University of Huddersfield Repository

Bartholomew, Michelle L.

Health Experiences of Older African Caribbean Women Living in the UK

Original Citation

Bartholomew, Michelle L. (2012) Health Experiences of Older African Caribbean Women Living in the UK. Doctoral thesis, University of Huddersfield.

This version is available at http://eprints.hud.ac.uk/id/eprint/17501/

Health Experiences of Older African Caribbean Women

Living in the UK

Michelle L Bartholomew

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Philosophy

The University of Huddersfield

March 2012

Copyright

i. The author of this thesis (including any appendices and/or schedules to this thesis) owns any copyright in it (the "Copyright") and s/he has given The University of Huddersfield the right to use such Copyright for any administrative, promotional, educational and/or teaching purposes.

ii. Copies of this thesis, either in full or in extracts, may be made only in accordance with the regulations of the University Library. Details of these regulations may be obtained from the Librarian. This page must form part of any such copies made.

iii. The ownership of any patents, designs, trademarks and any and all other intellectual property rights except for the Copyright (the "Intellectual Property Rights") and any reproductions of copyright works, for example graphs and tables ("Reproductions"), which may be described in this thesis, may not be owned by the author and may be owned by third parties. Such Intellectual Property Rights and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Intellectual Property Rights and/or Reproductions.

Acknowledgements

I would like to express my sincere thanks and gratitude to Professor Nigel King, Doctor Sharon Wray and Professor Sue Frost (PhD Supervisors), for their professionalism and guidance throughout the research process.

Thank you to all the women who gave up their time to participate in this research and without whose help this study would not have been possible.

Thanks also to Paula McQuilkin for her invaluable support and much needed technical advice.

To my dad Cletus, thank you for your quiet support and consistent good humour.

A special thank you to my mum Anne, husband Georgios, sister Sandra and brother Dennis, for their infinite words of wisdom and encouragement and for being there when needed and absent when it helped.

Finally I thank God for giving me the wisdom, the strength and determination to be able to undertake and complete this thesis.

Dedication

To my beautiful son Christian *"Mama has time to play with you now".*

Contents

Final word count   73,074

Abstract

This thesis examines older (60-75 years) African Caribbean migrant women's experiences of health and the extent to which these connect with identity across the life-course. It draws on their accounts to consider how gender, migrant and ethnic identity are produced and constructed in later life.

The thesis considers the religious experiences of older African Caribbean women and how these influence health and well-being. The relationship between past and present homeland experiences, traditions and homeland produce such as food and medicine, is further examined. The aim here is to identify how the maintenance of ethnic and cultural identities influences their perceptions of health, western healthcare and medical practices.

The key theories examined relate to identity construction and how identity categories are inter-dependant, constantly changing and made up of boundaries that are not totally fixed. In addition to this, the formation of religious identity is examined to see the extent to which religion and its practices are contained within certain parameters and constraints which can structure the nature of both self-representation and subjectivity. The gendered nature of knowledge is also examined to ascertain how knowledge influences individual power and how power can influence the connections between the body, surveillance and health.

A qualitative and in depth interpretative analysis guided by feminist epistemological and ontological thought is used. A methodological aim was to deconstruct the universal categories of women's experiences, in order to enable insight into the different types of regulation that define the individual experiences of older migrant African Caribbean women living in the UK. A second aim within the research process was to explore how the researcher's biography influences and is influenced by the biographies of the research participants.

The key findings suggest past experiences have impacted on the health and well-being of African Caribbean women in later life. For instance, life-course inequalities had a direct impact on their health and life-fulfilment as they grew older.

The experiences of older African Caribbean women link to the construction of both their ethnic and cultural identity, and these identities are constructed in such a way as to maintain the self and identity boundaries.

Religion and its practices are of immense importance to older African Caribbean women. It is through such activities that many were able to cope with hardship and the effects of multiple oppressions. These have influenced how older African Caribbean women perceive and maintain their health and well-being.

In understanding the lives of older African Caribbean women, it is important to consider the ways in which cultural, migratory and social experiences shape their experiences of health and well-being in later life; in order to acknowledge diversity through the recognition and acceptance of difference.

CHAPTER ONE

Background to the research

Introduction

The idea to commence this research stemmed from many factors. Initially these were the ways in which Black women from the 16th Century had been denied their freedom and self-expression. The hierarchal structure was such that White men were placed at the top of the hierarchy, as superior beings, followed by White women, Black men and at the bottom were Black women who were cast as sexual and deviant sub-humans (Jarret-Macauley, 1996; Grosfoguel, 2004). As a Black woman I felt that such portrayals denied Black women an identity and the stereotypical images of Black women today have arguably remained and contributed to their current poor economic and social positions (Mama, 1989; Blackburn, 1991; Modood et al. 1997; Adair, 2002). I therefore decided to conduct the research with First Generation African Caribbean women.

Some of the above issues were raised by research participants when I conducted the fieldwork for my Masters Degree programme, where I examined the perceptions of health and health experiences of African Caribbean women in relation to physical activity and exercise. The older women participants from my Masters Degree discussed their homeland experiences and life in the United Kingdom (UK). Much of what these women were discussing was fascinating, but not only this, their experiences as women and as migrants I found to be neglected in the academic domain.

There is a limited amount of research conducted on African Caribbean women in the UK and of the research that does exist it tends to focus on maternal and child health, obstetric care, health care, use of mental health services and grand-parenting (Blaxter, 1990; Wilson, 1994; Smaje, 1995; Jarrett-Macauley,

1996; Nazroo, 2001; Benkert and Peters, 2005). As an African Caribbean woman, born of migrant parents and raised in the UK, I wanted to know and to understand more about African Caribbean older women and how their identities shaped their health and health experiences. African Caribbean older women are the elders of a community of which I belong and indeed, they are a part of my cultural heritage.

A further contributory factor to my decision to focus on this topic was the knowledge that although feminist theorists have made significant contributions to exposing the many ways in which women's activities, the female body, and the symbolic representation of women (as indicators of racial, religious and ethnic communities) have been marginalised, White Western feminism has neglected the presence and experiences of Black women (hooks, 1990; Afshar and Maynard 2000; Hill-Collins, 2000). Black women have thus created a new position for themselves in feminist discourse and brought to the forefront difference and diversity, and their positions within the dominant discourses of identity, religion and health (hooks, 1990; Carby, 1992; Brah, 1996; Ahmed et al. 2003).

Further, the postmodern era has created a shift in the way the social world and women as social beings are thought of and considered. It has arguably meant the loss of confidence in meta-narratives of progress (Lyotard, 1984; Butler, 1990; Bauman, 1992). These include the transformation of selves, subjectivities and identities. The question of identity, whether individual or collective serves to identify how individuals perceive themselves and how these identities are performed (Rosenheil and Seymour, 1999). This Doctor of Philosophy (PhD)

thesis contributes to such debates by examining the experiences of African Caribbean older women to consider how categories of identity are produced and legitimised through techniques of normalisation and individualisation, and how these are manifested in their perspectives on health and health experiences (Gedalof, 2003). In addition the thesis will contribute to discussions on the concept of collective identity. It will identify how African Caribbean women establish identity group membership, which may in turn serve to provide access to both social and political resources (Williams, 2003). Such knowledge will also highlight the uniqueness of, and the relationship between, individual and collective experiences of difference (Brah, 1996; Hall and Du Gay, 1996).

It is well documented that there is limited acknowledgement of the place that religion holds alongside axes of identity such as gender, race and class (Kong, 2001). This thesis will contribute to debates on religious identities by examining how diasporic and migratory experiences and religious discourses are used by African Caribbean older women to explain significant life occurrences and events.

There is a widespread belief in western societies that medical doctors are the real experts on women and their health (Rudolfsdottir, 2000). Indeed medicalised constructions of health and of women's bodies have served as a powerful device of social control (Haraway, 1991; Fox, 1993; Grosz, 1994; Lather 1994). In response, feminists using a Foucauldian approach have reconceptualised the body, moving beyond medicalised accounts of the body and focused on the body as a cultural and social construct (Jones, 1994; Hunter, O'Dea, and Britten, 1997). Feminists have argued that to gain the 'truth'

it is necessary to deconstruct male centred theories on human knowledge and reason (Haraway, 1991; Grosz 1994; Wray, 2002). It is argued therefore, that to understand health, the medicalised discourse on the body alone is not sufficient (Foucault, 1973). This thesis will contribute to debates on the limitations of western medical discourse and argue that there has been much neglect of the Black female body and the impact of ethnic and cultural diversity on health.

There are three themes which are central to this thesis. The first theme focuses on the construction of identity. The second theme is concerned with religious identities. The third theme explores the health connection between the female body, power, medical knowledge and the effects of medical surveillance on individuals.

Research questions

The following questions guided the direction of the research:

1. How do older migrant African Caribbean women define and construct their individual and cultural identity, and to what extent are these discourses influenced by tradition and life-course experiences?

2. How are the bodies and identities of older African Caribbean women constructed according to cultural and religious norms and values?

3. How do African Caribbean women perceive their health and to what extent has western medical surveillance contributed to the way in which they experience their bodies and sense of self?

4. To what extent can feminist research methodology promote and represent African Caribbean women?

Research approach

This research utilises a qualitative and in depth interpretative analysis. It is guided by feminist epistemological and ontological thought and focuses on the life history of the participants (Stanley and Wise, 1993). One of the main

considerations within feminist research is the representation of women's experiences and perspectives. As mentioned, there has been a neglect of the different experiences between 'women' (Carby, 1992). A methodological concern of this research was therefore to ensure the deconstruction of the universal categories of women's experiences, in order to enable insight into the different types of regulation that define the individual experiences of older migrant African Caribbean women living in the UK (Barrett, 1987). Other areas of focus include the impact of the researcher's biography on the research participants and power within the research process.

All of the African Caribbean women who took part in this research migrated to the UK from the Caribbean. Most of the women came from former British Caribbean island colonies. Although these islands have since achieved independence in their own rights, for many of the women they left behind islands where the legacy of colonisation meant limited job opportunities (Ward and Hickling, 2004). Economic exploitation left many of the Caribbean islands with large numbers of unskilled workers. In addition to this the legacy of 300 years of slavery had disrupted social and familial practices, which permeated over the generations (Ward and Hickling, 2004). Thus despite the women sharing similar homeland experiences, there were differences in how they self-defined. Some of the women identified themselves as being West Indian, African Caribbean and 'being from the Caribbean', whereas others stated they were Grenadian, Bajan or a Jamaican British subject. However, within the UK, research amongst this group of individuals (for the purpose of the research, identified as African Caribbean) is scarce; hence many of the studies cited within this thesis are based on African American women. Although African

American women may share similar experiences to African Caribbean women, such as having to face hardship through racism and discrimination, the impact of such experiences will differ. For example, the way in which an individual experiences and copes with discriminatory events differs from person to person.

Although the term Black has both political and racial applications, for the purpose of this thesis the term is used to denote individuals who are not White (women of colour) (hooks, 1990 and Qin, 2004) and who are of African Caribbean decent (Ahmad, 1995).

An outline of the chapters

The thesis is organised into nine chapters. The first chapter provides a background to the research. Chapter Two provides an insight into the construction of identity. The focus here is on the debates surrounding postmodernism and feminism and the theorisation of difference in relation to systems of representation. It also questions diaspora and notions of home and belonging on the self. Chapter Three considers religious identities and the impact religion has on understanding the discourse of 'self'. Here it is argued that religious discourses are linked with traditional and homeland practices which serve to influence individual identities. Chapter Four discusses the gendered nature of knowledge and how such knowledge influences individual power. It explores the connections between body, surveillance and health. Chapter Five provides an outline of the methodological approach to this research including discussion of the insider outsider debate. Chapter Six provides an analysis of the empirical data relating to how different cultural identities and selves are constructed and governed as political process.

In Chapter Seven the relationship between religion, gender, migration and identity is examined in order to understand how religious discourse influences the health and well-being of African Caribbean migrant older women. Following on from this Chapter Eight considers the effects of medicalised health discourse on the construction of African Caribbean feminine identities and bodies. Here knowledge and health discourse pertaining to traditional herbal remedies and how these affect the lives of older migrant African Caribbean women is examined. Additionally, inscription and the effects of power on women's bodies by medical 'experts' and the relationship between individual responsibility for health and the construction and maintenance of identities of femininity and ethnicity is examined. Here it is argued that homeland foods and religion contribute towards cultural, age, migrant and gender identities. Chapter Nine provides an outline of the main conclusions obtained from the empirical and theoretical evidence presented in the thesis.

CHAPTER TWO

<u>The Construction of Identity Focusing on Difference, Collective Identity and Belonging</u>

Introduction

"Questions of identity by their nature are unrestricted and ultimately unanswerable. We live with these questions and uncertainties and try to make sense of life in the postmodern world" (Roseneil and Seymour, 1999:7).

This quotation resonates well with current debates surrounding identity. Indeed, Roseneil and Seymour (1999) argue that the new found interest in identity is inextricably linked to the long range historical processes and the emergence of social movements that have produced the modern world. Such movements have pushed to the forefront those identities which were outside of the normative framework of White, European and masculine and have in turn placed issues such as class, nation, race and gender firmly on the political map. This includes exploration of the identities of African Caribbean migrant women. A key feature of this new interest in identity is thus a focus on recognising difference and understanding the politics of identity and displacement (Grunell and Saharso, 1999; Roseneil and Seymour, 1999; Back and Solomos, 2000; Anthias, 2002).

Often identity is only considered when there is a need to attempt to clarify personal belonging or when there is a need to identify where an individual is from. Mercer (1990) suggests that in these situations identity becomes an issue because it is in 'crisis'. Bauman (1996) on the other hand suggests identity is a name which is given to the uncertainty felt at how to act in others' presence in a way that is acceptable (Bauman, 1996, cited in Hall and Du Gay, 1996:19). These two suggestions attempt to explain the processes of identity. Hall and Du Gay (1996) and Stapleton and Wilson (2004) further add that identities are performed through the daily use of discourse and the construction of narrative

accounts and self-narratives, such as discussions about the self. Indeed we are constantly being asked to consider and reconsider our identities and it can be said that how we perceive ourselves and how we perform these 'selves' in terms of gender, race, and ethnicity is open to negotiation and change (Mercer, 1990).

Roseneil and Seymour (1999) argue that individuals cannot choose their identities freely because of the limitations imposed by social constraints. In addition, they argue that identities are not forced upon a subject and although subjects may be directed or turn towards particular identities, identities can be a way of enacting resistance and rebellion (Roseneil and Seymour, 1999). This can be seen through political or social events, for instance where migrant individuals mobilise to obtain resources to improve their health and well-being.

Conversley, Giddens (1991) and Craig (1997) suggest that individuals do not negotiate new identities when they present themselves to others. Rather they argue that individuals move towards presenting and retaining a consistent identity, which is used across different contexts and accounts. Such consistency is necessary they argue if an individual is to be understood as a viable social being. This is in contrast to postmodern ideas about identities in flux, as opposed to static and unchanging.

What identity means and how it is presented, whether individual or even collective continues to be a problem (Bauman, 1996, cited in Hall and Du Gay, 1996:1). Nevertheless, the importance of identity both socially and politically in raising awareness of social and cultural changes and how these pertain to African Caribbean older women remains important (Woodward, 2002).

The purpose of this chapter is to provide insight into the social and cultural construction of identity. This chapter is organised into three main sections. The first section considers the dilemmas surrounding the concepts of modernity and postmodernity and the emergence of the interest in identity. Following on from this, the next section considers feminism and the theorisation of difference in relation to systems of identity representation. Finally the third section considers collective identity, diaspora, questions of home and belonging and the impact that migration has on the identity of the subject.

Modernity, postmodernity and the importance of identity

There has been much debate and discussion about the shaping of the modern world, its characteristics and modes of life and social institutions and how these have changed from the past. The modern era characterised by technological progress, has arguably changed to a postmodern era where society is highly pluralistic and diverse (Giddens, 1991) and identities which were marginalised, such as age, gender and ethnicity, have been brought to the forefront (Rosenheil and Seymour, 1999). This section will examine modernity and postmodernity and how the changes that have occurred with society have led to a greater understanding of the meaning of identity and recognition of difference.

Modernity is conceptualised as a moment in history, a way of life and social systems at a given time (Venn and Featherstone, 2006). However, in placing an actual year, Todorov (1982) suggests that modernity started in 1492. He argues that the central feature of modernity is the linkage of knowledge with power, which was instigated by the colonisation of the Americas. The colonisation of the Americas saw the indigenous people having their land and homes invaded

by Europeans, and their rights and property taken away. This suggests that a key feature of modernity is the association of reason with power. For example, when the reasoning of powerful individuals is enforced as it is identified as being the best reason (Serres, 1982). Foucault (1972) conversley suggests that modernity is seen through the unstable intersections of language, labour and life, which he claims were new fields of enquiry during this time and that modernity signifies a new object of knowledge, with 'man' being the central figure.

From the onset there are differences with the concept and meaning of modernity. Critiques developed from the standpoint of feminism have challenged the history of modernity. They argue that the role and influence of women has been omitted and thus the framing of knowledge is inadequate. Further that omitting women's voices and privileging 'men's' thoughts runs counter to the 'truth' and to the production of knowledge (Medina, 2003).

The movement away from modernity to postmodernity is synonymous with the notion of a break with tradition and with the old. Indeed, Lash (1990) suggests that it is the return of culture and recognising difference and diversity, which could include further recognition of the lives and experiences of migrant and marginalised individuals. Conversely, Bauman (1992) claims postmodernity is evidenced by reflection and through reflection, individuals have the ability to see truths and new ways of knowing. For instance, African Caribbean older women reflecting on their homeland and migrant experiences and through such examinations, identifying different ways of knowing. Giddens (2006) in viewing the period of modernity as being a pre-cursor to postmodernity similarly

suggests that postmodernity takes us out of the past and brings us into a whole new area which is characterised by advances in technology, social change, globalisation and increased migration of individuals.

Although highly pluralistic and diverse postmodernity does signify a transition to a new era, where self, subjectivities and identities are being transformed and presented (Hall, 1990). For instance, the experiences of women and migrant women are no longer being ignored and are being taken into account (Buijs, 1993). Thus although there are differences between the discourses of modernity and postmodernity, what is important is the postmodern acknowledgement of new truths and the recognition of the importance of difference and diversity (Venn and Featherstone, 2006).

Theorising identity

A focus on the meaning of identity is a key feature of postmodernity. The media and new technology has led to increased levels of knowledge on the huge variety of life choices available and an argument is that less now seems to be determined by social structures and tradition (Giddens, 1991; Roseneil and Seymour, 1999). Rapid social changes have made establishing an identity more difficult, as identities have become the subject of change (Roseneil and Seymour, 1999). For instance, changes in relation to political affiliation, class, gender and ethnicity. But what is identity? The next section will examine the meaning and formation of identity and how representations are made.

Rejecting the modern enlightenment idea which constructs identity as fixed and unchanging, more recently social theorists have identified how the concept of

identity has developed through modernity and postmodernity. Identity they claim is conceptualised as subjective, awareness from the individual's viewpoint of their sense of self (Beck et al. 1994; Bauman, 1996). Drawing on and developing the work of Foucault (1972) and Derrida (1981) cultural theorists are concerned with the problematic nature of cultural difference and identity, and the ways in which categories of identity maybe deconstructed (Hall and Du Gay, 1996). Hall (1990) theorised two models of identity. The first in essence, assumes that there is some essential component to identity and this is defined by either a common structure or common experience, or both. In essence, the representation of identity within this model takes the position of offering one fully constituted distinct identity in place of another (Hall, 1990). Identity is thus a double-sided process, a dichotomy, constructed through rather than outside of differentiation (Davis, 2004), and is made up through discursive exclusion (Back and Solomos, 2000; Lykes, 1985; Qin, 2000).

Back and Solomos (2000:147) further argue that the notion that identity is about people who feel the same, look the same, and call themselves the same is nonsense. Identity as a process, discourse or narrative is constituted by the position of the 'other'. This means that people are identified by how they are perceived by others. This is seen when some African Caribbean women are homogenised by the 'other' and distinctions/differences within the category are ignored.

The second model theorised by Hall (1990) is more deconstructive and regards the subject as constituted through discourse and rejects the notion that separate and distinct identities exist. In this account, identities are formed by partial

fragments and are always contradictory. This is evident when examining the lived experiences of African Caribbean migrant women, where through intersectionality various identity statuses merge and overlap. For example Davis (2004) agrees and suggests that the merger of their cultural, migrant and gendered identities are temporary and incomplete, which serves to define identities by marking differences. This means that the emphasis is therefore on multiple, fragmented identities rather than a singular identity, and a focus on how such identities interconnect (Hall and Du Gay, 1996). For cultural theorists then, discussions on identity focus on how identities are formed and taken up through practices of representation. In comparison to social theorists, the cultural theorist's route is arguably more complex. For example, intersectionality means that the challenge is to theorise more than one difference and understand the diverse inequalities that may be produced.

From a critical feminist perspective hooks (1990) argues that the formation of identity takes place through a combination of factors, such as age, gender, ethnicity, social class. These factors are made, reproduced and contested within unequal relations of power that primarily constrain the self and identity formation. Similar to Foucault (1970) and Serres' (1982) explanation of modernity, hooks (1990) argues that identity is essentially constructed by power relations of groups of individuals within particular historical and socio-cultural contexts. hooks (1990) argues, that such power relations are intertwined with differences which can serve to marginalise and subjugate some identities. This is evident in research conducted by Lykes (1989), found that White, Black and poor women in America considered power to be central to their sense of self and sociality. The women stated that a lack of power contributed to various

inequalities over the life-course. For example, limited their job opportunities and contributed to poor social standings (Lykes, 1989).

Barrett (1987) suggests that within contemporary feminism the politics and theory around the concept of difference are divided. The problem she states begins when attempts are made to deconstruct the categories of 'men' and 'women' and examine critically the forms of difference *within,* rather than *between* these. The politics of recognising the idea of difference within the category of woman is seen as challenging to conventional feminists who perceive this as a threat to the category of 'woman' because it could weaken the foundations on which the historical identity of feminist politics has traditionally been based (Barrett, 1987). The aim of feminism is to address the needs of all women, if this has not been done, through ignoring difference, then it is understandable that certain feminists feel threatened, as the basis of feminism is incorrect. Thus there are two understandings of the term difference in the context of *feminist politics.* One approach draws upon the idea of differences between men and women and the other, more deconstructive model, emphasises the differences within the category of woman itself (Barrett, 1987).

Postmodern feminism and theorising difference

Feminism has an agenda which is the emancipation of women from oppressive patriarchal discourses and structures (Afshar and Maynard, 2000). The political movement of feminism is collective in that all women are regarded as being oppressed by men, therefore there is an assumption that all women should unite in the fight against patriarchy. However, the problem with dominant theories of patriarchy is that they are often based on White western women's histories, lives

and concerns (Medina, 2003). Thus despite the successes of feminist accomplishments over the decades, there have been problems where feminists have failed to recognise and identify the experiences of women who belong to racial and ethnic groups (Medina, 2003). This section will examine feminism, its impact on some Black women, power and recognising difference.

hooks (1990) argues that feminism was appropriated by White middle-class women and thus Black women were excluded and re-categorised on the basis of their racial identity. Following on from this, Afshar and Maynard (2000) state that there are 'blind spots' in White western feminism, which have led to difference being ignored. The lack of presence of Black women has forced them to create a new identity and make themselves visible within feminist discourse.

White western feminist theories of women's experiences and identity have therefore been criticised for reproducing essentialist assumptions of gendered universalised experiences and neglecting differences between women (Barrett, 1987; Qin, 2004). Just as there are differences amongst women, there are also similarities. However, there has been a failure to acknowledge diversity of experience and social identities (hooks, 1990; Afshar and Maynard, 2000). Indeed, Hill-Collins (2000) re-iterates that although women throughout the world form their identities through patriarchal systems of power and oppression, they do so in differing ways. For example, in relation to race, culture, ethnicity, class, power and at particular historical moments (see also hooks, 1990; Medina, 2003; Qin, 2004).

Qin (2000) confirms the importance of difference in the construction of identities and found that migrant women's understandings of themselves were based on changes within the power relations. For instance, elements of difference and diversity, (class, nationality, race and power relations) in the host country resulted in the women perceiving themselves in different ways. The women spoke of their experiences of being targets for discrimination, being isolated by the dominant ethnic group and how for the first time they felt 'othered' as a result of their race, class and language. The women thus developed a critical and shifting understanding of themselves, within the context of the host's country's power relations. Some of the women spoke of a devalued sense of self as a 'woman of colour' and others spoke of a sense of powerlessness as they moved from having respectable jobs in the country of origin to only being able to find menial jobs within the host country (Qin, 2000). Similar to African Caribbean older women's experiences, the migrant women's shifted sense of self showed clear evidence of intersectionality. Their migrant ethnic identity intersected with gender, class and culture along differing power relations at certain moments in time to produce a range of inequalities (hooks, 1989; Lykes, 1989; Hill-Collins, 2000).

In this way identity is constituted through a system of social relations which are developed through unequal power relations. This is important for Black women and women of colour who have to create awareness of the ways in which, within a patriarchal society, White men and also White women can and do participate in politics of domination as both the offenders as well as the victims (hooks, 1982). In addition, hooks (1984) and Qin (2004) state that the placing of gender as the origin of all positions of domination implies that patriarchal domination is

at the core of all women's subordination. Qin (2004) suggests that thinking in this manner enables White western women, especially those that are economically privileged, to suggest that racism and class exploitation are merely the results of patriarchy, rather than as hooks suggests, embedded within and constituted through a complex web of power (hooks, 1984; Qin, 2004). In addition Walby (1992) makes it clear that patriarchy is not a homogenous concept and is not solely based on gender.

The allocation of different types of power exclusively in relation to gender may thus be misleading in feminist theories because power is dynamic and multiple. Women of colour in the United States of America (USA) recognise more clearly than White women that many men of colour in American society are severely oppressed (hooks, 1984). Further, hooks (1984) argues that the negative treatment received by Black women from Black men is partly a consequence of Black men being powerless. However, domination is not purely masculine and Qin (2000) argues that women of colour are in a better position to recognise that White women in privileged positions can use their power to dominate, as men do. Women of colour may thus classify power 'over' relationships, rather than power by gender (Qin, 2000).

Harding (1986) argues that there is a need for systematic examination of difference and power relations in the construction of identity of women who occupy varied racial and socio-economic positions, such as African Caribbean older women (Hill-Collins, 2000). However, Barrett (1987) warns against this so called privileging of experience which she claims can lead to a highly relativist view of knowledge. She also argues that the category of women's experience is

heavily valorised in popular feminist discourse and it becomes problematic when it is viewed as being transparent with its political authority never being questioned. This can lead to situations where experiences become taken for granted and the identities that individuals construct from their experiences are never seen as being problematic. However, based on a feminist standpoint position, Harding (1987) and Jeffreys (1996), have justified this privileging of women and their experiences as a defence mechanism against traditional male dominated discourse, (objectivity and interpretism) and the need for recognition and acknowledgement of the differences amongst women.

The problem of difference and diversity, some would suggest thus gives rise to a 'Pardox of identity' (Medina, 2003:657) which undermines and destabilises the foundations of identity politics. Any political movement for the empowerment and freedom of a group requires a fixed political identity for that group, for such movements are based on the interests of the shared identity of all the members of that group. However, by placing individuals into fixed moulds of group identity, these movements which were set up to liberate can result in repressing and oppressing these very identities (Medina, 2003).

Nonetheless, Black feminists have rejected essentialist notions and have offered different routes to knowledge and assumptions and their own feminist goals and priorities (Jarret-Macauley, 1996). Their rejection offers a challenge to the one dimensional view of Blackness found in paradigms of Black identity and enables the acknowledgement of multiple Black identities (hooks, 1990). Such a proposal is similar to that of Lyotard (1984) and Nicholson (1990). In contrast to macro theories which often serve as normalising discourses, Nicholson (1990)

insists on the acceptance of mini narratives which enable the recognition and analysis of difference. Nicholson (1990) attempts to use mini narratives to represent first order discursive practice, for example using the narratives of African Caribbean older women as individuals, whilst simultaneously maintaining the connection between these and the meta-narratives of race and gender. However, it is important not to forget that the theorisation of race and gender as static does not acknowledge or account for changes taking place within these concepts. Scraton (1994) suggests that identities are fluid and dynamic and not in a permanent state. Both Hall (1990) and Brah (1996) discuss this fluidity of identity in terms of notions of togetherness and collective belonging. However, although Scraton (1994) suggests that failure to recognise changes in identity can lead to notions of essentialism, Lorde (1984) and hooks (1989) argue that such notions can be addressed by acknowledgement of locality, difference and diversity and a conceptualisation of categories of identity as unstable and transitory.

Recognising difference and diversity can give rise to certain problems, such as essentialist claims, however acknowledge of difference and diversity is clearly needed if the experiences of marginalised women, such as African Caribbean migrant women are to be explored (hooks, 1990; Medina, 2003).

A womanist ethic

In recognising difference and diversity, Lorde (1984) and hooks (1989) propose that African American feminists and women of colour take difference and diversity as the epistemological starting point in their efforts to build a 'womanist

ethic'. This next section will examine the womanist ethic for Black women, focusing on the notion of 'sisterhood'.

Both Lorde (1984) and hooks (1989) agree that knowledge of difference is necessary for the recognition of mutual interdependence and that commonalities amongst women cannot be known unless differences are explored (hooks, 1989; Lorde, 1984). Indeed, women who have tried to affirm 'sisterhood' with Black women without recognising and understanding difference and diversity have often been criticised (Boyd, 1990). Further Lorde (1984) and hooks (1989) argue that many privileged women have used the notion of difference to maintain their power.

In the affirmation of 'sisterhood' both Lorde (1984) and hooks (1989) suggest that it is necessary to recognise difference. This notion of 'sisterhood', feelings of commonality, group membership, difference and otherness, are important in developing a sense of self and belonging. Indeed it is important for the feminist political agenda to recognise similarities alongside differences. Agreeing with this, both Harding (1986) and Qin (2004) suggest that it is impossible to describe all women's experiences sufficiently under one feminist theory and argue for the removal of a single feminist theory and a single feminist standpoint. Further, Qin (2004) suggests that it is necessary to accept the plural understanding of 'women' and the notion of positioned identities which are determined by the interplay of women's political, social, racial, sexual and economic background. Within postmodern feminist thought, 'woman' thus becomes women, difference becomes differences and as previously mentioned, the emphasis is on multiple identities, rather than one single identity (Hall and

Du Gay, 1996). Barrett (1987) adds that similarly gender, class and race are sites of power and should also be acknowledged as sites of difference and intersectionality.

All women's experiences cannot be put into one category (Harding, 1986; Qin, 2004). In examining women's diverse experiences, the womanist ethic enables a clear recognition of difference. However, in the affirmation of sisterhood it is clearly important to recognise that just as there are differences amongst women, there are also similarities (Lorde, 1984; hooks, 1989). Acknowledgement of these factors enables a shift in feminist identity politics which would see a feminist political agenda capable of representing the different experiences of all women, rather than one collective politics which serves to marginalise and ignore.

Collective identity

The research participants are individual, each have their own identity, but as African Caribbean migrants, they additionally share a collective 'we' identity with their similarities and shared experiences. Collective identity is not static, but always in flux and in a state of becoming. This next section will examine collective identity.

In considering collective identities and their formation Foucault (1984) argues that it is necessary to discover what we are and to refuse what we are. Through politics of refusal and resistance, Foucault (1984) suggests that power works by creating 'useful' bodies and resistance involves re-visiting those 'useful' bodies in order to refuse the way in which their usefulness is managed. Foucault (1984)

argues that through such resistance methods, new forms of subjectivity can emerge. Further, that challenging the terms with which 'useful' bodies are associated with a particular 'we', including racialised and migrant communities can create the possibility of new forms of collective identity. The establishment of internal definitions, which are based, on notions of community, inclusion and belonging, which provide a sense of identity, and access to social and political resources (Williams 2003).

Hill-Collins (2000) argues that problems still occur when feminist theories of collective identity ignore how women are positioned within the patriarchal community too lightly, for instance, when African Caribbean women are subjected to racist taunts or other forms of intolerance because of their membership of that community. Clearly these women's sense of themselves as 'women' is bound up with their sense of belonging to that community (Ahmed et al. 2003). Ahmed et al. (2003) argue that it is necessary to take into account the work that women do to produce a sense of community and belonging. Cornell (1996) suggests that women's collective identities vary across three dimensions. Firstly, shared culture, which relates to participation in a symbolic system of norms and values, based on shared heritage, which includes language, religion, country of origin and food. For example, consuming foods from the homeland and maintaining homeland cookery practices. Homeland food was deemed to be good, whereas the moral inscription placed on food in the UK was deemed to be 'bad' food (Lupton, 1996). Thus the consumption of homeland food and practices served to maintain collective identity boundaries between migrants, their homeland and White, English people. Secondly, shared interests, which refers to community cultures that bind members of racialised groups together by

providing individuals with a common ground of identity (Cornell, 1996). Finally shared institutions (community support), which refers to the sharing of welfare concerns. Such as problems in relation to housing needs, economic and social concerns.

Community cultures do provide common grounds to share identities. Gilroy (1990) discussed the use of music from the West Indies which was a powerful mechanism in highlighting the struggles of African Caribbean individuals. Thus being involved in a community group and having community groups enabled group problem sharing, group problem solving and the giving of mutual support. Cornell (1996) further acknowledges that there are differences which may divide members. For instance, the women may have differences in social class and lifestyle factors. However, these characteristics in themselves do not necessarily affect who is accepted, as membership of the community group depends on the type and aims of the group.

Collective identities and immersion in cultural groups can transcend individual histories and biographies (McHugh, 2000). Through the forming of communities, migrants create multiple identities. Through collective acts of remembering, sharing and agency, migrants are empowered and can become more powerful (Ahmed, 1999).

Diaspora, questions of home and belonging
This section considers migrant identity and the significance of notions of home and belonging.

From a situational perspective a key question for African Caribbean migrant women is what happens to identity in the upheaval that is part of the migratory process. The concept of 'dia' meaning through, 'sperein' meaning to scatter, examines the production of identity in relation to notions of place, locality and home from which dispersion into other locations entails journeys (Brah, 1996). The idea of diaspora is closely related to that of travel, boundary or border crossing, but goes further to claim that the term also signifies transnationality and movement. This includes the upheaval within families between those that 'stay put' and those that are dispersed and move away (Brah, 1996). Additionally she adds that diaspora includes the changing of historical, social and inter-subjective relations and the gaps and political struggles that are forced open with this knowledge (Gunaratnam, 2003).

Luke (2003) argues that the diasporic experience is shaped by the culture left behind and the one that is met, such as the African Caribbean and other diasporas that have migrated to England are located within collective ethnic identities, but also within the entity of 'Englishness' (Brah, 1996). On this point Luke (2003) adds further that diasporic identity is thus never stable or predictable, but 'in a state of permanent morphology' (Luke, 2003:381). This is similar to and in agreement with the arguments by Hall (1990) and Brah (1996) who argue that identity is fluid, dynamic and in a constant state of change. However, Lavie and Swedenburg (1996) on displacement, diasporas, and identity argue that there is no link between cultures, people or identities and specific places.

The migrant narrative, whether discussed in relation to voluntary or involuntary movements can create new and flexible diasporas wherein new experiences and relationships are made (Featherstone et al. 1995). However, in examining the diasporic experiences, Chambers (1994) suggests another persuasive argument, that migration is not simply referring to the experiences of being dislocated from home, but also migration becomes a way of thinking without home. Indeed Buijs (1993) and Qin (2004) found that the research participants, when talking about their migratory experiences spoke about their travel from 'home' and life in the new place.

Ahmed et al. (2003) suggest that the diasporic experience is a mechanism for theorising how identity is based on loss or movement. Further, they argue that to think in this way is problematic as not all migrations are the same. For instance what effect does migration have on the identity of those who move, are forced to move, or those who do not have a passport and still move? (Ahmed et al. 2003). These questions are similar to Brah's, when she states that the question is not simply about who travels, but 'when, how and under what circumstance?' (1996:182). Bryan et al. (1985) discuss the migration of African Caribbean women from the West Indies to England in the late 1950s and early 1960s. Many of the women left the West Indies to follow in the 'foot steps' of their husbands, however, a great number migrated to England independently with a view to improving their career prospects (Bryan et al. 1985 and Ward and Hickling, 2004). Similarly, in her book on 'Migrant women changing identities', Buijs (1993) discusses the experiences of women who have been forced to leave or who have willingly left their homeland in search of a better life. The experiences of being a migrant, political refugee or asylum seeker meant that

some women had to renegotiate their sense of self identity in adapting to new host country and for some, the 'new' country was perceived as their home (Buijs, 1993; see also Lykes, 1989; Qin, 2000).

Journeying across different boundaries and spaces are not the only shared dimension of the diasporic experience. In her research, Luke (2003) found that the move to something 'other' than what was known led to research participants seeing, knowing and having new experiences, and having an awareness of cultural difference (McHugh, 2000; Luke, 2003). For some, these experiences in their new 'homes' also included encounters with racism and discrimination (Buijs, 1993; Qin, 2004; Wray and Bartholomew, 2006).

Ahmed et al. (2003) argue that the notion of diaspora opens up a divide between the locations of residence and locations of belonging, that is, problems of home and homeland and migrants relation to them. Further Rath (2000) suggests that to understand the diasporic experience of identity, it is necessary to gain an understanding of the home/abroad here/there binary. Brah (1996) suggests that home is not simply 'one's birthplace', or the place where 'one was raised and grew up' or the place where 'one's family has settled'. She suggests that subjects have multiple homes. Thus being at 'home' involves the co-existence of the three 'places' (Brah, 1996). Although Brah (1996) discusses the three homes, this figure can change as many migrants have multiple homes (Buijs, 1993).

Brah's theorisation of 'home' differs somewhat from Rath (2000). In Rath's account (2000) home is described negatively through the link to homelessness

and exile. This would accommodate those migrants who are forced to move (see Buijs, 1993), rather than those who choose to move. However, the difference is where Persram (1996) suggests that to be at home is contentment and there is therefore no desire or longing to cross boundaries or migrate. Many African Caribbean migrants migrated to the UK, but not for reasons of discontentment. Bryan et al. (1985) found that migrants came to the UK to meet their spouses, set up a new home and to start a new life.

Claims of home and away are evidently divided as they are different modes of being in the world. Hall (1996) suggests that some diasporas straddle this doubleness of belonging that is grounded in continuity with history (for example the cultural, musical and culinary traces), yet always ruptured by difference and the discontinuity arising from the historical traumas of displacement and transportation.

As mentioned earlier it is not simply a matter of those who stay at home and those who move away as if these two trajectories lead people to different places, rather, home involves meetings between those that leave and those that stay (Brah, 1996). Further, Brah (1996:181) states that there is an 'intimate encounter between natives and strangers' and that given the inevitability of such encounters, homes are complex spaces of inhabitance.

The question of home and being at home is therefore not simply about belonging to a place, as it also encompasses the positive and negative emotions feelings of how one feels. Brah (1996) considers home as where one lives and where one comes from and the effect that this has on the subject.

Where one lives becomes theorised as the lived experience of locality and the positioning of the self in a locality is not simply about inhabiting an already constituted space. The lived experience involves the enveloping of subjects in a space, which allows both the subject and space to inhabit each other (Brah, 1996).

Brah (1996) suggests that for migrants, home is a mythical place of no return, even if the subject is able to re-visit the location that is seen as the place of origin. Indeed, McHugh (2000) suggests that returning to the place of origin is not about recapturing the past, but about forging a new future. On the other hand, Ahmed (1999) adds that for some migrants it is the 'real home', the space from which one has originated that becomes most unfamiliar. It is the home which becomes home through the failure of memory, but which is compensated for by the collective memories of other migrants. It is thus the act of forgetting that allows the subject to identify with a history (Ahmed, 1999).

Ahmed et al. (2003) suggest that it is the failure of individual memory that is compensated by the collective memories of others. In this way the subject moves from 'I' to a 'we', it is when the subject returns to the 'home', the 'we' becomes written as a story of a shared past. This is noticeable in many narratives where subjects talk of their collective pasts.

The act of forming a community through shared experiences of not being fully at home is quite common. However, similar to Ahmad and Gupta (1994) and Cornell (1996) sharing the same culture, class, religion or sexuality does not ensure membership of the community. Ahmad and Gupta (1994) argue that the

community is formed through reaching through and crossing different spaces, through bodily gestures of reaching towards other bodies, which are identifiable in that they seem out of place, or not as comfortable in this place.

Summary

Clearly the formation of identity is contained within certain parameters and constraints which structure the nature of both self-representation and subjectivity in the social world. Identity categories are inter-dependant, fragmented and constantly changing, such that they cannot be fully understood in isolation from one another (Hall and Du Gay 1996; Stapleton and Wilson, 2004). The postmodern era has arguably enabled the acknowledgement of marginalised individuals and through difference and diversity recognition has meant that women, who have been silenced historically, are now able to have a voice. Indeed, although feminism purported to be for 'all' women, the proposal of a womanist ethic by Lorde (1984) and Hooks (1989) has meant that women of colour can utilise difference and diversity as their epistemological starting point. However, what is also important in acknowledging difference and diversity are commonalities and issues of sameness. When these factors are considered when examining women's experiences there is a possibility of a feminist movement which can represent all women. In addition the sharing of experiences, cultures and interests places women within a particular group. Being part of a group can empower individuals, give them a stronger voice and enable them to be more powerful (Ahmed, 1999).

The postmodern era can be useful in examining changes within society, but arguably although identities are in flux (Hall, 1990; Brah, 1996), there is a core

identity that individuals have. Thus although individuals may have many identities, there is not always an option to 'pick' and 'choose' which identity is presented (Hall and Du Gay, 1996). For instance, there are those identities with which individuals do not have any control, for example race and ethnicity. This chapter has highlighted the importance of giving a voice to a group of older African Caribbean migrant women who have been marginalised and ignored, to gain experience of the women's lives to enable an understanding of how their multiple identity statuses interconnect, to examine how their migrant identity has been shaped through the migratory process and finally as they arrived in a new country, how important was it to be part of a collective group.

CHAPTER THREE

Religion and the Discourse of Self

Introduction

The contemporary study of religion and religions has been confronted by epistemological concerns that are linked to globalization and migration. The traditional question about what constitutes religion, both on a global and individualised personal level has acquired a new intensity (Turner, 2006). However, despite the increasing attention being paid to religion, Kong (2001) argues that there has been limited acknowledgement of the place that religion holds alongside such axes of identity as gender, race and class. Kong (2001:212) notes that:

> *in many instances, in the same breath that race, class and gender are invoked and studied as ways in which societies are fractured, religion is forgotten or conflated with race*.

The purpose of this chapter is to acknowledge and to understand the historical constitution of religious identities and to examine the impact religion has on understandings of the discourse of self. This chapter is organised into three main sections. The first section considers secularisation, the concept of religion and religious theories. The second section considers the meaning of religion and how it is manifested in the lives of older migrant African Caribbean women and the third section considers the link between the church, religion and the migrants' role within these.

There are cultural differences in the meanings associated with various types of religious participation and the norms guiding decision making. Within the USA, African American women living in the South have higher levels of religiosity when compared to African American women living in the North of the country (Holt et al. 2005). My research is thus serving to 'fill a void' within our knowledge

and understanding of African Caribbean women who reside in the UK, and the positioning of religion within their lives and how religion shapes their identity. Further, for the purpose of this chapter, Black churches denote:

> "*predominantly Black denominations that have a shared unity in their missions, cultures and sources of origin and thus excludes Black congregations that are part of predominantly White denominations*" (Wiggins, 2005:203).

Such places include Pentecostal, Baptist and Methodist churches. That is not to say that members of the African Caribbean community do not attend other churches. Amongst others, African Caribbean people also attend Anglican and Catholic places of worship (Koffman and Higginson, 2002). Similarly, although a majority of African Americans in the US are Protestant, an increasing number identify with Ancient African religions, Islam and other faiths (Karenga, 1993).

Secularisation, the conceptualisation of religion and religious faiths.

Secularisation is defined as the declining period of structures of authority and the social differentiation of society into certain spheres (Turner, 2006). It is evident through the declining number of church goers and a decline in the number of religious institutions providing services for its followers. Turner (2006) goes further to suggest that secularisation has meant a reduction of power of individuals within religious hierarchy, such as priests or pastors and this has added to a lessening of the power of religious beliefs amongst individuals. Turner (2006) finally adds that secularisation emphasises individualism, liberal values and economic growth, which has undermined tradition and has cut off the social foundations that in essence supported religion as a social, traditional institution.

Davie (1994) however provides an alternative argument. Davie (1994) argues that although there may be a decline in church goers and the power of religious institutions, individuals still have their faith and belief. Davie (1994) suggests that although such beliefs may change over time, the individual's faith still remains. For instance, Europeans continue to believe in God and to have religious (or at least 'spiritual') sensibilities. The belief in a sacred being does not disappear, indeed in many ways it is becoming more, rather than less prevalent in contemporary society, evidenced by the rise in the belief in the 'supernatural'. Thus whilst agreeing with Turner (2006) that religious practice is substantially lower and has declined quickly in certain countries, religion continues to plays a key role in supporting national, regional and class identities (Davie, 2004). For example, over the last two centuries, although secularisation has been characteristic of Europe and its former colonies, in the USA and parts of Africa religion remains powerful (Starks and Hughey, 2003).

In contrast, Hanegraaff (1999) argues that secularisation cannot be interpreted as a process where the social importance of religion is in decline. Religions are not static and secularisation may simply be another phase in the history of religion, where religion and beliefs adjust to new conditions (Beckford, 2003). Brace et al. (2006) acknowledge how differences in beliefs, religious experiences and practices may be explained by cultural differences, spaces, economy, social organisations and gender.

Belief without belonging

Hanegraaff (1999) describes believing without belonging, as the emergence of secular spiritualities which are based upon private symbolism and

contemplation'. He further adds that formal religions and religious practices are faced with increasing competition by the rise in spiritualities, which although may be based upon an existing religion, can also be totally separate (Hanegraaff, 1999).

Voas and Crockett (2005) argue that there are two versions of believing without belonging. Firstly they argue is a strong version, which can be interpreted to mean that more and more people within British Society are seeking to believe in God, but refrain from putting this belief into practice. Secondly is a weaker version where the belief is non Christian and vague. Davie (1994) acknowledges this and suggests that whilst it may be correct to include many forms of spirituality as a belief in the supernatural, there is concern with the numerous aspects to religious belief (Davie 1994). For example, when conventional Christian faith is seen as an aspect of belonging rather than believing. Additionally, weak forms of believing without belonging are potentially transitory and evident when comparing older people with younger people as older people take part in more organised religious activities (Davie, 1994; Pargament, 1998).

Nonetheless, Voas and Crockett (2005) challenge the strong version of belief without belonging, arguing that religious belief has declined at the same rate as religious affiliation and attendance. They recommend that the actual idea of believing without belonging is actually more misleading than helpful in understanding contemporary society (Voas and Crockett, 2005). Further that although Davie (1994) suggests that many people believe without putting their beliefs into practice, Voas and Crockett (2005) claim that there is ambiguity over

what types of practice should be expected. For instance, many people in Britain are against animal testing, but comparatively few are protestors. Unless such beliefs make a substantial difference within lives, it is not sufficient to accept that people accept one statement of belief or another (Voas and Crockett, 2005).

Spirituality as argued by Vanzant (1992) is concerned with inner connectedness and purpose of life. This is similar to Myers (1980) who also sees spirituality as a positive, fulfilling aid for individuals when dealing with and resolving adversity. Spirituality entails the honest reflection on the meaning of one's life, a process which involves deep self-introspection, and reflection. For some individuals it is the passage through the spirituality process that enables the transformation of reality into a more enlivened and enriched existence (Rupp, 1996).

Arguably the number of individuals attending Church as a formal place of worship has declined in addition to a willingness amongst some people to believe in some form of spirituality. Thus, although it is argued that secularisation theories are losing their place within sociological thoughts there is less agreement on the sudden resurgence in the interest of religion (Mellor, 2003).

The resurging interest in religion

Broadly speaking, there are two emergent theories that have been used to account for the current vitality of religion, the Durkheimian theory and the rational choice theory (Mellor, 2003). This section will examine these two theories and how they pertain to the increasing interest in religion.

The Durkheimian theory of religion understands religion as a form of social control, which serves various functions within society to maintain order (Mellor, 2003). Rejecting this Durkheimian focus, the rational choice approach (which draws its inspiration from free market economic and classical utilitarianism), interprets religion in terms of products that can be consumed by individuals. Mellor (2003) argues that religion is one of many marketable products that individuals can purchase to satisfy their personal needs or self-interest. This clearly differs from the Durkheimian belief of religion being necessary for social order.

In conceptualising religion, Durkheim (1951) argued that religion serves both mental and social functions. He argued that individuals who adhered to religion unquestionably were less likely to commit suicide than those who did not follow such religious structures. This is similar to Ellison and Levin (1998), who found that religious involvement may reduce the effects of certain illnesses and dissuade individuals from participating in unhealthy behaviours. Durkheim (1951) also suggested that religious participation was an important factor in social activities and the formation of social cohesion. This is evident in research conducted by Ellison and Levin (1998) and Benjamins (2004) where religion was found to improve the social health and well-being of individuals.

