
Across and Between: Reflections on Researching ‘Race’, Gender and Mental Health

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We want to reflect on several issues arising from our recent collaborative research on service responses to South Asian women attempting suicide or self-harm (Chantler et al., 2001). Our partnership then (and it has continued into other projects) arose in the context of a piece of practice-based fieldwork in which our political agenda was to highlight the specific needs of South Asian women attempting suicide and/or self-harming, in terms of claims and entitlements to mental health services, and beyond this to indicate practical strategies towards an anti-racist, feminist agenda for policy and service development. Our key aim in undertaking this work stemmed from our commitment to seeing more sensitive and accessible services available for South Asian women experiencing suicidal feelings/and or self-harm. In reflecting on the process of conducting this study we identify key challenges both of, and to, feminist practices that attempt to pre-figure and incite political change.

Our fieldwork included generating and analysing interviews with service providers of mental health services, their senior managers and survivors of attempted suicide and self-harm. Together with other colleagues, we conducted 18 interviews with service providers which included the statutory and voluntary sector, plus South Asian specific organizations. We, Erica and Khatidja, also interviewed eight senior managers of such services. In addition, Khatidja interviewed seven South Asian women survivors of attempted suicide and/or self-harm. Our analysis of these interviews has framed our writing and the representation of our subject matter in important ways (see Chantler et al., 2001 for further information).

We embarked on this research from a feminist anti-racist standpoint, addressing the complex and intersecting character of structures of gender and racializa-

tion (e.g. Burman et al., 1998; Aitken and Burman, 1999). We also hoped to gain a better understanding of the predominant tendency within Euro-US contexts to racialize class inequalities, i.e. to overlook intersections between 'race' and class and so treat as a 'race' issue what could equally and additionally arise through class inequalities (Williams, 1986). In this brief article, we link issues of social class as well as gender and minoritization to our own differences in status within the institution in which we work.

Another starting point for this work was an acknowledgement of some of the ways in which some feminist perspectives have tended to collude in the erasure of black contributions and experience, both within research processes and cultural and activist politics more generally (Bhavnani, 1994). We were also only too aware of the dangers of how our research topic was commissioned by the funders within an already sensationalizing and stigmatizing remit connecting 'race' and gender in particular ways. This reflects the dynamics of representation of black women generally that Phoenix (1987) describes as normalized absence/pathologized presence. That is, that black women's experience is typically only attended to when it deviates from (usually in problematic ways) the received norm, and is otherwise overlooked or assumed to fit into that norm. Hence we knew that meaningfully addressing service responses to South Asian women attempting suicide and self-harm could easily indulge cultural stereotypes about the oppressiveness of South Asian communities, or the passiveness of South Asian women. Moreover, this concern also structured the range of responses to our inquiry, including silence or even denial from within the communities and hostility to researchers drawing attention to this topic for fear of fuelling racism. These dilemmas of representation (Wilkinson and Kitzinger, 1996) are evident in our writing here, as well as within our research relationship with each other. We therefore want to devote the rest of our contribution here to institutional power relationships and how they structure relations between women as co-researchers, as well as between researcher and researched.

In this article, we discuss the structural tensions arising from our different institutionalized and racialized positions. We then focus on three emerging themes from the research:

- the romanticized, or high and unfair, expectations placed on South Asian mental health services and the impact of this on South Asian women's distress;
- the ways in which issues of 'race' and culture are privileged over gender; and
- the links between the 'specific' and the 'general'.

DIFFERENCES IN INSTITUTIONALIZED AND RACIALIZED POSITIONS

First, it was important in the research process to acknowledge structural tensions in the working relationship between us – tensions that arose from our different institutionalized positions. It was our desire to work with those tensions rather

than obscure them. For example, it was initially assumed by Erica's department and the university in which she works that she would be supervising Khatidja, rather than co-working with her. Similarly the funding organization positioned Erica as project manager as the grant we received for the project was administered through the university. Hence these institutional arrangements imposed a hierarchy which initially structured our relationship as less collaborative than we had envisioned. Both to challenge this arrangement, and because Khatidja was already an established independent researcher, she did not want to be an employee of the university, preferring instead to retain her status as an Independent Researcher. Maintaining Khatidja's status as an Independent Researcher was a way of holding on to/balancing the power imbalance between us as it offered less opportunities for traditional hierarchical relationships to come into play. For example, as an independent researcher, Khatidja had more flexibility and negotiating power in terms of reimbursement in a way which would not have been possible if Khatidja had become an employee of the university. As an employee, reimbursement would have been determined by salary scales and structured by the institutional arrangements described above.

