and ethnicity, social class?) How are members recruited, affiliated, and terminated? What status distinctions are made and why?</td>
</tr>
<tr>
<td>Membership</td>
<td></td>
</tr>
<tr>
<td>Scope and Scale</td>
<td>Is the organization local, national (or other) in scope? Is its orientation internal (toward members) or external (toward society change). How many members does it have, how many women does it serve or deal with annually? What size budget does it have?</td>
</tr>
<tr>
<td>External Relations</td>
<td>How is the environment conceptualizes - as hostile, neutral, friendly? How is the organization linked to its social, cultural, political, and economic environments?</td>
</tr>
</tbody>
</table>

**Note.** Descriptive questions are taken directly from Martin (1990).
Table B.1

**Synopsis of Ethnographic Methods**

<table>
<thead>
<tr>
<th>Method Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify speech community</td>
<td>The situation where the communication (language spoken) defines a particular community or culture. In this study, the speech community is Western Health.</td>
</tr>
<tr>
<td>Utilize descriptive theoretical framework</td>
<td>Frameworks provide guides for the researcher to examine aspects of the speech community. The frameworks in this study are six of Martin's (1990) ten dimensions of a feminist organization and the emotional culture framework of Taylor (1995).</td>
</tr>
<tr>
<td>Data collection</td>
<td>The data are the language as it is used in particular contexts and how this process creates meaning. Data collection involved non-participant observation, participant observation (both observing and participating in the speech community), interviews of members of the community (approximately half of the employees of WH), collection of organizational documents, and informant interviews.</td>
</tr>
</tbody>
</table>
Table B.1 Continued.

**Synopsis of Ethnographic Methods**

<table>
<thead>
<tr>
<th>Method Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data analysis</td>
<td>Analysis involves the type of coding used to make sense of the data. Data analysis involved the use of constant comparison (Glaser, 1962) and taxonomic analysis (Spradley, 1980). Constant comparison works inductively to find instances of feminist ideology and praxis and aspects of an emotional culture and to categorize them. Taxonomic analysis allows for making finer distinctions within given categories.</td>
</tr>
<tr>
<td>Reliability and validity</td>
<td>Reliability and validity are used to determine whether the research is worthwhile. A template of reliability and validity in ethnographic methods (LeCompte &amp; Goetz, 1982) was used to address claims of external reliability, internal reliability, external validity, and internal validity in this study.</td>
</tr>
</tbody>
</table>
Table B.1 Continued.

Synopsis of Ethnographic Methods

<table>
<thead>
<tr>
<th>Method Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triangulation</td>
<td>Triangulation is the use of multiple methods of data collection, data analysis, and research methods to ensure the study is worthwhile (reliable and valid). Triangulation in this study involved data collection and data analysis.</td>
</tr>
<tr>
<td>Ethical considerations</td>
<td>Ethical considerations for this study involved the considerations of the researcher being a man and doing feminist research and the relations of power as an ethnographer in the speech community. See Ethical Considerations below.</td>
</tr>
</tbody>
</table>
Appendix C

Organizational Chart of Western Health

(Following Page)
Appendix D

Institutional Review Board Pilot Study Approval

(Following Page)
Submit one copy of this Checklist, including any required attachments, for each project involving human subjects. The IRB meets monthly to evaluate proposals, and approval is granted for one academic year. See IRB Guidelines and Procedures for details.

<table>
<thead>
<tr>
<th>Date Submitted to IRB</th>
<th>Projected Start Date</th>
<th>Ending Date</th>
</tr>
</thead>
</table>

Project Director: Betsy W. Bach Ph.D.  
Signature: ______________________  
Dept.: Comm Studies  
Phone: 243-4463

Co-Director(s): Dan H. DeGooyer Jr., LouAnn Durham  
Dept.: Comm Studies  
Phone: 243-6604

Project Title: Rocky Mountain Health Clinic Research

Project Description: The researchers will explore the ways in which communication is used to build community and establish social support. Specifically, the researchers will focus on behaviors that demonstrate acceptance, support, and understanding.

Students only:
Faculty Supervisor: Betsy W. Bach Ph.D.  
Signature: ______________________  
Dept.: Comm Studies  
Phone: 243-4463

(My signature confirms that I have read the IRB Checklist and attachments and agree that it accurately and adequately represents the planned research and that I will supervise this research project.)

Project Director: Complete page 2 of IRB Checklist, on back.

