

Chapter 3

Inner Spaces: Deeply Personal and Inherently Systemic

If you are something from inside and you portray something else on the outside... you cannot do anything... (India)

...[W]hatever is there in your heart cannot actually be taken out. (India)

[Now] we understand each other. [ISOFI] gave us an opportunity to open our hearts and share our feelings. We talked about things which we never mentioned in the past. (Vietnam)

As reflected in the quotes above, ISOFI facilitates examination of one's own beliefs and attitudes with the assumption that such inquiry leads to personal transformation (Freire, 1985). Peter Senge and colleagues (2004) indicate that, "in order to 'create the world anew' we will be called to participate in changes that are both deeply personal and inherently systemic." Indeed, a central assumption underpinning ISOFI is that personal change is a necessary component of an authentic program embodying transformation. One cannot challenge harmful social norms such as gender and sexuality inequities, either in communities or within CARE, without also examining one's own subjective position. Rather than simplifying complexities of gender and sexuality, through ISOFI, CARE staff were called upon to explore, question and reflect in an iterative process, which gave way to multiple perspectives in a variety of field contexts. That is, staff perceptions represented different views that both challenged and contributed to their personal development and organizational commitment.

ISOFI practices reveal that the process of reflection and personal change is most effective when

carried out collectively. Participating in a group that is organized around shared meanings leads to coordinated and effective action (Bohm, 1985; Isaacs, 1994; Jaworski, 1998). Group relationships - strengthened through provocative training, reflection, dialogues, supportive coaching and participatory interventions - form the basis of problem solving, leading to formation of decisions, which are best implemented by those who make them collectively (Lewin, 1946; Schein, 1995, 2006; Trist, 1975). CARE and ICRW maintain that tangible progress on gender issues, such as gender equality, is intrinsically linked to shifts in organizational culture (Oxfam 2003 cited in Moser & Moser, 2005). ISOFI was designed with the understanding that ISOFI project staff could realistically expect to achieve at the program level only what they could achieve within the organization itself. External facilitators, community members and staff challenged beliefs and perceptions which, as predicted, led to disequilibrium in the workspace. As Kurt Lewin (1951) attested years ago, if people share a common objective, they are likely to act together to achieve it. An intrinsic state of tension within group members motivates movement toward the achievement of desired common goals (Johnson and Johnson 1995). Reflection, disequilibrium and dialogue prompts individuals to contemplate action that is most successful in a group setting, since it provides psychological safety to "embrace" error and learn without judgment (Michael, 1973, 1992; Schein, 1995). This represents the heart of the ISOFI approach adopted by CARE through the support of ICRW.

Inner Spaces: Reflection and Personal Change

A heavy emphasis on "unfreezing" personal beliefs took place, particularly in the early days of the initiative. As one participant recalls, "ISOFI has melted a stone." Almost all staff reported that personal transformation helped them let go of old ideas, thereby influencing their behavior and having lasting effects. The reported changes became increasingly apparent as staff narrated stories about themselves and their colleagues that reflected greater tolerance and acceptance of the beliefs, identities and behaviors of others. This melting away took place through participation in reflective dialogues and continuous co-creating and re-creating project interventions - which ultimately represented a gateway to authentic personal and organizational change.

Even if you [change your actions], you can do it intentionally initially, but then it becomes part of your personality. (India)

Now I argue that there should be a distinction between what you personally think and what is accepted at social level... (India)

The workshops and reflections helped me to understand that each person has his/her own identity and nature and I can't change them according to my wish. I should accept them as they are. (India)

A sense of solidarity with beneficiaries grew as ISOFI processes cultivated interdependency among actors. Staff observed various kinds of commonalities they shared with NGOs and government partners as well as communities. This helped them to question socially constructed barriers such as class, religion and caste. The distance between themselves and community stakeholders began to diminish. It became notable that when ISOFI teams engaged in meaningful conversations with the communities, things changed. Both staff and communities developed new levels of trust for one another; they became more cooperative and forgiving. They engaged more equally as members in a process. As one PLA participant from India reported, "the boundaries be-

tween CARE staff and community stakeholders dissipated."