James (1958) however argued that religion can have a beneficial or negative effect on individuals. The non-rational individual had a 'healthy soul' and had fully integrated their religious beliefs into their lifestyles, whereas the 'unhealthy rational soul' had an undue focus on guilt which was associated with their lack of affiliation to a religion (James, 1958). The 'sick soul' arguably included

individuals who were disappointed with their lives and felt that they were not reaching religious expectations.

The historical roots of rational choice theories date back to the enlightenment era, which was a significant period in the development of organised religions, the denouncing of myths and the development of the truth. However, the particular roots of rationalisation lie in the utilitarian tradition of economics, which seeks to revitalise individualism within society. A key figure within rationalisation theories, Becker (1986) argues that all human actions can be understood through what individuals seek to gain from choosing to engage in particular actions. For example individuals engaging in religious practices such as church attendance may have a belief that they will receive some benefit, from a 'higher being', for instance life after death or re-incarnation.

The difference in the conceptualisation of religion between Durkheim (1965) and rational theories is fundamentally linked to the differing ideologies. For Durkheim (1965), religion is an integral part of social life, when a group of religious believers gather together their identities and views of the world are changed under the influence of 'higher forces' (Mellor, 2003). Such collective gatherings stimulate an emotional energy and through prayer and collective thoughts individuals represent themselves as part of the social dynamics of the group, where group solidarity is affirmed and heightened (Giddens, 2006).

In contrast rational theories suggest individuals may decide to transfer their control to others in a particular situation in order to further their own interests, (Coleman, 1990; Scott, 1995). Dismissing the idea that action in such situations

is affected by emotional elements Coleman (1990) argues that individuals can and do behave in certain ways, when they have assessed what outcomes they can expect. This could resonate with individuals attending church to obtain spiritual, social or some form of material benefit. In addition Scott (1995) suggests that the reason behind church attendance is established through the argument that individual reasons for acting are grounded in self-interest. For instance, the range of actions available to individuals varies in terms of costs and rewards and as such, individuals choose to act in a certain way to reap the rewards and limit their costs. Sometimes individuals seek rewards, which are sometimes out of reach, scarce and costly. However in these instances, Stark (1997) argues that individuals introduce the notion of compensators which act as substitutes for desired, but unobtainable rewards, such as religious beliefs of life after death and going to a 'promised land'.

Both the Durkheimian theory and rational choice theory give some insight into the reason for the re-emergence of religion within the postmodern era and the place that religion as a formal practice can have in the lives of individuals. For African Caribbean migrant women, religion was very much a part of their upbringing in the West Indies and for many, continued on their arrival in the UK (Bryan et al. 1985). However it is important to ascertain what religion actually means to the women. Is religion and church attendance practiced to ensure belonging to a collective or as mentioned by Coleman (1990) and Scott (1995) is religion used as a commodity to gain rewards?

Religious meaning

The word religion has many definitions, albeit similar, they indicate religious foundations as social groups that gather together, within the constraints of rules of morality that are deemed necessary for the control of human beings (Turner, 2006). Hanegraaff (1999) argues that histories and images of divine beings, for instance 'Jesus' make a powerful moral appeal to individuals who are thus stimulated and conform to the community code of behaviour. These definitions differ to that proposed by Kant (1960) who distinguishes between religion as a cult, where it is argued, individuals seek favours from God through prayer and offering, and religion as a moral action which orders individuals to change their behaviour in order to live a better life.

This duality of the meaning of religion differs to that suggested by Bruce and Voas (2007). Although they distinguish between the two facets, they suggest that the main difference between religion and cults is that the church as a religious group 'accepts' the social environment in which it exists, whereas cults as a religious group 'reject' the environment in which they exist (Bruce and Voas, 2007). Wallis (1975) suggests that the church and cults share the feature of believing that it and only it has the saving truth and what distinguishes them is their size and success. Wallis also notes that in the modern era the church had somewhat of a monopoly, however he argues that the distinction now between religion and cults has become less clear (1975). To add to this, Weber (1966) distinguishes between the religion of the masses, where religion he suggests offers a source of comfort, especially with regards to healing, and saints and holy men who were required to satisfy the needs of the people. This differed

amongst the virtuosi who fulfilled their ethical demands of religion by searching for spiritual salvation or enlightenment (Weber, 1966).

Durkheim (1995) on the other hand defines religion as a social phenomenon and discusses the possibility of individual religions. He suggests that such religions are instituted by the individual for themselves and celebrated by the individual alone (Durkheim, 1995).

> *"Some people pose the question whether such religions are not destined to become the dominant forms of religious life…when the day will come…that each person practices freely in his innermost self"* (Durkheim, 1995:43).

Durkheim (1995) suggests that such a new religion, which would be manifested by subjective states and be freely constructed by individuals, remains an uncertain possibility. However, this new type of religion has indeed become a fact and is clearly visible within today's modern era through the processes of modernisation and secularisation (Hanegraaff, 1999; Davie, 2004; Voas and Crockett, 2005). Indeed Brace et al. (2006) claim that for many individuals, religion is central to their sense of self and identity and their inherent beliefs are internalised through private contemplation and meditation. However, Brace et al. (2006) also allude to the many individuals who experience religion through external practices such as attending places of formal worship. However, these do not help us to understand the significance of religion and faith in God within the lives of older African Caribbean women and how such beliefs and levels of religiosity have impacted on their health and well-being.

Religion and health benefits

This section examines religion and the connection between religion, health and well-being. Religion has a well-known salutary effect on a variety of health outcomes (Koenig, 1994). For example physical health outcomes cerebro-vascular disease (Colantonio et al. 1992), functional ability, (Benjamins, 2004) and overall mortality (Koenig, 1994). Many studies focus on the relationship between health and religion at various stages of the life-course, primarily among the older populations, however few examine the centrality of religion and its connection to culture across the life-course within the lives of African Caribbean women.

For a numbers of years researchers such as Ellison and George (1994) and Levin (1999) have been seeking to understand the characteristics or manifestations that are associated with the practising of religion or being religious and how they have health related effects on individuals. They have proposed several possible arguments with which religious involvement may lead to better health outcomes. These include health behaviours and lifestyles, provision of social resources and the provision of coping resources.

Ellison and George (1994) and Levin (1999) argue that religious involvement may promote mental and physical well-being, by regulating health related conduct in a way which decreases the risk of disease. Stark and Bainbridge (1996) suggest that within many religions, moral and ethical teachings dissuade individuals from participating in unhealthy behaviours, thereby lessening their chances of developing certain conditions. Such individuals may well have strong religio-ethical norms and the fear of violating these norms to adopt unhealthy

behaviours, similar to secular health promotion discourse, may invoke feelings of guilt and shame. In addition, Ellison and Levin (1998) found that breaking moral teachings may subject individuals to possible sanctions. In this way, religion is used as a political force, a transformatory vehicle and an educational tool (Hill-Collins, 2000). Ellis (1985) and Stark and Bainbridge (1996) also add that religious groups provide moral education and practical advice, for example on marriage and child rearing. Thus within the domain of family and marital life religion may enhance well-being by lowering stress problems and by paving the way to an increase in support with other wider family relations.

When examining levels of religion over the life-course, Pargament (1998) found that levels of religiosity often increases among individuals as they age and that those who identify as religious were more likely to participate in community and social events. Krause and Tran (1989) also argued that older people may use religion as a 'buffer' against stress. For instance, if an older person has increased stress levels through economic hardship and reduced resources, religious belief may have a positive effect on their mental health and well-being. Additionally, Benjamins (2004) found that religion may prove to be more important to people aged over seventy years as they are more likely to be in poorer health, and participation in religious activities may enable them to develop support systems. In agreement, Ellison and Levin (1998) found that individuals attending places of worship on a regular basis have larger social networks and have more frequent exchange of services and information than those who do not attend.

Church members can also provide socio-economic support by boosting morale through companionship and through the provision of meals and transportation. In addition Maton (1987) and Taylor et al. (1987) suggest that some religions share religious thoughts and prayers for others. Such acts of assisting others, they argue may well be of benefit to the volunteer as well as the recipient (Maton, 1987; Taylor et al. 1987). Further, Ellison and George (1994) and Wuthnow (1994) claim that formal places of worship may enhance perceptions of support through enabling members to feel loved, valued, integrated and socially included. Ellison and George (1994) argue that social support delivered through places of worship may be more beneficial than those delivered outside of such venues. The positive effects of this support relate to both provider and recipient sharing similar interpretations of stressors.

Another argument pertains to religion as a coping mechanism. Paloutzian and Kirkpatrick (1995); Haight (1998) and Carter (1999) suggest that as a coping mechanism, religion is multi-dimensional and is used on social, psychological and emotional levels. This theory is supported by Ellison and Taylor (1996) who found that religious coping is popular, albeit more so amongst some social groups than others. For example, religious coping is more popular among, women, elders and African Americans. In addition Ellison and Taylor (1996) and Dunn and Horgas (2000) found that religious behaviours focusing on prayers, meditation and other devotional pursuits were valuable in dealing with both the prevention of disease and quickening the recovery time of practicing individuals. However, Pargament, (1998) found that the positive health benefits through prayer were dependant on whether the prayers were habitual or not. Individuals who prayed on a petitionary basis were found to have lower levels of well-being.

According to Idler and Kasl (1997) religion can additionally help individuals to adjust their concept of self so that physical impairments and other problems are less of a threat to their personal identity. Following this, Ellison and Levin (1998) and Mandall (2011) found that individuals also received health benefits through the support from places of worship. Such as attending church based counselling sessions and related activities. Such sessions give individuals the ability to apply wisdom to practice and the chance to reflect and contemplate forgiveness of wrong doing. In relation to African American individuals, Paris (1995) describes religion and spirituality as beneficial to the community, in addition to protective factors. They are a source of inspiration and sustenance that enable individuals to move beyond both external and internalised oppression (Morell, 1996). Morell states:

> *"beliefs and experiences that connect them (African Americans) to others and challenge discouragement can be thought of as spiritual as they empower and invigorate people"'* (1996:309).

Thus religion, places of worship and spirituality continue to play a significant role in the lives of African Caribbean individuals (Starks and Hughey, 2003). Starks and Hughey (2003) conducted research with African American women at midlife and their relationship with spirituality. They found that the women had high levels of spirituality, which were linked to their strong senses of pride in being African American and in African American history. This was based in part on their struggles, empowerment and relationships. The women were able to rise above the intersecting oppressions of sexism, discrimination and racism through what they identified as their spiritual journeys of wholeness and awareness. As noted by Edwards and Ribbens (1998) women at midlife connect to themselves and others by using processes which allow them to define their identity and to

make sense of their experiences. This spiritual process lead to more of an emphasis on quality of life issues and enabled the women to realise and acknowledge the 'power and beauty of the spirit within them' (Starks and Hughey, 2003:143). However, Pargament (2003) discussed how spiritual connections with God can sometimes be a spiritual struggle. Pargament (2003) found that spiritual struggles, typically manifested as anger with God can be triggered by painful events. Left unresolved, these struggles can have a negative effect on health and well-being over the life-course.

The women interviewed by Starks and Hughey (2003) acknowledged the mentoring process that they had been through with their fore-parents. Most of the women had grown up in areas which were oppressive and dangerous, and had been taught by mothers/grandmothers how to be successful in such environments. The women acknowledged this nurturing process as being integral to their life satisfaction and the depth of their spirituality that allowed them to do this. Similarly Graves (1994) found that women were able to balance the injustices of their life with their spirituality, which enabled them to accept and understand. They thus concluded that spirituality is directly related to life satisfaction of African American women at mid-life (Starks and Hughey, 2003).

Similarly, religion and spirituality were found to have a significant supportive role in the lives and culture of many older African American women, in helping them cope with hostility and stressful events (Taylor and Chatters, 1986; Koenig, 1994; Chang, Noonan and Tennstedt, 1998; Pargament, 1998; Black, 1999; Koenig et al. 2001). In her research on chronic poverty and the self in later life, Black (1999) notes how African American participants had a collaborative

partnership with God and 'used their spirituality as a way of viewing the world and of adapting to its harshness. She goes on to argue that religion provided the women with a sense of empowerment, community belongingness and the resilience to cope with hardship. This is echoed in other research where a spiritual outlook on life is linked to both personal and physical well-being and the 'preservation of a sense of control' (Marcoen, 1994:531). Thus although a collaborative relationship with God can provide a sense of empowerment, it can also be disempowering. Black (1999) and Wallston et al. (1999) found that although it is important for individuals to have a level of shared control with God, this should not negate their own sense of responsibility and choice in coping with stress.

The aforementioned clearly shows that religion can have benefits for individuals. Whether these benefits operate in particular situations through belief systems or through religious practices, positive health outcomes are clear amongst some committed individuals. However, the research does have limitations. One of the main areas seems to be the conceptualisation and measurement of religion and religious involvement. Religion is multi-dimensional and as shown is clearly a complex feature of human life, however, few researchers seem to have identified or given detailed thought to the impact that religion has over the life-course of migrants, more importantly older African Caribbean women. Thus although Ellison and Levin (1998) mention that for some African American and Pentecostal churches, religion may provide individuals with positive emotions they make it clear that research in this area is limited. Ellison and Levin (1998) and Wray (2004) add that the significance of religion to health and well-being is often ignored within western bio medical models of health. Such approaches

thus fail to take account of the ways in which African Caribbean women experience health and how this relates to religious belief (Wray, 2004). Not only does this constrain our knowledge of the religion-health connection, but it also serves to weaken our thinking on the link between religiosity and health (Ellison and Levin, 1998).

Black women and the church

Attendance at places of worship and reference to specific places and to specific histories is one way that Elaide (1957) argues religions demonstrate their legitimacy and establish their origins. It is argued that as a formalised practice, religion has historically and traditionally been regarded as a significant feature in the lives and culture of African Caribbean individuals (Carter, 1999; Holt et al. 2005). Wiggins (2005) suggests that this high regard for the church has been predicated on the cultural, social, familial and economic well-being of African Americans. In addition, Taylor et al. (1987) add that as an institution, the Black church has helped African Americans through the provision of moral guidance and by instigating a common ideology. Lincoln and Mamiya (1990:10) note that 'much of Black culture was forged in the heart of Black religion and the Black church'. Not surprising then that Carter (1999) and Holt et al. (2005) claim that within African American communities the church is central and is perhaps the most important institution in African American Culture. This is agreed by Starks and Hughey (2003) who add that the church is a genesis of self-help for the African American community. This section will examine the importance of and role of Black women in the church.

It has been suggested by Holt et al. (2005) and Wiggins (2005) that the distinctiveness of African American religion was brought about by the history of slavery and oppression which resulted in what was termed a Soul Theology. This means that Soul Theology is based on the concept of survival and is an inductive process that builds from people's experiences. Holt et al. (2005) suggest that Soul Theology includes a number of central religious beliefs that were adapted by the African American people to enable them to survive. Such ideas included the belief that God was in charge of their lives and that God was just and fair. In addition, God was all-knowing and would not burden a person with more than they could handle. Such belief systems Holt et al. (2005) argue, started in the early years of the African American upbringing and contributes now to the emotional and spiritual health of the African American people, enabling them to cope with hardships in their lives, such as hostility, racism and discrimination. However, this view does not include the disempowering effects of religion or the negative health effects that religion can have, factors which will be addressed later in the chapter.

The church is integral within the lives of many African American women, despite the potential negative health effects of increased stress levels when church goers believe that fellow members are highly critical of them or where church duties are deemed too demanding (Krause and Tran, 1989). The attendance rates of African American women have not lost their stature to the extent it has amongst the White population (Ferraro and Koch, 1994; Chatters et al. 1999; Wiggins, 2005). Indeed Koenig et al. (2001) found that in a sample of older adults, religious coping was mentioned as a response to life stressors by 51% of African Americans, compared to 28% of White people. In addition, other

research by Koenig et al. (2001) found that African Americans are more likely than any other group to cite religion as a coping mechanism and to have higher levels of all dimensions of religiosity. As found however, by Wallston et al. (1999) it is important for individuals to take responsibility and have some control over negative experiences. For instance, choosing to accept their fate and not challenging inequalities may mean that no changes will occur to their position in society.

Jackson (1991) found that African Americans attend church more often and are more likely to view religious involvement as important when compared to White Americans. Marks et al. (2005) suggest that the interdependence of religious and non-religious activities within the Black church presents a 'pragmatic pull even on those who may be less interested in religion per se', because the Black church is an important source of pride and optimism (pp449). Hill-Collins (1998) comments further stating that the Black church is involved in political and human arenas, (see section on political activism) where predominantly White churches are less active. Although such research does not make the attendance of African American women explicit, Chatters et al. (1999) and Wiggins (2005) note that African American women are ever increasing in number within the Black church. As such they question the reason why the membership within the African American churches is predominantly female.

Nelson (1997) found that there was a link between maternal church attendance, religious participation and the importance of religion. However, it was also found that the effects of maternal religiosity upon female and male children were the same, which suggests that other reasons and explanations must be sought for

the lasting female attendance. Daphne Wiggins is one of a few African American Women who have researched religiosity and the role of religion in African American women's lives. Her research, conducted in 2005, examining why Black women were seemingly so faithful to the church, found that religion had been an integral feature of the women's lives since childhood. In addition the women often grew up in communities where religious attendance was the norm. This form of social conditioning had a negative effect on some individuals. For instance, only a few of the respondents of Wiggins research challenged their parents/carers on the issue of attending church and most continued to attend church, or in some instances Sunday school up until they left home and gained their independence (Wiggins, 2005).

Wiggins (2005) found that for some of the participants attending church was not a conscious decision, but more like a way of life. In addition for some of the respondents church attendance gave them additional benefits. Such as being able to attend the cinema on Sunday afternoons. As the participants got older, they were able to negotiate non-attendance for example through the need to attend school based events. This is similar to that proposed by rationalist theorist Scott (1999) and Ellison and Levin (1998) in relation to church attendance providing both negative and positive rewards depending on an individual's behaviour. However, in the main, church attendance provided the participants with social, spiritual and emotional benefits. In addition it reinforced religious values which had a positive impact on the relationship with their parents (Wiggins, 2005).

Over the life-course, Wiggins (2005) found that many women had a lapse during their teenage years for reasons such as marital status and rebellion. However, the respondents tended to return to the church in their twenties/thirties. Wiggins (2005) makes it clear that it was very rare for the respondents to site distrust of the religious institution for their lack of attendance rather a lack of time and other priorities were given. For many respondents, their return to the church was facilitated by a friend who was also a church goer. This is similar to McClerking and MacDaniel (2005) who found that Black people are more likely to be successfully recruited into the church by other Black individuals and through personal contacts either through family or close friends.

Not surprisingly, the women in Wiggins' (2005) study were reared in congregations where the majority of participants were women. Also, within the homes, it was primarily the females who regularly attended church, rather than the males. Most of the respondents noted differences in the way they were treated as opposed to their male siblings regarding church attendance and active participation. The general feeling amongst the women for these differences in approaches was that parents/carers were more lenient with males demands of part-time jobs, but more likely, the respondents belief was that at the time, the general concessions given to men was evident by their late curfews and greater independence in selecting friends. However, Wiggins (2005) also noted that in households where there were males actively involved in the church, for example as a pastor or preacher, there was no difference between male and female attendance. Another argument put forward by Gilkes (2001) related to the issue of safety. Gilkes (2001) found that 'mothers' saw men

as a threat to their daughters. Having their daughters with them in church thus meant that they were able to keep a watchful eye on them.

Gilkes (2001) suggests that some of the reasons for men's lack of attendance within the church results from there being a smaller number of Black men in the population, due to higher death rates as a result of poverty, racism and crime and the high rates of imprisonment amongst Black men. Gilkes (2001) further adds that high unemployment rates may well affect men's inclination to participate in the life of the church, because of the expected giving of financial support. On the other hand, Lumis (2004) in a review of religious research argued that although men occupy all the powerful positions within the church, the main reason why men are less involved in the church is to do with the 'feminine' nature of the church experience. Lumis (2004) suggests that the church experience is more 'akin' to women's 'feminine' personalities and interests, such as nurturing and the sharing of emotions, rather than masculine activities and concerns. However, such a generalisation does not include the majority of men in positions of seniority and control (Baer, 1993; Beit-Hallahmi, 2003).

Cultural norms are complex and for many men, particularly young men, attendance at church is not the norm and is associated with older women (Ellison and Taylor, 1996; Pargament, 1998; Benjamins, 2004). Further regular church attendance is seen by some men as a sign of weakness (Beit-Hallahmi, 2003). Nonetheless within their research Starks and Hughey (2003) found that maternal religiosity was clearly far more evident than that of males. When respondents were asked to define religious role models, people who they would

like to emulate, more often than not women were mentioned, particularly, mothers, grandmothers and aunts. Mothers and grandmothers had passed on lessons in survival and success and the respondents' satisfaction with life was due to the nurturing and mentoring of these women.

Some women have thus been socialised at a young age into religious life and understanding the importance of the church and may well be attending church through habit from earlier years. However, Wiggins (2005) concludes that the church environment, whereby women are helping and supporting each other and praying together in groups, fosters a level of loyalty on the part of women. In addition and similar to that found by Collins (1990); hooks (1990) and Wiggins (2005) education is a key feature within the church and it is women who are the main teachers and the main primary child care providers. It is also women who have the tasks of supporting culinary events/fetes (often assuming financial responsibility for their maintenance) and who are the majority members of the choirs and of prayer meetings (Hill-Collins, 1990; hooks, 1990; Baer, 1993; Wiggins, 2005).

The church is very gendered with women clearly undertaking the majority of the caring roles, whilst the men occupy the powerful positions. However, despite their religious involvement and their predominance over men in the pews, women have been denied access or faced organisational barriers to their opportunities to climb the religious hierarchy and become religious leaders (Baer, 1993; Lumis, 2004). In a nationwide survey of 2,150 clergy from Black mainline congregations, 66 (3.7%) were women (Lincoln and Mamiya, 1990:289). Baer (1993) concludes that in order to maintain the subordination of

women, some male preachers, particularly from Baptist and Methodist churches maintain a constant surveillance on the women for any attempts to challenge their position. Thus, the church can be both disempowering in its treatment of some women and also empowering in terms of providing women with satisfaction from their religious involvement and activities. Baer (1993) argues that women have specialised enclaves where they can exercise their power and address their specific concerns. In this respect the church can provide its members with meaningful social identities and the sense of personal fulfilment (Baer, 1993). On the other hand, the church is an institution where the men hold the powerful positions. Thus although the church is culturally maintained by women, it can have a disempowering effect by trying to keep women in subordinate positions.

Collective identity and community belonging

The relationship between religion, community and belonging is integral within the lives of some African Caribbean women. Indeed, as shown in Chapter Two, religion and faith play a salient role in the construction and shaping of identity. This section will examine collective identity and the importance of belonging to a community.

It is useful to firstly explain what is meant by the term community. Smith (2004) listed ninety four definitions for the word community however, these definitions fall broadly into three main categories. The first category refers to those definitions which fall largely into geographical or local reference, whereas the other two categories pertain more to this section as they focus on relationships.

As such, it is these two categories combined, that will form the understanding of the term within this chapter.

Firstly is the notion of solidarity, which binds individuals together with a shared sense of belonging and a shared sense of identity (Ahmad and Gupta, 1994; Smith 2005). Secondly is the emphasis on the social interactions that occur with other people, in essence the exchange of ideas and information which can structure and transform gatherings into what Smith (2004) coined a 'self-conscious entity' (2004:186). Such approaches are similar to Durkheim's notion of social contagion, where religion is described as being central to society and social cohesion (Mellor, 2003). However, such a focus on solidarity can be used to explain division and conflict. Indeed, Giddens (2006) argues that most of the opinions created by one religious group towards another derives from the commitment to religious values generated within each community of believers (Giddens, 2006).

Smith (2004) suggests that the notion of community and the sense of belonging resonates well with the ideas and theologies found in most world religions including those of the Black churches. The distinctiveness of philosophies and thoughts amongst religions can have the effect of strengthening the human tendency to define and maintain social boundaries. However, Smith (2004) also alludes to the fact that maintaining such boundaries can have the effect of excluding those individuals who behave or/and have different beliefs and does not take into account conflict.

In the context of community development and belonging to a group, Smith (2004) states that beliefs and behaviours may well be seen as an optional choice, which would resonate well with the ideas put forward by Davie (2004) and also not dissimilar to rational thought theories. However, Hunt and Hunt (1999) believe that the collective identity that is seen within the Black community and their sense of togetherness and belonging may well result from the semi-involuntary thesis. Hunt and Hunt (1999) suggest that individuals within the Black community are brought together through intersectionality, the interconnection of cultural needs and structural barriers, coupled with the interpersonal effects of racism and racial segregation. These combined they argue, have a positive role on the Black church community and ultimately on both the individual and collective behaviour of its followers.

Hunt and Hunt (1999) claim that racism and segregation have created two forces in the Black church. Firstly, the structural absence of secular outlets for achievement has they argued, made the Black church an institution where leadership and status can be achieved (more so for men) (Lincoln and Mamiya, 1990; Baer, 1993; Lumis, 2004). Secondly, the presence of community moral which can have a disempowering effect on its members and with this 'moral', pressures on the church community to support the church as it provides material and spiritual support (Hunt and Hunt, 1999). Additionally, Hunt and Hunt (1999) argue that the notion of the semi-involuntary thesis is based on the notion that church attendance has been a strategic marker in the status system of the Black community, where sanctions and norms are seen as providing constraints on behaviour and possibly generate attendance even when subjective commitment is lacking. This thought is somewhat different to that proposed by Marks et al.

(2005), in that church attendance was not seen to be based on the institutional constraints of the church, rather attendance is rationalised and is sometimes negotiated/utilised as a bargaining tool. This however, according to Smith (2004) is much less the norm for religious affiliations, identities and communal observances within the African Caribbean community. Smith (2004) found that amongst the African Caribbean community ascribed identities, economic and social exclusion and traditional kinship obligations continue to play a part, more so than in White mainstream society.

In addition, Gilbert and Parkes (2011) suggest that one of the ways in which this kinship is fostered is through co-operative economies that strive to maintain the sense of community and links to home. D'Apolito (2000) focuses on the empowerment and liberation of Black people through the church and in discussing a sense of belonging and community cohesion, suggests that church goers help themselves and can sometimes even change their economic position by working together as a community and by helping their 'own'. By this he refers to Black individuals being involved and participating in behaviours that challenge existing economic relations (D'Apolito, 2000). Such as migrant individuals investing and doing business with other migrants and by maintaining/supporting migrant owned stores (Gilbert and Parkes, 2011).

Thus it is clear that whether individuals attend the church or not, they remain part of the community through their 'other behaviours' and share in that community's identity because of the shared history (Gilbert and Parkes, 2011). Although there is increasing recognition of the importance of religion in defining identity (Beckford et al. 2006), there is limited documentation on the role of the

Black church in the UK. The historical role of the Black church as an institution, that fought for the protection of rights of its followers, is a constant reminder to migrants from the West Indies (as a collective group of people) of the church's role in their salvation. In addition is the political activism within churches that can enhance shared belonging and a sense of collective identity (D'Apolito, 2000; McClerking and McDaniel, 2005; Gilbert and Parkes, 2011). An example of this is the African American Catholic Congregation (AACC).

The AACC has an activist position in which it focuses on educational, social, economic and political strategies in confronting and tackling inequalities faced by African Americans (D'Apolito, 2000:97). The Church is identified as guiding and developing the African American community, a feat which the AACC believes involves the dismantling of European political, economic, cultural and religious domination with the development of a Church that recognises and deals with the issues of its members (D'Apolito, 2000).

One of the justifications for the success of the Black church in maintaining a sense of belonging in its political movements is through 'fraternal deprivation' (D'Apolito, 2000). The argument is that when the gap between expectations and actual achievements widen, people become dissatisfied and thus more likely to collectively channel their energies into social movements. Conversely, Miller et al. (1982) suggest that individuals are motivated to participate in political action when there is an individual realisation that deprivation does not result from any individual deficiency, but rather through inequities that exist in social structures. Through this politicisation process Miller et al. (1982) suggest that what was perceived as individual misfortune is viewed as a collectively

experienced hardship, which has occurred through structurally determined injustice. It is thus through these processes that collective identify is formed and manifested in collective social movements (Miller et al. 1982). In their discussion on factors that force individuals to unite (see also Chapter Two), Taylor and Whittier (1992) add that collective identity occurs when a subordinate group disassociates itself from the values of the dominant group and creates its own structures and values. Such a process they argue generates greater solidarity, cohesion and more efficient action, which is seen in the Black political movements (Taylor and Whittier, 1992).

However, although the aforementioned studies describe how the Black church can act as a trigger for political activism, it should be noticed that Reed (1986) found that the Black church and religions can also act as a suppressor of political activism, because of the emphasis on worldly rewards. Nonetheless, although scholars may disagree on the actual effects of religion on Black political participation, most agree that religion can be a positive source for group togetherness and mobilisation (Arp and Boeckelman, 1997; Beckford, 1999; Gilbert and Parkes, 2011). Having a religious identity, both individually and collectively is a positive resource in social struggles (Beckford, 1999). Clearly, and in line with Durkheim's functionalist position, religion and having a spirituality/faith and being part of a community can be of benefit, not only to the individual, but to society as a whole. However, it must be pointed out that Durkheim's view of religion was based on a limited number of examples, which he then applied to religion in general. The Durkheimian view of religion does not particularly focus on the connection between religion and its ability to foster social change (Giddens, 2006). For instance the positive impact of religious

movements such as the work of the AACC and the prominent role the church played in the American Civil Rights movement in the 1960s (D'Apolito, 2000; Lafayette, 2004). The impact of religion on social change is vast and in addition can be seen through armed clashes and wars which are based on religious motive (Giddens, 2006). Thus although Durkheim identified some important factors of religion in terms of social cohesion and religions having specific rituals to be followed, his view in parts is limited (Giddens, 2006).

Summary

This chapter has shown that although there has been a decline in the number of individuals attending church (Davie, 1994; Turner, 2006) there has been an increase in individuals who still have a belief without belonging to a specific, church or religion (Hanegraaff; 1999; Voas and Crockett, 2005). However, both Holt et al. (2005) and Wiggins (2005) argue that amongst African American women, the numbers attending church are on the increase, in addition to the increasing number of women who have specific roles within the church. For many Black women, religion is important to their sense of being and it can provide salutary health benefits (Koenig, 1994; Koenig et al. 2001; Benjamins, 2004). Religion can also provide them with a role that can foster independence, self-reliance strength and empowerment. Black women have invested vast amounts of energy, resources and time in the growth and development of the church and although Black women have worked within sometimes inflexible, structures they in the main have not ceased nor relaxed their efforts within the church, which remains a powerful influence within their lives (Wiggins, 2005).

Black women collectively construct a historical community that provides a context for the continuance of traditions, a distinctive ethnic identity and a group consciousness. Having a shared history and feelings of belonging can clearly promote a strong sense of support and solidarity which can be seen when linked to political mobilisation and collective activism against social injustices. This chapter has identified the need to examine the importance of religion in the lives of older African Caribbean women and the inherent connection between religious practices and perceived health benefits. In addition to this is an examination of the representativeness and role of African Caribbean women in the church.

CHAPTER FOUR

<u>Health and Embodied Identities</u>

Introduction

Postmodern perspectives are essential to understanding the relationship between health and illness. As previously mentioned in Chapter Two postmodern perspectives offer an understanding and explanation of power and control. In relation to health, the state has extended its power and control through various establishments such as hospitals, within such environments the body is controlled through disciplining and surveillance techniques. It is arguably through such methods that state becomes integral to the health and well-being of individuals thereby influencing the shaping of identities.

Feminist writers such as Haraway (1991) and Grosz (1994) have long since recognised the significance of the body as a site of both political and social appropriation. Both Haraway (1991) and Grosz (1994) comment on how male perspectives have come to signify the truth about the body, which has sometimes not included women's perspectives. Further, they argue that masculinity and the male perspective signifies rationality, objectivity and reason and are associated with the mind, whereas femininity is often taken to signify the irrational, natural and unreasonable and is associated with the body. Such a dichotomy of 'man and mind' and 'woman and body' has enabled men to have more power in determining knowledge. The cost of such a dichotomy has meant that women's voices and perspectives have sometimes been ignored and marginalised. What then counts as the 'truth' is not a true representation and men have been able to have power over women and women's bodies. This can be seen with the sexualisation of the female body. This chapter will thus focus on theories of the body and health.

There are three sections within this chapter. The first section will examine the separation of the mind and body and the extent to which this influences the gendering of knowledge. The second section will focus on the inscription of power on the body and body surveillance techniques. The third section will examine the differing concepts of health and the health of African Caribbean older women.

Mind body dualism and the positioning of the Black body

Western thought is characterised by dualisms. Grosz defines a dualism as 'a continuous spectrum that has been divided into discrete self-contained elements which exist in opposition to each other' (1989:16). She further adds that 'divisions operate by means of the construction of binaries of opposed terms. Within such dualistic accounts one term has a positive status and the other term is negative. An example of this is woman being described only in terms of man, the body described only in terms of mind. Grosz (1989) further adds that dualisms describe systems of domination as they tend to be non-reversible. Other dualisms include Black/White, public/private, good/bad (Longhurst, 1997).

Feminist theorists such as Grosz (1989) and Gatens (1991) have demonstrated on the gendered nature of the dualisms, both in respect of the mind/body, but also in relation to divisions that have been historically gendered. Gatens (1991) notes how the state and society, culture, mind and reason are associated with man. Conversely, the body, reproduction, the family, passions and varying aspects of nature are associated with women. Grosz (1989) further argues that the female body has been negatively associated, as an object with passivity and

femininity, whereas the mind is associated with positive terms such as reason, consciousness and activity.

Although clearly men and women both have material bodies, the difference lies in the fact that western philosophy has enabled the continuance of a high order of knowledge with rationality and reason being afforded a high status and sensual and instinctual traits, having a low status. Consequently, men have a privileged position, being linked to rationality and objectivity, whereas women are associated with irrationality and sensuality (low status knowledge) (Gatens, 1991; Kirby, 1992). Kirby (1992:12-13) summarises this by stating:

"Although it is granted that man has a body, it is merely as on object that he grasps, penetrates, comprehends and ultimately transcends. As his companion and complement, Woman is the body. She remains stuck in the primeval ooze of nature's sticky immanence, a victim of the vagaries of her emotions, a creature who can't think straight as a consequence".

In linking the mind/body to knowledge, Descartes (1973) excluded the soul/mind from what Grosz (1994) termed the 'natural' realm. Such an exclusion generated a further dichotomy of objective versus subjective, where objective becomes the site of reasoning and subjective the site of irrationality. During the enlightenment era (see Chapter Three), the separation of objective/subjective dominated the production of knowledge to the extent that expert knowledge became associated with objectivity, free from irrational thoughts/emotion. Haraway (1991) and Grosz (1994) have built on this argument to claim that the value of objectivity, with the 'knower' believing he can separate himself from his emotions, past experiences and body, enables masculinist rationality to claim itself as universal.

Rose (1993) argues further that the 'master subject' cannot recognise difference from himself in terms which do not refer to himself. Thus 'master' understands his rationality to be the norm and those that deviate from this norm represent the 'other', different from the norm. The result of this Longhurst (1997) argues, is the production of knowledge which does not consider or take account of marginalised individuals, such as Black people, homosexuals, the elderly, people with disabilities and women. It is in this way that the mind/body dichotomy has further devalued and marginalised the subjective experiences of Black women (hooks, 1984). For instance, although all women can be treated as sex objects, Black women face a different kind of racism and sexism. The myth of the Black woman's body being sexually aggressive is common with representations in the mass media often suggesting sexually promiscuous images of Black women (St. Jean and Feagan, 1998).

Black women have been organised within a hierarchy that places them at the bottom, which has at its peak the White man, followed by the White woman. Further, the darker the skin colour, the further at the bottom the 'body' is placed. Indeed, both Hill-Collins (2000) and Scott (2002) argue that historically, Black women's worth has been measured by their proximity to the perceived White female physiognomy. Lighter-skinned African American women for example, often fare much better socially than their darker-skinned counterparts (Hill-Collins, 2000; Scott, 2002). Bordo (1993) argues that women have long been aware of the form and appearance of their bodies with cultural ideals and images and the extent to which their body is suffused with gender, class, racial and other cultural iconography. However such issues have prompted questions and highlighted the marginalisation and lack of awareness of the Black female

body and how it is that such bodies acquire meaning in the social world, more specifically how such meaning becomes knowledge.

The gendered nature of knowledge production and deconstruction

Both Fox (1993) and Lather (1994) argue that reality is an outcome of active processes of making meaning through social interactions with others. Such processes are relational and a dominant factor within them is power (Fox, 1992; Fox, 1993; Lather, 1994). Abma (2002) defines power as the possibility of influencing the process of meaning construction and further argues that within society this is a gendered process, with men being at the forefront. A result of this has been that women, particularly migrant women who have historically not been in powerful positions have not had the opportunity to construct meanings. This in turn has led to their experiences not being recognised. For instance, discourse as a way of speaking and sharing knowledge is socially constructed and thus grounded in certain values (Mitchell, 1996; Abma, 2002). Abstract 'masculine' theories have a high place in Western society, whereas others, such as those that are embodied 'feminine' have less prestige (Parton, 1994). It is thus through this process that men, as individuals, but also as a collective group in the main, have the resources and necessary communication skills to make their perspectives known. Such experiences and perspectives become prevalent in the process and have the power to dominate and reach the status of being a 'fact'. Once knowledge gains the status of 'fact' it is difficult to dispute or to contest. This can occur at the expense and to the detriment of other individuals and groups (Abma, 2002), such as migrant women.

With masculine theories experiencing such privileged positions and with the construction of meaning being male biased, it is possible to see how disciplines such as those containing medical experts and thus the medical gaze, enable individuals to gain power over other members of society. However, one way in which the experiences of marginalised individuals can be recognised and brought to the forefront is through the deconstruction of grand narratives. Lyotard (1984) suggests that one of the key features within post modernism is a decline of the authority of grand narratives in favour of local/micro narratives. In essence Lyotard (1984) refers to the telling of stories, rather than the articulation of general theories. Indeed, and as alluded to earlier, the use of narratives can enable individuals who have been 'silenced' to make meaning out of their own experiences. Such stories are culturally transmitted and can be used by the individuals to make sense of who they are, their identity and life practices (Abma, 2002).

Further, although it has been argued that power is gendered, with masculine domination, Fox (1993) argues that individuals have an inbuilt power that tends to be hidden. Thus, one aim of postmodernism is to deconstruct the language process. In doing so, it can be seen that what has become a fact beyond dispute, is actually the result of a biased process where certain groups have established and maintained their power at the detriment to others (Fox, 1993).

De-constructing grand theories

In attempting to move away from the mind/body dichotomy, where women have inferior positions, feminists using a Foucauldian approach have reconceptualised the body as a cultural and social construct, arguing, similar to

Fox (1992) that to gain the 'truth' it is necessary to deconstruct male centred theories on human knowledge and reason (Grosz, 1994).

Of the two main features of deconstruction for feminism, Nash (1994) argues that firstly, there is a distrust of the grand monocausal theories of women's oppression, because they inflict the concerns and thoughts of White, middle-class women on all 'women'. Additionally Barrett (1980) argues that the grand theories are too strict and too fixed in their theoretical framework to allow for the positioning of women. In agreement both Gatens (1991) and Grosz (1994) argue that the work of traditional male philosophers is so male biased that it cannot be corrected simply by including or adding women.

The second feature of deconstruction for feminists is the way in which knowledge is connected with the need for control and how an extension of the truth is thus seen as an extension of power (Nash, 1994). However, for women, the most important aspect of this is the way in which knowledge produced by 'women' is regarded as powerful.

The notion of knowledge being powerful does have two opposing sides. One of the aims of feminism is to change the position of women in society. In that respect having knowledge which is powerful enables feminist thoughts/perspectives to contribute to the way in which the world can be experienced. Conversely and on the opposing side, texts and discourses do not always meet the intentions of their authors. The way texts and discourses are utilised and the possibilities and meanings which they produce cannot be definitely fixed in their construction. In this respect the Foucauldian analysis of

the interdependence of knowledge and power serves as a reminder that the formulations for women's positions may contribute to the techniques of normalisation. This is clearly a problem for feminist standpoint epistemology which privileges women's special access to knowledge. For example, Harstock (1983) in suggesting that women (as workers) are more in touch with the concrete than are men comes close to the age old idea that women are incapable of abstract thought.

Knowledge it is argued is produced discursively, within a set of rules which govern what can count as real or false. Within such systems reason and experience are also no more that discursive constructions which serve to legitimise certain statements and deny others (Butler, 1990). The critique of knowledge as a reflection of the world emphasises these concerns and criticises the mind/body dichotomy where the male objectivising mind is positioned as having privilege over the subjective female body (Grosz, 1989). By showing how both subjects and others may be seen as discursively constructed and by theorizing the impossibility of objective knowledge as a mirroring of the world by a knowing subject, deconstruction emphasises how knowledge is always limited and incomplete and always produced from a particular perspective (Nash, 1994). This point resonates well with the feminist argument that claims on behalf of all women fail to consider difference and are thus not representative (hooks, 1990).

Recognising difference- Black women and knowledge production
One of the criticisms of feminism has been its failure to recognise difference. Black feminists have argued for recognition of their lived experiences in the

production of knowledge, suggesting that it is necessary to unmask the justification of science as defined by those in power. It is imperative to re-theorise Eurocentric and patriarchal frameworks that often underlie our legitimate way(s) of knowing. This Lorde (1984) and Hill-Collins (1998) argue is necessary, in coming to a deeper understanding about the lived experience of Black women. For Black women then, questions should commence from their lives and experiences, as it is the perspectives of such individuals and their views of the world that have traditionally been made invisible (Hill-Collins, 1991; Harding, 1993).

Hill-Collins (2000) argues that African American women like other subordinated groups, have developed distinctive interpretations of their oppression and have done so by using alternative ways of producing and validating knowledge itself. Although Butler (1993) and Grosz (1994) have addressed the problematic nature of dualisms and their under-representedness, Hill-Collins (1998) suggests a 'way of knowing' that can subvert prevalent cultural dualisms. Conscious of the Black/White dualism, Hill-Collins (1998) and other feminists of colour have attempted to problematise dualisms by grounding theory in practice and lived experiences (Hill-Collins, 1998; hooks, 2003). Black women should for example, embrace a both/and conceptual orientation that stems from their experiences of being a woman, and an African American.

Hill-Collins (1998) examines the ways in which both/and orientation can be used to prevent dualisms and emphasises the need to use both/and orientation to describe the simultaneous oppressions of gender, class and race (see Chapter Two for further discussion on intersectionality). Rather than seeing domination

and oppression as uniform, she suggests that beginning with the lives of marginalised groups and recognising the way in which all groups possess differing amounts of privilege and disadvantage, it is possible to ignore the oppressor/oppressed dualism and to see it as a false opposition. Indeed the linkage between oppressions is widely recognised in feminist writing.

Arner and Falmagne (2007) give a clear description of how the both/and orientation is different from other non-dualistic orientations. For example, while denying the dualistic interpretation of oppression, it does not deny the realities of oppression. The power of the both/and orientation thus lies in its ability to maintain its distinctness without the need for opposition (Arner and Falmagne, 2007). Secondly the both/and orientation has an equal weighting given to both elements. There is not the privileging of one element over the other which is clear within dualisms, for example man is privileged over woman (Arner and Falmagne, 2007).

For Black women living the both/and orientation neither gender identity nor racial identity is privileged over the other, although at times a strategic decision may be made which emphasises one more than the other. Despite Grosz (1994) suggesting that dualisms exist by one element having no meaning without the other, the both/and orientation dissolves tension by integrating opposites into a larger whole. For instance hooks (1982) and Lorde (1984) discuss the symbolic tension between the traditional constructions of 'Black' and 'woman', but there was no such tension in the lived experiences of Black women. Similarly, Arner and Falmagne (2007) found that research participants refused the dualism of reason/emotion and instead argued that both were essential for knowledge.

What this means for Black women is that the both/and orientation can potentially contribute to feminist attempts at reformulating knowledge in such a way as to transcend dualisms without privileging. By having an awareness and understanding of the both/and orientation and its grounding in Black womens' lives, a new way of knowing can be made visible. Such 'new' knowledge can then start to address the divisions, mis-representations and marginalisation of Black women and highlight their personal reflections of the world. However, it is important to add that although it originated from a Black 'standpoint', this does not negate its use outside this realm.

The effects of the inscribed and surveilled body

Socio-political structures influence the construction of different bodies in different ways and as such, not all bodies have the same inscriptions or values (Foucault, 1984), resulting in bodies having unequal outcomes. This section will examine the impact of the inscribed body, based on factors such as gender, ethnicity, age, class and ability.

The inscribed body

Feminist theorists have made significant contributions to exposing the many ways in which women's activities, the female body, and the symbolic representation of women, as indicators of racial, religious and ethnic communities, have been marginalised (Afshar and Maynard, 2000). Jarret-Macaulay (1996) argues how the denial of freedom and self-expression and identity, stemming from slavery in the 16th century resulted in African and African-Caribbean women, being identified as sexual and deviant. This objectification of Black women's bodies as creatures of sex not only influenced

social positioning, treatment and relationships, but was also used by White men and women and Black men to legitimise sexual and social exploitation (Jarret-Macauley, 1996).

Blackburn (1991) found that Black women suffer the worst social and economic disadvantage in British Society. Further, Modood et al. (1997) found that Black women are more likely to have low paid jobs, live in poor housing, be employed as part-time shift workers, be burdened with financial responsibilities and living in poverty, when compared to their White counterparts. Living in poverty and poor circumstances is one way in which negative inscriptions have an impact on the bodies of African Caribbean older women. Adair (2002) further details the ways in which poverty permanently marks the body and how such markings devalue bodies. She suggests that economically subordinated bodies are valued less by society and treated differently. As a result, such bodies live different and shorter lives (Adair, 2002). This is directly related to power (see Chapter Two on identity and power construction) and Foucault (1988) summarises this well when he suggests that treatments of the body are contained within a hierarchy of 'technologies of power, which determine the conduct of individuals and submit them to certain ends or domination'.

Bodies are considered to be primary objects of inscription, surfaces on which ethnicity, morality, values and social laws are inscribed (Longhurst, 1997). Using a Foucaudian approach to embodiment, feminists such as Grosz (1989) and Haraway (1991) have attempted to categorize the shifting aspects of bodily experiences grounded in social life. For Black women, what is lacking is a focus on the processes by which bodies are inscribed by various patriarchal and

heterosexist institutional regimes and the ways in which bodies are lived in society. For example, Baerveldt and Voestermans argue that the physical body is figured as a sort of fleshless 'mannequin, which wears the signs of sex, power, status and the like' (1998:164). It is evident then that an inscribed body gives people a value and for women, in particular African Caribbean women, the consequences as shown have been primarily negative (Adair, 2002; Jones, 2006; Wright et al. 2007; Mirza, 2009). There clearly needs to be further development on understanding the Black female body and its capacities to be both individual as well as social.

Through inscription, bodies can clearly provide information about individuals. This is also evident in the way the body has emerged as a surveillance target because of the level of knowledge it is thought to provide. Foucault (1979) argues that the clinical gaze is one of the techniques through which bodies are surveilled and analysed.

Surveillance, discipline and control

Surveillance is defined by Lyon as 'any collection and processing of personal data for the purposes of influencing or managing those whose data have been garnered', (2001:2).

Foucault (1979) argues that the basis for medical dominance lies in the knowledge claims of the medical profession about the body and health and illness. Further, Foucault (1979) adds that medicine as a major institution of power, labels bodies as deviant, normal, hygienic or unhygienic, controlled or needful of control. McKee (1988) notes how bio-medicine conceptualises the

diseased body as a malfunctioning machine, viewing it in isolation from the patients' life history, values and beliefs. Thus the social relations embodied in the symptoms of a patient's illness are reified, disguised as simple objects. Bio-medicine thus reproduces modernist's ideology through its clear practices of objectivity (Scott, 1999). In doing so, medical practices and organisations have the power to determine compliance with treatment (Parton, 1994).

An example of this is in a study by Fox (1992) who found that surgeons (predominantly male) within hospitals organised their rounds in such a way as to minimize challenges from some patients to medical discourse. Fox (1992) was additionally interested in the social meaning of surgery and how as a medical establishment, surgery had managed over time to maintain its powerful status in society. He found that surgery had a strong image because the surgeons, through social interactions with their patients, were able to define and articulate the meaning of success. In concluding, Fox (1992) suggests that the exact meaning given to a particular activity by experts is dependent on the socio-historical context. For instance, power is established and maintained through social interactions. With experts having the knowledge to endow such activities with meaning, they are labelled 'expert' and the dominance of medical discourse and medical organisations is maintained (Mitchell, 1996). Thus, individual subjects or groups in sub-ordinate positions are unable to influence the process of meaning construction, sometimes for fear of reprisals or sanctions. This is evident when observing individuals who are marginalised. Their voices are not heard and thus their perspectives are not validated or given credence (see hooks, 1982; Hill-Collins, 1991; Abma, 2002; Wray and Bartholomew, 2006).

Foucault (1981) claims that within society, the state has extended its disciplinary and control practices through systems such as medicine, the education system and the law. These systems and establishments define the limits of behaviour and record activities, punishing those bodies which violate the boundaries (Lupton, 2003).

