# Blurry Boundaries: Navigating the Intersection of Feminism, Activism, and Research in Women's Health

SOPHIE GRIMME, OFFIS – Institute for Information Technology, Germany

## 1 INTRODUCTION

Research in women's health is inherently political because of political factors such as policy-making and legal frameworks [2, 7, 14, 16], political representation [3] and feminist movements [17]. HCI scholars have argued that the human body (as a design space) is not neutral [8]; it is shaped by cultural norms and societal expectations. Historically, many aspects of women's health—such as menstruation, menopause, and conditions such as endometriosis or polycystic ovary syndrome (PCOS), have been under-researched, stigmatized, or dismissed as private matters. This gap in medical research and social understanding also has implications for technology design, particularly in the field of human-computer interaction (HCI), where the body and lived experience are increasingly taken into account. Body-centric research has gained traction, recognizing that technology interacts with lived bodily experiences in ways that are deeply personal yet socially constructed [9, 12, 18]. Feminist HCI [1] provides a valuable framework for studying these topics by highlighting how societal norms shape personal health experiences. In my research, I investigate conditions such as premenstrual dysphoric disorder (PMDD) and postpartum depression (PPD), which are not just medical issues, but also social and political. Many people struggle with these phases due to stigma or a lack of support, making it essential to address both, individual experiences and the broader cultural context that influence them. But due to the political and social relevance of these conditions, addressing them can require more than academic inquiry. It can call for advocacy and systemic change. As feminist research gains traction in HCI and more researchers are engaging in this topic, the challenge of navigating blurry boundaries between activism, feminism and scientific inquiry is also increasing. For junior researchers, this intersection presents unique dilemmas. How can we conduct research while acknowledging and confronting deeply embedded societal biases?

Helene Deutsch already said "After all, the ultimate goal of all research is not objectivity, but truth." [4]. Achieving this truth does not always mean remaining neutral. In some cases, it requires engagement and scholars have argued that activism and research can be meaningfully combined [5, 11, 13]. For researchers in the field of body politics and women's health, maintaining a strict separation of activism and research is neither practical nor desirable. Bardzell emphasizes that Feminist HCI is committed not only to understanding technology but also to making it a site for social change. [1]. However, driving social change through research also raises questions about the role of the researcher. Débora de Castro Leal et al. reflect on the complexities of combining activism and academia, pointing out that we should "aim to not only build better futures but also to begin to answer (...) questions to build understandings of what this better future could look like." [10]. While these insights show that activism and research can intertwine, they also reveal the challenge of balancing the researcher's role as both observer and advocate. This tension is ever-present, raising questions about objectivity, influence, and positionality.

In this position paper, I critically explore this dilemma by reflecting my personal experiences as a scientific researcher in feminist HCI. It aligns with the themes set forth by the workshop "Body Politics: Unpacking Tensions and Future Perspectives for Body-Centric Design Research in HCI" by questioning how activism can be integrated into academic

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Author's address: Sophie Grimme, OFFIS – Institute for Information Technology, Oldenburg, Germany, sophie.grimme@offis.de.

work without compromising methodological rigor. With this position paper, I contribute to the discussion on how researchers can navigate the intersection of activism and scientific inquiry while maintaining credibility in both areas.

## 2 POSITIONALITY AND APPROACH

Positionality is the acknowledgment of how one's identity, background, and experiences shape the ways in which they engage with research. It helps to reflect on the biases and influences in research processes and contributes to a deeper understanding of the complexities and ethical considerations involved. In this section, I reflect on my positionality as a female, junior researcher new to the field of feminist HCI. I seek to balance my role as a neutral observer and a feminist advocate. I am a third-year PhD student in HCI, researching different life phases and events in women's lives and developing technologies that empower women to maintain ownership and control over their health data. My work is informed by my personal experiences as a woman, as well as my commitment to challenging the gendered norms that shape health technologies. I acknowledge that my positionality influences my approach to research, guiding me to advocate for the voices and needs of marginalized groups while striving to remain reflexive about the power dynamics involved in the design and implementation of these technologies.