As Robert Chambers (2005) describes, when a learner interacts with a poor person as teacher, the challenge is to know how to adapt – the sheer unfamiliarity of it all, with so much to take in, and then afterward the opportunity to review, reflect and



In the beginning, I felt so uncomfortable talking to the sex workers when we engaged in participatory exercises. I couldn't bear to hear their language. Although I made it through each day, I couldn't sleep at night. I had nightmares until I suddenly realized that they were like me - they were mothers with children to feed. They had the same concerns that I had about earning enough; we were not very different from each other. I felt much better, and my nightmares went away. (India)

digest the experience – it's a powerful experience. Not only does the interaction reveal new insights, but it challenges values, beliefs and raises questions about the sort of people we are and want to be.

Women in ISOFI Who Inquire

Personal change among CARE staff was reflected in stories of familial and community relationships. Several women described ways they challenged traditional norms and values within their families. One woman asserted the following:

So now I tell myself: No, I am not going to get swayed by what my father says. I'm not going to get swayed by what my husband says. I have to find my own perspective... (India)

By taking stands, as reflected in the quotes above, women stepped out of traditional roles that reportedly restrained them. Several women revealed that they became more self-assured in both their personal and professional lives. After discovering their voice and understanding that it is their right to use it, a few women revealed ways they had taken the initiative in seemingly insignificant ways. Female staff often spoke about having more courage and trust in themselves to make decisions and be leaders. They attributed these changes to the numerous candid discussions held with colleagues and family members over the course of their ISOFI experience.

It is my right to share what I want or tell to anybody with whom I am having relations. I have to share my feelings and my views. I have seen this change in me and I feel that it is because of ISOFI only. (India)

I am different now, more confident. I don't accept roles just because I'm a woman. I know this is difficult in my society, since Vietnamese men are not interested in such independent women. But now I can't go back to the old way. (Vietnam).

Men in ISOFI Who Inquire

A few men described their once-held beliefs of gendered roles reflecting conventional attitudes about women in relation to family responsibilities. Several participatory exercises led men through a reverse analysis of gendered roles, allowing them to consider gender-biased expectations of men and not only those applied to women.

Many male staff grappled with gender concepts more constructively as they became conscious of oppressive masculinity constructs through PLA techniques that were then strengthened by ongoing reflection, coaching and trainings. By depicting images of the ideal man, for example, they observed that men also endure pressure and bear a different kind of discrimination by reinforcing gender dichotomies. During this exercise, together with men in the communities, CARE staff spoke of unanticipated findings, including male burdens to

impress girls, earn adequate salary and develop a muscular body. They spoke of “looking good” and the skill it takes to “trap girls to fall in love.”

Actually, when I talk about my wife, I feel that she is always confined to the four walls of the house. I used to feel that every woman does this for the family. But I took a decision... I would look after the house the whole day today. After doing that, I realized that I did not get even five minutes of break. (India)

In the past, I thought I would never wash my wife's clothes. But the project helped me to have a broader view... (Vietnam)

Before ISOFI, I was never much into the gender thing. Now I have confidence in dealing with the issues related to gender and sexuality. ISOFI has brought gender into focus. (India)

By shifting their behavior from traditional male roles to ones manifesting emancipatory qualities, these male staff experimented with changing power dynamics within the private domain of their homes, where gender is generally most deeply rooted. Testing new behaviors, with support of colleagues, they cultivated confidence and commitment to support similar transformative processes within their workplace and in the communities where ISOFI operates.

Sexuality: Learning by Inquiry

Many staff stated that before ISOFI they avoided discussing matters related to sex, since it was generally forbidden to do so, even between spouses. As time progressed, however, comfort levels broadened as staff increasingly discussed matters of sexuality more candidly. As one CARE Vietnam staff reported during a reflective dialogue, “I am more comfortable to discuss sexuality... I do not feel shy or embarrassed any longer.” Pleasure was discussed in the context of decisionmaking and consensus between adults. Staff and project partners deliberated while co-producing, improvising and promoting exploration, excitement and fun. It was in this context that personal commitment to justice and “doing what is right” evolved.