As alluded to, the medical encounter is the supreme example of surveillance where the doctor investigates, questions and touches the exposed flesh of the patient, while the patient confesses with little knowledge as to why the procedures are carried out (Lupton, 2003). Indeed such medical surveillance and the medical gaze has undermined women's sense of authority and control. Rudolfsdottir (2000) thus argues that the widespread belief that Doctors are the 'real' experts on women and their health is inadequate. Martin (1997) for example discusses the lack of control that some women have when giving birth. He argues that the woman is the labourer, the body a machine, the baby a product and medical staff are the supervisors. In such processes of medicalization the body does not belong to the woman giving birth and it seemingly operates independently from the woman's will. The uterus, for example is presented in such a way as to depict an involuntary muscle that works alone. Lupton (2003) argues that the body is an object, which is owned by the medical system in cases of illness or disability. However, in their research, Wray and Bartholomew (2006) found that some of their participants resisted 'expert' medical advice about their bodies and instead, sought information and treatment from other avenues. Namely through the use of homeland remedies which often go against those of conventional medicine. Wray and Bartholomew (2006) found that through the questioning and disapproval of meta narratives,

the participants were empowered to make their own informed decisions about their bodies and health. Nonetheless, it is through surveillance and such disciplining of the body that the state becomes integral to the health and lifestyles of individuals (Lupton, 2003).

The meanings attributed to health and the relationships between individuals, their bodies and society are different. It is part of the lived human experience for individuals to consider and try to make sense of the events, ailments and misfortunes which affect their bodies. It is thus important to consider how health is health defined, prioritised and acted upon, bearing in mind medical dominance and the need to control.

Differing concepts of health

Over the years many studies have sought to further knowledge and understanding of health. This section will examine lay definitions of health over the life course.

Lay definitions of health

Lay definitions of health refers to individuals perceptions of health and what health means to them (Naidoo and Wills, 2009). Hughner and Kleine (2004) in their review of concepts of health within the lay sector identified many different categories, ranging from the most common definition of health as being 'the absence of illness', which is similar to that of the biomedical model, to health being defined as 'functional ability', a 'moral constraint', or a 'modern way of life'. Calnan (1987) and McKague and Verhoef (2003) found that health was defined in terms of illness, and not having an illness signified positive health. This

differed from McKague and Verhoef (2003) who explored clients and health care workers perceptions of health and their determinants. They found that functional health was important, particularly being able to function according to bodily expectations. Such findings were similar to Blaxter (1990) with working class mothers.

In examining mental health, Popay et al. (1993) and Walters (1993) found that an individual's inability to carry out salient roles to their personal identity had a negative effect on their mental health and well-being. However, McGuire (1988) found that health and wellness could be achieved through meditation and prayer. This is similar to Stainton Rogers (1991) and Torsch and Ma (2000) who observed the perceptions of health amongst lay individuals. Both studies found that health was viewed as a product of living in a correct, moralistic way, having spiritual well-being and being in God's care. The belief in God meant that He oversaw health and well-being and it was the individual's responsibility to account to God for their actions.

Similarly, Snow (1983) found that when defining health, lower class Black Americans had a strong sense of moral responsibility for both themselves and their families and suggested that every adult had a responsibility for keeping a good and positive relationship with God. For some individuals and cultures, for example, for Black Americans and religious Christians, health is defined through the practising of certain rituals, such as church attendance and prayer (Taylor and Chatters, 1986; Ellison and Levin, 1998; Chatters et al. 1999) (see also Chapter Three on religious beliefs). However, Black (1999) and Wallston et al. (1999) found that religion can be disempowering, particularly when individuals

place their lives within God's hands. In such instances individuals negated all responsibility for their bodies and health, by putting all control in God's hands. In addition Hill-Collins (1990) and Stark (1997) found that religion is used as an educational tool to educate believers in moral behaviour. However, individuals sometimes felt guilt at a lack of church attendance, or through not following certain codes of behaviour, in such ways religion has both positive and negative elements (Stark and Bainbridge, 1996).

For many individuals health is defined in holistically. Stainton Rogers (1991) and Furnham (1994) found that good health was based on equilibrium, encompassing spiritual, social and psychological balances and a positive state of mind. This was similar to Kasle, Wilhelm and Reed (2002) who conducted qualitative research with women from various ethnic and racial groups, including African Americans, non-Hispanics, Native Americans, and Hispanics. They found that the women overall defined health more holistically. Health was described as:

"*a balance and integration of physical, social, emotional, and spiritual elements of life" along with "harmony and stability within family and close relationships*" (2002:181).

For the participants then, physical health related to the mechanistic functioning of the body and social health related to the making and maintaining of relationships with others. The recognition of emotions such as fear and anger and the appropriate expression of such was based on emotional health, whereas spiritual health related to the ability to put into practice religious and moral belief's (Kasle, Wilhelm and Reed, 2002; Naidoo and Wills, 2009).

Evidently then, health can be described in differing ways depending on for example; an individuals' class, gender, ethnicity or religious belief. However, although the aforementioned studies have been useful in providing an insight into lay perceptions of health, research based on health perceptions and experiences of African Caribbean women has been limited (Wilson, 1994; Jarrett-Macauley, 1996; Curtis and Lawson, 2000).

The health of African Caribbean older women

There has been limited research conducted on African Caribbean women. Much of the early research based on the health experiences of migrant women has tended to focus on women from the South Asian community, which has had little or no relevance to African Caribbean women. For instance the need for interpreters, translated materials or the need for female doctors (Douglas, 1992; Curtis and Lawson, 2000).

Curtis and Lawson (2000) found that research examining specific illnesses between African Caribbean and other ethnic groups in Britain often shows the differences in a discriminatory way. For instance evidence of poorer health is highlighted more than evidence of comparative good health. Studies which compare minority populations with the majority 'white' population, as if the latter group represent the norm are inadequate. Such comparative research studies tend to give the impression that ethnic difference represents a deviant body in need of control (Curtis & Lawson, 2000). Smaje in a review of literature (1995) found that amongst African Caribbean women, knowledge of health perceptions and experiences is not only sparse, but is often biased towards their mental

health problems, obstetric care, the inter-relationship between maternal and child health, attitudes to health care and the uptake of specific health services.

In addition, Modood et al. (1997), Curtis and Lawson (2000) and Wray and Bartholomew (2006) found that racial discrimination and persistent inequalities are important parts of a process that can lead to poorer health and thus poorer health perceptions. Johnson (2004) conducted a comprehensive review of racial and ethnic inequalities in health. The review compared Black and minority ethnic groups in the UK with the White population. Similar to Smaje (1995) the findings suggest that inequalities do exist, in levels of health, levels of health care service access, and in the quality of care experienced by minority ethnic groups in England and Wales.

In examining migratory experiences and the connection with health amongst older African Caribbean women, Wray and Bartholomew (2006) found that health was connected to inequalities for example, discrimination within the employment arena. Of central importance to the participants as a coping mechanism for ill health was the use of homeland traditional medicines. Wray and Bartholomew (2006) also found that religion and spiritual health was a key factor in enabling the women to cope with hardship. Thus although good health was valued by the participants in terms of functional health and the ability to get about, it was evident that their migrant experiences of inequalities and discrimination had contributed to some of their negative health status (Wray and Bartholomew, 2006).

Johnson (2004) found that much of the research relating to ethnic inequality in health is descriptive and lacks adequate analysis to explore the direction and nature of the cause of differences for example, the impact of cultural factors and health beliefs practices. Johnson (2004) found that the reporting of ethnic inequality in health often provides poor data in relation to the importance of religion, culture and migration (see also Wray and Bartholomew, 2006). Such exclusions it is argued, maintain inequalities in relation to the development of appropriate scientific knowledge (Curtis and Lawson, 2000; Johnson, 2004; Wray and Bartholomew, 2006).

Nazroo (1998) and Karlsen and Nazroo, (2002) conducted research on the impact of migration and health. Although their research findings provide some information on the linkage between ethnicity and health inequalities, little focus was given to migration and the impact on health across the life-course for African Caribbean older women. There is a lack of knowledge on Black women and health, its construction, and significance in their everyday life and how this meaning shapes their behaviour and responses to biomedical models. As alluded to by Dillard (2000) and Johnson (2004) it would thus appear that when observing some studies of health experiences, certain individual accounts have been privileged at the expense of marginalising others (Lorde, 1984; Hill-Collins, 1991; Dillard, 2000; hooks, 2003).

Summary

As argued, male perspectives have come to signify the truth about the body (Haraway, 1991; Grosz, 1994), a result of which has been that women,

particularly migrant women have not had the opportunity to construct meanings. This in turn has led to their experiences not being recognised (Lorde, 1984). In addressing this imbalance both Grosz (1989) and Gatens (1991) argue for the deconstructing of grand theories to give women a voice. In examining the needs however of Black women, Hill-Collins (1998) suggests that feminist need to re-theorise and acknowledge that Black women's experiences are grounded in a both/and orientation. Such a dualism she argues can contribute to knowledge in such a way that transcends dualisms without privileging Black women's experiences (Hill-Collins, 1998). Such knowledge can then start to address the marginalisation of Black women (hooks, 1982; Lorde, 1984; Hill-Collins, 1998).

The marginalisation of Black women and Black women's bodies is evident through the way the Black female body has been inscribed, marked, devalued and surveilled by various state institutions (Foucault, 1988; Jarret-Macauley, 1996; Adair, 2002). Indeed the most prevalent is that of the medical encounter. It is in this realm that medical workers profess to be experts on the body and individuals who are ill give their bodies to the medical experts to be fixed (Foucault, 1981; Rudolfsdottir, 2000; Lupton, 2003). Despite this, Wray and Bartholomew (2006) found that some African Caribbean older women go against the advice of the medical professionals and choose alternative methods to treat ill health, often utilising treatment regimes from their homeland. In this way, such individuals were found to be empowered, through taking control of their own bodies and health.

There is a limited amount of health research showing resistance to the bio-medical model (Wray and Bartholomew, 2006). Indeed Oakley (1981) argues

that lay knowledge increasingly challenges biomedical knowledge and power. Similarly, Lyotard, (1984) argues that the collapse of meta-narratives and the loss of trust in the so called 'experts' can go some way to explaining the growing challenge to expert discourses and subversion of power. Further Wray and Bartholomew (2006) add that lay knowledge challenges the objectivity of scientific knowledge and the legitimacy of such experts groups to define health problems.

Health is defined in many ways however the experiences of African Caribbean women in the main remain hidden. The cultural, migratory and social context of the lived experiences of African Caribbean older women needs to be considered when accounting for health. Women's experiences are not to be marginalised, but need to be at the forefront of discussions on health. Indeed, the effects of privileging the mind over the body and subsequently reinforcing male dominance have not served to improve knowledge, rather the opposite. Wray and Bartholomew (2006) found that it is important to be able to give credence to the lived experiences of older people and to explore how these arise within a social and cultural context. Understanding such should neither reduce individuals to constructions incapable of resistance (Butler, 1990) nor discount the impact of context on experience by elevating subjectivity as essential (Fox, 1993).

CHAPTER 5

Methodology

Introduction

The purpose of this chapter is to provide a reflexive critical account of my research methodology.

One of the main aims of this research is to contribute to a fuller understanding of the participants' lives. The use of qualitative methods, namely a focus group interview and individual interviews meant that the participants were given the opportunity to provide in depth and detailed personal accounts of their experiences over the life-course. Indeed Stanley and Wise (1993) argue that it is such feminist methodologies that enable women to define and interpret their own experiences. This is in opposition to other forms of research where men are deemed the experts or where women's experiences are dictated to, rather than articulated by the participant (Chodorow, 1992). However, there are many discussions surrounding feminist methodologies, their intended meanings and applicability to all women. Hill-Collins (1990) argues that Black women's voices have not been heard within White feminist writing and thus suggests different foci of interest in research conducted with Black women. Additionally, Luff (1999) argues that all researchers, despite their ethnicity need to consider how they have impacted on the research; not solely in terms of the role of researcher, the collection of data and the data analysis, but also the researchers' biography in its entirety.

The first section of this chapter thus provides a brief discussion on feminist methodologies, particularly the ways in which Black feminist positions have been ignored. The second section considers my positioning from the onset of the research, examining the insider/outsider debate and how my biography and

Higher Education experiences have influenced the research. The third section discusses the research process the chosen method of a focus group, fieldwork experiences and the data analysis. The fourth section details the research process relating to conducting the individual interviews. It examines my concerns relating to the negotiation and recruitment of the research participants and concludes with a discussion of how the data was analysed. Ethical considerations are discussed in section five. It should be noted that grammatical inaccuracies within direct quotations are representative of the voices of the research participants.

Feminist methodology

Feminism and voices

Although the term 'feminist methodology' is widely used, there is no agreement on its meaning, and indeed this is a subject on which there has been much debate (see for example Hammersley, 1992, 1994; Ramazanoglu, 1992; Williams, 1993; Oakley, 1998). However, what has made feminist methods distinctive is the way in which feminists have insisted upon an examination of both gender and power, and the interplay of the two. DeVault (1996) suggests that feminist methodology has three parameters that differentiate it; the shift in focus from men's concerns 'in order to reveal the locations and perspectives of (all) women', the importance of minimising harm and maximising control to participants in the research process, and the support of research of value to women, leading to social change or action beneficial to women (DeVault, 1996:22). Interesting then is the illusion of a feminist methodology that is applicable to 'all' women. Hill-Collins (1990) argues that Black women's voices have often been excluded from White mainstream feminist writings and political

actions. Such perceived exclusions have prompted Black women to shape feminist theory and methodology to include issues unique to them.

Generated from a Black woman's standpoint, Hill-Collins (1990) identifies three main themes in the construction of Black feminist thought which have been considered for this methodology section. First she argues by having Black women and their needs at the forefront, through research, they can be personally empowered in ways such as establishing positive, multiple images, enabling them to resist negative and controlling representations of Black womanhood. Similar to DeVault (1996), is the shift away from men's concerns, with the focus solely on the concerns of Black women and not those issues pertinent to White women. Second she argues for a focus on dismantling the overarching and interlocking structures of domination and power in terms of race, gender and class oppression. Third is the notion of combining intellectual thought and joint political activism. Such processes and the acknowledgement of distinct cultural heritage can be used to give Black women the skills to make societal change. For instance, Hill-Collins (1990) refers to the ability to resist and transform daily discrimination and to bring about positive social change.

Hill-Collins (1990) summarises these themes by arguing that Black feminism and methodology are 'a process of self-conscious struggle that empowers women and men to actualize a humanist vision of community' (1990:39).

Although Black feminism and this methodology concentrate on Black women's experiences and the need to improve conditions for empowerment, there is importantly recognition of intersectionailty. Crenshaw (1991) and Hill-Collins

(2000) argue that Black women stand at the focal point where the two powerful systems of oppression; race and gender come together. Being able to understand intersectionality enables the exploration of systems of inequality and the impact they have on women, their identities and the social positions they hold.

In conducting feminist research, Ramazanoglu (1989) has warned that the attention to specificities of women's experiences can expose areas of social life that have been hidden, such as the importance of religion within women's lives. However, she argues that problems still remain because each woman's experience is limited. Ramazanoglu (1989) thus argues that experience itself needs to be problematised as individuals, regardless of race, ethnicity and class, do not necessarily have the skills to explain everything in their lives.

Luff (1999) argues that experience is an important concern for feminists and researchers. They ask, as experiences are interpreted differently, whose interpretation counts in theoretical academic and political terms? De Andrade (2000) argues that within research, the overlapping of statuses between the researcher and the research participant can influence what is said, how it is said, what is heard and how it is interpreted. Lynch (2000), Finlay (2002) and Maton (2003) argue that the notion of reflexivity, which involves the researcher examining how they influence and even transform research is an important part of qualitative research. For example, through critical reflection and the use of a fieldwork diary, discussions and descriptions of the decisions and the dilemmas of my fieldwork experiences, high internal validity was ensured. Additionally and in agreement with Stanley and Wise (1993) and Harris (2001) researchers such

as myself are recognising the importance of the 'self' and the reflexive nature of knowledge construction.

Positioning the self in research

The insider/outsider debate

Pioneered by Merton (1972) the insider/outsider debate addresses the qualitative difference between research conducted by insiders and outsiders. In its strongest form, the normative claim of the insider is that certain groups in each moment in history have sole access to particular kinds of knowledge and experience. For instance, Bhopal (2001) argues that researchers such as myself from minority ethnic communities are more likely to grasp certain areas of racial phenomenon that may be inaccessible to members of the dominant culture (outsiders). In its supposed weaker, more empirical form, the claim suggests that some groups of individuals have privileged access, whilst other groups, although able to acquire knowledge, do so at a greater risk and cost (Merton, 1972). For instance, researchers from a different cultural/ethnic background from the research participants could gain access, however there would be disadvantages, for example in relation to recruitment of participants, gaining trust and understanding cultural nuances (Bhopal, 2001).

In essence, the debate suggests that unlike the outsider, the insider has been socialised in the life of a group and is fully aware of socially shared ideologies and norms (Haniff, 1985). As such the insider understands the meaning of behaviours, feelings and values and is thus in a position to understand and decipher unwritten grammar and the nuances of cultural language (Haniff, 1985; Gibson and Abrams, 2003). However, once this principle is adhered to, it is

clear that the notion of insider becomes expansible to many other statuses. For example, in its extreme form the idea that women can only understand women, which as previously alluded to has disadvantages (see Hill-Collins, 1990).

However, this argument has been supported by early feminist researchers such as Oakley (1981) and DeVault (1996) who believe that women possess a common set of interests, values and shared experiences. This means that women researchers 'as insiders' are therefore in a position to dismantle hierarchies and are better placed to facilitate and interpret data based on their shared understandings and experiences within society (Oakley, 1981; Hill-Collins, 1990; DeVault, 1996). However, such an argument is problematic. Identities are fragmented and fluctuate and the notion that only a woman can research another woman does not take into account the effects of other biographical influences such as ethnicity, social status and age. As mentioned, the process of the research and acknowledgment of the researcher's position within it is the most important factor in qualitative research (Edwards, 1990).

A somewhat less stringent version of the debate suggests that insiders and outsiders simply have different areas of interest. This means that the insider, sharing the perceived concerns of the group will direct their inquiries to these. In contrast, the outsider will enquire into the problems relevant to the particular group, but because the outsider has a different position within the social structure, their interests will differ (Merton, 1972). However, it could be argued that insiders and outsiders may have the same foci of interest, but because of their 'background', the data that is acquired may be different (see Gibson and Abrams, 2003). This is re-iterated by Labaree (2002) and Wray and

Bartholomew (2010) who suggest that one of the key issues within the insider and outsider debate is whether the outcomes and interpretative conclusions would differ significantly if the study was conducted by an outsider, rather than an insider (Labaree, 2002).

Agar (1980) termed this issue 'indexicality', which refers to the level of shared background, knowledge and interest between the researcher and those being researched, to enable the researcher to adequately understand the nature of the dialogue and nuances of the research group. Proponents of the arguments would thus differ in relation to the level of importance placed on high amounts of 'indexicality' to the final outcome and quality of the research in terms of rigour.

May and Williams (1998) suggests that the position of outsider should be the preferred option because within research 'reason' and emotion must be separated. This is based on the notion that a researcher who becomes too closely associated with their study is in danger of invalidating it. Indeed, historically, professionals working within their own community have been accused of bias (Ahmad and Gupta, 1994). However, Agar (1980) suggests that the outsider 'as a professional stranger' unrestricted by prejudged practice may be able to raise questions which may be deemed unacceptable by an insider. As an insider and being a member of the community, I felt unable to question research participants in relation to their marital circumstances, however an outsider may have been able to elicit this information. Haniff (1985) nonetheless argues that insiderness is essential within research and she suggests:

> *'It is only when we are perceived and accepted as an insider that we can truly understand the meaning of the lives we study. An insider or native must take this status seriously. Its*

methodological implications are profound, for it is this group who can either do the most harm or the most good' (1985:112-113).

'Indexicality' does not identify the researcher's knowledge of the community or group as the sole important factor. It also incorporates reflexivity and the effect of the researcher's biography. Reissman (1987) and Beoku-Betts (1994) have argued that some of the assumptions of being either an outsider or an insider are overly simplistic and need to take into consideration the complex nature of the relationship between the researcher and the researched. They suggest that any given participant assigns the researcher with a socially structured status. These ascribed statuses could be based on differentials of gender, race and ethnicity, religious beliefs or even the researcher's knowledge of the research (Reissman, 1987; Beoku-Betts, 1994; Phoenix, 1994).

Deutsch (1981) and Labaree (2002) argue that the level at which an individual is considered an insider or an outsider is determined by the circumstances of their positionality and the trusted insiderness in relation to those being researched. Agar (1980), De Andrade (2000) and Wray and Bartholomew (2010) argue that statuses are fluid and changing and can position the researcher as both an insider and an outsider. Thus there is no specific divide between insider and outsider positioning (Naples, 1996). Researchers negotiate and re-negotiate their position with those being researched (Wray and Bartholomew, 2010).

My higher educational experience
In relation to putting the needs of Black women at the forefront of research, I, as an African Caribbean researcher, found that my identity and life experiences as a marginalised woman of colour placed me as an insider. This status motivated me to seek more meaning and understanding of the lived experiences of women

from the same community. I was aware that my experiences differ somewhat from the research participants from a generational perspective, but these and other differences will be highlighted further in the chapter. As a Black woman I am all too familiar with the racism, gender and class oppression Black women have faced. However, in positioning myself within this research, I felt it was important to share some of my academic research experiences as these not only influence who I am, but also give some explanation as to my perceived insiderness and why the research is so important to me.

Despite the increase of the proportion of Black women pursuing doctoral degrees, Black women's presence still remains scarce in academia. I am one of 14 Black female academics, in an institution which has 325 female academic members of staff (University of Huddersfield, 2011). Indeed women and those from minority ethnic groups are often not adequately represented in higher education in the UK (Ball et al. 2002; Gillborn, 2008). Law et al. (2004), Jones (2006) and Smith (2007) found that Black members of staff, both academic and support staff encounter racism in higher education. Further, Gillborn (2008) found that Black individuals represent less than 0.3% of professorial positions within higher educational institutions and are consistently ignored for promotions and substantial pay increases (Deem et al. 2005; Jones, 2006; Wright et al. 2007; Mirza, 2009).

The racism and discrimination faced by Black women has been well documented (Jones, 2006; Wright et al. 2007; Mirza, 2009). These studies found that Black women encounter a number of obstacles in higher education

settings. For example, discrimination, which involves negative White reactions both individual and institutionalized, isolation and marginalisation. Further, "brown-on-brown" research does not have the same legitimacy and is valued less than White on White research (de la Luz Reyes and Halcon, 1988, Margolis and Romero, 1998).

Other areas additionally viewed as sources for discriminatory actions include age, gender and appearance. Discriminatory practices have many sources and can take many forms as such few individuals are totally exempt from exposure to such experiences (Hey et al. 2011). However, as shown, some individuals are clearly at a greater risk than others. Indeed as a Black woman researcher I found myself the subject of discriminatory practices. In my career as an academic and from the onset of my PhD I have received negative comments from individuals in relation to my research. Such comments can bring self-doubt to the point where you feel low and undeserving. As suggested by Yamato (1990) internalized oppression is the worst enemy for marginalised women. She argues that such oppression limits the individual in terms what they can accomplish and can lead them to accept mistreatment and questioning their capabilities of what can and cannot be done.

However, Rodriguez (2006) claims that Black women have contributed to such oppression by remaining silent and by disappearing behind masks, which hide their true feelings. Dating back to slavery times the masking of feelings was a useful tactic in concealing part of one's identity and enabling survival in a racist and patriarchal world (Rodriguez, 2006). She further suggests that individuals construct a certain persona in public, for example through behaviour, the clothes

they wear and the way in which they speak (Rodriguez, 2006). Montoya (1994) for example, found that to function in an Anglo and/or male environment, wearing her mask was a matter of survival. It enabled her to 'fit into' the environment, without being 'different' or drawing attention to herself.

Even though I had received limited support from some academics/individuals in relation to my research, I continued to be vocal and proactive. Williams (1993) suggests that as oppressed individuals Black women have been conditioned to become passive, to 'toe the line' and to accept social injustice. By engaging in such conditioned passivity, Black women are thus able to cope with the pain that discrimination causes. Similarly, Zagorsky and Rhoton (1999) found that when they compared responses to discriminatory practices there were clear differences between White and Black women. They found that for Black women, many of whom had experienced discrimination throughout their lives, being passive had an effect of minimizing the impact of the perceived discrimination. Williams (1993) further argues that speaking out and having a voice does not come easy to individuals that have long been silenced. Additionally, through gender socialisation, women are identified and socialised into the role of listeners, rather than speakers, particularly in public spaces.

I found when reflecting on discriminatory experiences, that there are two elements, my objective experience and a reason for the experience. However, and as highlighted by Kessler et al. (1999) although one can consider a practice unfair, it is sometimes difficult to ascertain what the basis of the unfair treatment was, for example, whether or not it was in relation to gender, race, class or other statuses. Equally, it may be unclear whether the perceived unfair treatment was

through ignorance on the part of the perpetrator (Ridgeway 1997; Rosen and Martin 1997). However, whether intentional or not, discrimination normally has a negative effect on the given individual. Ridgeway (1997) found that individual characteristics and the working environment have an impact on whether or not an individual defines a practice as discriminatory. For instance, individuals who are already unhappy with their jobs may be more likely to notice and define experiences as discriminatory.

Additionally individuals in poorly paid jobs may be more likely to perceive those jobs as unfair. Forman et al. (1997) on the other hand found that more educated individuals, such as myself and those working in academia, who normally work in better environments, may be more perceptive of inequities. A further point was made by Hey et al. (2011) who suggested that the structural context of the work venue may additionally have an effect on perceived discrimination; for example in relation to structural characteristics of the jobs particularly regarding control and autonomy. This fits in well with research by Jones (2006), Wright et al. (2007) and Mirza (2009) as to one of the reasons why many Black women have poorly paid jobs and are frequently ignored for management positions to limit their control and power.

Thus regarding my position within the research I was very much aware of how some of my academic experiences were similar to those of other Black women who had struggled and thus placed me in an insider position. However, on reflection, it also made me aware of my outsider status and how this might impact on my research. My insider statuses related to my being Black, a woman, working class, sharing similar religious affiliations and being from the

same culture. My outsider statuses referred to those of my age, generational differences and employment history. I was aware of how researchers are ascribed a status set within their research and how through reflective practices, such as the use of a research diary, review their position constantly, particularly, when like me, the research is being conducted with individuals from the same community. Hertz (1997) argues in support of this that researchers have to be fully conscious and aware of the need to position themselves explicitly within the research.

Although I have both similar and dissimilar experiences to the research participants, positioning oneself is not easy. Being perceived as 'other' by the wider society is the norm; however, to be viewed as 'other' by one's own community presents different challenges. Like researchers from other minority ethnic groups for example I had to consider my own ethnic and racial situation and experiences, and how this would influence the outcomes of the research process.

Effects of ethnicity of researcher

Gerrard (1995) suggests that historically, interviews by White researchers of women of colour (a term used to differentiate between women who are White and those that are non-White) led to problems of misunderstandings and difficulties with establishing trust. Further, Carby (1992) argues that much feminist research has concentrated on visible differences that affect Black and White women's lives, for example inequalities in the workplace (Snearl, 1997; Cooper and Stevens, 2002) and healthcare services (Graham, 1993; Smaje, 1995; Johnson, 2004; Wray and Bartholomew, 2006), rather than focusing on

understanding the basis of these differences. As such, the failure to acknowledge and theorise the issues of difference arising when White women research Black women has further resulted in the experiences of Black women being distorted and marginalised (Gunaratnam, 2003).

Some researchers would thus argue that particularly when the research is about or includes issues pertaining to race, White women, as outsiders are not suited to conducting interviews with Black women (Barret and McIntosh, 1985; Stanfield and Dennis, 1993; Mirza, 1995). Justifications include the risk that outsiders may fail to appreciate the effects of social constructs on the lives/experiences of the group, the lack of indexicality and the possible increased likelihood of non-acceptance by the study group. However criticisms of such an approach for example, would mean that researchers could only research their own specific community and instances of where the researcher is perceived to be part of the group under study. As previously mentioned statuses change throughout the research process. As such it is important for researchers to consider how they negotiate and re-negotiate their position with those being researched, rather than for example, focusing on specific cultural, gender or social status similarities (Wray and Bartholomew, 2010). That is not to say that some degree of similarity will not help in the recruitment of research participants in other aspects of the research process.

In considering my positioning, I had to negotiate the fact that I was a member from the same community as the participants and with similar shared experiences, against being a researcher from an academic institute who was of a different age to the participants and perceived different social class. Page

(1988) an African American researcher conducting research with members of the same community found that there was a deep misunderstanding between herself and the community. Page (1988) defined this as the 'dialogic gap between two life-worlds'. She found that within the community, individuals such as researchers, who practised making the business of others known, were identified as individuals "going around acting White" or a "gossiper".

As a White researcher interviewing Black women Edwards (1990) found that the actual 'process' of research was the most important factor. Although the Black women were initially distrusting, Edwards (1990) in her research found that acknowledging and sharing concerns about differences in race and racialised experiences, encouraged the development of rapport with the women. Aitken and Aitken and Burman (1999) argue that such disclosures on the part of the researcher could be seen by the participants as a way for researchers to educate themselves about how to develop relationships across racialised differences. Nonetheless and in support of Edwards (1990), both Denzin and Lincoln (1994) and Oakley (1979) state that the 'knowledge' produced from such reflexive processes can be enriched when the researcher can empathise with those being researched through the sharing of similar experiences. Further Cerroni (1994) adds that there is no 'real truth' embedded in insiderness and that the understanding of group dynamics is dependent on the perspectives of the researcher, regardless of whether they are an insider or an outsider.

I occupied both insider and outsider positions at varying degrees throughout the research. Identifying the two dimensions of insider and outsider was part of an on-going evaluation, encapsulating the multiple identities of both researcher and

participant (De Andrade, 2002; Wray and Bartholomew, 2010) Indeed the interactional effects of race, culture, age, gender and profession have all influenced the research.

The research process

This next section will examine the research process. This research utilises a qualitative and in depth interpretative approach, based on feminist epistemological and ontological thought, which enables the collection of in-depth data on the life history of the participants (Stanley and Wise, 1993). At the core of this research are the concepts of identity, health and religion.

By obtaining a sample of older age African Caribbean migrant women and through the use of a focus group and individual interviews, the research aimed to examine four main areas:

1. How do older migrant African Caribbean women define and construct their individual and cultural identity, and to what extent are these discourses influenced by tradition and life-course experiences?

2. How are the bodies and identities of older African Caribbean women constructed according to cultural and religious norms and values?

3. How do African Caribbean women perceive their health and to what extent has western medical surveillance contributed to the way in which they experience their bodies and sense of self?

4. To what extent can feminist research methodology promote and represent African Caribbean women?

The use of qualitative research methods to write for and about African Caribbean women and their collective histories and experiences is a necessity. There is a lack of theoretical and empirical explanations that examine the health and experiences of older African Caribbean women, and the impact of these on

identity (Moraga and Anzaldua 2002). By having the chance to tell their stories Black women are able to name their reality and experiences (Hill-Collins, 1990). It is important to try and unmask the reality of the women's lives, but also to examine silences and to reconceptualise ways of knowing.

Focus groups

Focus groups are a widely used method of data collection within the Social Sciences. They are a qualitative research method where a moderator interviews a group of participants typically between six and ten, and uses the group to stimulate discussion and obtain information on beliefs, motivation and attitudes based on a given subject (Kruegar, 1994; Morgan, 1997). Agar and MacDonald (1995:80) characterise focus groups as *'somewhere between a meeting and a conversation'*. When compared to other major qualitative methods such as individual interviews or participant observation, Morgan (1997) suggests that focus groups have their own distinct identity. Using a focus group Morgan argues enables the collection of information which may be less accessible than the afore-mentioned methods (Morgan, 1997). Indeed, although there are those that might criticise focus groups for their deficiencies, Bristol and Fern (1996) argues that of the few studies that have tested the virtues of focus groups, there was no evidence to suggest that the quality or ideas generated from group or individual interviews were better or worse. Bristol and Fern (1996) observed that focus group participants found the interview more stimulating. Additionally, Madriz (1998), Kitzinger and Barbour (1999), and Linhorst (2002) found that focus groups are ideal in studying issues in socially marginalised group. For example, participants were not likely to censor their ideas in a room full of

individuals who were similar to themselves, in terms of power, personal characteristics, education and culture (Madriz, 1998; Linhorst, 2002).

Both Krueger (1994) and Morgan (1997) have discussed the level of direction given by the moderator in the focus group. In a more structured approach, they suggest that moderators use an interview guide and open ended questions which direct the discussion to the specific questions. However the disadvantage of this method is that meaningful discussion could quite easily be stifled. This is similar to Agar and MacDonald (1995) who found that focus group discourse depends on the skills of the moderator as well as the participants' characteristics. A less able moderator is more likely to follow an interview guide, increasing the 'meeting like' discourse and decreasing the opportunities for spontaneous discussion. However, a less structured approach can enable the moderator to open the discussion and have minimal direction (Morgan 1997 and Krueger, 1994). However, a disadvantage with this approach is that the data may be more difficult to analyse. In structuring focus groups, Morgan (1997) thus suggests that where the purpose of the focus group is exploration, then a more unstructured approach should be used.

In contrast to individual interviews, focus group participants relate their experiences amongst presumed peers with whom they share some common interest or reference. Indeed during the discussion Kid and Parshall (2000) argue that agreements and disagreements are fundamental aspects of the focus group process. Although some individuals may argue that it is difficult to elicit sensitive information from a focus group, Farquhar and Das (1999) found that some participants were more willing to share sensitive information because of

group support. Other challenges in conducting focus groups include establishing researcher credibility, recruiting participants, management of the group, providing an atmosphere conducive to conducting a focus group and confidentiality. Kitzinger and Barbour (1999) argue that confidentiality is considerably more difficult in a focus group setting. In addition they warn of the potential for abuse in focus groups *'like any research method....they are open to careless or inappropriate use, the results may be manipulated and subjects of the research exploited'* (Kitzinger and Barbour, 1999:1). However, as mentioned, such challenges can be found with other research methods and one way in which the research can be strengthened is by the use of combined methods (Linhorst, 2002).

Focus groups do not need to be the sole data source and can provide supplementary or primary data in multi-method studies. In such qualitative studies as this, focus groups can be used in conjunction with individual interviews, to strengthen the research design (Carolan et al. 2000; Gettleman and Winkleby, 2000). For instance, one of the reasons for the use of focus groups may be to develop questions for the individual interviews. Such combined methods greatly enhanced qualitative research (Carolan et al. 2000; Gettleman and Winkleby, 2000).

I thus decided to conduct a focus group as the preliminary research method with individual interviews as the secondary method. The focus group as a collaborative method served to identify issues, which were of key importance to the participants, with the data generated being used to develop an understanding of underlying themes relating to their health perceptions.

The intention was to generate deep discussion with a small group of African Caribbean women.

Sampling and recruitment for focus group

Golman and Schmatz (2001) suggest that researchers aim to recruit 12 to 15 participants to compensate for later drop out. Krueger (1994) suggests an ideal number of eight participants. The participants included 5 women who were born in the West-Indies and who had migrated to England during the 1950's and 1960's. There are some women who had migrated to the UK but who had returned to the West Indies on a permanent basis, having a few vacations each year in the UK. As such it was important that participants had remained in England since their migration (not including holidays and other short visits). Participants had to have lived in West Yorkshire for more than 20 years and were 60 to 75 years of age.

I began the process by telephoning women who were known to me who fit the research criteria. I informed them of the purpose of my research and their potential involvement. I was interested in them, their lived experiences and the research was an opportunity for them to share their views in ways that helped me to understand and know more about their experiences and opinions. I made 10 telephone calls. Two of the women refused because they did not want to be involved in the research, two women did not fit the inclusion criteria and one refused because she did not want to be involved in a discussion with other women from the same community. Five women agreed to be involved in the research.

I sent each woman a letter regarding the purpose of the research and the procedure that would be taken (see Appendix 1 for Participant Information Sheet). I felt that my insider status helped in the obtaining of consent and permission and this was a relatively easy process (see Appendix 2 for Participant Consent Form and Appendix 3 for Courtesy Letter). Beoku-Betts (1994) and Ang-Lygate (1996) experienced similar responses with their research on women. Both found that their racialised identities gave immediate right of access (Beoku-Betts, 1994; Ang-Lygate, 1996). This however is in contrast to Pitman (2002), who as a White Researcher wanted to conduct research with Black women. Although Pitman (2002) had developed a rapport and was friendly with some potential participants, they rejected her request to participate in the research, even those who had initially agreed (Pitman, 2002). I had assumed that as a Black woman it would be easier for me to recruit other Black women. However, just as researchers have not in the main examined the ways in which their behaviour may impact on participants, participants also make conscious choices about whether or not to be involved in the research.

As mentioned, one participant declined to take part in the discussion due to the research involving members from the same community. I did not pursue further her reasons for this decision as I did not want to exert pressure. Additionally, Edwards (1996) argues that resistance for research could come from a desire to exercise control. As the researcher I knew that I had some degree of power as it was my research and I was setting the scene and context. Refusing to take part by some of the women could be seen as an empowering act designed to resist possible exploitation. Indeed some potential participants refused to be involved in my research for this reason. They had been promised various benefits as a

result of taking part in a previous piece of research by a different researcher. They had given up their time and shared personal information, only to find out that on conclusion of the research the promises were not fulfilled.

I consider that access was gained relatively easily because I shared the same ethnicity, I was known to the women, I had already established initial levels of trust through previous meetings and social events. The research was giving the women the opportunity to speak and be heard, the women were being given an opportunity to make a difference in their lives and potentially the lives of other women. By sharing their experiences and life histories, such insights can make positive change in relation to social structures and events (Hill-Collins, 1990). Finally the research gave the women an opportunity to meet other women. However, one could also argue that access was easily gained because the participants knew me and wanted to help me or because they had their own agendas.

Developing and gaining trust

Although I had successfully managed to recruit five research participants, conducting research with women from the same community made me feel somewhat apprehensive regarding my skills as a researcher. I was concerned to remove myself (as the researcher) from a so-called privileged position and to focus my attention on how I might be positioned by the participants (Finlay, 2002); not solely in relation to being an insider/outsider, but also in relation to the use of power. Concerns about the unexamined complexity of power relations and unequal hierarchies have led to feminist approaches where the researcher's subjectivity becomes immersed in the lives of the participants (De

Vault 1990; Harding 1992; Gunaratnam 2003; Mauthner and Doucet 2003). The aim of such accounts was to alter and adjust the balance of power between researchers and those being researched, and to address the impact of categories of difference, such as race and class, which have been neglected in the past (Mauthner and Doucet, 2003).

The women had placed some degree of trust in me and I too in them. Trust is a negotiated and culturally defined relationship and I felt I had gained their trust from the onset, due to our previous relationships, attendance at community and family events and social occasions and in addition the personal relationships that I had with these women. Even though there were generational and other biographical differences, I felt that knowing me meant that some of the women wanted to 'help me out'. Haniff (1985) and Hsuing (1996) argue that being part of a community enables easier access and contributes to initial levels of trust. However, in attempting to gain trust from research participants Olmedo (1999) found that membership of the ethnic community alone is insufficient. Several sessions passed before the research participants in Olmdeo's study felt comfortable and able to trust the researcher with information on their personal and family lives.

I felt that the participants would not have agreed to be part of the research process, had they not had some degree of trust in me. Sharing stories with the participants and discussing both similar and dissimilar experiences led to the further development of trust. I was sharing their lived experiences and was also aware of the 'political' influence it could have. For instance, the dissemination of the results at the end of the research process potentially influencing and bringing about positive change for older African Caribbean migrant women. The

level of trust given to me, meant that 'stories' and experiences I would hear would be about people who are often silenced within Western society and I was being trusted with this information (hooks 1990; Barone, 1995; Hill-Collins, 1998). Coffey and Atkinson (1996) adds that researchers cannot prevent the developing of rapport and a level of intimacy with research participants. It is through such methods that the research produces accounts which are interwoven with both the researchers and the participants biographies (Haniff, 1985).

Safety, culture and context guided my preparations for the focus group interview. As mentioned by De Vault (1996) it is important to minimise harm and control over the research participants. Thus, although neutral locations have the benefit of avoiding either positive or negative associations, my home, which had been used as an occasional socialising venue for the participants, was chosen. This was due to its familiarity for the participants, comfort and ease of accessibility. There was also an inherent need to help the participants feel as relaxed as possible, and to encourage their participation and self-disclosure.

African Caribbean women have accumulative disadvantages of racial discrimination, gender and for many, low income status (Modood et al. 1997; Snearl, 1997). As an African Caribbean woman interviewing older African Caribbean women, I believed that the women would expect me to treat them in a culturally appropriate respectful manner. As a member of the same community I felt that my insiderness meant that I was expected to behave in a socially and culturally accepted way. On the other-hand as an educated professional and researcher, I felt I would be expected to take on a more formal and authoritative

position. My insider and outsider statuses were fluid and just as there are degrees of sameness, there are degrees of difference (Wray 2001; Le Gallais 2008; Wray and Bartholomew, 2010). As identity is fragmented, fluid and changing, (see Chapter Two) so too are the status positions that are occupied. It is difficult to 'pinpoint' which status at any given time affects/influences the research. The inadequacies of identifying insider and outsider statuses as binary opposites are clearly articulated by Phoenix (1994) who argues that:

> ***'the simultaneity of race, social class, gender and age make it extremely difficult to tease apart the aspects of the interviewer which are having an impact on the interviewee or on the power dynamics between interviewer and interviewee'*** (1994:56).

Prior to commencement of the focus group, an incident occurred between two participants. One of the participants, Ruth was a diabetic and she had not eaten all day. I therefore offered her a snack and a drink. However, Ruth indicated that she would eat after the focus group and solely a drink would suffice. A second participant Mary intervened and stated that the participant should eat something. This discussion then continued between Ruth and Mary, with Ruth becoming annoyed indicating that she could look after herself.

Research Diary… *As the facilitator of the focus group I felt that I should have taken charge of this situation and maybe supported Ruth with her decision not to eat. However, as both Ruth and Mary are friends/relatives I felt I was in a compromised position. …. My cultural upbringing and the way I have been taught to respect elders meant that I was in a powerless position. To take either Ruth or Mary's 'side' could have had repercussions. Indeed having a focus group with individuals who were known to me meant that the leadership I might have had, had been taken away* (2005).

Another example of issues of power was at the onset of the research when I re-iterated the importance and format of the focus group (see Appendix 4 for Facilitators Guide).

Research Diary…*The participants seemed to become less relaxed. Their bodies seemed a little stiffened, stopped laughing and joking, eyes focused intently on me, particularly as I read through the facilitator's guide. Felt like an outsider, changes in their body language seemed to suggest that I was now in a position of power* (2005).

On reflection it was a tense moment because as the researcher I wanted to remove any power differences, but there did not seem another way to resolve the situation at the time. After a few moments they appeared relaxed again and the discussion commenced.

Insiderness and a helping hand

Similar to De Andrade (2000), one of the first moments that I became conscious of how my insider status would be defined by the research participants was at the onset of the focus group. As the subject area was sensitive I tried to approach it carefully, after familiarity and comfort had been established (Oakley 1981). Commencing the focus group with discussions on how the women first came to England appeared to put them greatly at ease (see Appendix 5 for Discussion Guide). As Morgan (2002) stated ideally focus groups have minimal involvement from the facilitator and they commence with an engaging question, which captures the participants' interests.

Research Diary… *At the start of the interview they all looked relaxed and were forth-coming with detailed information, although some could remember more than others. I felt being an Insider and a friend they tried to remember as much as they could. Some even nudged each other to clarify their stories Although it's possible that not remembering all the details could be attributed to the time span, after all the women were reflecting on an experience some 40 years prior, however considering this, the information given was very detailed* (2005).

The participants' responses generally conformed to patterns highlighted within insider literature (hooks, 1989). The participants' assessment of my insider status appeared to include an assumption that I shared certain parts of their

knowledge and experience. This eased the transitions within the discussion into more sensitive areas, where I spoke with culturally sensitive techniques in my tone and manner to deter any sense of judgement. For example, when one participant talked about her personal reasons for coming to England and her relationship with her husband. However, in addition to this because I already knew these women through previous relationships, I felt somewhat uneasy on asking such personal and sensitive questions. Had I not been as close to the women, I may not have felt such anxieties. Conversely, knowing the women on a personal level meant that I not only felt part of the group and could share their experiences, but I was also included in their dialogue. This was very apparent when discussing issues of racism within their lives.

Research Diary... *No concerns with discussing racism. The women were very open and I felt comfortable with discussing these issues. They gave many examples and I found myself personally drawn deep into the research. I could easily empathise and share their experiences. Felt upset, what had happened to them all those years ago and we don't seem to have made much progress* (2005).

When responding to certain questions the women frequently referred to their experiences relating to home and I knew/assumed (as an insider) that this meant the West-Indies. I responded to this by asking the women to explain where home was. The initial look that I got from the participants was strange, an inquisitive look (as I should know), however, even though I had informed the women from the onset of the research that they would need to explain things thoroughly, including what they meant by phrases for the purpose of 'other' researchers. Additionally, there was a tendency of the women to say 'you know', in such a manner as to infer that I knew exactly what they meant, even though I did not.

As expected the women shared some very similar experiences and what I found surprising was the way in which the participants were able to continue each other's stories. The women were co-authors, part of each other's story, but also co-constructing the story. This is clearly shown when the women were discussing how important religion was in their lives, their account reads as one person, rather than a group of individuals. During this part of the discussion, as well as articulating their views, I felt the women were reminding me how I should behave.

Research Diary… *I was already aware through my insider and outdiderness and my cultural upbringing of the importance of religion within their lives. However, as a younger member of the community, I felt that the participants were also trying to educate me on why religion was so important, the impact it had had on their lives, how powerful it was. It felt like I was being told (in a subtle way) that I had to continue this 'tradition'* (2005).

As mentioned in recognition of the fact that we have multiple identities, this was an example of where my age was at the forefront of my outsiderness. The process of negotiating my age identity became an important theme in the research.

Group dynamics

Group dynamics play an important part in focus group discussions and in determining the data collected. From the onset of the discussion, individuals within the group seemingly had specific roles. These ranged from whether they were leading the discussion to whether they had a role where they 'added' their perspective to the particular discussion. For example Martha was quite vocal and gave lengthy details of her experiences. As the insider/researcher it was difficult to stop this. How can you stop someone during an explanation of a life experience that was important to them? I could not also tell my 'aunt' (not a

biological aunt, but a close family friend) to stop talking because of my cultural upbringing. The information given was relevant to the focus group, but from a researcher's perspective I wanted to ask her to stop as I could see that other members were becoming somewhat tired of listening to this individual.

The non-verbal communication signs displayed by other participants showed eyes focusing on the ceiling, strups (sucking teeth) meaning they were bored of this participant and then returning to 'eye' level and another participant yawning. In this instance I did exert some power in a sense that I tried to prevent this from happening by encouraging other participants to speak up and although they did speak, their examples in general were not as lengthy. During the aforementioned example, I was negotiating my position and felt that my insiderness was more powerful than my outsiderness. Although insider and outsider statuses fluctuate throughout research, this was an occasion where one status was clearly more influential than the other.

Some of the participants appeared to be comfortable with the positions they had. They were 'adding' experiences, rather than taking on a 'leadership' role. The participants appeared comfortable and added to the discussion when they were ready, although on one occasion two participants informed a third that it was 'her time to talk, because she hadn't said much'. Martha said:

> *'It's not free we paid for that already, we pay and they don't even give us the proper tablets and we pay for that and you next' (pointed to Janet)*
> Mary replied (pointing at Janet), *'Yes, you haven't said much yet'.*

This indicates that the participants, although discussing their own experiences, were conscious when others had not given their opinion. However, once a

participant had given their opinion and 'added' to the conversation, the leaders would continue. In this way it seems that power relations were distributed amongst the group with research participants at times taking on powerful roles. This 'power' position was not simply about having a leadership role, but also related to the information being presented. The women were sharing experiences, confirming shared knowledge and learning from each other.

> Research Diary*… In sharing similar experiences, the women would nod their heads in agreement and verbalise their comments. I was conscious of the dangers of interpreting silence as indicating consensus; however, when a participant disagreed or shared differing experiences they articulated this to the group* (2005).

The fact that the women knew each other (although some more than others) was evident in the way they 'behaved' during the discussion. On one occasion where one or more participants spoke at the same time, another participant would tell them to 'shush' by putting their fingers on their lip. Again, on knowing the women and being aware of their cultural nuances it did not surprise me when on another occasion a participant slapped another on the arm for talking over another participant.

My experience of facilitating the focus group illustrated two critical issues: - firstly that insider status does not guarantee intended or certain positioning by the participants and secondly, that although status can exude power, this power can be taken away. This is in contrast to earlier work by Oakley (1979) who suggested that the researcher always has the power within the research setting. As shown, but also highlighted by DeVault (1990), Harding (1992), Gunaratnam (2003) and Mauthner and Doucet (2003), power is much more complex than the potentially unequal relationship between researcher and research participants,

of equal importance is an acknowledgement from the researcher of how their biography has influenced the research (De-Andrade, 2000). Indeed, it is not solely the researcher's biography that influences the research, but also the linkages and connections between the participants' biographies. It is through such methods that the research produces accounts which are interwoven with both the researchers and the participants' biographies (Harding, 1992).

