

Care and Solidarity Are Conditions for Interventionist Research

A Commentary on Brian Martin's "STS and Researcher Intervention Strategies"

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Abstract

Calls for interventionist research in academic disciplines, including science and technology studies (STS), are increasingly common. Yet none offer insights for what to do or whom to turn to after a researcher has intervened and the result is slander, defaming, or disenfranchisement—even though these are possible, and even likely, results of intervening in controversies and power struggles. Drawing from the ethics and methods used in direct action activism, I argue that intentional networks of care and solidarity are necessary supports that need to be in place *before* we call for interventionist research.

Keywords

care; solidarity; intervention; making and doing; activist research; controversy; triage

Introduction: Intervention and Triage

Calls for interventionist research in academic disciplines, including science and technology studies (STS), are increasingly common (Zuiderent-Jerak and Jensen 2007; Hamlett 2003). Whether flying under the banner of "making and doing" (4S 2016), an "engaged program" (Sismondo 2008), or a "reconstructivist agenda" (Woodhouse et al. 2002), the goal of interventionist research in STS is to "improve the effectiveness and influence of [...] scholarship beyond the field and/or to expand the modes of [scholarly] knowledge production" (4S 2016). Some of these are calls to action. Others offer frameworks for starting or supporting on-the-ground interventions as an STS researcher, offering advice such as writing for public audiences, or the ethics of partisanship. None, as Brian Martin points out in "STS and Researcher Intervention Strategies," (2016, this *ESTS* Debate) offer insights for what to do or whom to turn to

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after you have executed your intervention and the shit has hit the fan. Once Martin is caught in a debate on vaccination, the theoretical foundations that helped him understand the controversy left him without practical guidelines to make choices during public persecution.

How do we do triage in interventionist research, and how do we do it with the same commitments to ethics and engagement that characterize the call for interventionist research in the first place? Triage is a genre of decision making that occurs after all the good options are unavailable. It is about maneuvering crisis. The logic of triage stems from specific values and principals—Women and children first! Take only what you can carry!—but these can be difficult to establish during a crisis. Triage has to be planned for in advance. In response to Martin's experiences of being caught in the controversies he studied and supported, as well drawing on similar cases (Lepawsky 2015; Scott et al. 1990), we can think about triage as a central component of methodologies for interventionist research.

While I identify as an activist researcher, this article draws almost exclusively from my training as an activist rather than an academic. I completely agree with Martin's assertion that STS, and activist research scholarship generally, offers no guidance on how we might best practice triage. I have a rich bibliography on participatory action research (PAR), community-based participatory research (CBPR), militant research, feminist research, Indigenous statistics, ethnographic refusal, the best practices of partisanship, and other politically motivated, action-based methods for doing research (see: <https://activistresearchmethods.wordpress.com/>). But I have no guiding academic texts on triage in a research context. Most of my commentary here is an attempt to leverage my training in activism and direct action—a good portion of which is in managing upheaval and violent reactions—into a research context.

A Community Ethic of Care and Solidarity

First of all, let's not ask people to move into a risky space where they may face discursive violence, censure, and slander without support. Let's pause the calls for interventionist and activist STS research until we can concretely support triage. Silva Federici, an activist in the feminist movement since the 1970s, argues that, “[t]he issue of solidarity, taking care of each other, creating structure, making our own reproduction as people, as activists, the issue—the political issue—is as important as the issue of fighting outside” (Anon 2010, 6). Structures for care and solidarity are STS issues for practice, not just for study. These systems are the ethical premise of interventionist activities.

Care and solidarity already circulate as terms of art in STS. Maria Puig de la Bellacasa's “Matters of care in technoscience” (2011) solidified and popularized theories of care in STS based on a long history of feminist scholarship on social and material relations in healthcare, cleaning up, and technical work, among other arenas (see for example, Mol 2008; Ahmed 2004; Code 1987; Noddings 1984; Rose 1983). More than a state of mind or impulse, STS theories of care frame care as an active engagement; it “involves a notion of doing and intervening” based in “an ethico-political obligation” to maintain relations (Puig de la Bellacasa 2011, 89, 90). This does not mean that care is inherently good, and STS scholars have pointed out that “[p]ractices of care are

always shot through with asymmetrical power relations” (Martin et al. 2015, 3), but it does illustrate how our intellectual community has already theorized care as a way to frame action; a recent special issue on care in technoscience frames “care [as] an essential part of being a researcher and a citizen” (Martin et al. 2015, 2). The call to care in STS acts as another call to intervention, whether in the “everyday labor of maintenance” for mundane relations (Martin et al. 2015, 90) or in settings of scholarship and public life. Yet rather than a general call to intervention, care affords a particular ethic of responsibility for one another during interventions. While there are many definitions for care in STS (Atkinson-Graham et al. 2015), they tend to insist on a material enactment of care, rather than an abstract commitment to caring. Our task is to figure out what this looks like for interventionist research.