Participants in CARE Vietnam's Gender and Sexuality Workshop situate sites of power, pleasure, pain and shame through bodymapping.

Once discussions of sex were normalized within the workplace setting and new perspectives regarding pleasure, empowerment and meanings applying to sexuality were introduced, CARE staff extended these conversations to their families, a sign that new changes were in the process of refreezing. As one staff revealed, when referring to her spouse, *"I need to be more expressive about my desires."* Awareness of one's needs and one's rights in the context of marriage and seeing pleasure as fundamental, offered opportunities for staff to reinterpret their roles as sexual partners.

But now I can see that I have the right to refuse sex and also I have the right to ask for sex - because I realize that women also have the need of sex. (Vietnam)

I never used to ponder that sexuality can be enjoyed also... these can be very pleasurable activities not only for you, but also for your partner. (India)

As observed in the quotes above, ISOFI perspectives often enhanced relationships between sexual partners. Moreover, individual capacities to claim agency, manifested by declaring one's choice related to both safety and desire, evolved spontaneously.

Acceptable social norms relating to sexuality were also challenged. For example, one staff member in India described a fictitious world in which a majority of people identified openly as homosexual. Her colleagues contemplated how it would feel to

be a sexual minority (a heterosexual) if such a community existed. They agreed that sexual orientation and behaviors inconsistent with dominant beliefs and norms could lead to displaced bigotry, which is antithetical to CARE's core principles. One CARE India staff reports her views: *"I will never make fun of gays. Earlier I used to think that gays are obsessed with just sex. But now I know they are normal people."*

Challenges at Home

Some staff reported that although they themselves are enlightened, they still struggle with encouraging similar change within their family and communities. While they and their spouse may be more open to transform attitudes and behaviors, many extended-family members continue to resist change as shifts in power dynamics are revealed. Staff's concern over the reaction of others when gender stereotypes are challenged is raised as a concern.

My husband and I talk very openly about sex, and he shares in the household duties. But, I can see that the change in my family happens very slowly. I wonder who to convince, how to talk with other family members about gender and sexuality... you know it's a difficult topic, especially for my mother-in-law. (Vietnam)

People around do not have the same orientation as me. For example, my wife's knowledge and awareness on gender and sexuality is different than mine. She agrees that we should share household duties, but says that I am the one in charge. I don't think that's right. (Vietnam)

What will people think if I [a man] bring the clothes to wash in the river, in front of all to see? (Vietnam)

From Personal to Organizational Change

Teams coalesced as trust was established. Greater openness extended beyond gender and sexuality inequities that were specifically explored through ISOFI to include other forms of discrimination and injustice. Several staff reported a sense of release

Diagram 2: ISOFI Stakeholder Analysis: CARE Vietnam

Beginning of ISOFI



More specifically, the exercise led participants through a reflection on organizational elements that could either foster or inhibit integration of gender and sexuality: Who played a central role in implementing and/or influencing the ISOFI project; what were those roles; how did relationships among stakeholders evolve during the course of project implementation and with what effect; and why did roles evolve as they did. In CARE Vietnam, ISOFI began (see above diagram) as an externally prompted initiative, supported by senior managers and an ISOFI focal person. Local partners and ISOFI staff played a key role, supported by external technical resources. Key: ARMU is CARE's Asia Regional Management Unit, which is based in Bangkok.

Middle Stage of ISOFI



By the project's midpoint (see diagram above), senior managers at CARE Vietnam had handed over responsibility for ISOFI to the ISOFI focal person. She in turn had increased responsibility in managing the project and in interacting with ISOFI colleagues at CARE Vietnam. At this stage, technical support broadened to include local individuals and organizations with expertise in gender and sexuality. Local partners became more central to the process as well as project beneficiaries and community members. At mid-point, ISOFI participants recognized that a number of CARE staff were not directly involved with ISOFI and were not benefitting from the opportunity for learning and change.