Data analysis – focus group

Analysis of the focus group involved taking a critical reflexive approach. As mentioned by Coffey and Atkinson (1996) I was examining my 'self', my position, how I captured the voices and experiences of research participants, and how these were represented. There are debates on whether the individual or the group is the unit of analysis in focus group interviews (Carey and Smith, 1994; Carey, 1995; Morgan,1996); however, as Kidd and Parshall (2000:299), argue neither the individual nor the group is the ***unit of analysis***, whereas either or both might be ***a focus* of analysis**.

The use of software for qualitative data analysis is not without controversy and debate (see Coffey and Atkinson, 1996; Catterall and Maclaran, 1997; Morison and Moir, 1998). It would seem that the concerns surround the extent to which the requirements of the software (for example formatting of transcripts to make the most of software capabilities) and the standardisation of certain analytical tasks might (a) distort the underlying background and meaning of remarks or (b) inadvertently take the analyst away from a reflective engagement with the data (Kidd and Parshall, 2000). In avoidance of such my preference was to analyse the data manually.

A major aim of analysis with focus group data is to identify areas of agreement and disagreement and to understand how perspectives arise and are possibly modified in a group (Reed and Payton, 1997; Sim, 1998). Identifying issues on which there have been disagreements is straightforward, however, with agreement, it is important to identify whether or not the apparent agreement resulted from coercion or self-censoring of members with alternative viewpoints (Carey and Smith, 1994; Sim, 1998).

As suggested by Zemke and Kramlinger (1985), it was necessary to transcribe the scripts verbatim and secondly to code the data according to key themes which were directly related to the research questions. The main themes related to identity and health and each theme was then 'broken down' into smaller sub sections. For example, in relation to health: health perceptions, comparing health experiences in the UK with their homeland and health across the life course. This would include questions, comments, and elaborations from any group members on the topic. Such themes typically were apparent during the more conversational period, after the group members had established rapport among themselves (see also focus group discussion guide).

A secondary reading of the transcripts identified new themes, some of which had arisen as a result of reflections in my research diary. Interpreting the data was a continual process and further readings of the data served to provide a deeper understanding of the lived experiences of the participants, but also how my positioning had influenced the research.

As mentioned, Agar and MacDonald (1995) and Reed and Payton (1997) have argued that focus group interviews are not sufficient as a stand-alone method and should be combined with other methods. Indeed the history of focus groups suggests that they were not originally planned as a stand-alone method and were used as a method of triangulating qualitative and quantitative data from the same participants. However, for purposes of social and health research, confidence in focus group findings is often enhanced by including other data sources. How much data should be collected from other sources, and whether the focus group data should play first or second in relation to other data sources are judgments that depend on the research purposes. For my research, the use of the focus group was the primary data collection method, with semi structured individual interviews as the secondary method. As the primary method, the focus group enabled me to identify which were the key areas of importance for the research participants. These areas thus formed the schedule for the individual interviews.

Individual interviews

In carrying out individual interviews, my aim was to gain a deeper understanding of the lived experiences of older African Caribbean women and the influence of religion within their lives. I had not envisaged just how highly religion featured in the lives of the women, however as a result of the focus group interview it was clearly one of their 'avenues' for survival. Semi-structured individual interviews allowed for the exploration and collection of in-depth subjective experiences on the life history of thirteen participants (Stanley and Wise, 1993).

Sampling and recruitment for individual interviews

I contacted three local community centres (A. B.C) and informed the managers as to the purpose and requirements of my research. I then wrote to each manager detailing the purpose of my research and asked whether I could be permitted to speak to their members (see Appendix 6 for Letter to Community Centre Managers). Each manager contacted me directly by telephone and gave verbal permission for me to attend the Centre.

Centre A is a resource centre, accommodating several Black and Asian organisations. Within the centre I contacted a voluntary organisation that supports members of the Black community with their health needs, provides health advice, leisure activities and an advocacy link with local Social Services. At Centre A, I introduced myself to the women present and verbally informed them of the purpose of the research, and their possible involvement. The women were then informed of the interview procedure, ethical considerations and the fact that the interviews could take place within a room at the community centre, however, if they preferred, I would conduct the interview at their home address.

During the discussion at this centre, the women did not seem interested in the research and were annoyed that they were always being asked to be involved in research, and that they received nothing in return. One woman spoke of being involved in some research for the local council where the researcher had made it clear that her opinions would bring about positive change for older members of the community, however there had been no change and the community members had not benefitted. I informed the women that I understood their

predicament and reinforced the purpose of my research and that I saw my research filling a gap in knowledge, but also it was about them having their life experiences written down so that they would not be lost over the generations. This view was agreed with by the other women in the room.

Coffey and Atkinson (1996) argue that genuineness and reciprocity are 'vexed' issues for researchers, with imbalances in trust, personal investment and commitment leading to difficult situations. I was not sure whether or not I convinced the women. However, from this community centre, which had ten women attendees, two women decided to participate in the research. I obtained their contact details and sent them a letter regarding the interview (see Appendix 7 for Participant Information Sheet and Appendix 8 for the Participants Consent Form). I telephoned the women and made arrangements at their request, to conduct the interviews at their home addresses. This information was confirmed with a letter (see Appendix 9 for Courtesy Letter).

In recruiting research participants, I was conscious of the need to produce an acceptable 'image' to the potential research participants. I was concerned that I had to present a persona that was similar to other researchers in the field. I had asked a colleague who was an experienced researcher what I should wear. I initially thought about wearing formal attire, hence a suit, however, my colleague suggested casual attire. I wore jeans, shirt and a jacket. I felt smart, but casual. However, on entering Centre A I felt instinctively that I had worn the wrong clothes:

Research Diary… *I don't think I looked the part. When I walked in the room where all the women were sat, they looked me up and down. Their faces didn't seem to show much approval. I felt should have gone with my suit. In their*

minds, maybe they expected someone from the University to wear a suit. I felt uncomfortable, as though in some way I had let them down. On a positive note, two agreed to be interviewed (2005).

Coffey and Atkinson (1996) suggest that the presentation of the self, dress and personal appearance are part of 'impression management' that is carried out during access and recruitment of research participants. The production of the body and needing to 'look the part' is a factor in achieving access and being accepted as a researcher (1996:66). I felt I did not look the part. However Coffey and Atkinson (1996) point out that impression management is not solely confined to what is worn or adorns the body, but also culture, speech, manner and the use of equipment. In this way, the practical success of fieldwork is linked to the practical achievement of body management and representation. I did not consider these factors with my early fieldwork with the focus group, probably because the women knew me and I thus felt that dress was not important. However, on attending research centre B I decided to wear smart attire, trousers and a shirt.

Centre B is a Baptist Church. On a monthly basis the Church hall is used by a group of older African Caribbean women to socialise.

On the date that I was due to attend centre B, the weather was extremely poor. It had rained heavily with a lot of flooding in the area. I received a telephone call from the centre manager stating that none of their members had attended the centre due to the bad weather and, as a number of members had mobility problems, she stated that they would not come out in such conditions. This session was therefore cancelled. The manager stated it was not possible to

arrange a second meeting for a further three months due to the centre having a full diary. No further meeting was arranged.

Centre C is a housing scheme that accommodates a multi-ethnic community. However, 50% of the tenants are from the African Caribbean community. Numerous activities take place at the centre for both residents and non-residents. These range from physical activities and social activities to computing and leisure events.

I attended centre C at a time and date arranged by the centre manager, however, no persons, apart from the centre manager attended. The manager made it clear that it was no reflection on me, but that attendance at the centre was sporadic. The weather was nice and dry and it was a bright sunny day.

Research diary… *Feeling annoyed and a little downhearted. Attempts to obtain research participants not going very well. I will have to use similar method to focus group and see whether some snowballing occurs* (2005).

Being a member of the community I had naively thought that access to research participants would be relatively straight forward (Ang-Lygate, 1996; Beoku-Betts, 1994) however this was not apparent. I therefore decided to use snowballing as a recruitment method. Snowball sampling is commonly used when conducting qualitative research primarily through interviews. Although it can be criticised for problems of representativeness and selection bias, it is effective in terms of accessing individuals who are difficult to access or vulnerable (Atkinson and Flint, 2001). I contacted three women who were known to me in the community. I informed these women as to the purpose of my research and the need to interview women from the community. These three

women used their social networks to recruit a further fourteen women participants. Even though the snowballing effect had been used, I realised from the names that I had been given, that many of the women were known to me. Of the names given, I knew six of the women well, two of the women I knew from the community and attendance at community events and seven of the women I did not know.

I now had a total of seventeen research participants for interview. I contacted by telephone each of the women and informed them of the purpose of my research and checked whether they would be willing to be interviewed. All of the women initially agreed on the telephone to take part in the research, so I made arrangements to attend at their home address after a two week period to conduct the interview. So that the women did not feel pressured in any way I informed them that I would additionally send written information detailing the purpose of the research and the procedure, including confirmation of the time and date for the interview (see Appendix 7, 8 and 9). I also informed the women that on receipt of the information, if they subsequently changed their mind and did not want to be interviewed that was fine and that they were free to withdraw from the research at any time. This was re-iterated at the start of the interview (see Appendix 10 for Interviewers Guide).

Developing trust and insiderness

After two weeks I contacted the women on an individual basis to re-confirm the interview time and date. Four of the women declined to be interviewed, two stated that they had changed their minds, whilst one indicated that she was too busy and the fourth stated that she was going away.

As a social process, Coffey and Atkinson (1996) argue that the negotiation, access and recruitment of participants are key components within the development of relationships and that researchers cannot prevent the development of rapport and a level of intimacy. Even though options were given, all of the interview participants elected to be interviewed in their own home. Two participants had mobility problems and as such, their home was the only venue possible.

Whilst conducting the interviews, and as mentioned with the focus group, it was clear that having trust is necessary, particularly when encouraging participants to talk about personal and sometimes confidential details of their lives (see Appendix 11 for Discussion Guide). I felt that my insiderness helped me to gain the women's trust but, even though I informed the thirteen participants that the interview was anonymous, that in itself is not sufficient to gain trust. At the onset of the interview with Cath and before I started recording she made it clear that she did not want the local authorities to know about her involvement with the research and that I should not ask her any questions in relation to her finances. I confirmed to Cath that the discussion was between the two of us and that I would not ask any questions in relation to money. In addition I informed her, that should I ask any question that she did not want to answer or felt uncomfortable with, she did not have to. Such a response is similar to that found by Dodson and Schmalzbauer (2005) in their research conducted with women who were poor and who were in the habit of hiding things. Dodson and Schmalzbauer (2005) found that when participants were asked seemingly basic questions in relation to their finances; the participant's responses were linked to fears of

reprisals, state investigations and the removal of resources. I was aware the same could apply to Cath.

Research Diary… *I wonder whether Cath did not want to discuss her personal finances as she thought this might in some way be detrimental to her being in receipt of some type of council or state benefit* (2005).

Clearly and as mentioned by Dodson and Schmalzbauer (2005) promising an individual confidentiality within research, does not undo a lifetime of managing punitive authorities.

One of my initial questions to the participants was in relation to why they had come to the UK from their homeland. As a result of the focus group and my background research I was aware that some women came independently and met their husbands in the UK, whilst others came to the UK to meet their husbands. I was aware that the subject matter could be sensitive and for this I felt that my insiderness as a woman, with a similar cultural upbringing was an advantage. My insiderness and cultural awareness meant that I was aware that many women from the community had lost their first husbands through divorce, due to their husbands having extra-marital affairs. It thus did not surprise me to hear many participants state that they did not want to talk about their husbands. At these times I was sensitive and approached the subject in a manner which I thought would put the women at ease (Oakley, 1981). However I sensed hesitancy on the part of the women, as ultimately going through such experiences had made life difficult for them. They talked of their struggles and marginalisation, which were known to me, but I still felt that there was much more hardship buried beneath their visible accounts.

Research Diary… *As expected, most women did not want to talk about their ex-husbands. I wonder whether it would have made a difference had I been an older researcher or a researcher from a different background. Or is it simply a matter so personal that they don't want to discuss it* (2005).

Even though the participants spoke about their troubles and my cultural awareness meant that I was aware of some of their experiences, I knew that I could not pre-determine their views or sympathies. However, I additionally felt that as a woman researching women I was able to at times understand periods of silence and cultural nuances.

Power within research

The exploratory nature of my interviews meant that there were some issues that emerged that I had not expected and additionally some themes were more complex than I had expected. Although this was first highlighted in the focus group with the discussion on the importance of religion, it also emerged during the individual interviews. I felt uncertain or ignorant when some topics emerged of which I had no knowledge. An example is when a participant, Eileen, talked about her early experiences in the UK and how she suffered from depression and poor mental health as a result of the lack of support available to her and her family. At these times I felt very aware that I was in the homes of older women. The generational difference made me feel inadequate, somewhat ignorant and powerless.

Power can be a two-way process. It is dynamic and fluctuates throughout the interview process and at times it was difficult to maintain the trust and acceptance without misrepresenting my own position. Although Smart (1984) found that it was difficult to listen to views, nodding and agreeing with views that

she might normally have disagreed with, I found that although I was listening to the views and experiences of others, I did not change my personal opinions to elicit more information. Herman (1994) talks of not lying in research, but also of not telling the whole truth. I felt that within the research, I had no need to wear a mask (see Rodriguez, 2006) and was open with the respondents.

Data analysis – individual interviews

Each individual interview being transcribed. As argued by Devine and Heath (1999), it is necessary to be reflexive in data interpretation and data analysis. Similar to the focus group, I used a relational method of data analysis. Such a method involves reading through the interview transcripts more than once (Brown and Gilligan, 1992). This process enables the researcher to identify where some of their personal assumptions may be made and how such views may affect interpretation. Such readings are based on the premise that locating the self in this way, allows researcher to retain some understanding of the boundary between narrative and interpretation.

The transcripts were read through with the intention of generating key phrases, words and opinions which reflected the views of the participants. As a result of transcribing the interviews, five initial categories emerged. These categories were based upon migration, socio-economic circumstances, lifestyles and identity, health and health experiences and finally, the link between religion and spirituality to health and wellbeing. These categories were then further categorised into the three main theoretical areas of identity, health and religion. As with the focus groups, data were analysed using the cut and sort approach (Zemke and Kramlinger, 1985). Quotations were highlighted and copied, then

put together into areas of discussion. The content of some of the quotations meant that comments often went across themes.

The first category related to *identity* and the emerging themes were *the migrant travelling experience, the impact of interconnecting identities, collective identities, migrant cultural homeland experiences* and *differences and sameness*. The second category related to *health* and the themes from this were *perceptions of health, effects of the environment on health, careers* and *jobs over the life-course, homeland remedies* and *mistrust of health professionals in relation to discriminatory practices*. The third category related to *religion* and included themes based on *religious traditions from the homeland, belief without belonging, participants* and *the importance of religion, perceived health benefits, prayer* and *physical health, the location of prayer, religion* and *age, religion and jobs.*

Credibility and Trustworthiness

Credibility and trustworthiness of the findings from the focus group and individual interviews was established by taking the research findings back to the participants. On completion of each topic area, I summarised the comments made by the participant/s. This then gave the participant/s the opportunity to alter, refute or confirm the findings.

Ethical considerations

Prior to commencement of this research study, a research proposal was submitted to the School Research Ethics Panel at the University of Huddersfield. As a result of the success of this Proposal, permission was

granted for the study to proceed. During the course of the fieldwork, additional permission to speak with community members was sought from community centre managers.

All research participants received a full verbal and written explanation detailing their involvement and purpose of the study. Confidentiality was assured and maintained with each participant being given a pseudonym. For those participants taking part in the focus group discussion, confidentiality and the need to respect the views of the other focus group members was reiterated. Each participant was informed that they had the right to refuse or withdraw from the research at any time. Participants were also informed that the information obtained would be used solely for the purpose of the study. Further, as this research was on a small scale and potentially innocuous in nature withholding information or misleading participants was unlikely. Nonetheless, each participant was treated fairly and in accordance with the British Sociological Association Code of Ethics (2004).

Summary

During the course of this fieldwork and through reflection, I arrived at some interesting understandings of my role as both an insider and an outsider, being both the same, yet different at moments in time. My biography greatly impacted on the main areas covered, in relation to negotiation, recruiting and interviewing of the participants and my position within the research. My insiderness as an individual that could ethnically mirror the participants and my previous friendships assisted in the engagement and recruitment process (Beoku-Betts, 1994; Ang-Lygate, 1996). This status served to remove some of the barriers that

are faced by researchers that are not racially/ethnically matched. I found that I did not need to utilise gatekeepers to 'get in' or have the need to rely on associations with prominent members of the African Caribbean community to vouch for my integrity (Gibson and Abrams, 2003).

Some of the key highlighted benefits to being an insider became apparent during the dialogue and non-verbal actions displayed by the participants during the interviews. As mentioned by hooks (1989) participants from marginalised groups tailor their discussion to the cultural context according to whether or not the interaction is with insiders or outsiders. It was clear during the focus group and interview discussions that the participants assumed I had a certain level of understanding, even though at times, I initially felt inadequate in my role as researcher and interviewing a group of individuals that meant so much to me. However, the openness shown to me by the participants, meant that I felt accepted and that my subjectivity was embedded within the discussions that took place.

Pitman (2002) argues that the identities and statuses which researchers have often place them in positions of power in the interview setting. Although as a researcher I attempted to move away from any position of power, it was clear to see how power emerged within the research. Power is dynamic and it was created, maintained and subject to fluctuation through the research process. Although power can lead to dilemmas for example in relation to whose voice gets heard and how the experiences of 'others' are accurately represented, particularly when the researcher might occupy the same category, critical reflection is important. Throughout the interviews I was sensitive and felt

comfortable in my interpretations of nuances and non-verbal cues and did not feel that the participants were hiding any concerns. However, my insiderness did mean that I had to deal with the interconnectedness of the participants' lived experiences and the linked emotions that ensued. To understand the lived experiences of African Caribbean women, one has to recognise and consider the oppression they have faced through the interactions of race, class and gender. My insider and outsider statuses influenced my confidence levels in obtaining dialogue of their lived experiences and feeling confident in my skills as a researcher. However, as shown, the fieldwork also impacted on me at a personal level. It was a very emotional period. Coffey and Atkinson (1996) argues that emotional connection to fieldwork, analysis and writing is both appropriate and normal. I recall experiencing various emotions: anger, annoyance, joy, confusion, satisfaction, happiness and sadness. Indeed, I would suggest it is difficult, maybe impossible to conduct qualitative fieldwork without some form of attachment. Although from the onset I had prepared myself to become part of the research, the enormity of the impact was at times overwhelming and brought to the furore the fact that the relationships developed are affective not solely on the part of the researcher, but also on the part of those being researched.

During the course of this fieldwork, the discussions and the unspoken words, developed my understandings of the research, but also helped to steer me in the right direction. Hall and Callery (2001) suggest that on reflection of your role as a researcher you need to consider whether or not the actual process of being reflective produces a 'truer' account, or whether being reflective merely serves to inadvertently claim more authority or power for the researcher. I would argue

that reflecting on fieldwork experiences and documenting them, not only serves to change the social and public experience of fieldwork into a journey of self-discovery, but also it helps in the transformation of personal experience to accountable knowledge (Coffey and Atkinson 1996). Conducting the fieldwork was like completing a jigsaw puzzle. However, when all the pieces had finished a realisation that there were some pieces missing and the jigsaw would never be finished. The fieldwork experiences that I have been through have changed who I am as a person and the new relationships I have made continue, as does the production of knowledge.

CHAPTER 6

The Shaping of Migrant Identities

Introduction

In this chapter the empirical data relating to identities is analysed in order to consider how different identities and selves are constructed and governed as a political process (Foucault, 1984; Hall 1990; Brah 1996). As seen in Chapter Two, within postmodern society how we perceive and perform the 'self' for example in relation to gender, 'race' and ethnicity have arguably become increasingly unstable and open to negotiation (Lyotard 1984; Hall, 1990; Bauman, 1992; Roseneil and Seymour 1999). In acknowledging the interplay between such identity statuses, hooks (1990) suggests that essentialist claims about identity should be criticised, with a clear recognition of the importance of difference and diversity in the construction of the self. Indeed, recognising difference and diversity in the formation of identities has arguably become politically important in the production of new knowledge. Also of importance is the construction of the self in relation to notions of place and home (Brah, 1996).

Identities are fluid, changing and relational (Hall, 1996) and in attempting to see how identities are represented it is important to consider how these interconnect; for example in relation to the research participants who are older, African Caribbean, female, working class, migrants. In this sense the challenge is to consider how these statuses/differences of age, race, gender, locality and class interact. This chapter will examine the participants' journeys from their homeland to the UK, the effect of their migrant identity being marginalised on arrival to the UK and the importance of being part of a collective group. The chapter will finish with an examination of the participants' diverse homeland experiences and also their similarities in relation to their cultural connection with food and maintaining a cultural identity.

The migrant travelling experience

All of the participants left their original homeland in the West Indies and came to the UK during the 1950s/1960s. Similar to research by Bryan et al. (1985) and Ahmed et al. (2003), the reasons for migrating to the UK varied amongst participants from meeting relatives already in the UK to starting a new life. However of importance is what happens to personal identity as a consequence of the migratory experience, for example, travel, feelings of upheaval and leaving behind family members (Brah, 1996, Gunaratnam, 2003). This section will explain the participants' reasons for coming to the UK, the impact of the climate and environment and the effects of the migrant journey on their health. For many, the transition has meant that their identities have been shaped by both the culture left behind and the culture of the new country.

For most migrants, the diasporic experience of movement, travel, leaving a homeland and crossing borders can be upsetting. It creates uncertainty due to leaving family members and the home environment behind (Hogg and Mullin, 1999, Ahmed et al. 2003; Gunaratnam, 2003). The participants discussed the circumstances of their movement and how the processes of moving from home to the new country shaped their identities (Buijs, 1993; Qin, 2004). Martha, a focus group participant talked about her experiences of leaving home. She states:

> *I came to join my brother because them years Winston Churchill came to the Caribbean asking people to come over to England and when my brother came he used to send presents for us, he send me a doll which I always wanted a nice doll and when he send me that doll I thought to myself, well I am going over to join my brother…we were very close and my mother keep saying you're not grown up yet, you're not grown up as yet you are too young to travel, but all I wanted to do was to come and join my brother and to help my mother and my father.*

The doll for Martha was significant as it represented England as a place where you could obtain nice things. In addition to joining her brother, was the need to be in a position where she could work and send money back to her parents, which was common amongst migrants at this time (Arnold, 2006). Martha's account is similar to Eileen in that her diasporic migrant experiences signified the start of a new life, personal freedom, a new found identity in a new home away from her family. This is seen in her account below:

> *You feel upset, but I feel like I was getting away. I was free. Building up to the day when, to go, come on the plane and me mum and me sister and me aunties, all the family and you know, you go around and say goodbye to everybody and then you feel sick. I thought how I'm going, what go happen to me, will things be better or will be worse, will plane fall down I felt like that…em, the day, it was so sunny and lovely. And we get to the airport and all these Jamaican people, all in a line, going up, going on the plane and the airport was full of people waving everybody off. It was a good feelings when I get on the plane and I thought I am free, I am getting away from my family, I am going to start a new life.*

Eileen's experience is similar to that described by Buijs (1993), where leaving home and one's birth place (for some women migrant travellers) brought a sense of freedom and with that freedom independence. Thus although Eileen talks about the sadness of leaving home and the community, the need to develop her own self was very important to her. Although she was happy to leave home, Eileen clearly needed to belong to and be part of a collective group. This is evident when she refers to how she felt at seeing the other islanders waiting for the plane and the notion of not being alone. Thus it was fine to be leaving her family and friends, but also important for her to be part of a collective group (Hall, 1990).

Jean's account differs from the aforementioned participants. Although she left the West Indies to be with her partner, she makes it clear that she did not want

to go to England as a result of the negative stories she had heard. Jean was a young mother and it was not unusual for women to follow in the footsteps of their partners (Bryan et al. 1985; Arnold, 2006). It is interesting that at the end of the extract she refers to informing relatives and friends at the very last minute so as to prevent them from stopping her from leaving. It is possible that the persuasive techniques of her family and friends may have made her stay. Nonetheless she left the West Indies, leaving her 3 children behind as was common practice in those days (Arnold, 2006). Jean states:

> *I started having children when I was about 18. By the time I was 21, I already had 3 and we …just worked in the field, so you just live on what you could produce, you know, so there wasn't regular money coming in. So I have to say it was quite rough. Then when I was pregnant with the 3rd child now, my husband, he wasn't my husband then, but you know, he decided, well probably too shock when he realise I was pregnant for the 3rd time and we were just about to start and build up a nice little house, he said to me, I'm going to England and I try to persuade him not to go because other people over here (Jamaica) were complaining how rough it is and I thought well why us to going, everybody complaining that Britain isn't a nice place you know. But anyway he determine that he had a dream and he had to go, so that was how it goes. So he left me pregnant, I was about 4 or 5 months pregnant with the 3rd child and he came over in 1961. He came over and start working and send the money back for me to come over. So I had the baby, she was 8 months old and I left her when she was 8 months old. I leave all 3 kids under the age of em 3…and come over in 1962 …. I left my hometown on the Sunday and on that morning, I don't know if it's the same in all country, but sometimes when you leaving you don't tell people that you going until last minute. … I went the last thing Sunday morning, run around and say so and so if you don't see me later I off to England. And that was how I run around the district that morning, telling everybody. I thought well by this, it will be too late if anybody was to do anything.*

Jean's narrative is clearly linked to gender. Most women at this time followed their men folk, despite their reservations, leaving young children primarily in the care of grandparents as well as other members of family (Arnold, 2006). Jean's comments do not solely refer to the transition from the homeland to the UK, but it is also evident that her thoughts and reflections about leaving home and going to the unknown, form part of the migratory experience. The movement to a new

home is part of a three way trajectory mentioned by Brah (1996) in which home can firstly be the place where one is born, secondly, the place where one grows up and thirdly, the place where one eventually settles (Brah, 1996). However, many participants clearly did not feel at home on their arrival in the UK. The next section will examine the impact of the structural environment on the participants' migrant experiences.

The impact of the structural environment on the migrant experience

Many migrants on arrival in the UK found the temperatures to be very low, the buildings were different to what they were used to and the whole environment was new. Indeed the structure of the buildings and the cold weather meant that many wished they had stayed at home. On entering a new place, individuals need to feel that their health will not be compromised, that they feel comfortable and safe. However many participants had negatives experiences. On discussing her arrival, Tracy likens her home to a place of detention. She states:

> *The overall thing was the buildings, the doors the locks when you come in and lock the door and you can't get in and if you lock the door you can't get out. It was like a prison. A prison building.*

The structure of the buildings was different to what was left behind in the West Indies and this was important to all of the participants. Ahmed et al. (2003) talk of home being viewed as a memory and through the senses. This was clearly evident in Tracy's depictions of her first impressions of a caged environment where they would live, totally different to the open spaces of the West Indies. Similarly Pat states:

> *... the houses for instance, we thought they were factories you know, when I came and when I thought and stood and as says how do they get in their house because I saw somebody standing at a door and the said, the other one said that is a house, a say well that's just a door, where are the house*

when you have to open door and go inside you see where the house is. We thought they were factories they were so black. And so clustered, I mean in the West Indies is all bungalows, nothing join up together, you know, everything is just one floor, no 4 and 5 and 6.

This opinion by Pat of houses resembling factories was common amongst the participants as they compared them with their homes in the West Indies. Such was the negative feelings on seeing such buildings that some participants questioned why they had moved to England. Travelling to a new country involves upheaval between families, between those that stay put and those that remain, but also means adapting to a change of environment and circumstances (Gunaratnam, 2003; Qin, 2004). Helene stated:

I was looking, saw the smoke coming out the chimney and I thought bloody factories here and I saying to meself, they say there's no work in England and there's all these bloody factories. The lady called... and she said to me they not factory love, they're houses (laughter). I thought houses? I could have sink. And weather, it was grey and damp and cold. And I thought to meself what the hell have I got meself into?

Helene refers to the accommodation, the colours and the fact that the climate was so different to back home (Costello, 2009). This comment was similar to other participants who compared the weather in the UK with the hot sunny weather of the West Indies, in addition to the bright colours that seemingly prevail in the West Indies and the dark 'grey' colours seen in the UK. Despite this, there were some participants who viewed their migratory experience as positive. Participants' feelings about leaving the West Indies and migrating to the UK influenced whether or not they defined their experiences as positive or negative. For instance, Eileen was very keen to leave the West Indies and she describes her initial encounter as positive. She states:

... It was a lovely April day when I came and that was the first day it snow when I came here. I was amaze. I was stretching out my hands to catch the

snow flake (laughter). Because it was so, it was White, like when you shake a pillow and all the feathers just coming out and I just hold me face up and let the flake just fall on me, it was really nice.

The transition from a hot climate to a cold climate was clearly welcomed by Eileen who remembers the experience of snow touching her face. However Eileen is one of only a few participants who mentioned the cold weather this way. Most participants discussed the poor housing, material constraints and the coldness of the weather as being a cause of ailments in future years (see similar findings by Graham, 1993; Costello, 2009). The participants were not accustomed to cold climates. Mary, a focus group participant, discusses the impact of the cold weather. She says:

All I wanted to do was to get back home, because it was so cold very, very, very cold. I couldn't understand that people felt as cold as I did very cold we haven't got any snow and thing like that. I went to the shop… and I bought some fish and when we got there (home) I had no fish. The fish fell and I didn't know when, my hands were that cold I didn't know the fish drop, but I didn't go back for it.

Thus not only is home in this extract remembered through sight, but also as mentioned by Brah (1996), home is remembered through the sense of touch. Mary had not experienced or felt such cold temperatures. The initial negative experiences of seeing grey buildings and the cold climate meant that many participants wanted to return to their birthplace. However, this was not an option for most of them. Coming to England was expensive and although they had received the funds to come over, most participants did not have the funds to return home (Arnold, 2006). Thus despite wanting to return, such feelings were never acted on and the participants had to renegotiate their migrant identity and adapt in order to cope in the new country (Qin, 2004). Diana says:

People came over (to the UK) and they said oh it's so nice, some of them said it's just like heaven… you don't know what the country is like until you see for yourself. I came here and when I see the situation, if I had the money I would go straight back home… I couldn't afford it, didn't have the money to go back, couldn't afford it and while the time was going, the longer I stay I was getting used to it and used to it and I start mixing with people.

Diana talks about not having the funds to return home, however she also talks about mixing with people. Being part of a group and socialising with other migrant and non-migrant individuals is important for health and well-being (Joycelyn-Armstrong, 2000). In addition to being with migrant individuals and maintaining a collective identity, socialising with others also helps to gain a sense of belonging when in a new country (Hall and Du Gay, 1996; Nazroo, 2001).

As migrants, most participants came to the UK expecting it to be on a temporary basis. For many the journey to England was not a permanent move, rather it was for a limited period of time (Arnold, 2006). Most participants thought they would come to England for approximately 5 years and then after this time they would return home. However, this was not possible. Pat quantified the perceived duration of her stay in England when she said:

Everybody came here for 5 years and then you want to go back home, that was the norm. Nobody is staying longer than 5 years.

Similarly Tina, a focus group participant, adds:

It wasn't what we thought it was. We thought oh well, we coming here, if we work for at least 5 years we try to save something, which those days the country was, the money was small, but things wasn't that expensive so you could save like a pound every 2 weeks or something like that, and this pound will go a long way in the West Indies. But, that's what go now, you get yourself bound up, you have to buy a house start from there, ... after you bought the house everything start coming in wants to buy, put something nice in.. But the money never come fast enough for us to go back.

Although Tina talked about a desire to return to the West Indies, she did not have the funds to do this. She goes on to talk about the making of a home in the UK, having a family and being settled. This is similar to Persram's (1996) point that when you are at home you have no desire to leave. Most of the participants did not have the funds to return to the West Indies and eventually settled in the UK and made a home for themselves.

Much research has been conducted which documents the health and hardship faced by migrant women in the UK (Bryan et al. 1985; Modood et al. 1997). From a financial point of view, many participants as mentioned could not go back to the West Indies to resume the life they had left behind, even in cases of family bereavement. Similar to the findings of Kelly (2005), during times of bereavement the participants had a strong need for family support however, this was not possible due to economic constraints. Eileen discusses the mental health problems she suffered at not being able to return to the West Indies on hearing of her mothers' ill health, eventual death and how she coped. Eileen states:

> *I was really depressed some of the time, especially when things weren't going right with family problem and stuff. And then my mother was poorly and I couldn't get home, you know... because my children. They were only babies. I just have a baby when the telegram come to say me mum die and I couldn't get home, and that was very sad. But after I think about it and to me after a while I just put it in my head that my mother isn't die because I wasn't there to see that she die. I always think that she is still there, you know. I know it sounds stupid, but I always feel my mum is still there, you know, I'll go and see her sometime, although I know she die. But inside my head I thought my mum isn't died, she's still there because I haven't see her die. I mean it sounds stupid, that's how I get over it anyway.*

Similar to the findings of Joycelyn-Armstrong (2000), Eileen may have benefitted from the support of family, friends and the community, had she been

at home in the West Indies. Indeed it is during such circumstances that being part of a group, can be helpful. As argued by Hall and Du Gay (1996), being part of a collective group during a tragedy when you are away from home can be beneficial. Some migrants came to England leaving young children behind in the West Indies, those that had children whilst in the UK found that it was difficult to find individuals to look after their children as their extended family (whom they were accustomed to rely on) were in the West Indies (Kelly, 2005; Arnold, 2006). On discussing the importance of the extended family Pat said:

... it was really, really difficult, imagine your children not having any aunties, no uncles, no granddad, no nobody and if you don't teach them that is cousin, they grow up and they don't even know that they're related. So it's difficult for those kids you know, it's really difficult, but I've always told my children who I am related to and I said well that is your second cousin, or your third, which you should do, as much as, I don't think the children over here appreciate family, apart from your immediate mum and dad, aunty and uncle. Cousins and stuff don't seem to live like the way we lived.

Pat talks about the difficulty of not having extended family around her. For Pat the extended family is part of her cultural and ethnic identity, something which she was intent on passing on to her children. Similar to the findings of Brah (1996), Pat was keeping the memories of 'home' alive in her thoughts, whilst also recognising that things in reality had changed.

Brah (1996) talks of home being a place of no return, a place where migrants thus, through collective stories remember the past and what was left behind. Through such narratives and collective memories, migrants fill in the forgotten gaps of information about their homeland and people they knew. Most participants had an initial desire to return home because of the weather and the physical environment, however, as they started to work, bought houses and have children, their chances of returning diminished. For many participants,

grand parenting duties and immediate family ties keep them in the UK. As mentioned by Kelly (2005), elders are valued and supported in their extended families and some of their duties include grand parenting. Such roles are seen as rewarding by the grandparents as they enjoy it, but are also contributing towards their family's socio-economic position by enabling the parents to go out to work (Afshar et al. 2002). Despite this, for many participants their real home is their birthplace, the West Indies, where they left in the 1950s and 1960s. This is similar to Brah's (1996) notion of home as 'that which was left behind'.

Although many participants talked about home, their perception of home is their birthplace. However, for some participants, and similar to the findings of Lykes (1989) and Buijs (1993), they now feel at home in England because they have put down roots. Thus, although for many of the participants their places of residence have changed, it is their birthplace that remains their true home. However, as mentioned for many, as they have children and grandchildren now in the UK, these ties prevent them from leaving. As also found by Lykes (1989) and Buijs (1993), the UK for some participants has now become like an adopted home, or as Brah (1996) noted a home amongst many.

Migrants and the impact of interconnecting identities – discrimination
Intersectionality enables the exploration of the relationships between socio-cultural categories and identities (Crenshaw, 1995; Knudsen, 2004). In attempting to see how identities are represented it is important to consider how they interconnect in relation to the research participants. In this sense the challenge is to consider how the identities of age, race, gender, locality and class intersect. Knudsen (2004) argues that the purpose of intersectionality is to

focus on diverse and marginalised individuals and it is evident from the participants' responses that certain identities have led to multiple inequalities, marginalisation and discrimination. Indeed, as previously mentioned, different ethnicities are invested with different values. This means that for some groups, such as migrant individuals, their identities are tied to a negative public image. As migrants they are thus more likely to suffer discrimination from the dominant ethnic group, as they are perceived to be the 'other'. In addition they are more likely to face barriers to positive economic opportunities. Erel (2010) argued that most migrants to a new country experience a de-valuation or non-recognition of their skills due to racist labour market structures.

Most of the participants came from islands that had been colonised by the British. Similar to the findings of Fanon (2000), the participants experiences were very different to what they expected. The participants were asked about the treatment they received by White English people when they first arrived in the UK and about the job opportunities that were available to them. Diana commented:

> *Them White people. They usually treat us Black people as if we are trash. You walk on the road and some of the bunks (bump) into and (say) why don't you go back to where you come from, you Black bastard.*

Similarly Annie says:

> *When we did first come here they did not treat us like we were human beings. They treated us like, well they treat the animals better than they used to treat us.*

As marginalised individuals, both Diana and Annie were subjected to discriminatory treatment. They occupied a subaltern marginalised position. O'Hanlon adds:

> *The subaltern is rendered marginal….in part through inability, poverty... lack of leisure and... inarticulacy to participate in any significant degree in the public institutions of civil society…* (1988:99).

Within the UK, marginalisation through multiple inequalities has enabled an unequal field of power relations to develop, within economic and political structures (Grosfoguel, 2004; Knudsen, 2004). The dominant groups in a society are therefore able to use their positions at the detriment of individuals classified as being inferior to them. Such classifications are related to the history of the racial/ethnic construction of groups and have placed African Caribbean individuals in inferior positions (Grosfoguel, 2004). Hence, the theory of intersectionality reflects the minority culture and how power is constructed through the interconnection of identities. Diana discusses how job prospects were very limited for working class Black women at that time:

> *…we couldn't get the good jobs the White people were getting, so low class according to them…those top jobs were for White people, not Black people, that's why we all end up working in textile mill not one Black people never get a good job.*

It would appear that Diana's combined statuses of race and class were the reasons for her difficulty to get a good job and being discriminated against. Such experiences are similar to the findings of Chima and Wharton (1999) who found that the combined statuses of being Black and a woman meant that many African American women were discriminated against in the workplace and excluded from good positions. Similarly Kennelly (1999) found that employers routinely disadvantaged Black women on the basis of their class, ethnicity and

gender. Kennelly (1999) found that Black women were negatively stereotyped as being poor, working class and lazy. Further, Qin (2004) found that many participants referred to their devalued sense of self and in some instances powerlessness as they were forced to change from having skilled positions in their home country to having to undertake menial jobs. Tina notes:

> *Well I know you couldn't get, go anywhere and ask for anything like, well I was a seamstress at home and when I came here you went and asked for a job there, but they look at you once or twice and they said no. They send you to the Labour Office and when you go to the Labour Office all they could do is send you in the mill...*

Similar to the findings of Bryan et al. (1985) and Erel (2010), it did not matter whether you had previous qualifications or experience the only jobs offered to migrants were menial, low paid positions. Going for jobs which were advertised and then being refused the position was common amongst the participants. Mary gave another example when she states:

> *I was a seamstress and I went to em. I went to.... a sewing place … and when the lady saw me I told her that I came for a job because you know I was sent there and she said to me there isn't any vacancies, there isn't any vacancies …and that was it. But that was the job that I wanted.*

Mary was a seamstress by trade however, despite being sent the job from the Labour Office, when she was seen by an individual from the organisation she was refused the job. Arguably, this refusal was potentially a result of racial discrimination and the need to maintain the 'us' and 'them' binary and to keep migrants in their 'place' (Hall and Du Gay, 1996).

hooks (1990) suggests that identities are made up and developed through systems of power. It is evident that the perceived intellect and bodies of the migrants were seen as only being useful for lowly paid and menial jobs.

However, some migrants resisted this type of 'management' by those in power and chose to undertake alternative employment. This is shown in the quote by Helene and Pat where through resistance to the ways in which their bodies were managed, new identities emerged:

> *We come to the country, we haven't got a professional work, job, but we can learn to do something. Anyway we start working there together and em I think it might be 2 or 3 months and it was awful. The foreman and you know I never smoke and Pat never smoke and we have to take it in turns every weekend to clean the bloody toilet and the wash hand basin and all that. And talk about filthy because you know how they carry on they smoke and they throw the dust there and we were the one, the two Black was the one that was left to clean the toilet every weekend, we used to do it in turn… But I didn't think it was bloody right, so we decided then that I wasn't going to stay there.*

Helene and Pat refused the way they were being managed and they decided to look for alternative, although limited employment. For some participants then, the nature of their marginalisation can be empowering. Resisting the way the body is managed and movements towards sites of action/change can move the subaltern from a marginal position to a position of where they feel they have power. That is, the power of being on the margins (Grosfoguel, 2004). This was positive for the migrant's health and well-being, in that they felt empowered and were able to obtain alternative employment. Thus marginalised individuals can be both empowered and disempowered (O'Hanlon, 1988).

Some of the participants accepted employment positions in mills, despite not having the experience to undertake their particular role. For instance, on gaining new employment, Helene then arranged for her friend Pat to also find work at the same place. Helene said:

> *I start working and I get the job for Pat and she came and she start working there with me... I heard about (place of employment) and I went down one day and I took Pat with me and I said let's go down and see if we get a job*

and it's nearer anyway to (town). And (laughter), we went down there and I said to her, look if we go down there and they have 2 jobs and if they say they want a capspinner and a cone winder I will say I'm the cone winder and you said you capspinner, because I was the sort of person who could pick things up quick, so I thought well. So we got the job and she said she can do capspinning and I can do winding and we both start the same time into that job. Me doing the winding and well girl, I struggle on that winding machine (laughter). It must have take me a good 2 weeks (Laughter) before I was able to manage it and the Foreman came in one day and he said to me, I thought you said you were a winder (laughter). Anyway he was quite nice and we met other friends there you know and loads of other people there and quite enjoy working.

Despite being from different islands, there was a strong bond between Helene and Pat, for example their affiliation to an ethnic collective identity and also their gendered identity. As migrants, there was a clear affirmation of 'sisterhood' between the two women. Helene goes on to state how she enjoyed working at the mill as they made lots of friends. The importance of collective identity and having a good social network is important to positive health and well-being (Wilkinson, 2003; Hughner and Kleine, 2004).

The formation of identity occurs through unequal relations of power and as mentioned such power relations, can subjugate some identities (hooks, 1990, Knudsen, 2004). It is evident that as Black, female, migrant workers the participants were the 'other', they were different from the indigenous population and discriminated against. However this discrimination differed in relation to the participants various identity statuses. At times it appeared to be their migrant or gendered identity which was being targeted, whilst at other times it was both their migrant, gender and class identity that were at the forefront. This example clearly shows how identities intersect to create multiple forms of discrimination. This is similar to Crenshaw (1995) who argued that research conducted on the poor and marginalised often included the class dimension as a root for

discriminatory practices. As migrants the participants had limited job opportunities which meant that they had to adapt to the working environment in the UK (see also Bryan et al. 1985; Qin, 2004). Despite this, some participants challenged the positions offered and gained other employment. In this way they were able to change from positions of inferiority to marginal positions of power. It is in discussing the treatment suffered by the participants that the importance of belonging to a collective identity became apparent in helping them to cope with this negative treatment and behaviour.

Collective identity

From the onset, the participants talked of their shared experiences, cultures and interests. This was apparent from their arrival in the UK where due to financial constraints each participant lived separately in a room of a house which was occupied entirely by other migrants. In most instances this was an unexpected event and the accommodation was poor (Bryan et al. 1985). This is shown in the following extracts from Mary, a focus group participant:

> *When we came to England. We hadn't house or anything like that. Sometimes you might have a room and in that room yourself and your husband or whomever and in that room you have to eat sleep and everything in there, in the same room. And then you share the kitchen and you share the bath. You had to put money in the meter, a shilling in the meter, sometimes you put a shilling in the meter, but because there is so many people in the house, when you ready to cook they use your money out. Some people they just used to wait until you put the money in and then they use it.*

This experience was common amongst most of the participants, all of whom found themselves in a similar position on arrival in the UK. A similar comment was made by Fran who talked of how she felt lucky because there was a tap in her room:

I didn't think I would be living in a room without proper sanitation at least, you know, a tap, but we had one room, a dodgy fireplace, wasn't working. We had this paraffin lamp had to get one and I was very lucky I had a washbasin in my room. I was the fortunate one. So at least I could make do with that and across from me there was a toilet... and there was the attic full of people, all the floors full of people…and we had to plug in money and if you ain't get there quick, use up (other residents) your two and six. Oh.

Clearly the participants shared similar experiences. Ahmed et al. (2003) also found that the sharing of such experiences can bind members of groups together (Ahmed et al. 2003). However, although all the participants were from the West Indies, they were not a homogenous group. There were clear tensions amongst some of the migrants from differing islands. For example Fran talked about her loneliness in the UK despite being with other Caribbean migrants. All the migrants with whom Fran lived were from a different island to where she originated. Fran said of the other tenants:

All from the West Indies. Most of the people, were fine, but you know when you're different? There were more people from the same (Island), so they all thing (together) and I was the only stranger. They (knew) each other and everybody and ting, and I was the odd one out. I was very lonely, yes. …at times you do feel lost cos at least if I am in any part of Trinidad I can get on a bus, get on a taxi and go home to my parents, or my cousins or aunt. There's always someone there and when you arrive (in the UK), by gum and for the first time it hits you, I'm alone in a big country miles away, 2 weeks or more away from everyone and then it hits you. And then the loneliness hits you.

Fran felt very much alone, being the only migrant from Trinidad. Similar to the findings by Buijs (1993), Fran's feelings of loneliness made her question what she had left behind in her homeland. Lorde (1984) and hooks (1989) talked about sisterhood and feelings of commonality being important in the construction of a sense of belonging. Fran did not have such feelings and the fact that she was from a different island highlighted how difference and otherness can prevent individuals from feeling part of a collective. However,

Fran goes further to explain the relationship she had with a woman from another island that she met in the working environment:

> *There was a section of Jamaican community, well they all from the same ting (Island) and they all get together and while I was working in the hospital I meet a lovely lady Nelly and she was welcoming and I used to go by her, but my husband you know, he had a perception about anybody, other than people from his island. And he didn't like me thinging (socialising) with Jamaicans, which, (she) was a lovely old lady who had a husband. Used to be so nice on a Saturday, popping in and seeing her, you know and getting to know about Jamaica because I never know about Jamaica at all.*

Fran's relationship with the Jamaican woman was important to her, so much so that she went against her husband's wishes. Similar to the findings of Gedalof (2003), Fran's feelings and actions show that despite tensions, it was important for her to be connected to other female migrants. Indeed learning about the home-life and homeland of the Jamaican woman meant that Fran was able to realise that they had shared interests and shared some cultural norms, despite their different homelands.

Lucy shared a house with migrants who were from the same island. However, not only were the migrants from the same island, they were also from the same district. Lucy states:

> *My husband landlord was from the same Parish and same district from where we from (In Jamaica) so it wasn't bad for us. Most of us from that district was living there… so we knew one another from home, so it wasn't bad. But for some people I know it was bad, cause only the Jewish would rent you a room. The White people wouldn't have you because you're Black. Times were hard ... It was hard when we came, it wasn't easy, wasn't easy, but we get along alright. Cause, like I said we were lucky because we knew everybody cause we all from the same district, you know so it was alright then.*

The participants came to the UK as a group of islanders, rather than a group from the West Indies. Having fellow islanders around her made Lucy have a

stronger sense of belonging in the UK. This differed greatly for Eileen who found that the lack of a friendship or relationship with migrants from a particular island in her place of work had a negative impact on her health. In her extract Eileen, a Jamaican, talks of migrants from Carriacou being racist towards her. They were cold and unfriendly. Such was the effect of the environment that she left the place of work. Eileen states:

> *I work in the mill, that was my first job and I become a winder and I work there for a long time and then I get fed up because there were these people from Carriacou and they didn't like Jamaican people, they didn't get on, I don't know what about it, they never speak to me. I work there for 6 months and none of them never speak to me. They always go to they selves so I always sit by meself and I get really depressed….. So I just leave there.*

Socialising is clearly important to mental health, and being alone in a new country can have detrimental effects on an individual's health and wellbeing (Wilkinson, 2003; Hughner and Kleine, 2004) (see also Chapter Eight). However, Eileen goes on to state that she found another job, where there were many migrants from the West Indies and she enjoyed working there. Clearly this new place of work did not solely have employees from one island, but from many Caribbean islands and Eileen felt a part of their collective group. She added:

> *I went up to (name of company) and I work there because there was a lot of West Indian people there and I worked there for a long time.*

As mentioned, collective identity can refer to an individual's sense of belonging to a group and it is evident that in some instances, participants did not feel like they belonged to a group. This highlights how identities are in flux and always changing. Some individuals felt they did not belong to a group, because of their differences that characterize an aspect of belonging (Cornell, 1996). Lorde (1984) and hooks (1989) argue that in understanding the experiences of

women, it is important to recognise difference and dismiss the notion that all women are the same. Clearly all women are not the same and although all the participants are migrants from the West Indies they have diverse experiences.

Maintaining their cultural identity and having the freedom to do so was important for all the research participants. In the early years this was achieved through social events and gatherings. These events reduced feelings of loneliness and were very important for their happiness and well-being (Wilkinson 2003; Hughner and Kleine, 2004). The participants spoke of living in the locality, but not necessarily in areas predominantly housing other migrants from the West Indies. This was clear when Annie said:

There wasn't a Black community, but if you worked or lived amongst Black people, when come like Friday night when nobody aint working anywhere, the whole group of people would get together, men would play the dominoes and women might just sit and watch, but whatever they had, you all would have a drink and a bit of something to eat and that was our little meeting, just wherever you live, you meet together.