In this position paper, I share my experiences from various studies, drawing on personal notes that I critically reflected on in discussions with senior researchers. Throughout and after the studies, I documented my thoughts, noteworthy situations, and my own position in field notes. I then analyzed and organized these reflections using an informal thematic analysis (Fig.1).

## 3 EXPERIENCES

My research explores different life phases and how technology can support women in feeling more empowered regarding their health during these transitions [6]. I have observed that women often share more openly in environments where they feel a sense of belonging. For example, in group discussions, participants tend to engage more when there is a shared understanding, while larger age gaps, such as menopause discussions among younger women, can lead to reduced information sharing. Similarly, shared experiences validate personal struggles, such as in cases of Premenstrual Dysphoric Disorder (PMDD), where realizing that others feel the same way fosters empowerment. While my research has provided valuable insights into women's health experiences, it has also revealed challenges in balancing my role as both a researcher and an advocate. In the following section, I reflect on how this dual role influences my work.

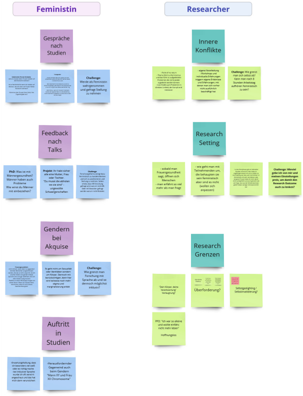

Fig. 1. Thematic analysis of own experiences

### 3.1 The Researcher as an Advocate

Throughout my research [6], I have observed that participants tend to reflect on their views while speaking, justify their perspectives, or adjust their language to avoid excluding anyone, aiming to meet perceived expectations of feminist research. To me, it often feels as if the mere fact that I research women's health, without explicitly stating any stance, already influences participants' behavior, sometimes making it less authentic.

I perceive this as challenging because of the underlying expectation that I, as a women's health researcher, hold the answers. In participatory settings, participants often turn to me after the study not only as an investigator but as an advocate, expecting me to validate their perspectives or offer solutions. I feel that this dynamic can shift the research space into a quasi-therapeutic or activist environment, complicating my role as an objective researcher. On the one hand, this openness can provide valuable insights into the social environment and internal conflicts of participants. On the other hand, there is a risk that their responses are shaped more by the interviewer effect than by their actual experiences. This raises the question of how we, as researchers, can create a space where participants feel comfortable expressing themselves authentically without feeling the need to conform to expectations. At the same time, it is important to reflect on how our own research focus may unintentionally influence participant behavior. As a researcher who is also perceived as an advocate, the challenge is to strike a balance between engagement and critical distance, recognizing the activist potential of my work while ensuring that my research remains grounded in rigorous inquiry rather than advocacy alone.

### 3.2 Stigma and Research Ethics

In my opinion, women's health is a stigmatized domain that is affecting how research is conducted and received. Many of the participants in my studies struggle with internalized societal norms that downplay their experiences or dismiss them as unimportant. This presents an ethical challenge for me as a researcher: can research actively deconstruct these stigmas, or should researchers allow participants to maintain their existing frameworks of understanding?

In a workshop on PMDD one participant reported about her upbringing taught her to see periods as gifts. She is experiencing PMDD with severe symptoms and struggles, leading to extreme low moods and phases of her cycle. She reported that in situations like that, she tries to remember that experiencing a period is a gift because that helps her to stay more positive. As a researcher, I listened and collected this as valuable insight, while the activist in me wanted to ask why she considers every part of her body a gift and whether it wouldn't be more helpful to understand and also embrace the low parts of it in order to be true and caring with herself, allowing her to feel not gifted in specific moments. I think that by addressing and challenging stigma directly, one can empower participants and create opportunities for them to critically reflect their perspectives and eventually help them to break stigma in order to feel better. But I also observed that this approach may lead to some participants feeling uncomfortable or turning defensive, potentially limiting their willingness to engage in open discussion. Alternatively, taking a more observational approach allowed me to document participants' lived realities without imposing external judgments, but it may also miss opportunities to facilitate deeper conversations that could benefit both research and participants. While both approaches have benefits and risks, I think balancing personal narratives with systemic awareness presents an ethical dilemma. However, I think this tension can also be valuable, encouraging researchers to reflect on their role, refine their methods, and engage responsibly with participants.