End of ISOFI



ence. The Ford Foundation as a donor entered the picture as staff were thinking of pursuing funding for a second phase. Beneficiaries and community members played a more substantial role in ISOFI's implementation.

For the Vision 2008 (at right), participants indicated the importance of equal involvement among local partners, CARE staff, CARE senior management and the ISOFI focal point person. They felt in this manner gender and sexuality would be more effectively integrated into CARE systems and programming, and would be more effectively transferred to local partners. Media is introduced as a powerful communication channel for normative change around gender and sexuality. CARE Australia, CARE USA and ARMU disseminate ISOFI's learning throughout the CARE world.

2008 ISOFI Stakeholders

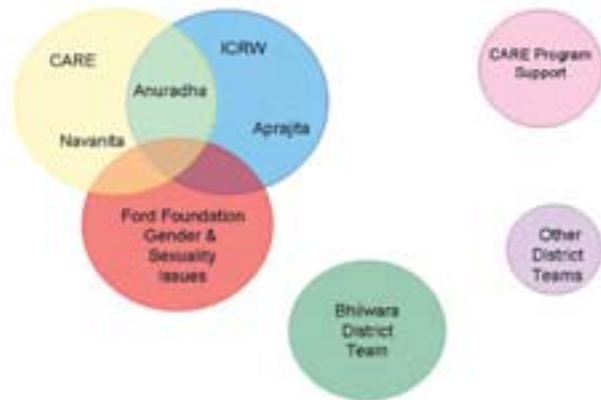


By the end of the ISOFI (see diagram left), participants felt that local partners had become more central to the initiative's implementation and success. Non-ISOFI CARE staff were pulled closer through outreach and curiosity about the ISOFI experi-

Diagram 3: ISOFI Stakeholder Analysis: CARE India

As explained in Diagram 2, during the end-of-project workshop, participants were asked to conduct an analysis of ISOFI stakeholders at three points during the project cycle: the beginning, mid-point and end. Once analysis was completed, participants were asked to envision the ideal configuration of stakeholders to be realized by 2008. In India, CARE staff consider that, at baseline (see diagram right), the three main stakeholders driving the ISOFI process are the ISOFI point person at CARE, the ISOFI resource people at ICRW and the Ford Foundation. As a new project, the CARE Program Support Unit plays an administrative role. The Bhilwara District Team that leads the ISOFI pilot in Rajasthan sees itself as distant from ISOFI in the early phases of project implementation.

Baseline



By mid-point (diagram left), stakeholders have shifted considerably. Central figures in implementation comprise a small group of people and external resource organizations (e.g., ICRW, CREA and TARSHI) directly involved in creating and supporting the learning, reflection, application on the ground and documentation. Staff emphasize the critical role of the CARE country director in providing feedback on the team's efforts and indicating his strong support of the initiative. At this stage, the district team also names an ISOFI point person to centralize communications.

Midpoint



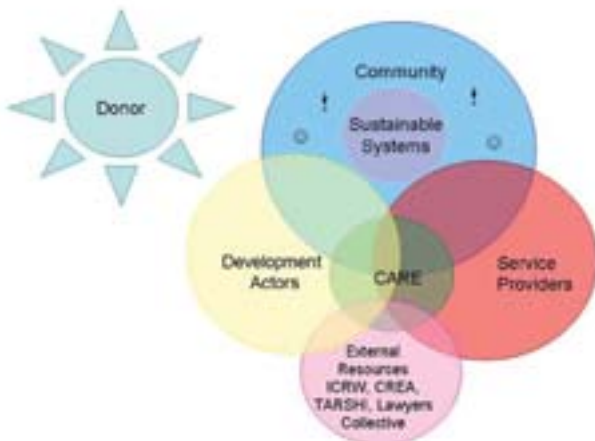
By endline (diagram right), NGO partners, community members and service providers play a much larger role in ISOFI's implementation. This configuration reflects the district team's success in transferring knowledge on gender and sexuality and ISOFI IS skills to NGO implementing partners, and the emerging change within communities. Note as well the introduction of the CARE MOLD Unit, which is the internal learning unit for CARE India. District team members were deeply concerned about documenting ISOFI's success for replication and scale up.