Annie suggests there was not a 'community'. However, what was important to her was that these social events existed and took place. As previously mentioned, food and drink played a part in maintaining homeland customs and maintained their gendered identity with the women watching their 'men folk' play dominoes, a customary practice in the West Indies. However, the women did not solely 'sit and watch'. The gatherings enabled them to talk about their experiences and share stories with other women. Of equal importance to the participants was the ability to have social events in a safe environment and indeed such gatherings often took place in the migrants' homes. Here they would have discussions about their homeland and the families they had left

behind, eat and drink homeland produce, listen to music and sometimes pray. Indeed Lucy said:

On a Saturday evening we all meet in one room and we talk about home (laughter) and different, different things. It was alright, alright then, we were happy.

Further on this point, Annie said:

To me the women could get together and you could talk and chat it was good... Because you in a strange place and everybody don't want to go out, so it was better to stay sit and chat where you know you will be safe.

The practice of getting together occurred frequently for the participants, usually on a weekly basis, maintaining their cultural identity was a shared event and everyone played their own role. However, the freedom to express their cultural beliefs (see Hall and Du Gay, 1996) was not welcomed by some English people. Most of the participants spoke of their cultural events being cut short. For example, Mary, a focus group participant said:

Sometimes, every Saturday night different people used to have a bottle party, like everybody bring a bottle and then we used to enjoy we selves, but sometimes when you enjoying yourself police come because the neighbours, the English people ring the police and say that we making noise.

This comment by Mary was agreed by all the other focus group participants, who were angered when complaints were made. As mentioned by Hall and Du Gay (1996), through these events the participants were maintaining their cultural identities, however, such representations were contested by some English individuals. Both Brah (1996) and Hall and Du Gay (1996) argue that the changing nature of cultural identities means that certain representations may be acceptable in a given situation and not in another. Brah says:

'The dominant culture represents itself as THE culture. It tries to define and contain all other cultures within its inclusive range. Its views of the world, unless challenged, will stand as the most natural, all embracing, universal culture. Other cultural configurations will not only be subordinate to this dominant order; they will enter into struggle with it, seek to modify, negotiate, resist or overthrow its reign' (1996:19).

Music has an integral place in the cultural upbringing of the participants. The music played at the parties was from the West Indies, which often had lyrics relating to life in the homeland. Such music was thus important to the participants in reminiscing and remembering their culture. However, although there was some resistance, the bottle parties stopped.

Similarly, Gilroy (1990) commented on how music was a very powerful tool in highlighting struggles. The relaying of information through music and raising the political cultural conscientiousness of the listeners, has been a part of the African diaspora from the days of slavery. He further commented on how music supplied individuals with courage to keep on going through adversity and difficult times. The practice of arranging 'bottle parties' and events stopped due to the complaints that were made. The participants were clearly saddened by the loss of such events, which helped them to maintain their cultural identity. This is clear in the following extract between Mary and Tina, both focus group participants:

Mary*…all of a sudden it just die out now, the party just, you know* Tina*…yes party was the best thing*
Mary*…yes and you know then we used to enjoy we selves and make friends and things (focus group participants agreement)*

As noted by Grosfoguel (2004), the social events enabled the participants, as migrants, to fit in to an unknown country. Although the parties originally started in the homes of migrants, these followed with events at designated social clubs.

However, complaints were still made against the participants, including personal threats. Pat summarises this when she talks about the parties. She states:

...to help us to fit in and to accept things is when you have more of us coming here and getting together and doing your 'own' thing that when they set up the first club you know (mentioned 3 local clubs in area). Everybody could go and have a night out and enjoy yourself and then do your own thing, until when English people start complaining about noise and police keep knocking on the and keep threatening you.

Preventing the participants from holding their events is similar to the argument put forward by Hall and Du Gay (1996) where they refer to migrants having to know their place. Being in a host country, migrants had to adapt and change their cultural identity to fit in to be accepted (Grosfuguel, 2004; Qin, 2004). However, as also found by Fanon (2004), the participants were not accepted by everyone in the host country.

Medina (2003) argues that such cultural gathering's where individuals share customs and practices and have a shared identity has the potential to empower those individuals and develop their political identities. However, placing individuals into such fixed groups can maintain essentialised identity boundaries and maintain the 'them' and 'us' binary.

Cultural identity and maintaining such can be seen as a form of political representation (Hall and Du Gay, 1996), however, what is also clear is that identities are fluid, undergoing constant change and manifested through various sites of representation, which enabled the participants to adapt and cope in their 'new' environment (duCille, 1996; Hall and Du Gay, 1996).

Older African Caribbean women's cultural homeland experiences – differences and sameness

The lives of the participants in the UK continued to be shaped by the lives, customs and colonial legacies that they left behind in the West Indies. Unlike the migrant experiences noted by Buijs (1993) where migrants had to flee their countries for fear of persecution (see also Chambers, 1994) all the participants voluntarily left the West Indies. However, their individual lives in the West Indies differed according to their locality; for example if they lived in a town, or on an estate belonging to a landowner. There were also differences in relation to their upbringing and educational opportunities. Similar to the findings of Ward and Hickling (2004), many participants had had some involvement with agriculture and working in the fields during their childhood. In this respect, although there are differences, there are also similarities, particularly when the connection with food and religion are examined, as part of their homeland identities. (see Chapter Seven). This section will examine homeland experiences and how they have impacted on the migrants' identities.

Many participants had to do chores or work from an early age. For many this meant limited schooling. For instance, Lucy talked about her childhood and having to collect and sell produce at the market so the family could get an income. These tasks meant that she was unable to attend school on a regular basis. Lucy says:

> ...most my time spent collecting things to got to market twice a week and then we go to Kingston every night we used to sell in the market as well and that was most my, mostly my daily, weekly job. … I've been to school in between crops.

On the other hand Fran spent her days cleaning, again, often before she went to School. Although different to Lucy in that Fran attended school every day, Fran does not consider that she had a good educational upbringing as a result of poverty and living and attending school on a plantation. She says:

I usually clean out bedrooms, clean out the garden then have breakfast and probably get ready to go to school. Come back, you know and usually play games and we do our homework and then we can go out and play and when it get dusk, come back in… it was difficult for me to find work, because we was educated in the estate. Each estate had a school. We were very poor. Personally they didn't choose anybody will do because it was the workers on the fields, on the plantations children, so they didn't really put much into it in finding the right teachers or anything… I wouldn't say I had a good education as I would have liked.

Clearly Fran is disappointed by her educational upbringing. However, the jobs offered to migrant women from the West Indies, in the UK were menial. This was regardless of their educational background, previous employment or training. For example Ruth says:

(I was) infant teacher and I did it for 18 months. I taught from 5 to 7 year olds … I came to England with the intention to go to a teachers training course…You come and the only place they could push you was a mill, but I never worked in the mill.

Some participants did not attend school. For example Eileen was working as a maid full time for an English family. She mentions:

I was working as em with a family of 7 em, mother father and 3 children as a maid and em, they were English people and I was one of the maid who work in the house to help generally, to do the washing and to help the cleaning and to look after the children.

Pat differed to the other participants as she did not have to work to support her family and her days were spent attending School and Church. She says:

A typical day for me was just, from childhood it was good. It was strict upbringing. You couldn't do anything wrong, Church, Sunday school, school

and em my dad was very, very strict, even, we couldn't play out, we didn't know anything about playing out.

However on reaching the age of sixteen Pat talks of how her gender influenced the different tasks given to her, in comparison to her male relations:

...My mum used to get a washer lady to come and help her and she make sure that you clothes was not included, so me and me sisters clothes we had to do our own washing and the washer lady would wash for the boys and me dad and her and it was the same thing when it came to the ironing. We used to hide and pay her on the side, give her little things to see if she can press our clothes

Clearly, although the participants all came from the West Indies, they are not a homogenous group. Their early life experiences differed from their daily habits to educational chances, all of which impacted on their identity and sense of who they are. However, there were also similarities in terms of the production and consumption of food.

One of the ways in which the participants constructed meaning was through their experiences of food. Similar to Falk (1991) and Lupton (1996), for many participants food was integral to their lives and this is linked to their memories of childhood in the West Indies. Food was important, not solely because of its importance to their health, but also because of the belonging to a collective identity that food signified to the community (Lupton, 1996). For many participants their initial contact with food started with the actual planting and cultivation of home grown produce. For example, Pat said:

My dad was an agriculture and the food came from him and that was one thing I had to do. You had to go out and fetch the food and bring it home, cause once he goes away (to work) he's away for the day. So we had to go and pick vegetables and my mum would go and get the fish from the seaside and then we would make fish tea (broth). She used to go to the seaside 3 times a week. It's was a good life, your fruits and everything was just there.

Everybody had land with fruit trees and they would do their cultivating, planting their peas, and the corn, so you would get fresh foods and fresh fruits you know, that's why you can tell such a difference when you come here (UK) and you get these things you know they're not fresh because they have to come from such a far away. You know, I mean my dad used to plant the okra and the spinach, you know.

It is evident in Pat's account that the connection with food involved the family and community; it was part of their shared collective identity. The food signified togetherness, but also showed the importance of production of food within the community which helped to maintain cultural traditions. These acts serve to reinforce collective identities and show the connection between individuals with a shared country of origin, food, shared interests and shared common goals (Cornell, 1996). Similarly Annie talks about her parents working in the food market. She commented:

Well my mum used to sell vegetables so is my dad. Used to grow vegetables and then go to the market like how you will do it here and sell it, so they used to sell all sorts. Sweet potatoes, yam, berry fruit, carrots all sorts of vegetables. Some were growing on our land and some we used to go to other people and buy them from them and we used to help and that used to be really good.

Although Annie clearly enjoyed her experience, for many of the participants, doing such chores was not easy. Jean mentioned this when she said:

She (mother) was, they work in the farm and with all the animals and then she cultivate coffee and ginger, corn, peas, coconuts, mangoes. And we've got all that to do, keep up to it, so it was hard going really. But that's how you've got to make your life and to earn money. You've got to do those things, to earn some money.

It is clear from some of the comments that women had a large part to play in the production of food. Food was not only a source of nourishment, but through the process of cultivation, reciprocity and sharing it was also a source of maintaining the interconnectedness of both cultural and ethnic identity (Hall and Du Gay,

1996). This point was also mentioned by focus group participants when they were discussing things that helped to keep them going in a new country. This is clear in the focus group comments from Tracy, Ruth and Lucy:

One little thing again if our food, if we didn't keep up to it we wouldn't (Tracy) have been alive today (Ruth)
Well, that's what we used to isn't it. Sometimes you might have a little say, bangers and mash and thing (English food) but it's not the same, it's not satisfying. No, you like your hard food. (Lucy)

The participants recognise the link between homeland food, diet and health and wellbeing. For the participants, West Indian food has a moral inscription. For example, the aforementioned quote shows how the food is described as nutritional and nourishing. Thus the consumption of West Indian food is indicative of caring about and controlling your health. On the other hand, 'bad' food, that is food not from the West Indies, shows a form of moral weakness. West Indian food and cookery practices clearly hold an element of identity boundary maintenance, a distinction between the migrants and their homeland and White, English people (us and them) (see Hall and Du Gay, 1996).

The use of herbs and food produce from the West Indies enables the participants to not only maintain their links with their home, cultural and health practices, but also helps to connect them to a homeland and cultural identity. Such identity statuses merge and intertwine. The consumption of food and beverages reminds migrants of their homeland (Ahmed et al. 2003; Brah, 2006). Also, home grown foods are seen as being 'purer'. The sense of taste is a retaining memory link between the participants and their homeland (Ahmed et al. 2003). For many participants food was important for them to maintain their religious identity.

Summary

The aim of this chapter was to show how the participants' experience have shaped their identity and influenced their health and well-being. It is evident that there is much interplay between identity statuses, from how the 'self' is performed (Lyotard 1984; Bauman, 1992; Hall, 1992; Roseneil and Seymour, 1999) through to collective statuses and being part of a group. On arrival in the UK the participants found themselves in a strange land and their comments, as they reminisced about their homeland, were clearly linked to their senses and notions of home (Ahmed et al. 2003).

Being away from home and having to cope in a new country affected the health of many of the participants. In addition, many of the participants were discriminated against in the workplace. Despite some participants being qualified or having experience in particular roles, these were often ignored and the participants were offered menial positions. In this way they were marginalised and suffered from having to undertake inferior positions. The participants had to renegotiate their identities and learn to adapt in the new environment (Qin, 2004). Such positioning served to maintain the 'them' and 'us' binary by those in powerful positions and kept the participants in their place (Hall, 1996). It was during such difficult times and feelings of loneliness that being part of a collective group became important (Hall and Du Gay, 1996)

Although all the participants originated from the West Indies they are not a homogenous group. Thus although collective identity is characterised by individuals with a shared past and history (Cornell, 1996), there were occasions were some participants felt isolated and not part of a group. As migrant

individuals who shared common experiences, there was an assumption that there would be positive group membership. However, the intersectional nature of social categories means that a uniformed identity cannot always be assured and the negative effects of such can be discriminatory practices towards the 'other'. However, in the main the participants getting together with other migrants from the West Indies helped them to improve their health and wellbeing, in particular their mental and social health. Getting together helped the participants to maintain their cultural identity, whilst trying to fit in to the host nation (Hall and Du Gay, 1996; Grosfugel, 2004; Qin, 2004).

It is evident that it was important for the participants to maintain their cultural identity, through the maintenance of traditions and customs from the West Indies. Despite having varied upbringings, the participants all have a connection with homeland produce and foodstuffs. It is evident that the participants have knowledge and are aware of the discourse surrounding West Indian foods and the link this has with their health. For instance the participants knowledge of the labour, time and effort put into the cultivating and reaping of produce, its naturalness through the lack of pesticides and the good nutritional contents. Such knowledge and awareness helps to give the participants control and ultimately power over their bodies and contributes to the way in which they experience the world.

By examining participants' accounts it is possible to reach a better understanding of their interconnecting identity statuses. For example it is also evident that to understand identities, it is important to acknowledge and analyse the power politics embedded within them (hooks, 1990). Through examination of

intersectionality and various identity statuses it is possible to see how the participants' accounts are based on practice and lived experiences. As migrants who were visibly different the participants' health has greatly suffered due to discriminatory practice (see Chapter Eight). However through their various identity statuses they have been able to cope within an environment, which some now refer to as home (Lykes, 1989; Buijs, 1993).

CHAPTER SEVEN

<u>Religion</u>

Introduction

In this chapter the empirical data relating to religion and its meaning to the participants are analysed in order to consider how different religious identities and selves are constructed and represented. As seen in Chapter Two, constructions of identity in which religion and faith play a salient role are becoming more and more significant, however, the relationship between religion, gender, migration and identity is arguably less developed (Smith, 2004). These issues, secularisation, the meaning of religion and how they pertain to the health and well-being of African Caribbean migrant older women will be considered within the context of the self and religious identity representations. This chapter is organised into three sections. The first section will examine religious practice and the migration experience, including traditions in the homeland and the maintenance of religious practices in the UK. The second section will examine the connection between religion, prayer and perceived health benefits. Finally the third section will examine levels of religiosity over the life-course.

Religious practice and the migration experience

There has been a decline in the number of individuals attending church as a form of religious practice (Bruce and Voas, 2007). Despite these changes the importance of religion to African Caribbean older women is strong. For many participants, having a faith, a belief in God and church attendance was an integral part of their religious upbringing in the West Indies (see also Carter, 1999; Holt et al. 2005; Wiggins, 2005). It was a common, scheduled event. Pat talks about growing up in the West Indies and the strict upbringing she had. She states:

A typical day for me was just, from childhood it was good. It was strict upbringing. You couldn't do anything wrong, Church, Sunday school, school and em my dad was very, very strict, even, we couldn't play out, we didn't know anything about playing out. On Sunday evenings after we finish Sunday school they gave us that little privilege to play.

Clearly Church and Sunday school attendance was a given, not something that could be challenged and seemingly as a reward for attendance, Pat was allowed to play out. The importance of religion in the participants' upbringing was again highlighted by Cath who said:

When I was growing up you know, we used to go to Church 3 or 4 times on a Sunday we used to go in the morning, go to Sunday school and go back in the evening again to prayer meeting you know. So like on a Sunday you used to go 3 or 4 times a day to Church. And during the week they have something and you have to go again.

Church attendance was very important and was not solely confined to one day of worship. However, for some participants it was not always possible to go to Church. In such instances different places of worship were arranged. For example Lucy states:

Growing up I do believe in God. I go to Sunday school when I was young and street meetings where we used to attend. If you can't go to church you go to street meetings... it's not a church but it's… prayer meeting or so. You go along when they have days of fast and thing and you can go as well, so I used to, I used to go around a lot with Christian people.

Although Lucy did not attend Church every Sunday, the street meetings seemingly took its place. Of importance was the collective, shared identity of getting together with fellow Christians, socialising and praying (Koenig et al. 2001). Thus although there are differences, a religious upbringing, attending places of worship and prayer meetings were an integral part of the participants' lives in the West Indies. Attending Church was part of their cultural, social and familial identity (Koenig et al. 2001).

On arrival in the UK, most participants wanted to maintain their link with religion through church attendance (Koenig et al. 2001). However many faced barriers. For example Jean said:

> *...when you get up on a Sunday morning, you have a very light breakfast and you look forward, say, you going to Church, but when you get up (UK), instead of you thinking about going to Church, you're around the bloody cooker, cooking Sunday lunch. It wasn't very nice at all, because when you think back (reminiscing of life in the West Indies) if I was at home now, either going to Church or coming from Church, you know what I mean.*

Jean discusses her reasons for not attending church and it would appear that attending church may have been a temporary release from her household chores (Wiggins, 2005). Jean also reminisces about the homeland and how if she was at home in the West Indies there was an expectation that she would have been going to church, or at least on her way back home from church, such was its importance. Another common example of a barrier to church attendance was through location. Fran said:

> *...We used to go every Sunday and then jobs take over, different shifts and then gradually you move out and it become further and further (away). Couldn't find one (a church) then when you did find one, it's way out and when you go there, you're the only Black person. And oh, a lot of other things and gradually we just stopped going...*

Although Fran attended a church on her arrival in the UK, it is clear from her comment that because of work responsibilities and moving to new locations, she was unable to go on a regular basis. This was in addition to feeling isolated at being the only Black person in the congregation. Similarly, Wiggins (2005) found in her research that many participants had a lapse of church attendance during their teenage years and early adult married life. Although Fran did not mention her marital status or young children as a reason for not attending

church, it is possible that these were contributory factors. It is possible that Fran would have continued to attend church (despite the distance) had she been made to feel welcome.

Clearly Fran stopped attending her desired church, with a main reason being its location. Similarly Jean discusses her lack of church attendance through locality when she said:

> *...When I first came I couldn't find a Church, so I didn't go to Church for a good period of time, until I come to live here and the Church is just (the Church is nearby). Hmmmm, maybe 4 or 5 years (did not attend Church).*

The location of a place of worship did not matter to some participants. For example when discussing her religious identity and the different choices she has made, Annie, on arrival in the UK attended and joined the Church of England. However, when this church which was situated in her local area closed down, rather than find another church of the same denomination, she chose to attend and join a Baptist church which was more conveniently located. Annie states:

> *I'm Baptist (but) I used to go to the Church of England but when it closed down I joined Baptist and we have a very good friendly group. ...just decide one day that I need to go and find myself a Church, and I went down in the Baptist Church, there in (same area in Church that had closed down), and I joined in. It don't matter what I do with my time during the week, I must find (Church) on a Sunday, it's very important that I go to Church and not only on a Sunday.*

In Annie's extract it is clear that she made conscious choices about which Churches to attend, ultimately choosing a church near to where she lives. As with many participants, maintaining a religious identity and being part of a collective group is important. In addition is the importance of being with a group of individuals who are friendly. In this instance it is apparent that a good social network within the church is important (Koenig et al. 2001). This finding was

184

similar to Scott (1995) who argued that the reason why some individuals choose to attend church is based on perceived costs and rewards. For Annie then, the rewards were benefits to her social health (see Kasle, Wilhelm and Reed, 2002; Naidoo and Wills, 2009).

Clearly for some participants church attendance was limited from the onset due to its location, work commitments or simply as a result of not being made welcome in the place of worship. Bruce and Voas (2007) argue that through secularisation there has been a decline in the number of individuals attending church. However, for the participants there were a number of factors that contributed to their non-attendance. Thus although there has been a general decline in the UK over the years amongst church goers (Bruce and Voas, 2007), this differs across ethnicity and culture. Indeed as alluded to by Jean, once suitable places of worship had been found, most participants had regular church attendance.

For some participants the church can have a pragmatic pull, even for those who are less interested in church attendance (Marks et al. 2005). However, this 'pragmatic pull' can create guilt. Despite the barriers faced, some participants were overwhelmed with guilt for not attending church. Jean says:

> *I would feel guilty if I don't go, say I get up this morning and it playing on me mind all the time. There's nothing stopping you from going to Church, why didn't you go, you know what I mean, then you feel a bit guilty then in the end and you look at the clock and you say, oh I should be coming out of church now and I didn't go.*

This shows the guilt that Jean would feel had she not attended church. Jean has a sense of commitment and motivation for attending the church. Hunt and Hunt

(1999) discuss the disempowering effect that churches can have on their members. They argue that moral pressures are put on individuals to attend services and to support the church. As such some individuals are not committed to the church rather they attend services because it is a norm. Similarly Fran said:

I'm sorry to say, but I doesn't go to Church anymore, honestly its very bad, but I doesn't. Bad of me. I don't know, maybe it's the upbringing, you know you should go to Church. Usually it's the time factor and then whoosh, I doesn't go, I tend to, it's awful really, I should go, you know, but I don't.

For both Jean and Fran church attendance is a part of their cultural upbringing, however it is evident how religion can be detrimental to health in the way that they both experience guilt through non-attendance.

Wiggins (2005) found that poor attendance during specific stages of the life-course is common. Feelings of guilt as a result of deviation from a cultural and homeland identity, was mentioned by Pat who said:

the way we brought up, because we brought up in a God fearing way that really, really helped. ..You knew Sunday and going to church, coming home, eating and going to Sunday school and when I see it doesn't make any difference, no difference and sometimes that guilt because that's the way you brought up…

Although Pat mentioned the way in which religion had been taught, she alludes to religion not making a difference in her life and thus the guilt she feels is a consequence of not following practices that she had grown up with (see Hunt and Hunt, 1999). The feelings of guilt can be connected to the participants' cultural upbringing when attending a place of worship was the norm. However, there is an element of a struggle for some participants, for example Pat feels abandoned by God or the church and believes that God cannot help

(Pargament, 1998). Thus, although for most participants', church attendance is the norm, for others it is not. Despite this, all the women collectively have a belief, even those who do not attend a specific place of worship.

Belief without belonging

It is rare for Black women to site distrust of the church as a reason for none attendance (Wiggins, 2005). However, although the participants never used the word 'distrust' it is clear there were a minority of participants who did not attend church on a regular basis. These participants have a strong belief in God, but do not see or feel the need to attend a place of worship as a consequence primarily of the behaviour displayed by fellow church goers and some of the church's teachings. Accordingly, this section will examine the notion of belief without belonging.

Similar to the findings of Davie (1994), several participants spoke of having a belief in God without attending a formal place of worship. Their reasons for this are based upon the teachings and behaviours of fellow church goers, but also on the past experiences that they had in initially finding a suitable place of worship. For some participants the fact that they are able to pray from their own home also meant a lack of need to go to church. Having a belief without belonging to a church was commented on by Diana when she says:

I don't go to church regular. You go there, you hear preaching, some of them don't know what they are teaching about and some of them they criticize people too much and they watch you from your head to your toe to see what you're wearing and after they say their remark on you. I don't call that Christianity and before I go to church and be that way. I don't bother you know! I stay at home and pray and maybe the Lord will hear me more and listen to me.

It is apparent that Diana's criticism of the church stems from what is being taught within the church and the inappropriate conduct of fellow church goers. She has a belief that God will hear her prayers at home and therefore does not feel the need to go to church. Similar comments were given by Helene when she said:

> *I am not very religious but I do believe. So actually from small brought up in Church of God, but I don't really go to church. .. am not em am not a church goer because I don't believe in em, some of their philosophy in the Church. I think some of them is too strict and some of them make themselves too Godly. So I, I eventually go to a Church but I will go to one that I feel right. I go to one that if I want to put my earring in I put my earring in and if I want to put me make up, I put my makeup. I don't use much, but I do. If I want to wear my trousers, I wear my trousers. I'm not being told that you're a woman you can't wear trousers you know that type of thing...*

Helene made it clear that she was not a church goer, but believed in God. Importantly Helene feels she will be judged by others church attendees and does not agree with the sermons. Similar to Diana, she prays and reads The Bible however she clearly is against some of the teaching from her original place of worship. Helene was disgruntled at some church practices where those in powerful positions (clergy) dictated what members of the congregation should or should not wear. This is similar to the findings of Krause and Tran (1989) where some church goers had increased stress levels through fellow members being critical of them, which could impact on their attendance. Helene was obviously against this and it is evident in her extract that clothing for example should have no bearing on reasoning's for church attendance. Helene being told what not to wear, because of her gender highlights the patriarchal nature of the church. Baer (1993) and Beit-Hallahmi (2003) found that the majority of senior, controlling positions within the church are held by men. A lack of power of the clergy to influence all parishioner's has arguably led to diminishing number of

church goers as some churches/religious beliefs are deemed not relevant to peoples real life experiences (Turner, 2006). In addition Helene's quotation shows how church attendance can have negative health benefits and can be disempowering (Krause and Tran, 1989; Lumis, 2004).

In her extract, Fran commented that it is not necessary to attend church to be a good person. She said:

> *...I don't think you need (church)...to be a good human being, if that's was the reason I put into my head. As a child you had to go to church every Sunday as I used to and in the evening, to be a good person... because the people around me, so much people like my dad who know the bible like the back of his hand, doesn't live by it, but preaches it!*

Wiggins (2005) argues that many children would not challenge their parents on church attendance in the West Indies. As such it seems that Fran feels a sense of betrayal and anger on the part of her father, who was not following the teachings of the church, although he seemingly discussed them. Her father and other influential others who did not abide by the church's teachings have led Fran to choose the option of having her belief without belonging to, or attending a place of worship. Such a negative portrayal of the teachers and teachings within the church was common amongst some of the participants. However, similar to the findings of Pargament (1998), this did not prevent them from turning to God at another stage in their life to help them cope. Indeed, not following the church's teaching is a common feature of individuals who believe, without putting such beliefs into practice (Davie, 2004). Although it is difficult to know what types of practices should be expected it is clear from Fran's extract that she would expect her father to follow the teachings of the Ten Commandments. She further adds:

You don't go to Church, but you talked about as long as you live a good life is that what you feel is important? You are not moralistic, judgemental, you're (not) hurt anyone, I think you are fine, you know I'll do anything for anyone, I don't need the bible to tell me that. I haven't really sit down and thought about it seriously and find a reason why I must go or a serious reason why I shouldn't. It hasn't registered yet, you must go because…or you mustn't go because…. There's no, I am sort of neutral.

Fran clearly weighed up the advantages and disadvantages of church attendance and chose not to attend (see also Scott, 1995). Diana had a strong belief without belonging, although she did not attend church on a regular basis in the West Indies. This has impacted on her choosing not to attend a place of worship on arrival in the UK. Nonetheless, she continues to believe in a divine being, which influences her spiritual sense of self and similar to the findings of Pargament (1998), she believes in the power of prayer. Diana articulates this by saying:

I am a believer in God. Believe in God it make you feel, make you feel good yeah. I believe in God and I trust in God and I pray and em pray for his love, his blessing, his kindness, to keep us away from evil, to provide for us, you know, all sorts

Similar to the findings of Krause and Tran (1989) and Koenig et al. (2001) Annie has a strong belief system without her beliefs she states that her life would be meaningless. Annie states:

…Deep in my mind, I think, I pray to God…You got to hold onto a belief otherwise you do nothing. If I didn't believe in my religion I think my life would be just up and downs with no place going, but if you got a religion you give a lot of things you want doing. You don't give up everything you give a lot of things, but stick to your religion.

Annie's belief with belonging is similar to other participants. Belief without belonging is common in today's society (Luckman, 1967; Davie, 1994). As shown, it can signify a separation from the Church and its teaching, or a belief in

private meditation. Alternatively and as shown by Annie, belief without belonging did signify a separation from the Church, however, her belief system and private meditations were based on her existing religion (Hanegraaff, 1999; Davie, 1994).

Many participants did not differentiate between religion and spirituality (Koenig et al. 2001) however Helene refers to her spirituality when she discusses her non church attendance and belief in God:

> *I think my own spirituality is more important. I know that em as I said, I believe there is a Creator. There has to be a Creator, but em, I try to read the bible… I believe if you can live to the 10 Commandments you're half way there. And I don't believe I have to go to Church and shout and carry on, to show that I am a Christian. And I do Christian things.*

As mentioned by Hanegraff (1999), and evident in the extract from Helene, being spiritual and having a belief can serve to simplify and extend religious meaning. Similar to Vanzant (1992), Helene's spiritual identity is concerned with the purpose of life and her maintenance of the Ten Commandments. For Helene and other participants who believe without belonging, they reject the structure of religion in churches and their spiritual identity enables them to have a more enriched existence. The comment of churchgoers 'shout and carry on', shows that Helene additionally has a suspicion of individuals who are too public with their displays of belief.

Women's roles in the church

The significant role of Black women in the church has been evident for many years (Carter, 1999; Holt et al. 2005; Wiggins, 2005). As shown in Chapter Three, the church has many roles from social, emotional and educational guidance programmes through to encouraging political activism. In addition and

as mentioned, the number of Black women in the church is increasing. When questioned about her church involvement Tracy said:

(I) like joining (in) things, going places. I am a Eucharistic minister now you now (proud).

Tracy has a professional role within the church as a Eucharistic Minister. This role in the past was conducted by male members of the clergy, which as previously alluded to, has seen a decline in numbers. She is proud of this role and sees it as a way of giving something back to God, for all He has done for her and her family. Tracy additionally talks of participating in church based activities and attending church based social outgoings. Such activities clearly benefit Tracy's health and well-being, indeed, Ellison and Levin (1998) found that such activities give positive holistic health benefits. On a different scale to Tracy, Eileen talks about her being involved with the church now that she has given up work. She states:

But em, since, I have the children and see what life is like , working in the hospital, give up working, going round to see people what less fortunate, what live by theyselves, not able to move and you just go and sit down and talk to them.

For Eileen, as she reminisced on her experiences, she clearly decided that after her children had grown up and left home and she had retired, she now wanted to continue working for the church. Such a role entails her visiting individuals that are less fortunate than herself, individuals that are isolated and infirm. Eileen talks about visiting these individuals and talking to them. Similar to Ellison and George (1994), it is apparent that it is not solely Eileen who receives social health benefits through the delivery of such support, but it also benefits the recipient.

Although the church can arguably have a disempowering effect on participants by keeping them in inferior positions, having a distinct role can also be a source of empowerment (Koenig et al. 2001). Although none of the participants had senior positions in the church, they had meaningful social identities and personal senses of achievement.

Religion, prayer and perceived health benefits

The salutary effects of religion as a method of coping have been well documented (Colantonio et al. 1992; Ellison, 1994; Koenig et al. 2001; Levin, 1999; Benjamins, 2004). Many participants talked of the life-course, discrimination, racism and inequalities that they faced in the UK. Indeed for some, such treatments can be attributed to their poor health status today. However, for many, it was their religion and belief in God that enabled them to maintain their health and cope with the hardships (Graves, 1994; Paloutzian and Kirkpatrick, 1995; Ellison and Taylor, 1996; Haight, 1998; Carter, 1999). This section will examine the perceived health benefits of religion for the participants and will also consider the possibility of negative consequences from religious belief and practice.

Coping with ill health and encouraging healthy behaviour

Religion and the power of prayer are central to many participant sense of self, and this is linked to how they have managed to cope through hardship. Although such beliefs are not limited to African Caribbean women, there is much research (see Koenig, 1994; Wiggins, 2005) that suggests religion and its associated practices are very important within their lives when compared to other ethnic

groups. This section will examine the importance of religion in African Caribbean women's lives.

As alluded to, one of the key factors of the important role that religion has in the lives of African Caribbean women is that it is part of their cultural upbringing. The women's lives in the West Indies were often based around the church, religious teachings and practices. However, religion and prayer were also important because of their perceived inherent abilities to help individuals cope through hardship and adverse events (Koenig, 1994; Wiggins, 2005). The participants were asked about the importance of religion in their lives. Pat discusses this and says:

> *It is important because it makes you live your life in a better way, it makes you talk to people in a better way. I'll go and I'll talk to people. You have a little conversation that person might live on their own and they don't talk to anybody, it makes that persons day. And you might meet somebody and their face is like that (sullen look on face) and by you smiling they smile back, so it makes a better world don't it and it make you feel, you know, I've done something good, you know that feeling, you know. That is how the Lord says we should live, we all brothers and I believe he is the Father, he is the Father of us all, irrespective of all the, every person is unique there's no two people alike, God's power, God's ruling, God's mercy, God's blessing, God's everything to me.*

For Pat, religion is not solely about the self, but also, as found by Kasle, Wilhelm and Reed (2002), refers to social health and the forming of relations with others. Pat forms new relationships to make the lives of others better, even if this means striking up a conversation with someone she does not know. She additionally refers to moral teachings and how her behaviour is shaped by how 'The Lord' indicates individuals should live. This is similar to the findings of Ellison and Levin (1998) who found that kindly acts towards other individuals form the basis of many theological teachings. Pat's comment is closely

connected to her social health and the positive feeling that she has when she has helped someone (Pargament, 1998; Koenig et al. 2001). This relationship with others is similar to Annie's response when she talks about religion and her life:

> *Well religion has made a lot impact to my life, because before when I would get angry with people I don't get as much angry with people as I used to, you know.*

Clearly then religious belief is linked to behaviour and can help in the maintenance of a sense of control (Ellison and George, 1994; Marcoen, 1994; Pargament, 1998; Black, 1999). Similarly Janet said:

> *(Religion) It make you stronger, it make you a stronger person you know, it make you a better person, it make you able to forgive, when you think there's no forgiveness at all. It make you able to Love (group agreement) people that sometimes does you something terrible wrong, you can turn round and love that person.*

Religion is important to Janet as it makes her a stronger person, both mentally and emotionally. It is clear then for Janet that religion helps her to maintain moral order by not necessarily changing her behaviour, but by enabling her to rationalise the actions of others and not internalise their negativity (Durkheim, 1961; Krause and Tran, 1989; Pargament, 1998). Similarly Graves (1994) found that women were able to balance the injustices of their life with their spirituality, which enabled them to accept and understand. Thus there is a shift from being angry/ resentful to being able to 'love' the perpetrator. Similar to the findings of Paris (1995) and Morell (1996) such a change of approach can serve to maintain well-being, rather than the destructive elements on health from bearing grudges or thoughts of malice. However, the acceptance of such negatives events can additionally be detrimental to health. Both Black (1999) and Wallston

et al. (1999) found that individuals should not negate their own sense of responsibility when dealing with stressful events. For instance, not challenging unacceptable behaviour may mean that an individual's position remains unchanged.

Additionally Gloria adds that religion is important to her because:

> …there's a right and wrong way of doing things and it (religion) helps you to not abuse your body and things like that. Its good, it contributes to it.

Evidently Gloria's religion and its teachings dissuade individuals from practicing unhealthy behaviours, as Stark and Bainbridge (1996) found. In this way religion is seen as a political tool, which is used to control behaviour (see also Ellis 1985; Stark, 1997; 1998; Koenig et al. 2001). Hill-Collins (1990) and Stark (1997) additionally argue that religion is used as an educational tool to educate believers in moral behaviour. This educational element of religious practices and behaviour is also mentioned by Jean when she adds:

> I would say it's very important, cause if you're a Church goer you learn a lot, learn a lot…

Jean goes further to explain how this is achieved collectively in church with an example to support. She says:

> First of all you think about the bible and you think about The Lord and you pray It works because sometimes things happen and you just don't know how it, it's like a miracle, it must have been The Lord…For instance, cause I know that happen to me a lot, and I'm saying to myself (in financial difficulty) and somebody might come and visit me and they say here love, it's not much, but take this (given some money) and that's come from The Lord aint it? He make a way aint it, he provide for me I know that happen to me a lot, a lot of time.

For Jean then, religion is important because when she calls on The Lord she feels that her prayers are answered. This is similar to Becker (1986) who argued that individuals engage in religious practices in the belief that they will be rewarded. Such rewards are similar to Jean's example where she received money from a visitor. Jean has the belief that when good things happen, such as receiving the money in a time of need, they come from The Lord. A negative to this however, is that Jean does not consider any other options to alleviate her misfortunes.

Religion clearly has numerous holistic health benefits for the participants, for example in relation to spiritual, physical, social, emotional and mental health and well-being. In addition, religion and its practices are used as a coping mechanism (see also Koenig, 1994; Pargament, 1998; Levin, 1999). Religion is a distinct part of the participants' identity even for those who do not practice religion is a part of who they are. It would seem that the strong cultural upbringing of the participants, has laid a foundation of moral behaviour. Religion is thus something which they are never completely separated from. However, that is not to ignore the damaging effects that religion can have, particularly when moral codes have been broken. For example some participants had feelings of guilt and shame when they were unable to, or decided not to attend church. Most participants were socialised into religion and its practices from a young age. As also found by Wiggins (2005), attendance at places of worship was the norm for many participants. However, the effects of such a form of social control can be damaging. When the participants were independent from their parental influences, they made their own decisions about church

attendance, despite feelings of negativity, which can be detrimental to both physical and mental health.

The power of prayer

The way in which religion and religious practices have helped the participants varies. For some participants it was through prayer and private meditation in the home place, whereas for others it was through church attendance and prayer within the church. Diana talks about how religion (a religion through private contemplation as she is not a church goer) helped her to cope with the diagnosis of a terminal illness. In a detailed account she talks of the moments she was given the news of her condition by the doctor, she states:

> *As I said I don't let anything bother me I just get on with my life, I don't care what. Maybe I think about it (the illness) for 15 minutes and afterwards that's it disappear, I don't think about it anymore. My sickness in hospital when the Doctor came to the bedside and closed the screen and she told me what was wrong with me and I said, I smiled, I laugh and I said what will be will be. Is only God can help me you know and when she ready to leave now she said, would you like me to leave the screen closed, to cry, think about it? I said, think about what?... I said no, don't close it, open the screen and I'm there laughing and joking with em them as if it's nothing, until now. I don't think about my sickness at all. (Relatives) them crying, my sisters I say what you crying for. Pull yourself together and don't be so stupid you know. I say its Gods will and thy will be done. If God wants me to get better he will heal me. If Gods says that's the way to go, then that's the way. It's up to him. Only the good Lord above can help me. He gave Doctors knowledge and understanding that's why he said when you are sick go and seek physician. … (Religion) help me out of my hardship and it help me with my sickness and it help me to survive a lot of stuff.*

It is evident that Diana has a strong belief in God and has given him the responsibility for her illness. In this sense religious beliefs can be disempowering as Diana does not seem to personally take any responsibility for her health, rather, she places all her control and decision making into Gods 'hands'. Such actions mean that she does not question the advice given by

doctors and thus puts herself into a position where she is unable to make an informed decision about her health. Despite the disempowering effect of her beliefs, Diana goes on to state that religion helped her with her sickness and similar to the findings of Koenig et al. (2001) helped her to survive many hardships. Although Diana does not expand on how religion helped, it is clear that her belief in God supported and helped her through her hardships. Similar to the findings of McGuire (1988) Diana found that the support she received from God was through her prayers being answered. Such beliefs have helped Diana to adjust her concept of self so that her illness and other problems are less of a threat to her personal identity. This is similar to Idler and Kasl (1997) who found that religion may help individuals to adjust their concept of self so that physical impairments are less of a threat. This is evident with Diana who relinquished her control to God. It may be important to have a relationship with God as it can provide a sense of empowerment (Wallston et al. 1999). However, despite this Wallston et al. (1999) found that individuals should not put all their control in God as this can reduce their personal level of responsibility and can heighten stress levels, when choices need to be made.

Lucy spoke about how her religion helped her to cope through a heart attack. In addition she attributed the fact that she is still alive to God. She states:

> *…during your sickness when I had this last heart attack, it was important, very important because I didn't know I could make it through you know. I was really, really, ill, really, my whole body was swollen, my whole body was filled with fluids and I couldn't walk, I couldn't breathe, I have to creep up the stairs and come down on my bottom you know and in that time you got to seek more of God and pray hard and it did work it work cause I'm still here yeah.*

Clearly Lucy has a strong belief in the power of prayer and prayer was important to her in the management of her serious illness. She talks in detail about the symptoms she suffered and how it was prayer that worked for her. Lucy does not talk about the medication she took for her illness; her recovery is all down to the power of prayer. Such belief in the power of prayer is similar to the findings of Ellison and Taylor (1996) and Dunn and Horgas (2000) who found that religious praying was valuable in reducing the recovery time of individuals with an illness. Further, Pargament (1998) found that positive health benefits through prayer were dependant on whether the prayers were habitual or not, thus if an individual did not pray on a regular basis, their prayers would not be answered.

Lucy's belief in prayer is integral to her religious and spiritual identity and also to her well-being. This is quite different to Jean who suggests that it is through church attendance that she is able to cope with adverse events. Jean states that attending church enables her to cope, for example with negative events by changing her behaviour and making her more positive (see also Pargament, 1998; Levin, 1999; Powell et al. 2003).

Jean was able to cope by not internalising external matters that have a negative effect on her health and well-being (Levin, 1999; Powell et al. 2003). She says:

> *(As) a church goer you learn a lot, learn a lot and you learn to cope with things better. First of all you think about the bible and you think about the Lord and you pray, either not to happen or make things better with you…It works because sometimes things happen and you just don't know how it, it's like a miracle, it must have been the Lord. Well, emmm, I can forgive people and I don't take things on board hard, if you know what I mean, I just let it go. Say if I go to work and someone upset me I'll just get on my hands and knees and pray to the Lord to forgive this person and when I done that I feel better.*

This strong belief in God and the power of prayer which encourages positive mental health and well-being is similar to other participants (Levin, 1999; Koenig et al. 2001). Tracy says that religion helps her to cope with day to day living. She suggests that through church attendance she physically has a place to go to where she can socialise with others. This means that for Tracy, attending a place of worship where there are others gathered is beneficial not solely for her spiritual health, but also for her social and mental health. The church as an institution and church goers in this sense gives her support and a sense of belonging to a community (Maton, 1987; Taylor et al. 1997; Ellison and Levin, 1998). Tracy mentions how the sharing of problems with another individual enables her to find alternative ways of coping. However, for Tracy it is clear that through her religious practices, she feels she gets support from God or his son Jesus. This shows that for Tracy, it is apparent that she feels her prayers are answered either by God or Jesus and that she feels better after she has prayed to them. Tracy says:

> *To me it gets you through a lot of. Say for instance problems of life you help us to face and when you have problems you don't, you have somewhere to go to. You have somebody else to tell it to … Lord so and so and then you go telling someone else. You tell it to Jesus…It's somebody there to talk to, somebody there to say something to and if you feel peaceful and feel content well that's it you know what I mean…feel better for it.*

Towards the end of the extract, Tracy makes it clear that because she feels that the prayers have worked she feels better. She says she has feelings of peacefulness and contentment, which are similar to the findings of McGuire (1988), Morell (1996) and Pargament (1998). However, there is no indication of what happens when such feelings are not apparent. Nonetheless prayers and her belief in them are clearly important. This differs from Annie who specifically makes it clear how God helped her cope. Annie talks about some Black people

who as a result of discrimination suffered from mental health problems. It is clear that she feels that she herself was not institutionalised, because God was with her. Annie states:

> *With God by your side you cope much better, because there's a lot of Black people that come here (UK) and a lot of them end up in the mental home, so therefore you got to have someone to call on to keep you going.*

Additionally Tracy adds:

> *You have to pray every day. Most people don't know. You pray for yourself, priest can't help you, only God can help you I mean it's just a matter, it's nice sharing (with God).*

This is very much like Pat who also states:

> *I pray all the time I don't only pray at, I pray when walking, I pray on the bus. I do everything. If I get up and I go out…and to me when I do that, I feel the benefit, I think I get a reward from it.*

Similar to Pargament's argument (1998), both Tracy and Pat believe that you need to pray every day to get benefits from God. Prayer is clearly something which is enjoyed and as many other participants, Tracy and Pat have a deep and meaningful relationship with him. This is similar to the findings of Marcoen (1994) where private contemplation was linked to positive health and well-being. However, as found by Black (1999) and Wallston et al. (1999), it is important to have a meaningful relationship with God, but not one in which God has total control.

Somewhat similar to Tracy and Pat, Annie does not refer to the need to share her problems with others to lessen her burdens, but rather she maintains that she receives all the necessary help and support from God. Nonetheless

202

attending church is a social event and support may also come from some fellow church goers (Maton, 1987; Ellison and George, 1994; Wuthnow, 1994). Pat feels that prayers can be said anywhere and at any time. She says:

> *I pray all the time …. I pray when walking, I pray on the bus…I … ask of the Lord, I didn't ask what he did for me, I ask him to take care of me and to guide me and I know he tells us cause I mean I know, because that's what the bible says and if you believe in it.*

In Pat's extract she clearly believes in the power of prayer, which stems from her own religious beliefs. Indeed Pat says that if you believe in the bible you will believe in the power of prayer. For Pat, praying to the Lord is her way of asking him to watch over her and to care for her and she believes that this works. Such an outlook provides Pat with positive health and wellbeing. In addition, such a strong belief can provide resistance to stressful events and ways to cope with negativity (Taylor and Chatters, 1986; Koenig, 1994; Morell, 1996; Chang, Noonan and Tennstedt, 1998; Pargament, 1998; Black, 1999; Koenig et al. 2001).

A belief in the power of prayer is clearly evident amongst the participants, particularly when it is linked to positive physical health outcomes. This is clearly articulated by Annie when she talks of being unwell. Annie states:

> *Sometimes I feel that I goes to bed and full of pain and I just talk to God and next morning I can get up and bear my pain and do what I've got to do, so whatever you believe in and if you really, really believe in God, that he is healing you, you will get up out of that bed and go. Because you pray to God, you know the pain ease up it isn't going away, it's going to come back, and as long as you say your prayers and you get up out of that bed and you put one foot forward, you will go, you know. Well, one night I went to bed and I didn't feel like I had no energy to even survive the morning to be honest and I pray to God and I done me relaxing exercises, next morning I get up and I was alright. I was really, really feeling drained and tired, I get up the next morning I was alright. Because deep in my mind, I think, I pray to God, and he hear my pray and he helped me to get up. You got to hold onto a belief otherwise you do nothing.*

This means that for Annie, her prayers in God were important to her because they helped her to survive the pain she had and also enabled her to be active. Similar to the findings of Taylor et al. (1997), her religious belief contributed to her resilience and empowered her. Even though Annie expects the pain will return, this does not diminish her belief in the power of prayer. Similar to the findings of Koenig et al. (2001), Annie has a firm belief that God has the ability to improve her physical health.

Similarly Diana thanks God through prayer for helping her through illness and for the life she has had. Diana says:

> *…I have to say thanks God, with all my sickness I never think about my sickness once. I just take life as it comes all the hardness that I have been though I don't think about it. I don't let it bother me I just try to get on with life you know and its God help me through that you know. I pray to God to help me to keep on with my life, and as far as I can remember I get on with my life and I just get up and go when I can or if I feel like doing it. I don't let nothing at all bother me and I am sure its God help me because deep down, things I've been through and my sickness and if I worry about all those things, crying, moaning staying in bed all day and night, maybe I wouldn't be here now because I've been though it I've been there and survived.*

In this extract, it is clear how strong Diana's belief is, not solely in God, but in the power of prayer (Morell, 1996). Diana states that although she has an illness, it has not preyed on her mind and she attributes this to God. It is God that enabled her to get on with her life as best she could, without thinking or contemplating the prognosis of her illness (Ellison and Taylor, 1996; Dunn and Horgas, 2000). Diana makes it clear that she was not an individual who was upset and stayed in bed all day. Diana firmly believes that without God in her life she would not have the emotional, mental and physical health benefits that she has and doubts very much that she would be alive today (see similar findings from Pargament, 1998; Koenig et al. 2001; Powell and Longino 2002).

It is evident that the belief in the 'power of prayer' is central to many of the participant's spiritual identity, indeed, the power of prayer, praying for oneself others and participation in group prayers has been well documented as a positive component in health maintenance (Bell et al. 2005; Benjamins, 2004; Krause, 2005). For many participants prayer plays a significant role in understanding their perceptions of health and their collective overall beliefs regarding health and well-being.