IRB Review and Determination:

- Exempt from Review
- Expedited/Administrative Review
- Approved
- Conditional approval:
- Resubmit proposal:
- Disapproved:

Signature/IRB Chair: ______________________  
Date: 11-1-94
### Schedule of Non-Participant and Participant Observations

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time of Day</th>
<th>Length of Observation</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1995</td>
<td>- - -</td>
<td>- - -</td>
<td>- - -</td>
<td>Admin. Office</td>
</tr>
<tr>
<td>3</td>
<td>Tuesday</td>
<td>- - -</td>
<td>20 minutes</td>
<td>Admin. Office</td>
</tr>
<tr>
<td>October 1995</td>
<td>24</td>
<td>Tuesday</td>
<td>- - -</td>
<td>20 minutes</td>
</tr>
<tr>
<td>October 1995</td>
<td>25</td>
<td>Thursday</td>
<td>- - -</td>
<td>10 minutes</td>
</tr>
<tr>
<td>October 1995</td>
<td>After 26</td>
<td>- - -</td>
<td>10 minutes</td>
<td>Admin. Office</td>
</tr>
<tr>
<td>6 November 1995</td>
<td>Monday</td>
<td>- - -</td>
<td>1 hour nurses</td>
<td>Office</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
Table E.1 Continued.

**Schedule of Non-Participant and Participant Observations**

<table>
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<td>9 November</td>
<td>Thursday</td>
<td>8:00-</td>
<td>One hour</td>
<td>Front</td>
</tr>
<tr>
<td>November</td>
<td>9:00 am</td>
<td></td>
<td>hour</td>
<td>entrance area</td>
</tr>
<tr>
<td>14 November</td>
<td>Tuesday</td>
<td>10:00-11:00</td>
<td>One hour</td>
<td>SSP desk</td>
</tr>
<tr>
<td>1995</td>
<td>am</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 November</td>
<td>Thursday</td>
<td>- - -</td>
<td>Thirty minutes</td>
<td>SSP room</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 November</td>
<td>Monday</td>
<td>- - -</td>
<td>Forty minutes</td>
<td>Reception area, SSP desk</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 November</td>
<td>Tuesday</td>
<td>8:00 - 9:00 am</td>
<td>One hour</td>
<td>Front entrance/ waiting area</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 December</td>
<td>Friday</td>
<td>3:20 - 4:00</td>
<td>Forty minutes</td>
<td>Reception area</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td>PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 December</td>
<td>Wednesday</td>
<td>2:30 - 3:30</td>
<td>One hour</td>
<td>SSP Room, SSP counter, Reception</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 December</td>
<td>Tuesday</td>
<td>12:00 - 1:00</td>
<td>One hour</td>
<td>NP room, SSP room, SSP desk</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
Table E.1 Continued.

Schedule of Non-Participant and Participant Observations

<table>
<thead>
<tr>
<th>Date</th>
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<th>Time of Day</th>
<th>Length of Observation</th>
<th>Place</th>
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</thead>
<tbody>
<tr>
<td>12 December</td>
<td>Wednesday</td>
<td>8:00 - 9:00 am</td>
<td>One hour</td>
<td>Front entrance/waiting area</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 January</td>
<td>Wednesday</td>
<td>9:30 - 10:30</td>
<td>One hour</td>
<td>SSP desk</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 January</td>
<td>Thursday</td>
<td>10:50 - 11:50</td>
<td>One hour</td>
<td>Nurse's room, SSP room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 January</td>
<td>Friday</td>
<td>12:00 - 12:35</td>
<td>Thirty-five minutes</td>
<td>Nurse's room, SSP room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 January</td>
<td>Tuesday</td>
<td>10:00 - 11:00</td>
<td>One hour</td>
<td>NP room, Outreach room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 January</td>
<td>Wednesday</td>
<td>1:05 - 2:05</td>
<td>One hour</td>
<td>SSP Desk</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 January</td>
<td>Thursday</td>
<td>2:00 - 3:00</td>
<td>One hour</td>
<td>SSP desk, RN room, SSP room</td>
</tr>
<tr>
<td>1995</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 January</td>
<td>Friday</td>
<td>2:55 - 3:55</td>
<td>One hour</td>
<td>SSP desk</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 January</td>
<td>Saturday</td>
<td>9:18 - 10:08</td>
<td>Fifty minutes</td>
<td>SSP desk, SSP desk</td>
</tr>
<tr>
<td>1996</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
Table E.1 Continued.

**Schedule of Non-Participant and Participant Observations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time of Day</th>
<th>Length of Observation</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 January</td>
<td>Thursday</td>
<td>6:00 - 7:00</td>
<td>One hour</td>
<td>RN room</td>
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<td>1996</td>
<td>PM</td>
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<td></td>
</tr>
<tr>
<td>26 January</td>
<td>Friday</td>
<td>4:00 - 4:35 PM</td>
<td>Thirty-five minutes</td>
<td>SSP room, SSP desk</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 February</td>
<td>Tuesday</td>
<td>2:00 - 3:00</td>
<td>One hour</td>
<td>SSP desk</td>
</tr>
<tr>
<td>1996</td>
<td>PM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 February</td>
<td>Tuesday</td>
<td>3:05 - 4:00</td>
<td>Fifty-five minutes</td>
<td>NP room, conference rm.</td>
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<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23 February</td>
<td>Friday</td>
<td>12:54-1:54</td>
<td>One hour</td>
<td>Conference room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 February</td>
<td>Tuesday</td>
<td>3:00 - 3:45</td>
<td>45 minutes</td>
<td>Admin. office</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 March 1996</td>
<td>Tuesday</td>
<td>8:00-9:00</td>
<td>One hour</td>
<td>Conference room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 March 1996</td>
<td>Tuesday</td>
<td>10:15-11:15</td>
<td>One hour</td>
<td>Reception, SSP room, NP room</td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table E.1 Continued.