Endline

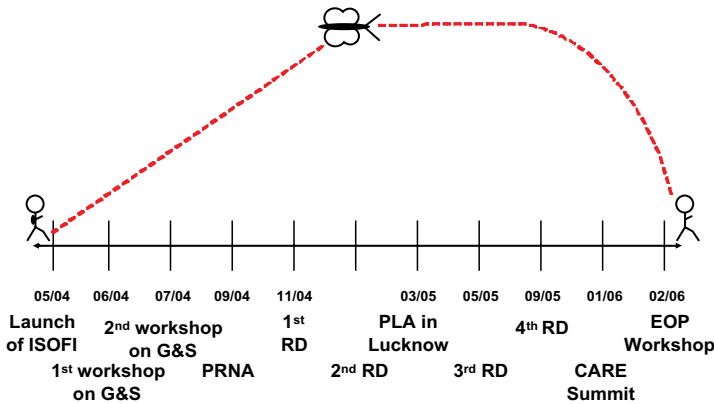


As a vision of an ideal configuration of stakeholders (diagram left), the community, service providers and development actors (including NGOs, government and to some extent the private sector) take center stage in sustaining ISOFI's implementation. CARE is still centrally involved but its role shifts to one of support and accompaniment. The external resource organizations continue to refresh the process with new perspectives on gender and sexuality, communication techniques, methodologies for evaluating progress, and materials. The staff clearly demonstrate their appreciation of a "Donor Sun" to support the initiative and help it grow.

Vision 2008



ISOFI Timeline Rajasthan



Initially we thought [ISOFI] was going to be burdensome, but later on we were flying. (India)

and freedom with newfound perspectives. They expressed excitement in sharing ideas, new knowledge and insights.

We feel liberation and wish others could become the same way... (India)

I don't know when I started, but every night when I go to sleep, I reflect on all things that happened during the day. Since I've worked for ISOFI, I started to think about people. (Vietnam)

I think ISOFI has created a big army of passion-driven people who dream and sleep [gender and sexuality]. (India)

As staff adjusted their life to one more consistent with ISOFI principles, organizational change became inevitable. Trust and solidarity grew among team members as new RD perspectives were shared and deliberated, and action was agreed upon collectively. As a result, communication among staff and with supervisors improved. But it was the staff who changed the course of action at CARE. Supervisors provided and protected the space. Experience revealed that shared assumptions or norms cannot be changed one individual at a time. The critical interplay between the system and the individual (Schein, 2006) became apparent as ISOFI project staff observed how CARE influenced staff through relationships and at the same time, how staff changed CARE as they themselves changed.

Mainstreaming gender and sexuality work requires a radical change of mindset and behavior, which places relationships at center stage.

I think the best thing that happened is [ISOFI] helped in improving team work because the barriers diminished... it helped in building understanding, I would say, a team able to relate to each other. (India)

It helps us to share experiences among ourselves; that way we can see gender, diversity and sexuality in our own organization. (Vietnam)

Our team relationship improved and became friendlier and more open. We gained confidence and built camaraderie around ourselves. (India)

We fear the jokes [of working on a sex project], but we also relish the opportunity to influence ourselves and our organization. (India)

Staff reported that they developed into more effective colleagues and partners. Reflections and new perspectives lead to actions that were not pre-determined based on conventional program practices. Some staff expressed concern, however, about the seeming ambiguity and lack of clarity, since preset agendas and workplans were not forthcoming. They felt a need for more structure and conventional forms of program measurement and evaluation. Concerns were reported as follows:

But even at the first workshop or the "orientation workshop," I wasn't clear about the concept, because at that time they didn't provided the guideline of activities or objectives, and the way we integrate sexuality and gender into the existing activities of our project. (Vietnam)

We need to spell out more clearly what we want. Like, you know, the objective of ISOFI so that we can interlink it with programming. (India)

We were excited about working on gender and sexuality but we also had fears and apprehensions. We asked ourselves, what should we do, what will this mean to us? What will happen to our privacy? (India)

By and large, staff became comfortable with the murky (often perplexing) mental terrain that accompanies critical examination of oneself and one's relationships. Reflective practices facilitated reex-

amination of once deeply held assumptions among many staff members. In many cases, this produced tension and uncertainty within the group. Within six months, however, staff relied more on intuition and learning through innovation and reflection than on a fixed approach based on a conventional gender mainstreaming model.