The importance of the location of prayer

In relation to prayer, the home was frequently cited by the participants as a place of solitude and a place for quiet contemplation. When discussing the differences between praying at home and in a place of worship and what that meant to their health and spiritual identity Jean said:

> *It's different at home, you can spend more time and concentrate on the Lord. Its peaceful at home, it's quiet so you can have a long prayer. Well, it's not the same when your praying at Church because when the Vicar says, let us prayer and then you sit, heads down. He will say a short prayer, Amen and that's it, but when you are at home you take a longer time. It sink in more.*

Jean additionally mentions that at home she can pray for longer periods of time which for her means that her prayers can have more depth and meaning as opposed to being in a church. Similarly, Cath distinguishes between praying at home and in church. She says:

> *When you pray at home you could talk out loud, but in church you have to speak to yourself. When I go inside there in the night (church) I think if anybody overhear they think I going crazy. (Laughter) Because you speak out loud.*

For Cath it is important for her to pray out loud. This belief in praying out loud so that God can clearly hear her prayers, is similar to research by Afshar et al. (2002), where a participant referred to shouting at God in private contemplation. Additionally praying at home means that fellow church goers cannot hear her prayers and subject her to ridicule. Lucy further says:

…You can tell the Lord about things you wouldn't pray about in the church or when you are on your own you can tell the Lord things that only him you want to know about it, but with the church now it, if you have something you want to tell the Lord about and you pray it out in the Church they go away (church members) and sometimes they think the wrong thing about you. So your things that you don't pray out in church, you do it home yeah.

This shows that for Lucy, prayer at home is important because it enables her to meditate with God. She can speak to God about her innermost, private thoughts, without the possibility of other church members knowing or hearing what she wants to pray to him about (Myers, 1980; Rupp, 1996; Brace et al. 2006). This private prayer at home is conducted in a non-judgemental environment and whatever is mentioned to God will remain solely between God and herself. Prayer is clearly powerful to her as a means of communicating with God (Myers, 1980; Rupp, 1996).

In agreement with Bruce and Voas (2007) for many participants, religion is clearly central to their sense of self and identity and their inherent beliefs, as shown reinforced through private contemplation, meditation and prayer. However, although many participants spoke of praying at home alone, Tracy talked about collectively praying to God in a church with other church members. She said:

When you are here (at home) you can still pray on your own, but where two or three are gathered in my (God's) name. When you go and you meet other people at the same (place). You pray together you feel good. Well I feel

good. When you in a Church you feel better because you have other people with you, yes other people supporting you. You know the spirit moves within you, with everybody. It's a different feeling and you have to experience it to feel it…What I have is within me. My faith is personal to me and not for everybody to know. I perceive my faith in my way and that's it. And that's how I feel I am quite content and satisfied.

For Tracy, although she prays at home, it is clear that she feels that when prayers are conducted within a church they are different. She has a belief that when two or three people are together in church, then God is with them. She enjoys the collectiveness of praying as a group, with the additional support of the other church goers. Tracy additionally talks about a 'spirit' which is within her. This 'Spirit' is God moving through her body and it is not clear whether or not Tracy believes this to happen solely in a church setting, or whether she can also have the 'Spirit' within her, whilst at home. Tracy is very comfortable with her faith and is adamant that it will not change. Similar to the findings of Koenig (1994) and Koenig (2006), prayer is clearly very important within Tracy's life. It helps her to maintain her health and is integral to her spiritual identity. The power of prayer is not solely confined to individuals praying for themselves. Different to Diana who talked about her own private contemplation and prayers with God, Lucy talks about many members of her congregation praying for her when she was ill and she attributes her survival to their prayers. She comments:

All my brethren (fellow church goers) and all churches pray and prayer helps, prayer helps, yes, prayer helps a lot, I don't think I would be around love, surely wouldn't be aroun.

This means that similar to the findings of Maton (1987) and Taylor et al. (1987), prayer for Lucy is a matter of life or death as she clearly believes she would not be here without it. Prayer groups and prayer in numbers is part of a collective spiritual identity.

It has been shown within this research that the role of the church was not solely for spiritual support and guidance, but it was also connected to the social and familial well-being of the community. Similar to the Durkheimian theory and that proposed by Stark (1997) the church additionally provides individuals with moral guidance. Clearly then, the church and set places of worship were central to the cultural upbringing of the participants. As both Holt et al. (2005) and Wiggins (2005), it appears that what makes the African Caribbean religion and practices different to other religions is its origin. The distinctiveness of the African Caribbean religions originated from the history of slavery and oppression. This is articulated by Rose when she says:

The history of being taken from somewhere in the Africa's being brought to the Caribbean as slaves and the only thing that was freely available to them was faith. The only thing that was freely available to them was this God who saw everybody as equal and if you read the Old Testament stories, God was always for the oppressed. God always released the oppressed and so therefore he was their only hope.

The belief that religion and faith in God stemmed from the time of slavery was apparent amongst the participants. Holt et al. (2005) coined the phrase soul theology, which pertains to such beliefs and it is evident that some of these beliefs enabled the participants to cope with hardship (see Ellison and Levin, 1998; Starks and Hughey; 2003). One such belief was that God was in charge of lives. This belief was clear in the comments of both Diana and Lucy when they spoke of their illnesses and how all their faith was in God. A second belief was that God would not burden a person with more than they could handle. This belief is evident in the discussion between Mary and Martha (focus group participants). They said:

…the more you have the faith, more you go through pain (Martha)

Yes (Mary)

Because God go through it you see (Martha)

Suffering as long as you're a Christian you go through a lot of problems eh (Mary)

For Mary and Martha, the more faith and belief in God that you have the more pain and hardship that you will go through. They believe that because God (Jesus) went through pain and this signifies that you are becoming closer to God if you also experience pain in your life.

Religion and ageing

There has been much research that has documented religion and spirituality over the life-course and most studies support the notion that levels of religiosity often increase among individuals as they age. Indeed it has been found that religiosity can protect against certain chronic diseases and can lead to increased longevity (Pargament, 1998; Koenig, 1994; Powell and Longino, 2002). This section will examine the connection between religion and the ageing process.

As previously mentioned the participants have been socialised into particular religions and have had religion and religious practices as a central feature within their lives over the life-course. For some participants there was a general feeling that they were more religious as they got older, whereas others indicated that there had been little or no change. When asked if she feels more religious now than when she was younger Eileen said:

Oh yes, in a way because when I was younger you have family ties and coming here (UK) you free for go where you want to go, partying and stuff you know, in them days and stuff you know. You go to church on a Sunday, but you come in on a Sunday morning and going to church (laughter), so it wasn't as strong then as now because you were young, God was there and

as long as you go on a Sunday and praise God, you've done your bit until next Sunday.

Thus although Eileen had a family, she was still quite religious, attending church regularly. Eileen does believe however that she is more religious now than when she was younger. Similarly Diana says:

When you're younger you do (not) think and realize what life is like, but when you get older, that's the time you realize and start thinking about life and especially what you passed though. It make you think more you know. And then you'll say Lord help me help me and you start from there.

For Diana religion (through prayer) helped her to put into context her youth and the trials and tribulations she had been through. As Diana got older, prayer enabled her to consider her health and life experiences and to appreciate them through her connection with the Lord. When reflecting on her life experiences in the UK and similar to the findings of Krause and Tran (1989) and Pargament (1998), Diana was able to see how her prayers had helped her to cope over the years, rather than prayers enabling her to cope with current hardships.

Tracy's account is similar to Diana. When asked if she was more religious now than in her youth. Tracy states:

You think about things more. You look into your life and see maybe where you gone wrong or what you did wrong. Because we all do something wrong. I never kill anybody or hurt anybody to that way, but there's things in life that you shouldn't do or say and you can reflect back on it and say Lord...and ask for forgiveness because we not all perfect. So that's why it's more important to me now. Because things will happen to me now and I will pray about it and I feel that I get satisfaction.

Again, Tracy links her increased levels of religiosity with reflection on her life experiences and she makes a connection with religion, identifying religion as that which helped her to cope. In contrast to the findings of Krause and Tran

(1989) and Benjamins (2004) Jean suggests that she feels more religious now than when she was younger because of her increased maturity levels. Further Jean states:

> *When you are young you don't take in these things serious, but as you get older they become more serious.*

Now that she is older, Jean, through life experiences has found that concerns she may have had when she was younger are now seemingly more important or have more relevance now that she is older. This may well link with additional responsibilities she now has (Idler and Kasle, 1997; Arnold, 2006). This linkage of the youthful years being somewhat carefree and having to be more mature and responsible in the older years is similar to the comment made by Tracy. Tracy states:

> *I am more calm down now....when I was younger I always remember I used to just go here go there...*

It is clear that in Tracy's account she places much more consideration on where she goes and what she does with her time, which refers in the main to her social activities. Tracy's account differed from Gloria's who was one of a few participants who linked her increased levels of religiosity with preparing for death, rather than age having an effect through greater maturity and responsibility:

> *Firstly we are not here forever and the Scriptures say it's about preparing yourself for the judgment day.*

This means that Gloria sees her level of religiosity as having increased due to her increased attention and thoughts to 'judgement day'. In essence, Gloria is preparing herself spiritually and emotionally for when that day comes.

The participants were of various religious denominations and although McClerking and McDaniel (2005) found that Black individuals were more likely to be successfully recruited to other churches if their friends or relatives attended, this was not necessarily the case for the research participants. Gloria changed her religion and place of worship as a result of not being supported by her church. Interestingly and contrary to the findings of McClerking and McDaniel (2005), Gloria actually moved from a predominantly Black church to one where the majority of the congregation was White. Clearly for Gloria, the ethnicity or sharing the same cultural upbringing as her fellow church goers was not a concern. What mattered to Gloria was to be in a church where she felt supported and cared for. Similarly Annie changed her church and religion, not through the advice or suggestion from a relative or friend, but more pragmatically, due to its closeness to her home address. Such decisions are similar to Mellor (2003) who argues that religion is a marketable product that individuals can purchase to satisfy their personal needs.

In the same way Jean talks about the friendliness of the congregation of her church. She says:

> *Well some are, some aren't, I've been going to that Church for over 15 years or more and I still can't get through to some of them, I don't even know some of them name to be honest. Some of them are nice and some of them if you don't say good morning, they don't say good morning, but I don't go for them, I'm pleasing myself, it's up to them.*

This shows that as Gloria, Jean is attending church for her own spiritual and moral guidance, and is unconcerned as to the attitude of the congregation who are not all friendly. Indeed, Jean makes it very clear when she states that she is

'pleasing herself'. Similar to Ellison and George (1994), Ellison and Taylor, (1996) and Wiggins (2005), church attendance and having a formal place to worship is important for many participants, some of whom have specific roles within the church.

Summary

Both Davie (1994) and Turner (2006) argued that there has been a decline in the number of individuals attending church. However, amongst the majority of research participants, religion and religious practices were integral to their lives. Similar to the findings of Wiggins (2005) the impact of religion clearly stems from their cultural upbringing in the West Indies. As shown, the importance of religion originates from the days of slavery when the participants' ancestors used religion as a means of coping with oppression (Holt et al. 2005). Although practicing religion through attending church was not a feature amongst all participants now in their older years, it was part of all their upbringing as children.

After their migration and as adults in the UK, the participants were in positions to make rational choices as to whether or not they maintained their cultural upbringing by attending church (see Coleman, 1990 and Scott, 1995 on rational choice theory and behaviour). Although some participants opted to change their religion or denomination the effect of not conforming to the 'norm' meant that they experienced an enormous amount of guilt, which, similar to the findings of Hunt and Hunt (1999), has had a negative impact on health.

213

Clearly the influence of religion is great, even amongst those whose beliefs have remained, but who do not belong to a specific church. Such findings resonate well with the concept of belief without belonging which is seen in our secularised society (Hanegraaff, 1999; Davie, 1994).

For some of the participants that had a role within their church it was identified as a form of payback. They felt God had helped them so much over the life-course and now that they were older, they wanted to help others. Many achieved such fetes by helping individuals that were less fortunate than themselves. Having specific roles within the church gave the participants independence, goals and senses of achievement. As mentioned by Wiggins (2005) the roles and activities of the participants within the church, not only provided the participants with health benefits, but they also served to show the huge impact that the church has on their religious experiences. Religion remains a powerful influence within their lives.

Similar to the research conducted by Koenig (1994) and Benjamins (2004) religion and communicating with God through the medium of prayer enabled many of the women to cope with hardship and discrimination. Additionally for some participants, prayers enabled them to cope and to come to terms with life threatening illnesses. Indeed, these participants had such a strong belief in God that they placed their lives within his hands. In such a way, religious practices for some participants were disempowering and had a negative impact on their well-being. Sole responsibility for their health was placed in God's hands and they negated all self-responsibility (Wallston et al. 1999).

All the participants prayed whether it was at home, in church or doing everyday activities. Thus although the venues were different, they all obtained benefits that transformed their lives from financial gains, to occupations, to prevention from being medically institutionalised. This concurs with Scott's (1995) argument that individuals engage in religious practices to gain some form of reward, however for the participants, religion and praying is more than achieving a reward or gain, it was about their history, maintaining their cultural and ethnic identity and providing them with a sense of belonging.

As found by Krause and Tran (1989) and Benjamins (2004), most participants indicated that their levels of religiosity had increased over the years and now that they were older, they felt more religious. The participants felt more religious because as they reflected on their life experiences, they realised and acknowledged the things that God had done for them. For the participants, being more religious was about showing gratitude and appreciation to God, rather than as argued by Krause and Tran (1989) and Pargament (1998), increased levels of religiosity being linked to current stresses and strains of old age.

CHAPTER EIGHT

<u>Health Experiences of Older African Caribbean Migrant Women</u>

Introduction

Knowledge of how health is constructed by African Caribbean older migrant women and its significance in their everyday lives is limited. The purpose of this chapter is to examine how perceptions of health and health experiences have been formulated and developed over the life-course. Integral to this chapter is the issue of how as migrants, discriminatory practices, limited career prospects and poor socio-economic status have affected the participants' health; further, how such experiences have enabled them to maintain and in some instances strengthen their cultural identity through the preservation of cultural practices.

This chapter is organised into four sections. The first of these examines perceptions of health and the effects of the environment on the participants' health experiences over the life-course. It also examines the impact that certain jobs have had on their health and how they coped with unfair working practices. The second section examines the importance of homeland remedies in the maintenance of both ethnic and cultural identity. Section three examines the participants' experiences in health care settings and shows how some of these have led to a mistrust of health professionals. Finally the fourth section examines the use of traditional remedies and how they sometimes conflict with those utilised by western medical professionals.

Perceptions of health

As mentioned in Chapter Four, much research has been undertaken to examine and explore perceptions of health and how such perceptions affect an individual's life (Calnan, 1987; Blaxter, 1990; Furnham, 1994; McKague and Verhoef, 2003; Hughner and Kleine, 2004). Research has shown that beliefs on

health vary according to for example, age, gender, social class, ethnicity, religious affiliation, closeness of extended family networks and education (Calnan, 1987; Blaxter, 1990; Furnham, 1994; McKague and Verhoef, 2003; Hughner and Kleine, 2004). In addition, notions of disease and illness inform health perceptions and attitudes. Smaje (1995) found that research on African Caribbean women is often biased towards their attitudes to health care and their use of specific health services, without consideration of other areas; for example how they define health, the connection between positive and negative perceptions of health and how such perceptions may change as a result of bodily changes and the ageing process. The participants for this research were asked what health meant to them. Diana said:

Well to me health is when you can be up and down, when you can look after your family if you have a family go to work, no aches or pains, no Doctors or hospitals or nothing. You're in health and strength if you don't go through those things you know... I was fit as a fiddle, you know running here and there. I was feeling so strong and I never even have to go to Doctor.

Diana refers to the fact that health is on a continuum in that it can go up and down. Diana also refers to health being 'no aches or pains'. Such a comment resonates with the biomedical definition of health where health is viewed as the absence of illness and disease (McKague and Verhoef, 2003). As with many participants, Diana focuses on her family suggesting that her health may not be a priority as her family responsibilities come first. She goes further to suggest that good health enables her to function and go to work. These findings are similar to McKague and Verhoef (2003) who found that health was described by lay individuals as being positive if they could work and carry out daily tasks. This quote from Diana is based on her past experiences, where she even describes herself as being fit, a term which is usually used by young people when defining

health. Diana makes reference to the fact that she never had to visit the doctors, a comment which was made by many participants. Good health clearly signified not having to go to a doctor, whereas poor health meant a need to seek medical advice. As Lyn notes:

Well I was alright you know. I was very. It was only of late I feeling sick and thing, but I enjoy health very good. Hardly was to go Doctor. You know I come to England and I never go in hospital. I work in hospital for so many years but I never go to hospital. The only thing I go to hospital for is a finger. I had a finger, chicken. Chicken bone did juck me in my hand and that is all…

Lyn talks about enjoying good health when she first arrived in the UK. She also alludes to her health deteriorating as she has become older. Lyn's comment of having good health on arrival in the UK was shared by many of the participants and is in line with research by Curtis and Hoyez (2009) who found that most young migrants, who migrate to a country on a voluntary basis for economic reasons, are often in good health when they arrive in the host country.

Research by Hughner and Kleine (2004) has shown that when individuals define health in a negative way it is associated with their body not performing as it should. For example strength, power and agility being lessened and the inability to do daily tasks. Diana said:

When you're not healthy you're always in the doctor's surgery or sometimes you end up in the hospital, you know you don't have no health or strength, your energy is going. You know when you don't have that strength your energy is going and you cannot manage to do things that you usually do. You having to fall back all the time, until you catch up. What you can do you do, until you catch up. So much like today and so much tomorrow and that's the way it goes. You know.

Cregan (2006) discussed the connection between illness and medical interventions and argued that the body is identified as a dissected object within the domain of the medical profession whose role is to fix or maintain the bodily functions. This ideology is similar for many participants who view Doctors and clinical settings in this way – places or people whom you see as a last resort that will make you better. Diana also talked about having limited strength and energy and also the ability to keep going, albeit at a slower pace. This means for Diana as with other participants that it is important to keep going and to maintain resilience (see also Wray, 2003).

Gloria referred to the western medical perspective of health when she negatively discussed health as being the absence of illness. She said:

> *Not being poorly. Unless its flu. You know some flu can be a day or two, whilst others can persist for a week and you might have to go to Doctor for something for your chest or so.*

For Gloria, poor health in relation to influenza is more-so if there is a need to go to the doctor. As such, having influenza without the need to see the doctor (one or two days) is less problematic. Similarly to Diana, Gloria re-inforces the linkage of illness being associated with having to go and see a doctor. Clearly for many participants going to see a doctor depends on the severity of pain or illness being suffered.

All the participants are older migrant women, aged between 60 and 75 years. For many their perceptions of health are also connected to their ageing bodies and the body's reduced capabilities (Powell et al. 2002). Both Jean and Martha

talk about having good health in their youth, but that now as they are older it is

not as good as it used to be. Jean talks of having arthritis and states:

> *As you get older you have all sorts of ailments don't you, yeah my health wasn't bad them days. I don't have good health now. I've got all sorts of complain, I've got Angina, I've got Arthritis, I've got bad back, sometimes my fingers them, I can't even [use], they're so stiff.*

Similarly Martha a focus group participant states:

> *I believe because your body change (with age) and I'm not on HRT, I believe that's the time we are having all the pain you see, I feel, but I just go from day to day and give it to God, that's my opinion…We used to do more exercise them years (youth) cos I used to walk everywhere I went. Now we're getting lazier, because I'm lazy, and I don't want to do nothing except curl up in the settee.*

Martha refers to bodily changes and pain that she is now suffering, a perception

held by many older individuals to signify the start of old age (Mowl et al. 2000).

However, when discussing her physical health she does not refer to an inability

to undertake exercise as a result of the ageing process, rather she construes

laziness as being a quality of old age and suggests that she wants to rest. Thus

although physical capabilities are often assumed to be lost with old age, this is

not the case for Martha, who talks about keeping going. This is a form of

resistance to the negative stereotypes associated with the western view of the

ageing process (Foucault, 1984; Wray, 2004). Martha has a deep faith in God

and puts her health in 'his hands'. That is not to say that she does not care

about her health rather that pain and suffering is to be expected, because Jesus

suffered. For example Martha went on to say *'the more you have the faith, more

you go through pain'.* (see Chapter Seven). It is important to note that

throughout the extract Martha moves from focusing on herself, to the collective

of 'we', encompassing the shared experiences of the group members.

Martha's comment differed from other participants, for example, Ruth and Annie referred to the importance of maintaining their physical activities, despite illnesses attributed to the ageing process. Ruth states:

With our age and the coldness, arthritis and rheumatism will creep in. Really we are not young again to say, but you've got to try and keep fit, but the pains will come you know, thank God I'm not too bad you know…

Annie commented:

I define health, I don't do too bad all to my aches and pains. I got my good days and my bad days, well the most thing bother me is...a trapped nerve in my back my sciatic nerve give me a lot of pain, but sometimes when I rest it's not bad, I can't complain for my years. I do pretty good, because I gets up and I go walking 3 times a week and sometimes on a Saturday. Well I haven't went walking for 4 (occasions), because I did looking after my grandchildren, but I goes up and meet up with the (health group) and them have all different groups of people all up in 86 (years of age) and 76 (years of age) and we go wondering all over the country and that's my best fun.

As many participants, Annie defines her health in a holistic way. In Annie's account she does refer to attending a health club and it may well be the attendance at such a club that has given her such a positive perception of her social health and the importance of her meeting new people (Jocelyn-Armstrong, 2000; Nazroo, 2001). Annie has a positive approach to her health and well-being. Similar to the findings of Kasle et al. (2002), for Annie, health is about good physical health, but also socialising with others and for example her grand-parenting.

The traditional western view of ageing has been linked to dependency, loss and a decline in bodily functions (Hockey and James, 1993). However, although many participants mentioned how their health was interrelated with their physical health and functional abilities, it was also evident in many interviews

that there was a need to keep going (Wray, 2003). Although some tasks took longer to do than previously, the participants were able and wanted to remain independent, without a need to depend on others. Their account of the ageing process differs to that outlined in Hockey and James (1993) because maintaining independence was connected to being resilient. In addition to this and as found by Foucault (1984), being independent, resilient and resisting negative stereotypes were important to the participants. The participants were in control of their 'ageing' bodies and of how their bodies should be managed.

The perceptions of health and health experiences of the participants are similar to other women who faced hardship and discrimination over the life-course whilst in the UK. However, the participants differ because of their cultural and ethnic backgrounds and the position that they hold in being situated at a point where two prevalent systems of oppression meet, that of race and gender.

Clearly it is important to understand the lives of marginalised African Caribbean women and examine the connection between perceptions of health, migration and their age. However another factor to consider is how the women make sense of both privilege and disadvantage over the life-course. These will be examined in relation to the health effects of residing in a new, but cold climate and in relation to their working life.

Effects of the environment on health

African Caribbean women have suffered from discrimination and faced marginalisation, both of which have affected their health over the life-course (Platt, 2005; Wray and Bartholomew 2006). For many participants, this

discrimination began as soon as they arrived in the UK. Many of the participants thought they would be made to feel welcomed by the host country however, negative responses, the impact of a cold climate and poor job opportunities meant that they suffered from accumulative disadvantage. The impact of discrimination has been examined in Chapter Six. This section will focus on the impact on the participants' health of the cold climate and poor job opportunities.

Costello et al. (2009) discussed the effects of a change in climate on health. They argued that negative health effects were often associated with poorer migrant members of the community and these effects were in turn, connected to contextual social determinants of health. There are significant differences in the health status of poorer minority ethnic groups, when material conditions, socio economic disparities and the environment where they reside are examined (Graham, 1993; Curtis and Lawson, 2000). Thus although some of the participants comments could be said for any group living in Yorkshire, it is different for them because the weather, climate, housing conditions and limited job opportunities are part of an accumulation of disadvantage, which has impacted on their health. When discussing the connection of the weather to their health, Lucy states:

> *The sun have a lot to do with it, with your joints you know. I think it's because the country (UK) so cold, your bones seem to be cease up or something….especially Yorkshire. West Yorkshire is very damp, yeah, very damp. …Its always damp Yorkshire, always damp and then it gives you all these pains over your body…*

As a migrant from a hot country, Lucy is attributing some of her ailments and poor health to living in a damp environment in the UK. Although weather affects individuals differently, during cold and wet months individuals with joint

problems for example were found to have increased pain and discomfort during these periods (NIH, 2009). Further, Both Graham (1993) and Modood et al. (1997) found that the health of African Caribbean women was poor as a result of their housing and social conditions. This was also evident in the comment made by Martha who refers to the type of heating she had within her home in the UK. Martha states:

> *I am over 60 now I am feeling a lot of pain and I feel it's due to the coldness in England when we first came. Because some of us never had opportunity of central heating, or we had a coal fire in our house, which I used to feed that myself…*

She further added:

> *The other thing again I find it's a, to do with the cold as well. Most of us Caribbean when we first came here, we never dress appropriate, you know. Start from me, because some of us dress like we still in the Caribbean. In the 60's the weather was terrible is true because I remember when I put some clothes on my brother says take it off, you must have warmer clothes on you than that little cotton dresses, because its winter time here and my God I used to dress like a Russian, God forgive me. I even leave my pyjamas on me sometimes and go to church…and he used to say, this too thin and even now I'm dressing, I've got this, I've got vest I've got everything on me. He says cover up nicely because the cold will get you when you get older.*

Martha's perception of poor health is linked to the type of heating she had and her wearing of incorrect clothing. This has a direct link with the participants' migration and their expectations of the UK as many did not expect such cold conditions (see Chapter Two). Just as some women had to change their identities to adapt to a new environment, so too did the participants have to adapt to the changing cold environment (Qin, 2004). As mentioned by Martha it was more economical to wear numerous items, than to heat the whole house. This is the reason for Martha talking about dressing like a Russian because of

the layered approach of the Matryoshka Russian dolls. Numerous wooden dolls of decreasing size are placed one inside the other.

As most participants believed that their health was affected as a result of the environment, they were asked whether or not they felt their health would have been better had they stayed in the West Indies and not migrated to the UK. Some participants felt it would have been better. Tina said *'when you visit the West Indies you see how the other half live'.* This comment was agreed with by other focus group members, including Mary who said:

> *Yes we could have been better off…most of my friends in Trinidad that I left there, if you see the big houses these people have and they you know, and they just going on easy, but I still glad because I've got my children and experience.*

Mary indicates her friends in Trinidad are doing well. From her quote it appears that her friends are not suffering from economic hardship. The effects of economic hardship, leading to poor living conditions in the U.K and poor health has been well documented and experienced by many migrants (Graham, 1993; Modood et al. 1997). Despite this apparent preference for the West Indies, she does go further to state that she is still content with the UK because of her family and the experiences she has had. This comment is similar to the argument put forward by Nazroo (2001) (see also Chapter Two), who suggested some migrant groups suffer a lifetime of disadvantage, which includes living in a racist society and that despite such hardship, there can be beneficial health effects when community members and families get together, through enhanced social support, reduced alienation and also the benefits of challenging and discussing racist discrimination rather than internalising the anger.

Despite this acknowledgement that her health might have been better had they remained in the Caribbean, Martha mentioned how on a recent trip back home she was surprised at how many people had died. She said:

The health in the Caribbean, I was amazed when I went home, so many people die with cancer down there.

This comment from Martha highlights the view amongst the participants that the West Indies is an idyllic place where there is no illness. It was as though Martha did not believe that such illnesses and disease existed in the West Indies and affected her community. As the participants reminisced, they considered their homeland in terms of how they left it in the 1950's/60's and did not comment on how the environment and life in the West Indies has changed over the years (see also Smaje, 1995; Johnson, 2004). McHugh (2000) argued that for migrants, returning home was linked to forging a new future as their homeland was not the same as when the participants had left. 'Home' for the participants was seen as a mythical place, one where they were focusing on the past and not considering the future and changes that had occurred (Brah, 1996). For the participants, their 'home' as shown by Martha has become an unfamiliar place. In this sense, home had become an imaginary place.

Careers and jobs over the life-course

The interweaving of power within everyday life is central to the participants' careers over the life-course. As mentioned by Foucault (1994) and Deacon (2002) it is important to examine how power operates and what happens to individuals who have power exerted over them For instance despite qualifications and levels of experience many participants on arrival to the UK were offered menial jobs by those in senior positions. Jobs were given in mills,

hospital settings and factories and workers were subjected to hard, arduous labour. Such as lifting people or heavy objects in some way (Bryan et al. 1985). As a result of these conditions, the participants as migrants suffered much discrimination and hardship within their working lives which has contributed to their poor health today. Ruth says:

(I was) infant teacher and I did it for 18 months. I taught from 5 to 7 year olds … I came to England with the intention to go to a teachers training course…You come and the only place they could push you was a mill, but I never worked in the mill.

Thus despite Ruth's previous employment experience the only job offered to her was mill work. Mills as mentioned were a common venue for migrants to find work. When discussing her health, Diana who worked in a mill said:

…the only thing I could put it down to would be the heavy lifting (job in the UK) because you have to bend, bend and lift all the time and them things is very heavy and give you a strain on your chest.

Mary, as most of the participants, associates her poor health with the job she had in the hospital which involved lifting patients. She said:

I am feeling so much pain in my shoulders...You just have to suffer now. Most people that work in hospital they feeling a lot of pain now in some way or other.

Mary refers to her ill health and the pain this causes, (see also McKague and Verhoef, 2003; Hughner and Kleine, 2004). She further adds that many others who have had similar jobs are also suffering physically. Both Lyn and Helene talked about back injuries. Lyn said:

Well I did em get me back hurt in a home, lifting up an old lady and then she fell out of bed and then I tried to lift her up. That time there was only one on the ward in the night. Was night I was doing nights, and it was only one staff.

228

From that I get this pain in my back, cause I did hurt my back and from that time this back up to now never good.

Similarly Helene commented:

Well that still affect me now (her back) it affect me walking, a bit, my whole life because I was very em. I'm a person that can't sit down, I like to be doing things and that put me in a situation that it put me in a wheel chair, it take away all my happiness and things I enjoy dancing, and things like that. And that accident happened at work. It affect me badly, I know I'm getting older, but it's the back that really affect me now. My mind is still active. I can do things with my mind, with my brain, but my back I can't manage.

Lyn stated that she no longer had good health because of her back problem however Helene gives a deeper account of how her injury has affected her health. As previously mentioned, having independence and being able to undertake various activities was important to Helene's mental, social and emotional well-being. However these have been curtailed as a result of the injury. Helene's account of health is viewed from a holistic point of view. Thus although Helene's physical health is poor, she makes it clear that from a psychological health point of view she has a healthy and active 'mind'. Health for Helene then, similar to findings by Pollock (1993) is thus defined partly in terms of her psychological state and positive attitude. For Helene, her perceived health status maybe poor, however in terms of how she experiences health there are some positives, particularly when her health is examined holistically.

As migrant workers with restricted job opportunities (Modood et al. 1997; Johnson, 2004), some participants not only attributed their poor health to their working conditions, but also connected this to their treatment by staff. Adair (2002) discussed the ways in which Black female bodies were inscribed and devalued, which in turn can lead to discriminatory and unfair practices. For

example Jean says of the link between her poor health and hospital cleaning job:

> *Could have been because they were stressful jobs really and lifting and tugging yes, could have been…...such a lot to do, especially when the Supervisors are over you, and they want you to do this and they want you to do that and you know. (strups) (sounds agitated). If they leave you alone, let you get on you do better, then they come and find fault and you have to get down on your hands and knee do all them corners, get in every corner, scrub and, I think the buffing did have a lot to do with all this stress, cause its pulling all the time, a real heavy machine. And then the mops they're so big and heavy… More or less everyday have to be buffing this place, when is not the (hospital) ward is the corridor and the corridor is so long...*

It is evident in Jean's account that she believes that her job and treatment by staff was related to her ailments now. This is similar to Karlsen and Nazroo (2002) and Moriarty and Butt (2004) who found a direct link between racial discrimination and poor health. Another example showing negative treatment was given by Eileen, a hospital worker who alludes to being discriminated against when she says:

> *…In the hospital, is only the Matron and the Sisters you might find that they are the one what run the (hospital) everybody else was coloured.... All the cleaning and everything was done by coloured people…*

There is a hierarchy of power which determines the way individuals in authoritative positions behave (Foucault, 1981); for example the negative ways in which some of the participants were treated by their employers and some health professionals. Similar to other research studies by Blackburn (1991), Jarret-Macauley (1996), Modood et al. (1997), Fran talks about how, as a Black woman she was made to feel inferior and incapable of doing a job that she was employed to do. Fran says:

> *(when) giving medicine they always feel you are not capable of doing it. Some of them thinking oh you know, so I say 'no you do that and I'll do the*

medicine', not because I am some martyr or anything, just to prove a point. That I am quite capable of giving someone some medicine and am quite capable of doing the paperwork as well, am quite capable of dealing with the emergency dept in the infirmary or any hospital or any doctor and explaining. Anything to do with official paperwork they feel, oh you take someone to the toilet or anything, give out the tea. I don't let it happen, maybe I am stubborn, but I put my foot down. We share, make it equal. You have to always be on your guard, it still goes on now, it goes on all the time, it hasn't changed really. There's all these people, we've had all the years of experience, I been doing the job for 30 odd years…I am the only Black person there and they don't do it for another of their own (White person), only when it's you. I won't have anyone telling me to go and make the tea, while they do the paperwork.

Fran like Eileen discusses how she believes other White nurses treated her differently because of her skin colour by giving her the toileting tasks for example, whilst they did the paperwork. This is similar to the findings of research by Chima and Wharton (1999) who found that African American women were deliberately channelled into low paid jobs or expected to undertake menial tasks. Further they found that not only did many African American women suffer from stress and emotional maltreatment, their work experience and qualifications, like Fran's were often ignored. Fran expresses anger about the attempts to prevent her from doing her job however, Fran also makes it clear that she would 'stand up' for herself. Fran's account illustrates the way in which the Black female body has often been sub-humanly inscribed. As previously mentioned, Black women are more likely to have low paid, menial jobs (Chima and Wharton, 1999). In addition a high level of discriminatory language and behaviour towards Black staff is often found on the part of management (Hughes and Dodge, 1997). The treatment towards Fran was similar to that found by Feagin and Sykes (1994). In their research they found that Black women often experienced exclusion, exaggerated performance expectations, and assumptions were made about their competence by White co-workers.

The comments offered by the participants give some understanding of how occupational disadvantages have affected their health in a negative way. As previously mentioned by Bryan et al. (1985) the only job opportunities available to migrant workers were in mills, factories and domiciliary positions within hospitals. Many participants link their current poor health status, to previous jobs and the conditions that they had to work in; for example, as workers and also as the recipients of health care. The participants faced disadvantage for being migrants, disadvantage for being female and disadvantage for being Black. The triple jeopardy of inequalities of gender, ethnicity and their migrant status faced by the participants has had a detrimental effect on their health across the life-course.

Nonetheless and similar to the findings of McKague and Verhoef (2003), despite ailments and disease, many participants, when commenting on their health, express a resilience to have a need to keep going. Thus although the participants have suffered disadvantage, it is evident that they have in some-way accepted their lives in the UK as they have their families here.

Homeland remedies

For many of the participants it was important to maintain their cultural, ethnic and collective identity. One of the ways in which the participants maintained these statuses were through the use of herbal remedies. This section will focus on the participant's use of herbal remedies. Many participants have a mistrust of western medicines, as such herbal remedies and homeland products are seen to afford some protection against bodily pollution (Douglas, 2002). This section will also explore the extent to which some participants beliefs and practices

differ from those of western practitioners and how this may be a form of resistance to western practitioners and practices (Foucault, 1980; Lyotard, 1984; Abma, 2002).

Whilst discussing herbal products and their importance, Mary (a focus group participant) said:

> *Herb is an ancient thing, tradition, lots of people use herbs and (all focus group participants agreed) that's I think the time will come when everyone will go back to herbs really, because all the people, ancient people that's what they use herbs.*

Similar to McKenzie et al. (2011), the use of herbal products has a long history and is part of tradition for the participants. There is also a belief amongst participants that individuals who do not currently use herbal products, will return to them. Mary's comment on tradition was re-inforced by Fran amongst others who said:

> *Yes I believe, and if I can get my hand on some of the things my mum used to give us yes. I am quite happy with it... If I had a choice I would choose the old time medicine, because there, I am only going back from what my parents and aunts used to give me, that's all I know.*

The majority of participants expressed their satisfaction at using herbal products. Through drinking herbal remedies from their homeland, which is part of their cultural tradition, the participants are able to maintain their cultural and ethnic identity. Aside from the perceived benefits of herbal remedies there is also a perception that herbal products have an ability to restore 'purity' and cleanse the body from pollutions (Douglas, 2002). Tracy said:

> *Because it's (traditional remedies) what we're used to, there's no chemical in it. It's fresh that's what I think. ... if I have a choice of taking a tablet or drinking some bush, I drinking my bush, no doubt about it. I won't take the tablet.*

For the participants, not only do the herbal remedies offer a cure or respite, but they are also seen as 'pure' in the sense that they do not contain any artificial additives. It is evident in the participant's responses that traditional remedies such as bush tea are important in maintaining their connection with tradition. As Tracy also notes if she had to choose between homeland remedies and western medicine she would drink traditional herbal teas. This suggests Tracy uses traditional remedies to reinforce her ethnic identity. She also believed non-traditional western medicines were pollutants that could cause further bodily damage. The body has to be safeguarded and consuming some substances may 'risk the integrity of the self' by threatening pollution (Douglas, 2002:114). This behaviour is a form of resistance to western medicine and Tracy suggests more individuals are challenging medical experts, medicines and their dominance in relation to the body and health. Such comments resonate with the argument put forward by Foucault (1980), Lyotard (1984) and Abma (2002).

Some participants do not believe herbal remedies will be as powerful, if they are not physically in the West Indies. This means that for these participants, herbal remedies are symbolically located in the West Indies; the culture, the land, the weather and the environment. Taking remedies away from the West Indies reduces their potency as they are not being used in their place of origin. In addition the success of herbal remedies solely in the West Indies, can serve to maintain cultural differences and barriers (Lupton 1996). When asked if she used herbal remedies from the West Indies now, Helene said:

> *I use some rub (from the West Indies, but brought to UK), they never help. I think to use West Indian type stuff you got to be in the country and you know what works for certain things, but when you get the odd little thing here it doesn't work...*

Here Helene mentions her knowledge of herbs and of knowing what to take when in the West Indies. However, she argues that the homeland products have less effect when used in the UK. A similar comment was made by Eileen:

Perhaps if I was at home (West Indies) I would have use things like that or if I had somebody from home who could get them for me…. Apart from what I know, (they) used to work back home...

Evidently all the participants have been brought up in an environment where the consumption of herbal remedies was the norm (Falk, 1991; Lupton 1996) and clearly there are differences in terms of their use of the products, with one of the main arguments being that the products seemingly work better when used in the West Indies. However, there are those participants such as Fran who believe that western medicines can be used effectively in tandem with homeland remedies. She says:

For the past year I been living off that other medicine (herbal remedies from the West Indies), but I grew up with it and it was fine then. But as I say, I haven't got a choice now…. In some cases I would need it (western medicine), like going for an operation, I had a few operations where I needed blood. I think they both work well in some cases might work well together.

This means that Fran is aware of the potential health benefits of both herbal remedies and western medicines. This suggestion is similar to Helene who also has a dual belief in both the herbal and western remedies being effective. Helene adds:

…In some occasion the alternative helps, but in some occasion you have to use western. You can't disperse with the medication that Doctors prescribe or whatever they have, but you can help yourself. I wish that was available on the Health Service and then it's up to people to, to take what given to them. Sometimes, like Aromatherapy, it doesn't cure what you have, but it give you a better feeling.

For Helene, there is a belief in homeland remedies, but also of the importance of western medicine. As argued by Giddens (2006), within postmodern times there are many choices and products available due to new technologies. Helene believes that herbal remedies have a significant role to play within treatments, alongside western medicine. She concludes by stating that homeland remedies are similar to aromatherapy in that they do not necessarily cure the body of the ailment, but that after using such methods you sometimes feel better in yourself. Although the exact same could be said about the use of western medicine, Helene does not expand on how she actually feels. Clearly for both Helene and Fran there is some degree of trust of western medicines and medical doctors, however there is also the belief that individuals have some responsibility for their health, which is similar to the western notion of individual responsibility for health (Armstrong, 1995; Bunton et al. 1995; Mitchell, 1996).

It is also apparent that some participants acknowledge the use of both traditional and western medicine, and the involvement of medical Doctors and health professionals in curing bodily ailments. However, the negative experiences and treatments experienced by Black women may have led to a mistrust of some health professionals and western medicine.

Discriminatory practices in health

Many participants talked of their experiences within health care settings and connected these to their health. Lucy, for example explains how her health problems began after a caesarean operation in 1969:

> *My health is bad, really bad, since I, started in 1969 when I had a caesarean with Desmond I lose my strength and then from there I never be the same person. My health go down and then I end up with high blood pressure and*

then from there I end up with diabetes and from there I had high cholesterol and arthritis in both hips, arthritis have the neck to the elbow and then I end up having 2 heart attack and then I, I'm not in the best of health now…

Similar to research conducted by Hughner and Kleine (2004) and McKague and Verhoef (2003) Lucy's experiences of health are connected to pain and illness. Although her ailments are not linked to her first operation, she believes that she was in good health prior to this and her health has deteriorated. Lucy's first time in hospital was for childbirth. Martin (1997) argues that childbirth is an area which is constantly under the medical gaze (see also Foucault, 1981; Parton, 1994), and where the woman is seen as the labourer, devoid of thoughts and feelings, and where the uterus is regarded as an involuntary muscle which works alone (Martin, 1997). For Lucy then the initial placing of her body under medical scrutiny has led onto much discomfort. Stephens (2001) argued that many women's experience of health and health care, particularly in relation to childbirth, demonstrate neglect and disregard for them as an individual. He further adds that the dominance of the biological model of the body, where the body is regarded as an object, often results in women like Lucy handing control of their bodies to the medical professionals.

Diana talked of the neglect and discriminatory treatment she felt whilst in a hospital setting in the 1960s. Diana says of the staff:

Well some of them were alright and some of them were just like pigs, talk to you like you're nothing, no, some of them wasn't nice at all….. the way they talk to you, the way they handle you, you know. It was disgusting, it wasn't nice.

When asked for a specific example, Diana said:

No the treatment is the way they talk to you like they want to bring you down, like you are nothing, you know. That wasn't very nice, that wasn't nice at all. And the way they action, they say 'action speaks louder than words'. Their actions, you are not stupid, you know, what is going on behind them, in their minds. You have to work out things like for yourself.

The upset caused to Diana by the behaviour of the health staff may have had a detrimental effect on her health. Indeed race based discrimination which is both perceived and actual, as experienced by Diana, can set about a range of physiological bodily responses for example raised blood pressure and heart rate, which can result in ill health and impact on well-being (Mays et al. 2007).

When asked if she felt the behaviour displayed to her was different when the health professionals were treating White people, Diana said:

Of course they do, they do like even your pubs and clubs you weren't allowed in those places because you're Black. One or two will accept you, but majority. Black people could not go into those clubs or whatever they had going for them. They go to the door they turn them back, you're not allowed in, it wasn't good at all.

The impact of a marked and devalued body that is deemed to be inferior has negative consequences for the individuals concerned (see Foucault, 1984 and Adair, 2002). For Diana the neglectful and negative treatment shown to her in the1960s was comparable to the poor treatment of Black people generally at this time. The consequences of discrimination have negatively impacted on how she perceives her health (Mays et al. 2007).

Another example of racist healthcare treatment in the 1960s was given by Pat who on delivery of her baby in hospital, was given the wrong baby to feed. Pat says:

…I had the baby in hospital …and then one of the nurses came to me and she said em, is your husband White? Just like that and it didn't dawn on me

that she really wanted to find out if I was married to a White man, because I'm a Black woman. …and mind you, his dad was fair in them days …and when they came they never see a Black baby so fair… She gave me this (baby) and me say this is not my baby. I could tell by the foot you know … and I said to the nurse this is not my baby and she said to me what do you mean it's not your baby? course it's your baby. I said no, it's not my baby and they said alright we'll prove it. (They) roll up the baby's sleeve and when they look, not my baby. It's the lady across from over the other side and she was nursing away our (baby), not knowing it wasn't her baby.

This incident was very traumatic for Pat who felt that she had made it quite clear to the nurse that the baby she had been given was not hers. Most distressing was the fact that another woman was nursing her child. The negative response of the nurse, Pat believes was because she was a Black woman. Bhopal (1998) in a review of health care found that racism was at the centre of health care inequalities, including treatment, diagnoses, support and aftercare. Further, many women from Black and Minority ethnic groups found health care staff to be unsympathetic. They also felt ignored and that their cultural needs were dismissed   (Mays et al. 2007).

Traditional remedies and their importance

The participants clearly have a strong belief in their homeland remedies and how these products are used to promote and maintain their health. In addition most have the knowledge and experience to accommodate their own bodily health needs. Nonetheless, the beliefs and actions of the participants do not always fit comfortably with the western world, where bodies are notably the primary objects of inscription and are often appropriated by those in powerful positions such as medical experts (Longhurst, 1997; Yardley, 1997; Deacon, 2002; Paap, 2008). However, as shown in Chapter Four, not all bodies are perceived to have the same value (for example see Adair, 2002). The objectification of the Black female body has influenced the treatment and

behaviour that some Black women have received from health professionals (Jarret-Macauley, 1996). Such situations can have a detrimental effect on the body and health as the body is marked in such way that it becomes less valued in society.

This distrust of medical discourse was evident in the focus group discussion. Although Mary starts by discussing her visit to the dentist, the comments that follow from the other participants are aimed at doctors.

> *I went to the dentist and they em, last week and they gave me this tablet and the side effects, the tablets when I read it, it can harm your liver, it can, all the different side effects and why give me, you follow* (Mary).

For Mary then, the dentist, as a health professional, should not have prescribed her such tablets. This resonates well with the arguments put forward by Douglas (2002) who suggests that mistrust arises when individuals are confronted with products which could pollute and thus harm the body. A similar comment was given by Tracy when she said:

> *You see, you start taking them tablets and one thing lead to another If I have to I will, but if I don't, I don't, (I) just rum. If my head hurting me I rather use some bay rum and rub it and keep it cold, rather than go and take two Anadin.*

There is a belief amongst the participants that medication should not have any negative side effects, which could pollute the body. It has been argued within postmodern society that information that was once solely in the medical domain is now accessible to lay individuals (Giddens, 2006). This is evident in Tina's suggestion to other members of the focus group that they read up as much as they can on the medications prescribed, something made possible through the

information being made available through advancement in technology. Tina adds:

> *Well to every box of tablets they giving you nowadays, there's a leaflet in it. It's the amount of reading you have to do...They tell you one thing this one and the other line tell you something else again….So you have to keep reading and reading and it's up to you to ting, but suppose you not good enough at doing that. They wouldn't do it for you; you got to do it yourself.*

Tina mentions that most medications now contain information which explains their side effects. However, the onus is placed on the patient and Tina notes that they may not be able to read or understand the contra-indications. It is known that medical practitioners may use language to maintain professional boundaries (Parton, 1994; Mitchell 1996). However Lyotard (1984) discusses how those in authority are losing their power through the emergence and belief in lay knowledge. This can be seen when for example Tina (and some of the other participants that share her view) comments and shares her opinion on being prescribed medication and the steps undertaken to identify the side effects.

The participants have a strong belief in traditional remedies and it is clear that mistrust arises when such remedies are not acknowledged by health professionals. There is recognition that both western and herbal remedies can be used together, albeit for some participants, herbal remedies are only effective when consumed back home in the West Indies. Although it can be argued that the participants do not understand the nature and risk of taking western medicines and how to make related decisions, it is clear that they are informed of the contra-indications of certain medicines and make a choice not to consume them. Indeed there is a clear belief amongst participants that

241

medication should not cause further ailments. The distrust of health professionals is not personal to doctors per se rather the distrust arises because of the way medical knowledge is constructed as fact and beyond dispute. In this way, the participants feel that health professionals are constructed as 'the experts' and maintain their control (Fox, 1992; Foucault, 1979; Scott, 1999).

Summary

This chapter set out to examine perceptions of health, how health has been affected over the life-course and the link between traditional homeland remedies from the West Indies, medicalised health discourse and the impact this has on the lives of older African Caribbean women. The participants are clearly aware of the connection between their health, homeland remedies, traditions, distrust of doctors and Western medicines and the impact that these have on shaping their identities, both as individuals and as a collective group (Cornell, 1996; Hall and Du Gay, 1996). On defining health, many participants mentioned ailments and illnesses, which raised questions about the participant's determinants of health. For many, their perceived health was attributable to their life in the UK; the climate, poor living conditions, the menial and 'heavy duty' jobs that were available to them and the discriminatory treatment that they received (Blackburn 1991; Jarret-Macauley 1996; Modood et al. 1997 and Stephens 2001). For many participants their health is not about the absence of illness or disease, rather health is connected to their physical health and the functional ability to keep going, despite the ageing process.

The participants have very strong ties, both to their homeland traditions and cultural beliefs and this has often led to their reliance on homeland traditional

herbal remedies as opposed to reliance on western medicines. Western medicines for many had negative connotations, particularly their manufacturing process and use of chemicals, when all of their herbal remedies are perceived to be natural. In addition western medicines are recommended by individuals they did not trust, but also were seen to damage and pollute the body (Douglas, 2002). In this way many participants feel they have more control of their bodies and their health, rather than being medicalised (Foucault, 1981; Fox, 1992). The use of herbal remedies is clearly an integral part of the participant's cultural upbringing. It shapes their identity (Bauman, 1992; Hall and Du Gay, 1996) and shapes who they are today in terms of their ethnic and cultural identity.

The main areas of distrust for the participants stems from negative and discriminatory treatment from health professionals and the lack of explanations that have been given to them, in relation to prescribed medication and their inherent negative side effects. Some participants were able to challenge medical opinion and advice through the information they obtain from other sources (Giddens, 2006).