Care, as an ethical and political obligation to maintain relations, is linked closely with solidarity. STS scholars have written about the role of solidarity in intellectual movements (Amsterdamska 1987) and in theories of scientific change via mechanisms of “mutual dependence” (Fuchs 1993). We’ve developed different models for dispersed solidarity such as “cosmopolitanized risk collectivities” (Beck and Levy 2013) and “networked solidarity” (Frost 2006). Solidarity is even central to Donna Haraway’s definition of feminist science (Haraway 2004, 69. Also see Rorty 1989). While solidarity is defined in very different ways, it is about relation in the face of power struggles. It is theorized as an alignment towards a common goal, a way of coordinating action based on shared values or virtues, and a way of describing social cohesion. While we are versed in theorizing concepts of care and solidarity, what would it look like to practice these things in our research, and particularly in triage following intervention?

Neither care nor solidarity happens in a vacuum. They always happen in relation, and ideally within a groundswell of relation: within a social movement, a group of allies, an affinity group, or through other coordinated or semi-coordinated efforts (Frickel and Gross 2005; Anonymous n.d.). For activists, one guideline of engaging in public forms of protest such as direct action, marches, or strikes is to stay with two other designated allies. Sometimes this is a formal affinity group (Anonymous n.d., Organizing for Power n.d.), and sometimes it is an ad hoc group of designated “buddies” (Organizing for Power 2015). You stay together. You keep an eye on where the other two people are. If one of you is arrested, the other two wait for your release from jail with a clean shirt and some water. These are just some of the ways to create “solidarity in practice” (see Organizing for Power 2003 for many more strategies).

Researchers pursuing action-based work also need affinity groups and “buddies.” Who has your back when you begin your intervention? Who carries your clean shirt? Who my department head is and who my collaborators are significantly impact my willingness to do certain kinds of interventionist research. In two years, my department head will change—so will my research agenda. When we are wading into the fray, we need a strong network of *specific* allies to support us.

We can scale up the question of solidarity. Another guideline for direct action during activist protests is to write the number of a lawyer on your arm in permanent marker. And not just any lawyer—the lawyers already dedicated to your cause (Sylvia Rivera Law Project 2011; CWC n.d.). Aligning with a legal organization is one way to “prepare an infrastructure to

provide support during and after the action” (CWC n.d., 1). For STS interventionist research, whose numbers should we write on our arms?

If I were a climate scientist whose work was being publicly censured, I would call 1-(617) 547-5552. That’s the number for the Union of Concerned Scientist’s dedicated project that protects scientists from harassment. They have a legal defense fund for researchers in partnership with Columbia University (Climate Science Legal Defense Fund 2016). The Union of Concerned Scientist even has a free “practical guide featuring best practices for responding to harassing correspondence, hostile bloggers, intrusive information demands, or attacks in the mainstream press” for researchers (UCS 2014). It covers how to “differentiate between good-faith inquiries about [our] research and unfounded criticisms designed to undermine public confidence in either [us] or [our] field of research.” This is exactly the resource Martin needed when he was publicly attacked for his part in the Australian vaccination debate.

When I began this response, I did not know that the Union of Concerned Scientists had a guide that outlined how to deal with Martin’s exact predicament. But I knew to go to the Union of Concerned Scientists. That is how solidarity networks work. As interventionist researchers, we cannot be expected to know in advance how to maneuver everything we come up against; unpredictability is one of the challenges and joys of interdisciplinary, action-based research, particularly when interventions engage in struggles of power and partisanship. Instead, we need to know who our allies are, and they can support us when we have to deal with the negative repercussions of unpredictability.

Creating solidarity networks and centers for interventionist methods needs to precede the call for interventionist methods. We need to have a phone number to write on our arm before we wade into controversies and engage in other interventionist research. We need a *Bulletin of Atomic Social Scientists*, an Occupy STS, a Rapid Response STS Unit, or a Making and Doing Bail Out Fund. Perhaps *Catalyst* and *Engaging STS* are already venues within STS ripe for solidifying their commitment to “supporting theoretically inventive and methodologically creative scholarship” (*Catalyst* 2016) and “work that takes risks, insightfully challenges established conceptual orientations and methods, and speaks boldly” (*ESTS* 2016). If the goal is to support risky and innovative work that includes intervention, then those supports need to be specific to the types of methods interventionist research entails, including triage. We do not have to reinvent the wheel to make an ethical commitment to care and solidarity for action-based research. There are many, many activist organizations with models we can replicate. As a field, or even as affiliation groups within our field, we have to re-prioritize support for triage over the call for intervention until we know that researchers who take up the call will be cared for in solidarity.

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