While embracing new attitudes and beliefs related to gender and sexuality, they also adopted an autonomous working style. It encouraged both independent thinking and team collaboration, which instigated meaningful action. As a result, staff became committed to the ISOFI process and more confident in once unfamiliar territories. Examples include:

In the beginning, I found it difficult to find the answers on my own. I wanted more guidance. But today I see the advantage of the ISOFI approach. I can do things on my own together with the team. Now we would like our supervisors to have more confidence in us to take the next steps in ISOFI. (India)

ISOFI didn't push us to learn or integrate certain things in our projects... it let us feel comfortable and if we feel it is necessary, we find a way to integrate it into our work. (Vietnam)

ISOFI doesn't tell you what to do. It just lets you grow and helps you to learn with your mistakes. It has helped us to actually take ownership. I think that this is what it has done for the entire ISOFI team. (India)

We had the liberty to design and create interventions... (India)

Gradually, institutional policies changed. For example, both CARE Vietnam and CARE India designated a point person to lead gender and sexuality integration activities. To ease the burden of childcare for staff, one of the ISOFI sites established a crèche. A community of practice was established in another ISOFI site to enhance learning among and between CARE staff and communities. Since ISOFI did not provide directives or top-down instructions, managers developed solutions based

on reflections from staff and learning from the field. Consequently, staff claimed that supervisors became more supportive, and supervisors reported that ISOFI strengthened them in their role as managers.

There is increasingly more support among management who believe work on gender and sexuality are important. (Vietnam)

I am a better supervisor now... There are no definite answers in the realm of gender and sexuality, so we are okay with making mistakes. (India)

Conclusion

The findings reveal that personal change took place across all ISOFI sites in India and Vietnam. These changes impacted not only CARE staff but also their families, communities and the CARE organization itself. Staff in Vietnam discussed obstacles and concerns they confronted, particularly in their attempts to intervene with gender and sexuality messages in their families and communities. In contrast, Indian staff reported stories of change within their family, communities and their teams. In both countries, the participants believed that strong support from CARE and ICRW staff enabled the project to move forward successfully. While staff from both countries cited that the lack of clear goals, objectives and outcomes represented challenges, they also appreciated the fluidity and flexibility offered through the ISOFI approach.

During the first year, CARE and ICRW focused on fostering personal change - transforming inner spaces - through reflection. Reflective learning methodologies first developed by Freire (1985) and Lewin (1946, 1951), gave rise to uneasiness, particularly with the introduction of sexuality in the early stages of exploration. As staff became more comfortable with the material and new processes of engagement, greater openness, confidence and leadership emerged, particularly among women,

who assumed the leadership role in ISOFI. Male staff changed the way they understood and practiced gender equity. Consequently, personal transformation led to organizational changes, reflected in policies such as appointing gender and sexuality point persons. But more importantly, staff worked more cooperatively and thereby continued advancing collective action practices that support women's rights through new understandings of sexuality. This included working with men to reconstruct masculinities that are less harmful to both men and women. Parallel changes among staff and the organization present opportunities for reciprocal learning between the individual, team and the organization as a whole. This chapter explored these personal and organizational transformation processes that took root at CARE through ISOFI. It represents the basis for programmatic change described in Chapter 4.



A folk theater team from Rajasthan used findings on coercive power relations between truck drivers and cleaners to begin to address, through puppetry, the causes, manifestations and consequences of these power imbalances in the context of HIV/AIDS.