Similar to Blackburn (1991), Buijs (1993), Jarret-Macauley (1996) and Modood et al. (1997), the participant's experiences of health over the life-course are influenced by their migrant status and the racism and discrimination they have suffered. The participants for various reasons migrated to the UK, bringing their own experiences and cultural traditions. Whilst in the UK the participants have tried to maintain their culture and practices, which at times has been at odds with practices of the host nation. They have tried to achieve this, despite the discriminatory practices afforded to them. Interestingly the participants' culture

developed in the UK is different from that left behind. For instance, when the participants talk about home (the West Indies), they reminisce and discuss a home left behind in the 1960/1970's, not a West Indies that has changed over the times. The participants have their own specific cultural and ethnic backgrounds, which means that how they perceive, construct and make sense of their lives and why events occurred is different.

CHAPTER NINE

<u>Conclusion</u>

Introduction

This thesis is based on an original empirical research study, which sought to examine the experiences of older African Caribbean migrant women over the life-course. In doing so it has contributed to, and extended the knowledge on how migration impacts on health and well-being in later life and the importance of cultural and ethnic identities in maintaining both the self and identity boundaries. This thesis draws attention to the often neglected lived experiences of migrant African Caribbean older women in the UK and how they cope with multiple oppressions of race, gender and class. Further, this thesis contributes to the debates on how feminist methodology can be inclusive and accommodate diversity of experiences. A reflection on insiderness and outsiderness adds to the current methodological debate on how the researchers' biography can influence the research process.

This chapter shows how the thesis has contributed to knowledge by a reflection on the epistemological issues in relation to the five research questions. Firstly, how do older migrant African-Caribbean women define and construct their individual and cultural identity, and how much have these discourses been influenced by tradition and experiences in the UK over the life-course? Secondly, how are the bodies and identities of older African Caribbean women constructed according to cultural and religious norms and values? Thirdly, how do African Caribbean women perceive their health and to what extent has western medical surveillance contributed to the way in which they experience their bodies and sense of self. Fourthly, to what extent feminist research can promote and represent African-Caribbean women. Finally, how does the researchers' biography influence the research process when considering

sameness and difference? This chapter is divided into four sections. The first section addresses theoretical issues and the second section provides a summary of methodological insights. A discussion on areas for future research is given in section three and the chapter concludes with some personal reflections on the PhD process.

Theoretical concerns

This section examines the theoretical concerns from this thesis in relation to identity, religion and health.

Difference and sameness

Older African Caribbean migrant women's experiences are framed by a historical past, rooted in the politics of racism, discrimination and post war experiences in the UK. Their migrant identities and experiences have collectively served to define and shape who they are today and show why their experiences differ from other marginalised groups.

This thesis has shown how the experiences of African Caribbean older women link to the construction of ethnic and cultural identities. Based on the research presented in this thesis, it is evident that within the UK, these participants were marginalised and discriminated against, through the types of jobs they were given and the treatment they received when trying to find suitable accommodation. Further, as migrants they were positioned within specific cultural and political practices, which served to govern and normalise the negative treatment they received. The discriminatory conditions, in which they lived, instigated the formation of cultural identity politics designed to challenge,

resist and where possible transform the dominant, predominantly White regimes of representation. In this way African Caribbean older women moved from being objects to subjects in the practices of identity representation. This can be seen for example in the ways in which the women challenged western medical doctors and practices; challenged and overcame racist behaviours and empowered themselves through the gaining of information to make informed decisions. It is also evident in their use of herbal foods and traditional homeland remedies, which were used, not solely because of a perceived distrust of western medical practices and practitioners, but also because of the cultural significance of homeland produce and the maintenance of both individual and collective, cultural and ethnic identity boundaries.

The participants talked quite extensively about being discriminated against and inequalities they faced, however, there were occasions where the participants as migrants, were 'othered' by other migrants. Thus the intersectional nature of social categories showed that a uniformed identity cannot always be assured amongst 'similar' individuals. Hill-Collins (2000) argues that within collective groups there are both differences as well as sameness. She adds, coalitions will also ebb and flow, "based on the perceived saliency of issues to group members" (2000:248). Clearly then, as evidenced in this research, a shared history and a shared past does not always signify group membership or acceptance (Cornell, 1996). Although the participants are older African Caribbean women from the West Indies, they are not the same. They are a diverse group of women. However, despite this and in agreement with Hill-Collins (2000), there are core issues that affect all Black women and these are integrated into both their self and collective identity (Hill-Collins, 2000).

Fluidity of identities was evident in some of the participants' discussions in relation to their migration and place of belonging. Indeed as noted by Featherstone et al. (1995) (see also Castells, 1997; McHugh, 2000; Luke, 2003), movements to new places where new experiences and relationships are created do have an impact on individuals. As Qin (2000) also found, the participants developed a critical and shifting understanding of themselves to enable them to fit in with the new country. Clearly then it is important for future research to examine and decipher the resistance strategies that African Caribbean older women develop to cope with inequalities and how such strategies can be enhanced (Wray and Bartholomew, 2006).

It was important for the participants to incorporate their cultures and beliefs into the everyday experiences, for example through their use of 'bottle parties', foodstuffs, use of traditional herbs and religious involvement. However, for African Caribbean older women, it is not about trying to re-create the homeland in a new country, but having some features of the homeland in the new country so that it can feel more like home. For the older African Caribbean women in this study then, homeland memories and their feeling of belonging has meant that their 'home' is their birth place. It is important thus to recognise that for many older African Caribbean women although they live in the UK this is not necessarily seen as their 'home'. This is despite some participants suggesting that they would not return permanently to the West Indies because of their extended family here in the UK.

Cultural and ethnic identities are of marked importance to African Caribbean women, indeed as stated by Brah (1996:142) '***they are 'inscribed with the***

personal, collective, historical, cultural and political experiences'. However, it is important to further examine migrant women's experiences and why their ethnic and cultural identities are constructed in such a way as to maintain the 'them' and 'us' boundary that positions them as outsiders to White British culture, rather than being inclusive members .

The link between migrant religious identity and perceptions and experiences of health.

This thesis has explored the role of religion among African Caribbean older women. It has interpreted the significance of their faith in God and church participation. The experiences of religion and its link with the participants' health is important because their belief has transformed many of the participants' lives. Indeed it is often see as central to their health, particularly as a coping mechanism.

Most of the women showed some form of consensus on the importance of prayer and worship in their lives and this can be traced to early childhood. Despite some participants no longer attending a place of worship, as migrants to the UK, religion and prayer were perceived to be important to the health of all the participants. Religion and prayer enabled them to cope with hardship and adverse events.

Many participants talked about the discrimination they faced over the life-course, and although such treatment has contributed to the participants' poor health status today, many attribute their well-being to their belief and faith in God. The way in which religion or religious practices helped the participants varied. For some participants it was through attending a formal place of worship

where they were able to meet friends and fellow parishioners, which benefitted their social health. For such participants, the church was also a source for moral guidance. It was evident that religion and its moral teachings dissuaded some participants from practicing in unhealthy behaviours. Rather than retaliate verbally or physically to discrimination and racism, many of the participants turned to the church or prayer. For example some participants talked about the discriminatory treatment they had endured and how they prayed for the perpetrator. In doing so they did not internalise the negativity of the experience, rather they balanced the injustices of the event with their faith/ spirituality. They talked about maintaining their positive mental health status and avoiding the harmful mental health effects of bearing grudges (Paris, 1995; Morell, 1996). These findings suggest a need to further examine religion and prayer amongst African Caribbean older women to ascertain how such beliefs can impact on help seeking behaviours and health improvement strategies.

In the main, prayer and private contemplation were used by the participants to cope with poor health and illness (Koenig et al. 2001). Indeed the participants will argue that it is through prayer and their connection with God that they have managed to survive in the UK. Most participants indicated that they were able to improve from poor health as their prayers were answered by God. Such perceptions of the power of prayer have been well documented and support the findings by Ellison and Taylor (1996) and Dunn and Horgas (2000). However, the effect of this belief is often an abdication of their power as they rely on God to 'resolve the matter'. The participants rely on praying and believe that God will solve their health problems. If prayer does not appear to have any immediate effect on their health, the participants still trust and believe that God will

intervene. If there is no change, then this is accommodated by a belief that God did not think it was right for them. For instance, participants that were suffering ill health were more likely to attribute a successful outcome to God, rather than the use of medicine and healthcare. For some participants, ill health was justified as they argued that God also went through pain. In such instances, the disempowering effect of religion was noticed as the participants put their lives in God's hands without accepting any self-responsibility. This can have the effect of heightening stress levels when choices need to be made (Wallston et al. 1999).

These examples show that the loyalty to God that African Caribbean older women have is not simply a function of internal motivation, spiritual sustenance or spiritual renewal. It is also a consequence of valuing the perceived impact He has made and is making to their lives. As evidenced, relationships with God appear to embody a complex process, which do not preclude experiences of disappointment or doubt. Further research is needed to show how a reliance on God is both empowering and disempowering and how such spiritual struggles impact on health over the life-course (Gall et al. 2003).

Overall the women regard enhanced faith and spirituality as the most important benefits of their church participation, rather than practical assistance. This includes those participants, who similar to the findings of Davie (1994) and Hanegraff (1999), have strong religious beliefs without attending a specific place of worship. Still, there are some distinctions to note. Similar to the findings of Benjamins (2004) and Bell et al. (2005), all the women agree on the health benefits from the power of prayer, however, there are differences of opinion in

relation to where the prayers should take place. Some participants argued that although they pray at home, praying in a place of worship is more beneficial to their spiritual health, because they feel closer to God there. For example a participant said:

> *When you are here (at home) you can still pray on your own, but where two or three are gathered in my (God's) name. Feel good. Well I feel good. When you in a Church you feel better because you have other people with you, yes other people supporting you. You know the spirit moves within you, with everybody.*

This differs to those who argue that prayers can be said at home, without the need to attend a formal place of worship. Some also argue that praying to God at home is more beneficial, because there are fewer distractions and they can focus solely on their communication with God. In this way God is more likely to hear and answer their prayers.

Prayer is important to African Caribbean older women and the evidence from this research has shown its importance in the participant's health maintenance over the life-course. This is apparent in terms of coping with illness, hardship and discrimination, social exclusion and isolation. Pargament (1998) and Krause and Tran (1989) found that levels of religiosity amongst individuals increases with age. However, for almost all the participants the increase in religiosity was not due to the stresses and strains attributed to the ageing process, rather the increase was connected to the participants showing gratitude and appreciation to God for the support they had received over the life-course.

Religion and its practices are part of the culture and way of life of African Caribbean older women, stemming from the days of slavery and the adage from

soul theology that 'they (slave-masters) can take our bodies, but they cannot take our souls'. Even for those that do not attend a place of worship, prayer is powerful. For African Caribbean older women, religion then is more than a commodity which can be bought and exchanged (See Scott, 1995; Mellor, 2003). Religion and its practices are a link with the past, present and the future. Through religious practices and prayer they have coped with various hardships that have affected their health. Indeed some of the participants would go so far as to say that it is their religious identity that has enabled them to survive. Failure to consider its importance and cultural significance would deny part of their identity and who they are. Indeed such an approach would be flawed and provide merely an incomplete picture. Religion and spiritual beliefs are often not recognised by health and welfare services. Clearly they need to be acknowledged, particularly in terms of the role they have in improving health and well-being (Wray and Bartholomew, 2006).

The extent to which racialised migrant identity influences perceptions and experiences of health.

This study has made a specific contribution to the debate about the role of migrant identity and perceptions/experiences of health. Through examining and exploring the migratory experiences of African Caribbean older women it is possible to see the extent and impact of health inequalities and their effect on health and well-being. In addition to this are the firmly held beliefs of participants in relation to traditional homeland remedies and their use to maintain health and well-being. As older African Caribbean women, such remedies signify not only a positive link with home, history and tradition, but, also serve to maintain a divide between their homeland and their host country of the UK.

For most participants the majority of their lives have been spent in the UK. Most left families and relatives in the West Indies in the 1960s and came to England for a new life where they thought they would be made welcome. However, stemming from the days of slavery, the Black female body has been negatively inscribed (Adair, 2002) and the participants were often faced with negative treatment on arrival in the UK. The impact on the research participants meant that they were valued less by society and treated differently to the indigenous White population. Most of the women suffered due to racism, discrimination and related inequalities (Blackburn, 1991; Jarret-Macauley, 1996., and Modood et al. 1997). Their experiences of discrimination in the UK were linked to various aspects of their lives from the working environment, through to poor housing and limited access to health care.

There is a firm belief amongst the participants that had they been accepted in the UK, their health and lives would have been markedly better. Such experiences have impacted on their health and well-being and although the purpose of the thesis was not to identify specific ailments and illnesses, what is apparent is that many participants argue that their state of health is attributable to their treatment in the UK. Many participants complained of skeletal and joint problems caused by poor housing and the types of jobs offered to them. Thus what this research has found is that the participants' experience of health is directly related and linked to their migrant racialised identity.

Ball (2005) argued that bodies are inscribed in particular ways that signify information to others. The participants' bodies were inscribed with racialised discourse which served to marginalise and make them vulnerable to

discrimination (Adair, 2002; Hill-Collins, 2000). The participants' bodies are contained within a 'hierarchy of technologies of power' (Foucault, 1979:225) with the body viewed as an innate object. This was evident when analysing some of the participants' experiences of western medicine and treatment by medical professionals.

One of the main themes to emerge from the research participants was the way in which bio medicine constructs the body as a machine, to be fixed when it is seen to malfunctions (Kirmayer, 1988). Such a mechanistic approach meant that a barrier was formed between the participants and some medical professionals. The participants gave examples of instances where they were being treated by health professionals and where they did not feel that their opinion, culture or traditions were acknowledged. Rather the health professional was solely concerned about 'their body' and how to fix it. The separation of the mind from the body did not allow for or take into account the participants' life history, experiences, cultural values and beliefs, all of which have an impact on their health. The fact that the participants talked in so much detail about their childhood and lives in the West Indies, the significance of home grown produce and the use of herbal remedies, showed how important such factors are to them and such constructions assist in the participants forming their own experiences of health. However, the negative treatment they received by some health professionals, due to a lack of cultural awareness, led to a lack of trust and sometimes a lack of compliance in relation to the taking of medicines. The knowledge and understanding that the participants had of their bodies and the health displayed by the participants, stemmed from their cultural and ethnic

upbringing in the West Indies. Such constructions assisted in the participants producing their own meaning and discourse (Hill-Collins, 2000).

Knowledge is connected to power and control and this is apparent within the medical sphere where bodies are in the domain of medical experts (Yardley, 1997; Paap, 2008). This research has shown that some of the beliefs of the participants are at odds with conventional medicines; for example the belief in relation to the curative nature of herbal remedies from the homeland. Having such knowledge empowered the participants and enabled them to contribute to the way in which the world is experienced through resisting medicines and treatments offered and offering a challenge to bio-medical discourse. The participants questioned those in power and sometimes refused to accept their advice, which suggests they were able to resist aspects of western medicine. In addition, the interpretations of their negative treatment and oppressions and how this has affected their health has enabled them to produce and validate their knowledge, which has been omitted within traditional male stream theories.

Clearly there is a need for western medical practitioners to increase their awareness of the importance of herbal remedies for African Caribbean women, but also to have an awareness of their lived experiences in the UK. As Wray and Bartholomew (2006), found it is important to be able to give credence to the lived experiences of older African Caribbean migrant women and to explore how these arise within a social and cultural context.

For most participants health was viewed from a functional perspective (as McKague and Verhoef, 2003) for example being able to get up and undertake

daily tasks. In instances where health was viewed negatively it was in the main attributed to previous employment (see also; McKague and Verhoef, 2003; Hughner and Kleine, 2004). Thus, despite the differing meanings attributed to health by African Caribbean older women, it is clear that health is neither absolute, to be aspired to, nor an idealized outcome of mind over matter. Medicalisation and technological advancement is useful, but individual beings should have equal significance. The participants want to be consulted and have their voices heard about how their bodies are treated and not have their body reduced to the status of an objectivised 'thing'. Additionally cultural, migratory and social experiences need to be considered and how these shape their experiences of health and well-being in later life (Wray and Bartholomew, 2006). The participants' experiences should not be marginalised, but need to be at the forefront of discussions on their health. It is important for health professionals and workers to understand that the discrimination and inequalities faced by older African Caribbean women means that their health experiences are not the same as non-migrant individuals. As such the care and treatment offered to Older African Caribbean migrant women has to reflect their experiences so that discriminatory practices are not continued (Wray and Bartholomew, 2006).

Methodological concerns

This section highlights the methodological concerns from this thesis.

Black feminist research

This research study was undertaken to address the absence of the experiences of older African Caribbean women from the academic domain, but also for the collective experiences of older African Caribbean migrant women not to be

simplified into that of stereotypical characters. bell hooks has been sighted extensively throughout this thesis as she has written extensively on the experiences of African American women, civil rights and feminism. Although her arguments are strong, she has been criticised for being too subjective in her works and for having a disregard for the experiences of Black men (Gale, 1997; Schweizer, 2005). However, one cannot ignore hooks for highlighting the issues around identity formation and for bringing the experiences of Black, working class and poor women into feminist discussions, thereby enabling a balance to feminist theory.

Throughout this research I attempted to follow the four general tenets of Black feminist epistemology as identified by Hill-Collins (2000). For example, the use of debate and discussion with the participants during the interviewing processes, being caring and empathetic to try and reduce the intrinsic value placed on knowledge and having a personal accountability to the participants, bearing in mind that knowledge is built on lived experiences. However, these tenets are true of feminist epistemology on the whole and not, I would argue simply for 'Black feminist epistemology. Hill-Collins (2000:258) argues that Black feminist epistemology has to start with '***connected knowers'***, those who know from personal experience. However, if one is to adhere to this prescription it means that Black women can only research Black women, White women can only research White women, and so on. I found when conducting the research that what is important is the process of the research and acknowledgment of the researcher's biography within it; rather than ethnic or cultural matching of researcher to research participants. Indeed, within the methodology, I have considered and have reflected on my position within this research. From the

onset, it is evident that shared experiences are mediated through difference and therefore cannot be conceptualised as fixed and knowable. Consequently, as a researcher, I have found that I am neither an insider nor an outsider but instead, occupied both positions to varying degrees throughout the whole of the research.

Data collection methods

It is important to consider the impact of my choice of data collection methods for this research, and acknowledge possible limitations. For the individual interviews, a snowballing method was used. This method, despite its limitations proved to be successful. The participants obtained through the use of snowballing represented the African Caribbean community and although there were similarities in their experiences, there were also marked differences.

The sample consisted of a relatively small number of older African Caribbean. As such, future research needs to be conducted with a greater number of African Caribbean older women, to examine how far the experiences shown and analysed within this thesis are representative of their lived experiences.

This research used multiple research methods, which inevitably produces variation in the type of responses collected. For instance, it is highly likely that aspects of the focus group interview impacted on the type of narratives given. The recruitment method may be the first important site of difference. The initial emphasis was on the recruitment of a number of individuals to be part of a group, followed by individuals for the purpose of individual interviews. Although the focus group was more likely to produce general themes and produce shared

accounts, the use of individual interviews combated this and enabled individual accounts to be given. Thus although the use of focus group interviews has limitations, as individual interviews, the combination of the two methods produced richer data.

Another notable point is the interaction between researcher and participant. Indeed, the interaction is very different in a focus group interview than in individual interviews. Individuals talking with an interviewer might feel inhibited. In contrast, group discussion with one's peers might have the opposite effect, diluting the significance of the researcher's biography and encouraging people to share their stories. The focus group interview was conducted on the researchers 'home territory'. Being amongst other individuals from the same community may have inhibited some participants from talking about sensitive issues. As such a more neutral venue may have been more conducive. For example the individual interviews were conducted in the participants' own homes which enabled them to discuss their experiences in familiar and safe surroundings.

There are elements in group discussion which may provide different responses to those generated by individuals in isolation. The nature of the group process itself facilitates the expression of collective accounts and this is a method which 'can help individuals to develop a perspective which transcends their individual context and thus may transform 'personal troubles' into 'public issues'' (Kitzinger and Barbour, 1999:19). Certainly the course of the group interview in this study suggested a progression toward further acknowledgement of inequalities impacting on health and the 'power' of herbal remedies, and from more

individualistic explanations of ill health to an increasing focus on shared experiences and how this impacted on health and well-being over the life-course. The use of a focus group may have be identified as a limitation, as the data generated might be seen as less 'representative' of the 'true' pattern of opinion than that accessed by other methods. However, in combining focus groups with individual interviews such weaknesses can be overcome.

Insider and outsider status

One of the emerging themes throughout the research was the difficulty of trying to identify which part of my biography had an effect on the research and the knowledge produced. As discussed in the methodology, I shared many similarities with the research participants, but also had many differences and as a result of this research have come to the conclusion that 'matching' the researcher to the participant is not necessary in order to increase the authenticity and validity of the research. What is important is the process of the research and acknowledgment of the researcher's position within it.

Throughout this research some important issues emerged: firstly an awareness of the theorisation of insider and outsider identities being interactive and unstable rather than polarised and discrete and secondly the problems associated with assuming that similarity of background between researcher and participant is the 'best way forward'. I thought that my insider status as an African Caribbean woman meant that I could empathise with the participants in a way perhaps that White women could not. As noted by Bhopal, White researchers undertaking research with Black participants 'may have preconceived ideas about the particular group they study, which will be rooted in

their own whiteness' (2001:284). However, such an argument is problematic because it is based on the idea that ethnic identities are essentially different, which can in turn, reproduce ethnocentric ideologies. As previously mentioned, identities are fragmented and fluctuate and thus the idea that ethnically diverse backgrounds can lead to a lack of empathetic understanding between researcher and participant, does not take account of the effects of other biographical influences such as age and class. Indeed, at times during the fieldwork I found it was my age that placed me as an outsider. I experienced difficulty in trying to obtain information from the participants in relation to matrimonial events and the subject of their divorce or separation from their partners.

The most important factor when conducting qualitative research is the process of the research and acknowledgment of the researcher's position within it (Edwards, 1990; Wray and Bartholomew, 2010). As a researcher one of my aims was to share the view that in order to understand the lived experiences of older African Caribbean migrant women I needed to recognise the different forms of oppression they may have faced throughout their lives. However, such recognition can be achieved by any researcher, regardless of their biography. Similar to Edwards (1990) I found that the sharing of experiences and concerns with the participants aided the development of rapport. Indeed, as I engaged in dialogue with the research participants I found that I was not defined by either my insider or outsider statuses, rather my position fluctuated. This draws attention to the temporary negotiated status of identities and shows how it is not a necessity to match the identities of researcher and participant.

Arguably then the categorisation of insider and outsider as binary oppositions is misleading as it often hides the complexities of how aspects of the researchers' identity and experience interact with those of the research participant. Instead there has been a tendency to theorise these identities as mutually exclusive categories rather than as negotiated and temporary (Butler, 1990). As such they are always open to (re) negotiation and reconstitution within the research setting (Labaree, 2002; Gunaratnam, 2003; Naples, 2003). This has consequences for the research process and the subsequent knowledge that is produced. Specifically, it can influence not only the on-going interpretation of the participants' story but also how the data is transformed into knowledge.

As a member of the same community, I shared many experiences with the participants, but there were also differences. One of the main areas we had in common concerned the dual oppressions we had faced as a result of 'race' and gender discrimination (Hill-Collins, 2000). The participants' assessment of my insider status appeared to include an assumption that I shared certain parts of their knowledge and experience. One participant talked about how she had been treated negatively by a member of the public because she was Black. I too then could empathise and share the participants' 'story' as I had similar experiences. However, how the ways in which the participant and I dealt with incidents differed in a number of respects, including the final outcome. At times like this I was aware that I occupied insider and outsider statuses simultaneously and aspects of each of these statuses would become more or less significant at particular moments. Similar to Clingerman (2008) I was a 'stranger' and moved to the position of 'knower', but also I moved from this 'knower' position to one where the information was at a much deeper level.

Thus, I shared some experiences with the participants as a consequence of my ethnic identity. Further, it was through such interactions that I became aware of difference and the way in which my identity was constantly changing (Wray and Bartholomew, 2010).

I found that similarities and differences between researcher and participant are temporarily situated and as such open to on-going reinterpretation. Additionally and as argued by Reinharz (1997) a consequence of going through the research process has meant that my beliefs and perspectives have been altered. For example, as argued by Khan (1998), the knowledge and perspectives of the researcher and participant may be challenged and altered as a consequence of participating in research. I knew from childhood that religion played a role in the lives of the participants, but I was surprised at the extent and significance that religion and their faith had.

Reflections on the research process have gone some way in showing how the use of a feminist agenda, can represent the different experiences of all women. Further, methodological reflection has enabled consideration of insiderness and outsiderness as status positions that are concurrent and fluid rather than separate and fixed. It is clear therefore that it is not necessary to match the researcher with the participants. Indeed, attempting to do so is at best unattainable and at worst based on stereotypical assumptions about an individual's background that may further reinforce essentialist accounts of for instance, social class, age and race (Merton, 1972; Wilkinson and Kitzinger, 1996; Wray and Bartholomew, 2010).

Recommendations for the Future

Future research

This thesis has found that the health experiences of African Caribbean older women are directly related and connected to their migrant racialised identity. It is important for future research to examine and decipher the resistance strategies that African Caribbean older women develop to cope with inequalities and how such strategies can be enhanced.

Cultural and ethnic identities are of importance to African Caribbean older women. It is important for future research to examine the experiences of migrant women to gain a deeper understanding of why their ethnic and cultural identities are constructed in such a way as to maintain the 'them' and 'us' boundary, that positions them as outsiders to White British culture, rather than inclusive members.

There is a need for further research to examine religion and prayer amongst African Caribbean older women. Importantly to ascertain how such beliefs can impact on help seeking behaviours and health improvement techniques.

Amongst older African Caribbean women, further research is needed to show how a reliance on God can be both empowering and disempowering and how such spiritual struggles impact on health over the life-course.

Implications for health policy and practice

The religious and spiritual beliefs of African Caribbean older women are often not recognised by health and welfare services. Clearly they need to be

acknowledged, particularly in terms of the role they have in improving health and well-being.

There is a need for western medical practitioners to increase their awareness of the importance of herbal remedies for African Caribbean older women.

Health professionals and workers need to understand that the discrimination and inequalities faced by older African Caribbean women means that their health experiences are not the same as non migrant individuals. The care and treatment afforded to African Caribbean older women has to reflect their experiences so that discriminatory practices are not continued. This can be achieved through the development and maintenance of cultural competencies. For example, health professionals attending specific training courses, working and engaging with the community and having community members on advisory boards.

Dissemination of research results

All research participants will receive a summarised version of the thesis, including a gift voucher to thank them for their contribution.

For those participants involved in the focus group discussion a social event will be arranged where the results will be disseminated and discussed.

I will be attending and presenting the research findings at conferences, both nationally and internationally.

Two journal articles have been published from the thesis, including the publication of a chapter in a book. These are:

1. Wray, S. and Bartholomew, M. (2006) Older African Caribbean women: The influence of migration on experiences of health and well-being in later life. *Journal of Research, Policy and Planning.* 24 (1) 103-119.

2. Wray, S. and Bartholomew, M. (2010). 'Some reflections on outsider and insider identities in ethnic and migrant qualitative research'. *Migration Letters.* 7 (1) 7-16.

3. Katsas, G. (In Print) (Ed). Current issues in Sociology: Work and Minorities. Athens: Athens Institute for Education and Research.

Reflection on the PhD process

I started the PhD thesis with the aim of finding out about the lives of older women from my community. As a child, I had heard many stories from family members and friends about what their life was like when they first came to England from the West Indies. Most times I was allowed to sit and listen to their tales of solidarity, strength, hardship and laughter and at other times, I heard the 'secret' stories of racism, discrimination and infidelities through gaps in the door! As I got older I realised that these stories were a part of me and influenced who I was in terms of how I had been raised as a child and the values/morals that I had been instilled with. I also noticed how the stories and experiences of our respected elders, such a wealth of information that I had seemingly taken for granted, was not in the academic domain. The stories of the life experiences of older African Caribbean women were known within the community, but not known to many of the younger generations and those not within the community setting. I wanted to know more about my cultural history, not solely through speaking and listening to family members and friends, but I wanted to be able to read about their experiences and to pass this information onto others.

When I decided to conduct the fieldwork for my thesis I informed the women participants that the thesis was going to be their opportunity to have a voice in the wider world. It was going to be their opportunity for others to read and learn about what life was like for them as migrants; how they managed and coped as 'strangers' in a foreign land and how their experiences over the life-course influenced who they are today. I said these words not really understanding how such detailed stories would impact on me as an individual.

Undertaking the interviews was a rewarding and insightful period. Not solely for me, as the researcher, but I could equally see the positive and sometimes upsetting emotions on the face of the participants as they relayed their stories, stories which were both similar and different and re-told in different ways. The interviews were conversations, discussions between myself and the women who became my friends.

As I progressed throughout the PhD, three of the participants died. Their deaths came as a shock and made me realise two things. Firstly it made me treasure, the time that I had spent with these women, the time that they had set aside from their busy lives to sit and talk to me and secondly the importance of publishing the research findings, to ensure that their voices are heard.

Above and beyond the learning of different theories, their application and methodological issues within research, this PhD has served to open my eyes. On completion of the PhD and as I reflect over the past few years, I realise that I

was sat in a darkened room. Now through the experiences of others, a light has been switched on and I can see.

I have developed considerably over the years. Rather than being interested in older African Caribbean women and their experiences, I now have the knowledge, understanding and ability to be able to make a difference. From the onset, I informed the women that I wanted to make their voices heard and now, as a result of this research and the publication of two journal articles, I am maintaining my promise.

REFERENCES

Abma, T. (2002). Emerging narrative forms of knowledge. Representation in the health sciences: Two texts in a postmodern context. *Qualitative Health Research.* 12 (1) 5-27.

Abu-Lughod, L. (1990). The romance of resistance: Tracing transformations of power through Bedouin women. *American Ethnologist. 17* (1) 41-55.

Adair, V. (2002). Branded with infamy. Inscriptions of class and poverty in America. *Signs: Journal of Women in Culture and Society.* 27 (2) 451-473.

Afshar, H., and Maynard, M. (2000). Gender and ethnicity at the millennium: from margin to centre. *Ethnic and Racial Studies.* 23 (5) 805-819.

Afshar, H., Franks, M., Maynard, M., and Wray, S. (2002). Empowerment and disempowerment. A comparative study of Afro-Caribbean and Asian and White British women in their third age. ESRC Grant: L480254047.

Agar, M. (1980). *The Professional Stranger. An Informal Introduction to Ethnography.* New York: Academic Press.

Agar, M., and MacDonald, J. (1995). Focus groups and ethnography. *Human Organization. 54*, 78-86.

Ahmad, R., and Gupta, R. (Eds.). (1994). *Flaming Spirit: Stories from the Asian Women's Writing Collective*. London: Virago.

Ahmad, W. (1995). *Key Issues in Race and Health.* Paper delivered at a Race and Health Conference. Harrogate, 31st March.

Ahmed, S. (1999). Home and away. Narratives of migration and estrangement. *International Journal of Cultural Studies.* 2 (3) 329-347.

Ahmed, S., Castaneda, C., Fortier, A., and Sheller, M. (2003). *Uprootings/ Regroundings. Questions of Home and Migration*. Berg: Oxford.

Aitken, G. and Burman, E. (1999). 'Keeping and crossing professional and racialised boundaries: Implications for feminist practice'. *Psychology of Women Quarterly.* 23, 277-297.

Ang-Lygate, M. (1996). 'Waking from a dream of Chinese shadows'. *Feminism & Psychology.* 6 (1) 56-60.

Anthias, F. (2002). Beyond feminism and multiculturalism. Locating difference and the politics of location. *Womens Studies International Forum.* 25 (3) 275-286.

Armstrong, D. (1995). The rise of surveillance medicine. *Sociology of Health and Illness.* 17, 393-404.

Arner, J., and Falmagne, R. (2007). Deconstructing dualisms. The both/and conceptual orientation and its variant linguistic form. *Feminism & Psychology.* 17 (3) 357-371.

Arnold, E. (2006). Separation and loss through immigration of African Caribbean women to the UK. *Attachment and Human Development.* 8 (2) 159-174.

Arp, W., and Boeckelman, K. (1997). Religiosity. A source of black environmentalism and empowerment. *Journal of Black Studies.* 28 (2) 255-267.

Atkinson, R. and Flint, J. (2001) Accessing hidden and hard to reach populations: snowball research strategies. Social Research Update. 33, 1-8.

Back, L., and Solomos, J. (Eds.). (2000). *Theories of Race and Racism.* London: Routledge.

Baer, H. (1993). The limited empowerment of women in black spiritual churches: An alternative vehicle to religious leadership. *Sociology of Religion.* 54 (1) 65-82.

Baerveldt, C., and Voestermans, P. (1998). The Body as a Selfing Device. In H. J. Stam. (Ed.). *The Body and Psychology.* (161-181). London: Sage.

Ball, K. (2002). Elements of surveillance. A new framework and future research direction. *Information, Communication and Society.* 5 (4) 573-590.

Ball, K. (2005). Organisation, surveillance and the body. Towards a politics of resistance. *Organization.* 12 (1) 89-108.

Barone, T. (1995). Persuasive Writings, Vigilant Readings and Reconstructed Characters.   In J.A. Hatch and R. Wisniewski. (Eds.). *Life History and Narratives.* Bristol: Falmer Press.

Barrett, M. (1980). *Women's Oppression Today. Problems in Marxist Feminist Analysis.* London: Verso.

Barrett, M., and McIntosh, M. (1985). Ethnocentrism and social feminism. *Feminist Review.* 20, 23-45.

Barrett, M. (1987). The concept of difference. *Feminist Review.* 26, 29-41.

Bauman, Z. (1992*). Social Aspects, Social Values, Postmodernism.* London: Routledge.

Bauman, Z. (1996). From pilgrim to tourist – or a short history of identity. In S. Hall and P. Du Gay. (Eds.). *Questions of Cultural Identity.* Sage: London.

Beck, U., Giddens, A., and Lash. S. (Eds.). (1994). *Reflexive Modernization.* Cambridge: Polity Press.

Becker, H. (1986). Writing for Social Scientists.   USA: University of Chicago Press.

Beckford, J. (1999). The Politics of Defining Religion in Secular Society. In Platvoet, J and Molendijk, A. (Eds.). *The Pragmatics of Defining Religion. Contexts, Concepts and Conflicts.* Leiden: Brill.

Beckford, J. (2003). *Social Theory and Religion.* Cambridge: Cambridge University Press.

Beckford, J., Gayle, R., Owen, D., Peach, C., and Weller, P. (2006*). Review of the Evidence Base on Faith Communities.* London: OPDM.

Beit-Hallahmi, B. (2003). Religion, religiosity and gender*. In C. Ember. (Ed.). The Encyclopaedia of Sex and Gender.* (117-127). Boston, MA: Kluver.

Bell, R., Suerken, C., Quandt, S., Grzywacz, J., Lang, W., and Arcury, T. (2005). Prayer for health among US adults: The 2002 national health survey. *Complementary Health Practice Review.* 10 (3) 175-188.

Benjamins, M. (2004). Religion and functional health among the elderly. Is here a relationship and is it constant? *Journal of Aging and Health.* 16 (3) 355-374.

Benkert, R., and Peters, R. (2005). African American women coping with healthcare prejudice. *Western Journal of Nursing Research.* 27 (7) 863-889.

Beoku-Betts, J. (1994). When black is not enough. Doing field research among Gullah women. *NWSA Journal.* 6, 413-33.

Bhopal, K. (1998). Spectre of racism in health and health care: Lessons from history and the United States. *British Medical Journal.* 316, 1970-1973.

Bhopal, K. (2001). Researching South Asian women: Issues of sameness and difference in the research process. *Journal of Gender Studies.* 10 (3) 279-286.

Black, H. K. (1999). Life as gift: spiritual narratives of elderly African-American women living in poverty. *Journal of Aging Studies.* 13 (4) 441-455.

Blackburn, C. (1991). *Poverty and Health.* London: Open University Press.

Blaxter, M. (1990). *Health and Lifestyle.* London: Tavistock and Routledge.

Bordo, S. (1993). *Unbearable Weight.* Berkeley CA: University of California Press.

Bourdieu, P. (1994). *Sociology in Question.* London: Sage.

Boyd, J. (1990). Ethnic and cultural diversity: keys to power. *Women & Therapy.* 9 (1) 151-167.

Brace, C., Bailey, A., and Harvey, D. (2006). Religion, place and space. A framework for investigating historical geographies of religious identities and communities. *Progress in Human Geography.* 31 (1) 28-43.

Brah, A. (1996). Cartographies of diaspora. Contesting identities. In Y. Gunaratnam. (Ed.). (2003). *Researching Race and Ethnicity. Methods Knowledge and Power*. Sage: London.

Bristol, T., and Fern, E. F. (1996). 'Exploring the atmosphere created by focus group interviews: comparing consumers' feelings across qualitative techniques. *Journal of the Market Research Society. 38*, 185-195.

British Sociological Association (2004) Statement of Ethical Practice. Durham: British Sociological Association.

Brown, L.M., and C. Gilligan. (1992). *Meeting at the Crossroads: Women's Psychology and Girls' Development*. Cambridge, MA: Harvard University Press.

Bruce, S., and Voas, D. (2007). Religious toleration and organizational typologies. *Journal of Contemporary Religion. 22* (1) 1-17.

Bryan, B., Dadzie, S., and Scafe. (1985). *Heart of the Race. Black Women's Lives in Britain*. London: Virago Press.

Buijs, G. (1993). *Migrant Women. Crossing Boundaries and Changing Identities*. Oxford: BERG.

Bunton, R., Nettleton, S., and Burrows, R. (Eds.). (1995). *The Sociology of Health Promotion*. London: Routledge.

Butler, J. (1990). *Gender Trouble*. Routledge: London.

Butler, J. (1993). *Bodies That Matter: On the Discursive Limits of Sex*. New York: Routledge.

Butler, J. (2000). Reflections on borderlands and the color line. In S. Geok-Lin Lim and M. Herrera-Sobek. (Eds.). *Power, Race, and Gender in Academia.* (8-31). New York: MLA.

Calnan, M. (1987). Health and Illness. *The Lay Perspective*. New York: Tavistock Publications.

Carby, H. (1992). White Women Listen. Black Feminism and the Boundaries of Sisterhood. In Y. Gunaratnam. (Ed.). (2003). *Researching Race and Ethnicity*. London: SAGE.

Carey,M. A. (1995). Concerns in the analysis of focus group data. *Qualitative Health Research. 5*, 487-495.

Carey, M. A., and Smith, M. W. (1994). Capturing the group effect in focus groups: A special concern in analysis. *Qualitative Health Research. 4*, 123-127.

Carolan, M. T., Bagherinia, G., Juhari, R., Himelright, J., and Mouton-Sanders, M. (2000). 'Contemporary Muslim families: research and practice'. *Contemporary Family Therapy. 22* (1) 67-79.

Carter, C. (1999). Church burning in African American communities. Implications for empowerment practice. *Social Work.* 19 (3) 30-60.

Castells, M. (1997). *The Power of Identity*. Oxford: Blackwell.

Catterall, M., and Maclaran, P. (1997). Focus group data and qualitative analysis programs: coding the moving picture as well as the snapshots. *Sociological Research Online. 2.*

Cerroni-Long, E.L. (1994). 'Insider and outsider perspectives in the study of ethnicity. The Case of the Italian-American'. *Ethnic Forum.* 14, 121-138.

Chambers, I. (1994). *Migrancy, Culture and Identity*. London: Routledge.

Chang, B., Noonan, A., and Tennstedt, S. (1998). The role of religion/spirituality in coping with caregiving for disabled elders. *The Gerontologist.* 38, 463-470.

Chatters, L., Taylor, R., and Lincoln, D. (1999). African American religious participation: a multi-sample comparison. *Journal for the Scientific Study of Religion.* 38, 132-145.

Chima, F., and Wharton, D. (1999). African Americans and the workplace: overview of persistent discrimination. *Journal of Inter-group Relations.* (23-37).

Chodorow, N. (1992). *Feminism and Psychoanalytic Theory.* USA: Yale University Press.

Clingerman, E. (2008). 'An insider/outsider team approach in research with migrant farmworker women.' *Family & Community Health.* 30 (1) 75-84.

Clough, P. (2003). Affect and control. Rethinking the body beyond sex and gender. *Feminist Theory.* 4 (3) 359-364.

Coffey, A., and Atkinson, P. (1996). *Making Sense of Qualitative Data Analysis. Complementary Strategies.* CA. Sage.

Colantonio, A., Kasle, S., and Ostfeld, A. (1992). Depressive systems and other psycho-social factors as predictors of stroke in the elderley. *American Journal of Epidemiology.* 136, 569-573.

Coleman, J. (1990). *Foundations of Social Theory*. Harvard: Harvard University Press.

Collins, P. H. (1990). *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. New York: Routledge.

Cooper, J. E., and Stevens, D. D. (Eds.). (2002). *Tenure in the Sacred Grove: Issues and Strategies for Women and Minority Faculty*. Albany, NY: SUNY Press.

Cornell, S. (1996). The variable ties that bind. Content and circumstance in ethnic processes. *Ethnic and Racial Studies.* 19, 265-289.

Costello A., Abbas, M., Allen, A., and Ball, S. (2009). Managing the Health Effects of Climate Change. *The Lancet.* 373, 1693-1733.

Craig, A. (1997). Postmodernism, pluralism and ourselves. *Theory and Psychology.* 7, 505-27.

Creegan, K. (2006). *The Sociology of the Body. Mapping the Abstraction of Embodiment.* Thousand Oaks: SAGE.

Crenshaw, K. (1995). Mapping the Margins. Intersectionality, Identity Politics, and Violence Against Women of Color*. In K. Crenshaw. N. Gotanda. G. Peller and K. Thomas. (Eds.). *Critical Race Theory. The Key Writings That Formed the Movement.* New York: The New Press.

Crossley, N. (2001). *The Social Body. Habitat, Identity and Desire*. London: SAGE.

Curtis, S., and Hoyez, A. (2009). Health, well-being and immigrant populations in France and Britain. *International Journal of Migration, Health and Social Care.* 5 (4) 4-19.

Curtis, S., and Lawson, K. (2000). Gender, ethnicity and self-reported health. The case of African Caribbean populations in London. *Social Science and Medicine.* 50 (3) 365-385.

D'Apolito, R (2000). The activist role on the black church. A theoretical analysis and an empirical investigation of one contemporary activist black church. *Journal of Black Studies.* 31 (1) 96-123.

Davie, G. (1994). *Religion in Britain since 1945. Believing Without Belonging*. Oxford: Blackwell.

Davis, H. (2004). *Understanding Stuart Hall*. London: Sage.

Deacon, R. (2002). Truth, power and pedagogy: Michel Foucault and the rise of the disciplines. *Educational Philosophy and Theory.* 34, 435-458.

De Andrade, L. (2000). 'Negotiating from the insider: constructing racial and ethnic identity in qualitative research'. *Journal of Contemporary Ethnography* 29, 268-90.

Deem, R., Morley, L., and Tlili, A. (2005). *Negotiating Equity in Higher Education Institutions*. Project 3. Higher Education Funding Council for England. Bristol.

de la Luz Reyes, M., and Halcon, J. (1988). Racism in academia: The old wolf revisited. *Harvard Educational Review. 58* (3) 299-314.

Denzin, N. K., and Lincoln,Y. S. (Eds.). (1994). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.

Derrida, J. (1981). *Dissemination*. Chicago: Chicago University Press.

Descartes, R. (1973). *The Philosophical Works of Descartes*. Cambridge: Cambridge University Press.

Deutsch, C. (1981). 'The behavioral scientists: insider and outsider'. *Journal of Social Issues.* 37, 172-91.

DeVault, M. (1996). ''Talking back to sociology': distinctive contributions of feminist methodology'. *American Review of Sociology.* 22, 29-50.

Devine, F., and Heath, S. (1999). *Sociological Research Methods in Context*. London: Macmillan Press.

Dillard, C. (2000). The substance of things hoped for, the evidence of things Not seen: examining an endarkened feminist epistemology in educational research and leadership. *Qualitative Studies in Education.* 13 (6) 661-681.

Dodson, L., and Schmalzbauer, L. (2005). Poor women and habits of hiding: participatory methods in poverty research. *Journal of Marriage and Family.* 67, 949-959.

Douglas, J. (1992). 'Black women's health matters: putting black women on the research agenda'. In H. Roberts. (ed.). *Women's Health Matters*. (45-60). London: Routledge.

Douglas, M. (2002). *Purity and Danger*. London: Routledge.

duCille, A. (1996). *Skin Trade*. London: Harvard University Press.

Dunn, K., and Horgas, A. (2000). The prevalence of prayer as a spiritual self-care modality in elders. *Journal of Holistic Nursing.* 18 (4) 337-351.

Durkheim, E. (1951). In J. Spaulding. and G. Simpson. (Eds.). *Suicide*. New York: Free Press.

Durkheim, E. (1961). *The Elementary Forms of the Religious Life*. Trans J. Swain. New York: The Free Press.

Durkheim, E. (1995). *The Elementary Forms of Religious Life*. New York: The Free Press.

Edwards, R. (1990). Connecting Methods and Epistemology. *Women's Studies International.* 13, 477-490.

Edwards R., and Ribbens, J. (1998). *Feminist Dilemmas in Qualitative Research. Public Knowledge and Private Lives*. London: Sage.

Elaide, M (1957). *The Sacred and the Profane. The Nature of Religion*. Trans W.R. Trask. Harcourt Brace Jovanovich.

Ellis, L. (1985). Religiosity and criminality. Evidence and explanations of complex relationships. *Sociological Perspectives.* 28, 501-520.

Ellison, C., and George, L. (1994). Religious involvement, social ties and social support in a south eastern community. *Journal for the Scientific Study of Religion.* 33, 46-61.

Ellison, C., and Levin, J. (1998). The religion-health connection: evidence, theory and future directions. *Health Education & Behaviour.* 25 (6) 700-720.

Ellison, C., and Taylor, R. (1996). Turning to prayer. Social and situational antecedents of religious coping amongst African Americans. *Review of Religious Research.* 38 (2) 111-131.

Erel, U. (2010). Migrating Cultural Capital: Bourdieu in Migration Studies. *Sociology.* 44 (4) 642-660.

Falk, P. (1991). Homo culinarius: towards an historical anthropology of taste. *Social Science Information.* 30, 757-790.

Fanon, F. (2000). *Black Skins, White Masks.* London: Avalon Travel Publications.

Farquhar, C., and Das, R. (1999). 'Are Focus Groups Suitable for "Sensitive" Topics'. In R.S. Barbour and J. Kitzinger. (Eds.). *Developing Focus Group Research: Politics,Theory, and Practice.* (47-63). Thousand Oaks, CA: Sage.

Feagin, J., and Sykes, M. (1994). *Living with Racism. The Black Middle Class Experience.* USA: Beacon Press.

Featherstone, M., Lash, S., and Robertson, R. (Eds.). (1995). *Global Modernities.* London: SAGE.

Ferraro, K., and Koch, J. (1994). Religion and health amongst black and white adults: examining social support and consolation. *Journal for the Scientific Study of Religion.* 33, 362-375.

Finlay, L. (2002). Negotiating the swamp. The opportunity and challenge of reflexivity in research practice. *Qualitative Research.* 2 (2) 209-230.

Forman, A., Williams, D., and Jackson, J. (1997). Race, place, and discrimination. *Perspectives on Social Problems.* 9, 231-61.

Foucault, M. (1970). *The Order of Things.* London: Tavistock.

Foucault, M. (1972). *The Archaeology of Knowledge.* London: Tavistock.

Foucault, M. (1973). *The Order of Things.* Vintage Books: New York.

Foucault, M. (1977) *Discipline and Punish.* London: Penguin.

Foucault, M. (1979). *Discipline and Truth.* Penguin: Harmondsworth.

Foucault, M. (1981). *The History of Sexuality Volume One.* London: Penguin.

Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings* 1972-1977. New York: Pantheon Books.

Foucault, M. (1984). What is Enlightenment? In P. Rainbow. (Ed.). *The Foucault Reader.* Harmondsworth: Penguin.

Foucault, M. (1988). 'Truth, power, self: an interview with Michael Foucault'. In M. L. Gutman and P. Hutton. (Eds.). *Technologies of the self: A Seminar with Michael Foucault.* London: Tavistock.

Fox, N. (1992). *The Social Meaning of Surgery.* OUP: Buckingham.

Fox, N. (1993). *Postmodernism, Sociology and Health.* OUP: Buckingham.

Furnham, A. (1994). Explaining health and illness. Lay perceptions on current and future health, the causes of illness and the nature of recovery. *Social Science and Medicine.* 39, 715-25.

Gale Group (1997). Contemporary Literary Criticism. USA: Gale Cengage Limited.

Gall, T. (2003). The role of religious resources for older adults coping with illness. *The Journal of Pastoral Care and Counselling.* 57 (2) 211-224.

Gallagher, S. (1995). Body schema and intentionality. In J. L. Bermedez, A. Marcel and N. Eilan. (Eds.). *The Body and the Self.* (225-244). Cambridge, MA: Bradford.

Gatens, M. (1991). A Critique of the Sex/Gender Distinction. In S. Gunew. *A Reader in Feminist Knowledges.* London: Routledge.