### 3.3 The Limits of Research vs. The Power of Activism

While research aims to uncover knowledge, I have observed that stigma can limit its impact by shaping how participants share their experiences. As a result, data collection often reflects existing biases and social structures. In some cases, activism could help challenge these biases, but this raises a dilemma: when does intervention cross the line from research into activism?

During a workshop on menopause, one participant shared: "We never talked about that at home. [I was told that] it is your body and your responsibility." She also mentioned that she did not really have a problem and did not see menopause as particularly challenging. Later in the discussion, however, she reflected: "I was so angry, I punched the toilet paper roll in the morning." As a researcher, I listened, documented her perspective, and later analyzed it in the broader context of menopause experiences. However, as someone engaged in feminist discourse, I also saw an opportunity to explore deeper, perhaps by asking questions that might have encouraged her to reflect on her education or moments when she struggled. I think asking more in that moment could have revealed more about how societal narratives shape personal experiences, but it would have also risked confronting her with emotions or realizations she may not have been ready for. In Why We Matter [15], Roig discusses how patriarchal structures within families are often normalized due to emotions like love, dependence, and the desire for harmony, making them difficult to recognize as structural issues. Another example where I experienced something similar was a workshop with mothers of young children (up to 3 years) and pregnant women to gather information about data collection and needs during pregnancy [6]. One participant introduced herself as a happy wife and later shared that she was "afraid of overlooking things and forgetting them" during her pregnancy, suggesting a sense of overwhelming responsibility. When asked with whom she would share her personal women's health data, she responded 'no one', explaining that when she and her husband decided to have a child, his main comment was: "Just tell me what to do, and I'll do it." As a researcher, I recorded these insights and used them as a counterexample for my finding that sharing data can help to share responsibility [6]. At the same time, I saw an opportunity to initiate a conversation that could have helped her reflect on the division of responsibility in her relationship. While bringing up these topics could have opened new perspectives, I was also aware that doing so might have imposed an activist stance she wasn't seeking. In my opinion and experience in my personal environment, feminist awareness often develops gradually, and if you try to push it too hard, you risk alienation rather than empowerment. This tension is particularly relevant in studies of sensitive (health) issues. When research uncovers potentially harmful misconceptions, should researchers introduce alternative framings, or does this compromise the integrity of the research? My challenge is not to choose between being a researcher or an activist, but to recognize when and how activism can play a role without disrupting the research process. Understanding where research ends and activism begins is key to maintaining credibility while recognizing the potential for research to spark important conversations.

## 4 CONCLUSION

This position paper argues that the fact that research in body politics and women's health cannot be entirely separated from feminism and activism, poses a range of challenges. Researchers must acknowledge the dual pressures of maintaining objectivity while engaging in a politically charged field. To address this, a structured framework could assist researchers in navigating these tensions. Such a framework could help researchers to (1) recognize expectations and understanding the participants contexts and beliefs, (2) set boundaries and follow ethical guidelines for when intervention is appropriate and when research neutrality must be maintained and (3) encourage ongoing reflection and mentorship to help researchers process moral dilemmas without compromising scientific integrity. By setting an agenda or framework, we can better enable researchers working at the intersection of technology, health and gender politics to navigate this complex but important area of body politics. With this position, I contribute to the body politics workshop and would like to engage in further discussions on: **How can feminist HCI balance research with the ethical imperative to challenge stigma and oppression?**

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