**Record of Schedule of Non-Participant and Participant Observations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Time of Day</th>
<th>Length of Observation</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 March</td>
<td>Friday</td>
<td>7:15 - 9:15</td>
<td>Two hours</td>
<td>Fundraising location</td>
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<td>19 March</td>
<td>Tuesday</td>
<td>3:40-4:40</td>
<td>One hour</td>
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</tr>
<tr>
<td>21 March</td>
<td>Thursday</td>
<td>8:00 - 9:00</td>
<td>One hour</td>
<td>Front waiting room</td>
</tr>
<tr>
<td>26 March</td>
<td>Tuesday</td>
<td>8:00 - 9:00 am</td>
<td>One hour</td>
<td>Front waiting room</td>
</tr>
<tr>
<td>2 April 1996</td>
<td>Tuesday</td>
<td>11:00 -11:55</td>
<td>Fifty-five minutes</td>
<td>admin. office, SSP room</td>
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<tr>
<td>8 April 1996</td>
<td>Tuesday</td>
<td>10:55-11:25</td>
<td>Thirty minutes</td>
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</tr>
<tr>
<td>19 April 1996</td>
<td>Thursday</td>
<td>1:35-2:05</td>
<td>Thirty minutes</td>
<td>Reception</td>
</tr>
</tbody>
</table>
Appendix F

Interview Question Guide

Questions Pertaining to a Feminist Ideology

1. In your own perspective, what issues is this organization most concerned with?
2. What values do you think people who work at WH hold deeply?
   
   What values would I have to have to fit in here?

   How are these values communicated among staff at WH?

3. If there was one main value of this organization, internally, what would it be?
4. What values do you think WH, as an organization, puts forth to the public?
5. Why do you think people work at WH? How come you have decided to work here?
6. What do you think are the important practices/services at WH? How are they important?
7. What is an organization, outside of WH, that is a "feminist" organization?
   
   What makes it a "feminist" organization?
8. Do you see WH as a "feminist" organization?
   
   How do you see WH as a "feminist" organization, or do you?
9. What are the "feminist" beliefs expressed here at Western Health?
10. Which of these "feminist" beliefs are endorsed or supported here?
11. In your view, how would you define feminism?
    
    How do you see yourself enacting feminism by working here?

Questions Pertaining to Emotional Expression

12. If you had to look at a day of work here at WH through an emotional lens, which exaggerated the emotion involved in a routine day, what would that day look like?
How do people express emotion at WH?

13. What are the "rules" for expressing emotion here?

14. What are the most important "forms" of emotional expression here at WH?

15. How is emotional expression encouraged or do you see it being encouraged?

16. How is emotional expression discouraged or do you see it being discouraged?

17. Are there moments when you feel strongly about something in the clinic but can't express how you feel?

   What happens when this happens?

Extra/Summary/Concluding Questions

18. What do you see as being most amazing/significant about WH in terms of feminism and emotional expression?

19. What else is important for me to know about WH and a feminist orientation and emotional expression?

20. What questions do you have for me?
Appendix F Continued.

WRITTEN CONSENT FORM

To the participant:

As a graduate student in Communication Studies at the University of Montana, I am working on a Master's thesis which explores feminist identification and emotional expression in American organizational culture. My research work within this organization will involve thirty to forty hours of observation per semester. My individual research work will begin January 13th, 1995 and continue until May 31st of 1996. This research work will involve interviews, with some audio taping of the interviews.

Interviews may include board members, administration, staff, and volunteers. Interview questions will revolve around feminist identification and emotional expression within the organization. Interviews will focus on individual perceptions of communication behaviors expressed within the organization, and personal responses to these behaviors. Interviews will generally last from thirty minutes to an hour. Audio taping of interviews may be requested and will occur only with the consent of each interviewee. Upon transcription into field notes, the tape of each interview will be erased.

If you are uncomfortable with the interview or audio taping, you may ask to stop one or both at any time. Names will be kept confidential. The researcher may use transcribed notes from all or parts of the interview or audio tape in the writing of the thesis. Later work involving these transcriptions is always possible.

A summary of the research will be available to Western Health's board members, administration, and staff.

By signing this consent form, you agree to what is stated above and make no financial claims for Western Health its board members, administration, staff, volunteers, or clientele for participating in interviews and audio taping. In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or of any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims Representative or University Legal Counsel.

I,______________, have read this document and agree to allow myself to be interviewed and audio taped, given what is stated above.

______________________________
participant signature

______________________________ date ____________________ researcher