Gedalof, I. (2003). Taking Place: Female Embodiment and the Re-grounding of Community. In S. Ahmed. C. Castaneda. A. Fortier and M. Sheller. (2003). *Uprootings/Regroundings. Questions of Home and Migration.* Berg: Oxford.

Gerrard, N. (1995). 'Some Painful Experiences of a White Feminist Therapist Doing Research with Women of Color'. In J. Adleman. (ed.). *Racism in the Lives of Women.* (55-64). Binghamton, NY: Harrington Park Press.

Gettleman, L., and Winkleby, M. A. (2000). 'Using focus groups to develop a heart disease prevention program for ethnically diverse, low-income women'. *Journal of Community Health.* 25 (6) 439-54.

Gibson, P., and Abrams, L. (2003). Racial difference in engaging, recruiting, and interviewing African American women in qualitative research. *Qualitative Social Work.* Vol. 2 (4) 457-476.

Giddens, A. (1991). *Modernity and Self Identity: Self and Society in the Late Modern Age.* CA: Stanford University Press.

Giddens, A. (2006). *Sociology. (5th ed).* London: Polity Press.

Gilbert, P., and Parkes, M. (2011). Faith in one city. Exploring religion, spirituality and mental wellbeing in urban UK. *Ethnicity and Inequalities in Health and Social Care.* 4 (1) 16-27.

Gillborn, A. (2008). *A critical review of racism and higher education.* London: Institute of Education.

Gilkes, C. (2001). *If it wasn't for the Women. Black Women's Experience and Womanist Culture in Church and Community.* USA: Orbis Books.

Gilroy, P. (1990). *There Aint no Black in the Union Jack.* London: Routledge.

Golman, K., and Schmatz, K. (2001). Focus on Focus Groups. *Health Promotion Practice.* 1 (2) 14-19.

Graham, H. (1993). *Hardship and Health in Women's Lives.* London: Harvester Wheatsheaf.

Graves, G. (1994). *How-to Strategies for Including Lower Income or Marginalized Women in Community Development.* Paper presented at the University of Kentucky, Appalachian Women's Conference, Lexington, KY, November.

Grosfoguel, R. (2004). Race and Ethnicity or Racialized Ethnicities. Identities with Global Coloniality. *Ethnicities.* 4 (3) 315-336.

Grosz, E. (1989). *Survey Subversions: Three French Feminists.* Sydney: Allen and Unwin.

Grosz, E. (1994). *Volatile Bodies. Toward a Corporeal Feminism.* St Leonards: Allen and Unwin.

Grunell, M., and Saharso, S. (1999). State of the Art. Bell Hooks and Nira Yuval-Davis on race, ethnicity, class and gender. *The European Journal of Women's Studies.* 6, 203-218.

Gunaratnam, Y. (2003). *Researching Race and Ethnicity. Methods Knowledge and Power.* Sage: London.

Haggarty, K., and Ericson, R. (2000). The Surveillant Assemblage. *British Journal of Sociology.* 51 (4) 605-22.

Haight, W. (1998). Gathering the spirit at first Baptist church. Spirituality as a protective factor in the lives of African American children. *Social Work.* 43, 213-221.

Hall, S. (1990). Cultural Identity and Diaspora. In J Rutherford (Ed.). *Identity, Community, Culture, Difference.* (222-37). London: Lawrence & Wishart.

Hall, S. (1996). When was the Post-Colonial? Thinking at the Limit. In S. Ahmed, C. Castaneda, A. Fortier, and Sheller, M. (2003). *Uprootings/ Regroundings. Questions of Home and Migration.* Berg: Oxford.

Hall, W., and Callery, P. (2001). Enhancing the rigor of grounded theory: incorporating reflexivity and relationality. *Qualitative Health Research*. 11 (2), 257-72.

Hall, S., and Du Gay, P. (1996). *Questions of Cultural Identity*. Sage: London.

Hammersley, M. (1992). On feminist methodology. *Sociology*. 26,187-206.

Hammersley, M. (1994). On feminist methodology. A response. *Sociology*. 28 (1) 293-300.

Hanegraaff, W. (1999). New age spiritualities as secular religion. A historian's perspective. *Social Compass*. 46 (2) 145-160.

Haniff, N. (1985). Toward a native anthropology, methodological notes on a study of successful Caribbean women by an insider. *Anthropology and Humanism Quarterly*. 10, 107-113.

Haraway, D. (1991*). Simians, Cyborgs and Women: The Reinvention of Nature.* New York: Routledge.

Harding, S. (1986). *The Science of Question in Feminism*. New York: Cornell University Press.

Harding, S. (1992). *Whose Science? Whose Knowledge? Thinking from Women's Lives*. Milton Keynes: Open University Press.

Harding, S. (1993). 'Rethinking Standpoint Epistemology. What is Strong Objectivity?' in L. Alcoff and E. Potter. *Feminist Epistemologies*. New York: Routledge.

Harris, M. (2001). The place of self and reflexivity in third sector scholarship: an exploration. *Nonprofit and Voluntary Sector Quarterly*. 30, 747-760.

Harstock, N. (1983). *Money, Sex and Power. Towards a Feminist Historical Materialism*. New York: Longman.

Herman, J. L. (1994).*Trauma and Recovery.* New York: Basic Books.

Hertz, R. (Ed.). (1997), *Reflexivity and Voice.* Thousand Oaks CA: Sage.

Hey, P., Dunne, M., and Aynsley, S. (2011). *The Experience of Black and Minority Ethnic Staff in Higher Educatio*n. Equality Challenge Unit. UK.

Hill-Collins, P. (1990). *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. London: Unwin Hyman.

Hill-Collins, P. (1998). *Fighting Words. Black Women and the Search for Justice*. USA: University of Minnesota Press.

Hill-Collins, P. (2000). *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (2nd ed). New York: Routledge.

Hillery, G. (1955). Definitions of Community: Areas of Agreement. Rural Sociology. *Journal of Contemporary Religion.* 19 (2) 185-204.

Hockey, J. and James, A. (1993). *Growing Up and Growing Older: Ageing and Dependency in the Life Course.* London: Sage Publications.

Hogg, M., and Mullin, B. (1999). Joining groups to reduce uncertainty: subjective uncertainty reduction and group identification. In D. Abrams and M. A. Hogg (Eds.). *Social identity and social cognition.* (249-279). Oxford, England: Blackwell.

Holt, C., Lewellyn, L., and Rathweg, M. (2005). Exploring religion health among African American parishoners. *Journal of Health Psychology.* 10 (4) 511-527.

hooks, B. (1984). *Feminist Theory: From Margin to Center.* Boston, MA: South End Press.

hooks, B. (1989). *Talking Black: Thinking Feminist, Thinking Black.* MA. South End Press.

hooks, B. (1990). *Yearning: Race, Gender and Cultural Politics.* MA. South End Press.

hooks, B. (2003). *Rock my soul: Black People and Self-esteem.* New York: Washington Square Press.

Hsiung, Ping-Chen. (1996). 'Between Bosses and Workers: The Dilemmas of a Keen Observer and a Vocal Feminist'. In D. L. Wolf. (Ed.). *Feminist Dilemmas in Fieldwork.* (122-37). Boulder CO: Westview Press.

Hughes, D., and Dodge, M. (1997). African American women in the workplace. Relationships between job conditions, racial bias at work and perceived job quality. *American Journal of Community Psychology.* 25 (5) 581-599.

Hughner, R., and Kleine, S. (2004). Views of health in the lay sector: a compilation and review of how individuals think about health. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine.* 8 (4) 395-422.

Hunt, L., and Hunt, M. (1999). Regional patterns of African American church attendance: revisiting the semi-involuntary thesis. *Social Forces.* 78 (2) 779-791.

Hunter, M. S., O'Dea, I., and Britten, N. (1997). Qualitative Analysis. *Social Science and Medicine.* 45 (10) 1541-1548.

Idler, E., and Kasl, S. (1997). Religion among disabled and non-disabled persons. *Journal of Gerontology. Series B. Psychological Sciences and Social Sciences.* 52, 306-316.

Jackson, J. (Ed.). (1991). *Life in Black America.* CA: SAGE.

James, W. (1958). *The Varieties of Religious Experience*. New York: Mentor Books.

Jarret-Macauley, D. (Ed.). (1996). *Reconstructing Womanhood, Reconstructing Feminism. Writings on Black Women*. London: Routledge.

Jeffreys, S. (1996). 'Return To Gender: Postmodernism and Lesbian and Gay Theory'. In D. Bell. and R. Klein. (Eds.). *Radically Speaking. Feminism Reclaimed*. London: Zed Books.

Jocelyn-Armstrong, M. (2000). 'Older women's organization of friendship support networks: An African American White American comparison'. In *Journal of Women and Ageing.* 12, 93-105.

Johnson, M. (2004). Racial and Ethnic Inequalities in Health. A Critical Review of the Evidence*. Centre for Evidence in Ethnicity, Health & Diversity. Report for Home Office.*

Jones, J. (1994). Embodied meaning: menopause and the change of life. *Social Work in Health Care. 19*, 43-65.

Jones, C. (2006). Falling between the cracks. What diversity means for black women in higher education. *Policy Futures in Education.* 4 (2) 145-159.

Kant, I. (1960). *Religion Within the Limits of Pure Reason*. New York: Harper and Row.

Karenga, M. (1993). *Introduction to Black Studies (2nd ed).* LA: University of Sankore Press.

Karlsen, S., and Nazroo, J. (2002). Agency and the structure. The impact of ethnic identity and racism on the health of ethnic minority people. *Sociology of Health and Illness.* 24 (1) 1-20.

Kasle, S., Wilhelm, M. S., and Reed, K. L. (2002). Optimal health and well-being for women: Definitions and strategies derived from focus groups of women. *Women's Health Issues. 12* (4) 178-190.

Kelly, E.L. (2005). Discrimination against caregivers? Gendered family responsibilities, employer practices, and work rewards. In L. B. Nielsen and R. L. Nelson (Eds.). *The Handbook of Employment Discrimination Research.* (341-362). New York: Kluwer Academic Publishers.

Kennelly, I. (1999). That single mother element. How white employers typify black women. *Gender and Society.* 13 (2) 168-192.

Kessler, R., Mickelson, K., and Williams, D. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behaviour.* 40, 208-230.

Khan, S. (1998). 'Muslim women: negotiations in the third space'. In *Signs: Journal of Women in Culture and Society.* 23 (2) 464-494.

Kidd, P., and Parshall, M. (2000). Getting the focus and the Group: enhancing analytical rigor in focus group research. *Qualitative Health Research.* 10 (3) 293-308.

Kirby, V. (1992). Addressing essentialism differently. Some thoughts on the Corpo-Real. *Occasional Paper Series 4.* University of Waikato, Department of Women's Studies.

Kirmayaer, L. J. (1988). Mind and Body as Metaphors: Hidden Values in Biomedicine. In M. Lock and M. Gordon. (Eds.). *Biomedicine Examined.* (57-94). Dordrecht: Kluwer.

Kitzinger, J., and Barbour, R. S. (1999). 'Introduction: the challenge and promise of focus groups'. In R. S. Barbour and J. Kitzinger. (Eds.). *Developing Focus Group Research: Politics, Theory, and Practice.* (1-20). Thousand Oaks, CA: Sage.

Koenig, H. (1994). *Aging and God: Spiritual Pathways to Mental Health in Midlife and Later Years.* New York: Hayworth Press.

Koenig, H., McCullough, M., and Larson. D. (2001). *Handbook of Religion and Health.* Oxford. UK: Oxford University Press.

Koenig, H. (2006). Religion, Spirituality and Aging. *Aging & Mental Health.* 10 (1) 1-3.

Koffman, J and Higginson, I. (2002). 'Religious faith and support at the end of life. A comparison of first generation black Caribbean and white populations. *Palliative Medicine.* 16 (6) 540-541.

Kong, L. (2001). Mapping new geographies of religion. Politics and poetics in modernity. *Progress in Human Geography.* 25, 211-233.

Knudsen, S. V.(2004). Intersectionality. A Theoretical Inspiration in the Analysis of Minority Cultures and Identities in Textbooks. (61-76). (5 October 2011). http://www.caen.iufm.fr/colloque_iartem/pdf/knudsen.pdf.

Krause, N. (2005). God-mediated control and psychological well-being in late life. *Research on Aging.* 27 (2) 136-164.

Krause, N., and Tran, T. (1989). Stress and religious involvement in older blacks. *Journal of Gerontology: Social Sciences.* 44, 4-13.

Krueger, R. A. (1994). *Focus groups: A practical guide for applied research* (2nd ed). Thousand Oaks, CA: Sage.

Labaree, R. (2002). The risk of 'going observationalist': negotiating the hidden dilemmas of being an insider participant observer. *Qualitative Research.* 2 (1) 97-122.

Lafayette, B. (2004). *The Role of Religion in the Civil Rights Movements. Paper Presented at the Faith and Progressive Policy: Proud Past, Promising Future Conference.* USA.

Lash, S. (1990). *Sociology of Postmodernism.* London: Routledge.

Lather, P. (1994). Staying Dumb? Feminist Research and Pedagogy with/in the Postmodern. In M. Billis & H. W. Simons (Eds.). *After Postmodernism: Reconstructing Ideology Critique.* (101-132). London: Sage.

Lavie, S., and Swedenburg, T. (1996). Displacement, Diaspora and the Geographies of Identity. In Rath, S. (2000). *Home/ Abroad. Diasporic Identities in Third Space.* Shreveport.

Law, I., Phillips, D., and Turney, L. (2004). *Institutional Racism in Higher Education.* Trentham Books: Stoke on Trent.

Le Gallais, T. (2008) Wherever I go there I am: reflections on reflexivity and the research stance. *Reflective Practice.* 9 (2) 145-155.

Levin, J. (1999). How Prayer Heals. A Theoretical Model. *Alternative Therapies.* 2, 66-75.

Lincoln, E., and Mamiya, L. (1990). *The Black Church in the African American Experience.* Durham: Duke University Press.

Linhorst, D. (2002). A Review of the Use and Potential of Focus Groups in Social Work Research. *Qualitative Social Work.* 1 (2) 208-228.

Longhurst, R. (1997). Disembodied Geographies. *Progress in Human Geography.* 21, 486-501.

Lorde, A. (1984). *Sister Outsider.* Trumansberg, NY: Crossing Press.

Luckman, T. (1967). *The Invisible Religion. The Problem of Religion in Modern Society.* New York: Macmillan.

Luke, C. (2003). Global Mobilities. Crafting Identities in Inter-Racial Families. *International Journal of Cultural Studies. 6 (4) 379-401.*

Luff, D. (1999). Dialogue Across the Divides. Moments of Rapport and Power in Feminist Research with Anti-Feminist Women. *Sociology.* 33 (4) 687-703.

Lumis, A. (2004). A Research Note: Real Men and Church Participation. *Review of Religious Research.* 45 (4) 404-414.

Lupton, D. (1996). Constructing the Menopausal Body: the Discourses on Hormone Replacement Therapy. *Body & Societ. 2* (1) 91-97.

Lykes, M. (1985). Gender and individualistic vs. collectivist bases for notions about the self. *Journal of Personality.* 53 (2) 356-383.

Lykes, M. (1989). The Caring Self. Social Experiences of Power and powerlessness in M. Brabeck. (Ed). *Who Cares: Theory, Research and Educational Implications of the Ethic of Care*. New York: Praeger.

Lynch, M. (2000). Against Reflexivity as an Academic Virtue and Source of Privileged Knowledge. *Theory Culture and Society.* 17 (3) 26-54.

Lyon, D. (2001). *Surveillance Society. Monitoring Everyday Life*. Milton Keynes: Everyday Press.

Lyotard, J. (1984). *The Postmodern Condition*, Manchester: Manchester University Press.

Madriz, I. (1998). Using focus groups with lower socioeconomic status Latina women. *Qualitative Inquiry. 4*, 114-128.

Mama, A. (1989). The hidden struggle: Statutory and voluntary sector responses to violence against women in the home. In H. Graham. (1993). *Hardship and Health in Women's Lives*. Hertfordshire: Harvester Wheatsheaf.

Marcoen, A. (1994). Spirituality and personal well-being in old age. *Ageing and Society.* 14, 521-536.

Margolis, E., and Romero, M. (1998). The department is very male, very white, very old, and very conservative: the functioning of the hidden curriculum in graduate sociology departments. *Harvard Educational Review. 68* (1) 1-32.

Marks, L., Nesteruk, O., Swanson, M., and Garrison, B., Davis, T. (2005). Religion and health among African Americans. *Research on Aging.* 27 (4) 447-474.

Martin, E. (1997). *The Woman in the Body. A Cultural Analysis of Reproduction*. Buckingham: OUP.

Maton, K. (1987). Patterns and psychological correlates of material support within religious settings. *American Journal of Community Psychology.* 15, 185-207.

Maton, K. (2003). Reflexivity, relationism and research. Pierre Bourdieu and the epistemic conditions of social scientific knowledge. *Space and Culture.* 6 (1) 52-65.

Mauthner, N., and Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology.* 37 (3) 413-431.

May, T. and Williams, M. (eds.). (1998). *Knowing the Social World*. Buckingham: Open University Press.

Mays, D., Cochran, S., and Barnes, N. (2007). Race, race-based discrimination, and health outcomes among African Americans. Annual Review. *Psychology*. 58, 201-225.

McClerking, H., and McDaniel, E. (2005). Belonging and doing: political churches and black political participation. *Political Psychology.* 26 (5) 721-733.

McDowell, L. (1993). Space, place and gender relations. Identity, difference, feminist geometries and geographies. *Progress in Human Geography*. 17, 305-318.

McGuire, M. (1988). *Ritual Healing in Sub-Urban America*. New Jersey: Rutgers University Press.

McHugh, K. (2000). Inside, outside, upside down, backward, forward, round and round. A case for ethnographic studies in migration. *Progress in Human Geography.* 24 (1) 71-89.

McKague, M., and Verhoef, M. (2003). Understandings of health and its determinants among clients and providers at an urban community health center. *Qualitative Health Research*. 13 (5) 703-17.

McKee, J. (1988). Holistic health and the critique of western medicine. *Social Science and Medicine.* 26 (8) 775-84.

McKenzie, K., Tuck, A., and Noh, M. (2011). Moving traditional Caribbean medicine into healthcare in Canada. *Ethnicity and Inequalities in Health and Social Care.* 4 (2) 60-70.

Medina, J. (2003). Identity trouble. Disidentification and the problem of difference. *Philosophy and Social Criticism. 29 (6) 655-680.*

Mellor, P. (2003). Religion, culture and society in the "Information Age". *Sociology of Religion.* 65 (4) 357-371.

Mercer, K. (1990). 'Welcome to the jungle: identity and diversity in postmodern politics'. In J. Rutherford. (Ed.). *Identity. Community, Culture, Difference*, London: Lawrence and Wishart.

Merton, R. (1972). 'Insiders and outsiders: a chapter in the sociology of knowledge'. *American Journal of Sociology.* 78, 9-47.

Miller, A., Gurin, P., Gurin., G and Malanchuk, O. (1982). Group consciousness and political participation. *American Journal of Political Science*. 25 (3) 494-511.

Mirza, H. (2009). *Race, Gender and Educational Desire. Why Black Women Succeed and Fail*. Routledge: London.

Mitchell, D. (1996). Postmodernism, health and illness. *Journal of Advanced Nursing.* 23, 201-205.

Modood, T., Berthould, R., Lakey, J., and Nazroo, J. (1997). *Ethnic Minorities in Britain. Findings from a National Survey.* London: Policy Studies Institute.

Montoya, M. E. (1994). Mascaras, trenzas, y grenas: unmasking the self while unbraiding Latina stories and legal discourse. *Harvard Women's Law Journal. 185* (17) 185-220.

Moraga, C., and Anzaldua, G. (2002). *This Bridge Called my Back: Writings by Radical Women of Color.* Berkeley: Third Woman Press.

Morell, C. (1996). Radicalizing recovery. Addiction, spirituality and politics. *Social Work.* 41, 306-312.

Morgan, D. L. (1997). *Focus Groups as Qualitative Research* (2nd ed). Thousand Oaks, CA: Sage.

Moriarty, J., and Butt, J. (2004). Inequalities in quality of life among older people from different ethnic groups. *Ageing and Society.* 24, 729-753.

Morison, M., and Moir, J. (1998). The role of computer software in the analysis of qualitative data: efficient clerk, research assistant or trojan horse? *Journal of Advanced Nursing. 28*, 106-116.

Mowl, G., Pain, R. and Talbot, C. (2000). The ageing body and the homespace. *Area.* 32 (2) 189-97.

Myers, L. (1980). *Black women: Do they cope better?* Englewood Cliffs, NJ: Prentice Hall.

Naidoo, J., and Wills, J. (2009). *Health Promotion.* (3rd Ed). London: Bailliere Tindall.

Naples, N. (1996). A feminist revisiting of the insider/outsider debate: the outsider phenomenon in rural Iowa. *Qualitative Sociology.* 19 (1) 83-106.

Naples, N. (2003). *Feminism and Method.* New York: Routledge.

Nash, K. (1994). The feminist production of knowledge. Is deconstruction a practice for women. *Feminist Review.* 47, 65-77.

Nazroo, J.Y. (2001). *Ethnicity, Class and Health.* London: Policy Studies Institute.

Nicholson, L. (1990). *Feminism. Postmodernism.* London: Routledge.

National Institutes of Health. (2009). *When the weather is cold. Winter health problems.* Department of Health and Human Services.

Oakley, A. (1979). *Women Confined.* London: Martin Robertson.

Oakley, A. (1981). 'Interviewing women: a contradiction in terms'. (31–61). In H. Roberts. (Ed.). *Doing Feminist Research.* London: Routledge and Kegan Paul.

Oakley, A. (1998). 'Gender, methodology and people's ways of knowing: some problems with feminism and the paradigm debate in social science'. *Sociology.* 32 (4) 707-31.

O' Hanlon, R. (1988). Recovering the subject. Subaltern studies and histories of resistance in colonial South Asia. *Modern Asian Studies.* 22, 189-224.

Olmedo, I. (1999). Redefining culture through the memories of elderly Latinas. *Qualitative Inquiry.* 353-392.

Paap, K. (2008). Power and Embodiment. *Gender & Society.* 22, 99-103.

Page, H. (1988). Dialogic principles of interactive learning in the ethnographic relationship. *Journal of Anthropological Research.* 44, 163-181.

Paloutzian, R., and Kirkpatrick, A. (1995). Introduction: the scope of religious influence on personal and societal well-being. *Journal of Social Issues.* 51 (2) 1-11.

Pargament, K. (1998). *The Psychology of Religion and Coping: Theory, Research, Practice.* New York: Guilford Press.

Pargament, K. (2003). Recognizing and addressing spiritual struggles. Paper presented at the annual meeting of the *American Psychological Association.* Toronto. Canada.

Paris, P. (1995). *The Spirituality of African Peoples. The Search for a Common Moral Discourse.* Minneapolis: Fortress Press.

Parton, N. (1994). Problematics of governance. Post modernity and social work. *British Journal of Social Work.* 24 (1) 9-32.

Persram, N. (1996). In my father's house are many mansions: the nation and post-colonial desire. In H. Mirza. (Ed.). *Black British Feminism.* London: Routledge.

Phoenix, A. (1994). 'Practising feminist research: the intersection of gender and "race" in the research process'. In M. Maynard and J. Purvis. (Eds.). *Researching Women's Lives from a Feminist Perspective*. London: Taylor and Francis.

Pitman, G. (2002). Outsider/insider: the politics of shifting identities in the research process. *Feminism and Psychology.* 12 (2) 282-288.

Platt, L. (2005). Migration and Social Mobility: The Life Chances of Britain's Minority Ethnic Communities. The Joseph Rowntree Foundation. York: Policy Press.

Pollock, K. (1993). *Attitude of Mind as a Means or Resisting Illness. Biographical and Cultural Perspectives on Health and Disease.* London: Routledge.

Powell, J., and Longino, C. (2002). Postmodernism versus modernism: rethinking theoretical tensions in social gerontology. *Journal of Aging and Identity*. 7 (4) 219-226.

Qin, D. (2000). 'Reweaving self: changes in self-understanding among Chinese women graduate students in the United States'. Unpublished dissertation, Boston College, Chestnut Hill, Massachusetts.

Qin, D. (2004). Toward a critical feminist perspective of culture and self. *Feminism and Psychology*. 14 (2) 297-312.

Radley, A. (1991). *The Body and Social Psychology*. New York: Springer-Verlag.

Ramazanoglu, C. (1992). On feminist methodology: male reason versus female empowerment. *Sociology*. 26 (2) 207-12.

Rath, S. (2000). *Home/ Abroad. Diasporic Identities in Third Space*. Shreveport.

Reed, Jr. A. (1986). *The Jesse Jackson Phenomenon*. New Haven: Yale University Press.

Reed, J., and Payton, V. R. (1997). Focus group: issues of analysis and interpretation. *Journal of Advanced Nursing. 26*, 765-771.

Reinharz, S. (1997). Who am I? The need for a variety of selves in the field. In R. Hertz. (ed.). *Reflexivity and Voice*. London: Sage.

Riessman, C. K. (1987). When gender is not enough: women interviewing women. *Gender & Society.* 1 (2) 172-207.

Rodriguez, D. (2006). Unmasking identity: healing our wounded souls. *Qualitative Inquiry.*12 (6) 1067-1090.

Rose, G. (1993). *Feminism and Geography. The Limits of Geographical Knowledge*. Cambridge: Polity Press.

Rosen, L., and Martin, L. (1998). Psychological effects of sexual harassment, appraisal of harassment, and organizational climate among U.S. army soldiers. *Military Medicine*. 163, 63-67.

Rosenheil, S., and Seymour, J. (1999). (Eds.). *Practising Identities*. Macmillan Press: London.

Rudolfsdottir, A. (2000). I am not a patient, and I am not a Child. The institutionalization and experience of pregnancy. *Feminism and Psychology*. 10 (3) 337-350.

Rupp, J. (1996). *Dear Heart Come Home. The Path of Midlife Spirituality*. New York: CrossRoad.

Schweizer, P. (2005). *Do as I Say, Not as I Do. Profiles in Liberal Hypocrisy*. USA: Doubleday.

Scott, A. (1999). 'Paradoxes of holism: some problems in developing an anti-oppressive medical practice. *Health.* 3 (2).

Scott, K. A. (2002). '"You want to be a girl and not my friend": African-American girls' play patterns with and without boys'. *Childhood: A Global Journal of Child Research.* 9, 397-414.

Scott, S. L. (1995). *Two sides to everything: the cultural construction of class consciousness in Harlan County, Kentucky*. Albany: State University Press of New York.

Scraton, S. (1994). The changing world of women and leisure. Post feminism and leisure. *Leisure Studies.* 13 (4) 249-61.

Serres, M. (1982). *Hermes. Literature, Science, Philosophy*. Baltimore: John Hopkins University Press.

Sheldon, T., and Parker, H. (1992). Race and ethnicity in health research. *Journal of Public Health Medicine*. 14 (2) 104-110.

Sim, J. (1998). Collecting and analysing qualitative data: issues raised by the focus group. *Journal of Advanced Nursing.* 28, 345-352.

Smaje, C. (1995). *Health, Race and Ethnicity. Making Sense of Evidence*. London: Kings Fund Institute.

Smart, C. (1984). *The ties that bind: law, marriage and the reproduction of patriarchal relations*. London: Routledge & Kegan Paul.

Smith, G. (2004). Faith in community and communities of faith. Government rhetoric and religious identity in urban Britain. *Journal of Contemporary Religion.* 19 (2) 185-204.

Smith, M. (2007). Investigating diversity and equality. Methods, challenges and implications. *Tertiary Education and Management.* 13 (2) 111-125.

Snearl, G. (1997). Sailing against the wind: African American women, higher education, and power. In K. Lomotey. (Ed.). *Sailing against the wind: African Americans and women in U.S. education* (123-132). Albany: State University of New York Press.

Snow, L. (1983). Traditional health beliefs and practices amongst lower class Black Americans. *Western Journal of Medicine.* 139, 820-8.

St. Jean, Y., and Feagin, J. (1998). *Double Burden: Black Women and Everyday Racism*. Armonk, NY: M. E. Sharpe.

Stainton Rogers, W. (1991). *Explaining Health and Illness. An Exploration of Diversity.* London: Wheatsheaf.

Stanfield, J., and Dennis, R. (1993). *Race and Ethnicity in Research*. London: Sage.

Stanley, L. and Wise, S. (1993). *Breaking Out Again: Feminist Ontology and Epistemology*. London: Routledge.

Stapleton, J., and Wilson, K. (2004). Gender, nationality and identity. A discursive study. *European Journal of Women's Studies*. 11, 45-60.

Stark, R. (1997). *Bringing Theory Back.* In L. Young. (Ed.). Rational Choice Theory and Religion. New York: Routledge.

Stark, R. and Bainbridge, W. (1996). *Religion, Deviance and Social Control*. London: Routledge.

Starks, S., and Hughey, A. (2003). African American women at midlife: the relationship between spirituality and life satisfaction. *Affilia*. 18 (2) 133-147.

Stephens, C. (2001). Women's experience at the time of the menopause. Accounting for biological, cultural and psychological embodiment. *Journal of Health Psychology*. 6 (6) 651-663.

Taylor, R., and Chatters, L. (1986). Church based informal support amongst elderly blacks. *The Gerontologist*. 26, 637-642.

Taylor, R., Thornton, M., and Chatters, L. (1987). Black American's perceptions of the socio-historical role of the church. *Journal of Black Studies*. 18, 123-138.

Taylor, V., and Whittier, N. (1992). Collective identity in social movement communities. In A.D. Morris and C. M. Mueller. (Eds.). *Frontiers in Social Movement Theory* (104-132). London. Yale University Press.

Todorov, T. (1982). *The Conquest of America*. Trans R. Howard. New York: Harper-Oerennial.

Torsch, V., and Ma, G. (2000). Cross-cultural comparison of health perceptions, concerns and coping strategies among South Asian and Pacific islander American elders. *Qualitative Health Research*. 10 (4) 471-489.

Turner, B. S. (1984). *The Body and Society: Explorations in Social Theory*. Oxford: Blackwell.

Turner, B. (2006). Religion. *Theory, Culture & Society*. 23 (2) 437-455.

University of Huddersfield. (2011) *Human Resources*.

Vanzant, I. (1992). *Tapping the Power within. A Path to Self-Empowerment for Black Women*. New York: Harlem River Press.

Venn, C., and Featherstone, M. (2006). Modernity. *Theory, Culture and Society*. Vol 23 (2-3) 457-476.

Voas, D., and Crockett, A (2005). Religion in Britain. Neither believing nor belonging. *Sociology.* 39 (1) 11-28.

Walby, S (1992). *Theorising Patriarchy.* Blackwell: Oxford.

Wallis, R. (1975). *Sectarianism: Analyses of Religious and Non- Religious Sects.* London: Peter Owen.

Wallston, K., Malcarne, V., Flores, Hansdottir, I., and Smith, C. (1999). Does God determine your health? The God locus of health control scale. *Cognitive Therapy and Research.* 32 (2) 131-142.

Ward, T., and Hickling, F. (2004). Psychology in the English speaking Caribbean. *The Psychologist.* 17 (8) 441- 444.

Weber, M. (1966). *Sociology of Religion.* London: Methuen.

Wiggins, D. (2005). *Righteous Content: Black Women's Perspectives on Church and Faith.* New York: New York University Press.

Wilkinson, R. (2003). (Ed.). Social Determinants of Health. Solid Facts. WHO. *International Centre for Health and Society.*

Wilkinson, S., and Kitzinger, C. (1996). (Eds.). *Representing the Other: A Feminism & Psychology Reader.* London: Sage.

Williams, A. (1993). Diversity and agreement in feminist ethnography. *Sociology* 27 (4) 575-89.

Williams, G., and Popay, J. (1994). Lay Knowledge and the Privilege of Experience. In J, Gabe. D, Kelleher and G, Williams. (Eds.). *Challenging Medicine.* London: Routledge.

Williams, S. (2003). *Medicine and the Body.* Sage: London.

Wilson, M. (1994). *Healthy and Wise. The Essential Health Handbook for Black Women.* London: Virago.

Woodward, K. (2002). *Questioning Identity: Gender, Class and Ethnicity.* London: Routledge.

Wray, S. (2001). Connecting physicality, gender and ethnicity: Muslim, Pakistani women physical activity and health. In Scraton, S and Flintoff, A. (Eds.). *Gender and Sport: A Reader.* London: Routledge.

Wray, S. (2003). Women growing older: Agency, ethnicity and culture. *The Journal of the British Sociological Association,* 37 (3) 511-528.

Wray, S. (2004). What constitutes agency and empowerment for women in later life? Toward the development of a culturally sensitive theoretical framework to examine ageing. *The Sociological Review.* 52 (1) 22-38.

Wray, S. and Bartholomew, M. (2006) Older African Caribbean women: The influence of migration on experiences of health and well-being in later life. *Journal of Research, Policy and Planning.* 24 (1) 103-119.

Wray, S. and Bartholomew, M. (2010). 'Some reflections on outsider and insider identities in ethnic and migrant qualitative research'. *Migration Letters.* 7 (1) 7-16.

Wright, C., Thopmson, S., and Channer, Y. (2007). Out of place. Black women academics in British universities. Women's history review. 16 (2) 145-167.

Wuthnow, R. (1994). *Sharing the Journey. Support Groups and Americas New Quest for Community.* New York: Free Press.

Yamato, G. (1990). Something about the subject makes it hard to name. In G. Anzaldua. (Ed.). *Making Face, Making Soul.* San Francisco: Aunt Lute Foundation Book.

Yardley, L. (1997). Introducing material-discursive approaches to health and illness. In L. Yardley. (Ed.). *Material Discourses of Health and Illness.* (1–24). London: Routledge.

Zagorsky, J., and Rhoton, P. (1999). *Attrition and the National Longitudinal Surveys' Women Cohort. Working Paper.* Center for Human Resource Research, Ohio State University, Columbus, OH.

Zemke, R., and Kramlinger, T. (1985). *Figuring Things Out.* Reading: Addison-Wesley.

APPENDICES

PARTICIPANT INFORMATION SHEET - Focus Group

Researcher   Michelle Bartholomew

Contact No.   01484 473217

Supervisors   Dr Nigel King

                    Dr Sharon Wray

                    Professor Sue Frost

Title of Research: Health, Health Experiences and Identity. Perceptions of First Generational Women of Colour

Dear...

I am a student at the University of Huddersfield currently studying for a PhD. For the purpose of my thesis I am to explore and examine perceptions of health and health experiences of First Generational African Caribbean women and how these perceptions have shaped their lives.

The research will entail your participation in a group discussion with other women, which will be tape recorded. The tapes and subsequent transcripts will be used solely for the purpose of the PhD thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. The discussion is confidential and your name will not be used.

You have the right to refuse to participate in the focus group, which will last approximately 1 hour and you are free to withdraw at any time.

If you have any further questions regarding the above, please do not hesitate to contact me or my supervisors on the telephone number shown.

Thank you

Michelle Bartholomew

PARTICIPANTS CONSENT FORM - Focus Group

<table>
<tr><td colspan="2" align="center">**PARTICIPANTS CONSENT FORM**</td></tr>
<tr><td colspan="2">**Thesis Title**: Health, Health experiences and Identity. Perceptions of First Generational Women of Colour</td></tr>
<tr><td colspan="2">**Name of Researcher**: Michelle Bartholomew</td></tr>
<tr><td>**The Participants should complete the whole of this sheet themselves**</td><td>**Please delete as necessary**</td></tr>
<tr><td>Have you read the participants information letter?</td><td>YES / NO</td></tr>
<tr><td>Have you had the opportunity to ask questions and discuss this research?</td><td>YES / NO</td></tr>
<tr><td>Have you received enough information about the research?</td><td>YES / NO</td></tr>
<tr><td>Do you agree to allow me to use your words in future publications or writings from the research?</td><td>YES / NO</td></tr>
<tr><td>Do you understand that you are free to withdraw from the research at any time without having to give a reason for withdrawing?</td><td>YES / NO</td></tr>
<tr><td>Do you agree to take part in the study?

Can you participate in the focus group on Wednesday 8th December 2004 at 1.00pm?

Can you participate in the focus group on Thursday 9th December 2004 at 1.00pm?</td><td>YES / NO

YES/ NO

YES / NO</td></tr>
<tr><td colspan="2">Signed……………………………………………………………………….

Name in block Letters……………………………………………………….

Signature of Researcher……………………………………………………</td></tr>
</table>

<u>**COURTESY LETTER**</u> **- Focus Group**

Date

Dear

RE: Focus Group discussion based on perceptions of health and health experiences of First Generational African Caribbean

First of all I would like to say thank-you for agreeing to take part in the above discussion, which as previously mentioned will take place at my home address on <u>one</u> of the below given dates:

1. Wednesday 8th December 2004 at 1.00pm

2. Thursday 9th December 2004 at 1.00pm

Enclosed you will find a copy of the participant information sheet. Can you please read this carefully and then complete and return the below rely slip in the envelope provided, no later than **Wednesday 24th November 2004**.

If you have any questions or queries regarding the proposed focus group and your involvement please do not hesitate to contact me on the number shown below.

I look forward to seeing you soon.

Regards

Michelle

REPLY SLIP

Name……………………………………………….

I agree to take part in the focus group discussion on (tick as appropriate):

1. Wednesday 8th December 2004 at 1.00pm

2. Thursday 9th December 2004 at 1.00pm

FACILITATOR'S GUIDE - Focus Group

INTRODUCTION

Participants will have the opportunity to introduce themselves to the group before they begin.

General Introduction/Purpose of session

Thank you for agreeing to participate in this focus group discussion. The reason for this discussion is to explore and examine your perceptions of health and health experiences. Also to explore how these perceptions have shaped your lives and identity. The information generated by this research will be used to enrich the PhD thesis by identifying which issues are of key importance to you and your lived experiences.

The focus group discussion will be tape recorded, with the tapes and subsequent transcripts being used solely for the purpose of my thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. Your comments are completely confidential and your name will not be associated with any comments you make during the discussion. You are also asked to keep confidential all that is discussed during the focus group.

This is an opportunity to be heard, so I encourage you to speak up. I also encourage you to speak about yourself and your own experiences. There are no right or wrong answers, please feel free to be totally honest. You have the right to refuse to participate in the focus group, which will last approximately 1 hour and you are free to withdraw at any time.

Researcher Introduction

The format of our discussion is informal. As you can see there is a tape recorder in the middle of the table to ensure that all the information is recorded. I would like everyone to have the opportunity to share their thoughts and experiences, so as a facilitator I will sometimes call upon you to share your ideas, or if you are speaking more than others I may have to interrupt you in order to give others the opportunity to comment. Please don't be offended. It is not that I don't want to hear what you have to say; it's just that I would like everyone to have an equal opportunity to comment.

Are there any question or concerns?

Commence Discussion

CLOSING

Thank you for your participation and involvement with the focus group discussion. Just to remind you that the tapes and subsequent transcripts will be used solely for the purpose of the thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. Your comments are completely confidential and your name will not be associated with any comments you made during the discussion. Please remember to keep confidential all that has been discussed during the focus group.

The tape will be transcribed and the results analysed, at which stage you will be invited to read the transcript and check for accuracy. The results will then serve to enhance the thesis and future research on the lived experiences of Black women.

DISCUSSION GUIDE - Focus Group

Main themes to be addressed:

- Perceptions of health experiences, expectations, perceptions of others, effects on identity
- Comparison of health experiences in relation to the West-Indies and England
- Definitions of life stages and health e.g. youth and mid-life
- Lifestyle/Socio-economic circumstances
- Comparison of individual identity and collective identity, what does it mean to be a Black woman?

MIGRATION	
Life in West Indies example of a typical day (qualification/jobs/parents jobs) Why came to UK (independent/to meet/called for) How felt at leaving 'home' How felt at coming to UK Was it a permanent move (expecting to remain?) 'myth return' How travelled to UK (socio-economic status) Who came with What were impressions of UK before arrival	What was it like when first arrived in England (first impressions) Was it as expected Environment People: How treated by White English people How perceived by other people How treated by Black African Caribbean people

LIFESTYLES/SOCIO ECONOMIC CIRCUMSTANCES/IDENTITY		
Gender, Ethnicity, Migrant Racism/Discrimination/Inequality		
Employment Type/s of jobs Was it the job wanted What job entailed Pay Ability to change job	Housing Where lived (area) Housing type Housing conditions Who lived with Neighbours	Family/Dependency/empowerment Friends/ Belonging Social networks Diet Food what it means Survival Strategies

HEALTH AND HEALTH EXPERIENCES		
Health How would you define health How would you rate your health. What factors do you think contributed to way your health is now	**Medical Discourse** Relationship with Medical Profession Power Balance Trust/Level of control What could be done to make positive difference with Medical Professionals	**Traditional Remedies** Uses Importance Benefits/disadvantages Linkage with homeland

LETTER TO COMMUNITY CENTRE MANAGERS - Individual Interview

Researcher	Michelle Bartholomew
Contact No.	01484 473217
Supervisors	Professor Nigel King Doctor Sharon Wray Professor Sue Frost
Title of Research:	Health, Health Experiences, Religion and Identity. Perceptions of First Generational Women of Colour

Dear...

I am a student at the University of Huddersfield currently studying for a PhD. For the purpose of my thesis I am to explore and examine perceptions of health and health experiences of First Generational African Caribbean women and how these perceptions have shaped their lives. In addition to this is the impact of religion over the life-course.

I would welcome the opportunity to come and speak to the members of your community group to ascertain if they would be interested in taking part in the research. The research would entail their participation in an interview, which will be tape recorded. The tapes and subsequent transcripts would be used solely for the purpose of the PhD thesis and related research. When not in use the tapes and transcripts would be kept in secured storage. The interview venue would be arranged between myself and the interested members, with confidentiality assured at all times. The interviews are anonymous and no names would be used.

Can you contact me on the telephone number shown to discuss the research further and to possibly arrange a visit?

I look forward to hearing from you

Kind Regards

Michelle Bartholomew

PARTICIPANT INFORMATION SHEET - Individual Interview

Researcher   Michelle Bartholomew

Contact No.   01484 473217

Supervisors   Professor Nigel King
                          Doctor Sharon Wray
                          Professor Sue Frost

Title of Research: Health, Health Experiences, Religion and Identity. Perceptions of First Generational Women of Colour

Dear...

I am a student at the University of Huddersfield currently studying for a PhD. For the purpose of my thesis I am to explore and examine perceptions of health and health experiences of First Generational African Caribbean women and how these perceptions have shaped their lives. In addition to this is the impact of religion over the life-course.

The research will entail your participation in an interview, which will be tape recorded. The tapes and subsequent transcripts will be used solely for the purpose of the PhD thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. The discussion is confidential and your name will not be used.

You have the right to refuse to participate in the interview, which will last approximately 1 hour and you are free to withdraw at any time.

If you have any further questions regarding the above, please do not hesitate to contact me or my supervisors on the telephone number shown.

Thank you

Michelle Bartholomew

PARTICIPANTS CONSENT FORM - Individual Interview

<table>
<tr><td colspan="2" align="center">**PARTICIPANTS CONSENT FORM**</td></tr>
<tr><td colspan="2">**Thesis Title**: Health, Health Experiences, Religion and Identity. Perceptions of First Generational Women of Colour</td></tr>
<tr><td colspan="2">**Name of Researcher**: Michelle Bartholomew</td></tr>
<tr><td>**The Participants should complete the whole of this sheet themselves**</td><td>**Please delete as necessary**</td></tr>
<tr><td>Have you read the participants information letter?</td><td>YES / NO</td></tr>
<tr><td>Have you had the opportunity to ask questions and discuss this research?</td><td>YES / NO</td></tr>
<tr><td>Have you received enough information about the research?</td><td>YES / NO</td></tr>
<tr><td>Do you agree to allow me to use your words in future publications or writings from the research?</td><td>YES / NO</td></tr>
<tr><td>Do you understand that you are free to withdraw from the research at any time without having to give a reason for withdrawing?</td><td>YES / NO</td></tr>
<tr><td>Do you agree to take part in the study?</td><td>YES / NO</td></tr>
<tr><td colspan="2">Signed…………………………………………………………………………….

Name in block Letters…………………………………………………………………

Signature of Researcher……………………………………………………………</td></tr>
</table>

COURTESY LETTER – Individual Interview

Date

Dear

RE: Interview based on health, health experiences, religion and identity

First of all I would like to say thank-you for agreeing to take part in the above interview, which as previously mentioned will take place at your home address on...

Enclosed you will find a copy of the participant information sheet and a copy of the participant consent form. Can you please read these forms carefully. I will need you to sign a copy of the consent form, which I will collect from you when we meet.

If you have any questions or queries regarding the proposed interview and your involvement please do not hesitate to contact me on the number shown below.

I look forward to seeing you soon.

Regards

Michelle

INTERVIEWERS GUIDE

INTRODUCTION

General Introduction/Purpose of session

Thank you for agreeing to participate in this interview. The reason for this interview is to explore and examine your perceptions of health and health experiences and to explore how these perceptions have shaped your life and identity. In addition to this is the impact of religion in your life over the life-course. The information generated by this research will be used to enrich the PhD thesis by identifying which issues are of key importance to you and your lived experiences.

The interview will be tape recorded, with the tapes and subsequent transcripts being used solely for the purpose of my thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. Your comments are completely confidential and your name will not be associated with any comments you make during the discussion. You are also asked to keep confidential all that is discussed during the interview.

This is an opportunity to be heard, so I encourage you to speak about yourself and your own experiences. There are no right or wrong answers, please feel free to be totally honest. You have the right to refuse to participate in the interview, which will last approximately 1 hour and you are free to withdraw at any time.

Researcher Introduction

The format of our discussion is informal. As you can see there is a tape recorder in the middle of the table to ensure that all the information is recorded.

Are there any question or concerns?

Commence Discussion

CLOSING

Thank you for your participation and involvement in the discussion. Just to remind you that the tapes and subsequent transcripts will be used solely for the purpose of the thesis and related research. When not in use the tapes and transcripts will be kept in secured storage. Your comments are completely confidential and your name will not be associated with any comments you made during the discussion. Please remember to keep confidential all that has been discussed during the interview.

The tape will be transcribed and the results analysed. The results will then serve to enhance the thesis and future research on the lived experiences of Black women.

DISCUSSION GUIDE - Individual Interview

Main themes to be addressed:

- Migration
- Lifestyle/Socio-economic circumstances
- Health and Health Experiences
- Religion/Spirituality

<table>
<tr><td colspan="2">MIGRATION</td></tr>
<tr>
<td>Life in West Indies example of a typical day (qualification/jobs/parents jobs)
How did it come about, you going to UK Why came to UK (independent/to meet/called for)
How felt at leaving 'home'
How felt at coming to UK
Was it a permanent move (expecting to remain?) 'myth return'
How travelled to UK (socio-economic status) Why this method
Who came with
What were impressions of UK before arrival</td>
<td>First impressions on arrival in England
Environment
Weather
People:
How treated/perceived by White English people
How treated by Black African Caribbean people</td>
</tr>
<tr><td colspan="2">LIFESTYLES/SOCIO ECONOMIC CIRCUMSTANCES/IDENTITY
Gender, Ethnicity, Migrant Racism/Discrimination/Inequality</td></tr>
<tr>
<td>Employment
Type/s of jobs
Was it the job wanted
What job entailed
Pay
Ability to change job</td>
<td colspan="2">
Housing
Where lived (area)
Housing type
Housing conditions
Who lived with
Neighbours

Family/Dependency/empowerment
Friends/ Belonging
Social networks
Diet
Food what it means
Survival Strategies</td>
</tr>
<tr><td colspan="2">HEALTH AND HEALTH EXPERIENCES</td></tr>
<tr>
<td>Health
Definition of health
How would you rate your health.
What factors do you think contributed to way your health is now</td>
<td>Medical Discourse
Relationship with Medical Profession
Power Balance
Trust/Level of control
What could be done to make positive difference with Medical Professionals

Traditional Remedies
Uses
Importance
Benefits/disadvantages
Linkage with homeland</td>
</tr>
<tr><td colspan="2" align="center">RELIGION/SPIRITUALITY (LINK TO HEALTH/WELL BEING/ROOTS)
Religious involvement in W.I/Upbringing/roles/Prayer</td></tr>
<tr>
<td>What is your religion
Was this your religion in W.I.
Are you still with this religion</td>
<td>Are you involved in the Service?
How important is religion to you
What impact does your religion make to your</td>
</tr>
</table>

What does religion mean to you What does it represent/signify Do you go to a place of worship. How often Is it important for you to go to place of worship? Why (social, belonging/cultural roots/faith) What are the benefits/disadvantages	life/health What do you think your life might have been like without religion How important was religion before came to UK Are you more religious now than when younger Can you tell me about a stressful experience and how you coped Can you tell me of a time when religion/faith was particularly important
Was attending church part of your upbringing What religion Tell me about church life – what did it consist of Did you go to any other Service (Sunday School) Who did you go to church with Differences between parents? Different roles for men and women in the church	Did you formally join the church What prompted that Are you active in the Church Gender differences (roles and congregation) How would you describe your feelings for the church What does the church signify Are there any differences between predominantly White and Black churches that make one more preferable than the other
Is prayer important Location of prayer What does God mean to you What impact do you think God has had on your life Can you give an example where he has helped you Can you think of a metaphor to describe the church/God	