While there was a fruitful and constructive shift towards co-working and mutuality, there also remained the potential for Erica to call on her institutional position in both helpful and unhelpful ways. Helpful interventions have included Erica and Khatidja developing a further research proposal to focus on domestic violence and minoritization (as domestic violence emerged as a consistent precursor to women's suicide attempts – now realized in Batsleer et al., 2002), as well as Erica submitting a claim for further funding from the university to enable Khatidja to work on publications with Erica to try to ensure our research entered the public domain. In contrast, the potential for 'unhelpfulness' included the dynamic of institutional arrangements that tend towards 'appropriating' the work for the university, or Erica being the visible face of the project both within the institution and in academic circles. To address that imbalance, Erica tried to work inclusively and collaboratively in terms of decision making and sharing responsibilities throughout all the stages of the planning, conduct and analysis, writing and dissemination of the research. Openly articulating and working with these tensions was an integral part of the research process and our working relationship, and thus illustrates the value of recognizing not only how women are not all equally positioned (within universities as also, of course, in wider relations) but also how such differences can help to build alliances between women in different institutionalized positions.

Of course these institutional positions reflect different racialized, as well as gendered (and classed), history, for while Erica has maintained a critical, anti-racist feminist position in her teaching and research, this has often been expressed through critiquing oppressive models and practices through theoretical intervention. Erica's broader commitments and identifications with anti-racist struggles as a white Jewish feminist have often been covert within the university. So, for Erica, this research offered a refreshing opportunity to engage in an explicitly

feminist, anti-racist, and practice-oriented research project. In addition, Erica is also a trained mental health practitioner, which helped to bridge the academic/applied split. Alternatively, Khatidja came to do research from a practitioner background as a community development worker and as a counsellor, where it was clear that practitioners and managers in the caring services struggled to engage with issues of 'race', gender and other inequalities in a concrete, coherent and sustained way. Moreover, Khatidja's experience as a South Asian worker in largely white organizations also provided an additional impetus for her involvement in research which seeks to make a contribution to anti-racist, gender-sensitive services. The implications of this for our project were that Khatidja already had a good understanding of how services were organized, familiarity with the issues of attempted suicide and self-harm which she had worked with in her counselling practice, experience of working within South Asian communities, as well as experiences of working in mainstream organizations.

POWER RELATIONS IN THE DESIGN OF THE STUDY

In addition to attending to the issues of power in our own professional relationship, from the outset of the project we aimed to challenge prevailing power relations within research processes. By interviewing senior managers, we sought to engage those who commission and authorize the provision of services to South Asian women, and services around attempted suicide and self-harm (and, of course, how they understood the connections between these). This was crucial because senior managers, through their institutional position, have the power to make changes to services. In addition, the research design helped to avert the focus away from South Asian women and communities to *agency* responses to South Asian women's distress. We saw this shift in 'gaze' as important in helping challenge services to examine themselves and their perceptions of gaps in services. As importantly, we invited providers to see that South Asian women and communities are not the site of the 'problem' and that solutions to these problems include broad support from outside agencies.

As noted earlier, we designed the study to challenge dominant perceptions of power relationships within the research team. Thus we interviewed the senior managers together, aiming to not only pre-empt personalizing/racializing of responses to the research topic, but also to model a relationship of partnership across the racial divide with each co-researcher taking responsibility for initiating and promoting good practice around intersections between 'race' and gender. Indeed one key finding that emerged from the research was how the anxiety generated for workers by discussing 'race' or anticipated charges of racism worked not only to inhibit their thinking and suppress action, but also to privilege 'race' over gender and so further marginalize the needs and experiences of some of the South Asian women who had issues of suicide and self-harm.

Below we briefly comment on the three key themes emerging from the project.

CHALLENGING THE ROMANTICIZATION OF SOUTH ASIAN SERVICES AND COMMUNITIES

The project highlighted how South Asian services were being asked to carry much of the responsibility for South Asian mental health services, but had no decision-making power within existing partnership arrangements. Partnership arrangements in this context refer to the arrangements for the allocation of resources to various services, the way in which referrals from one agency to another are made, as well as the form and conduct of relationships across service agencies. Moreover, in terms of South Asian women who have attempted suicide and self-harm, South Asian services did not feel adequately resourced – either in terms of money or expertise – to work confidently with this level of distress. The impact of this was that South Asian services frequently referred women back to statutory organizations where the original referral had come from. Thus, no one was actually providing a service to South Asian women. Another claim from some South Asian organizations was that they had never encountered attempted suicide and self-harm. Here the clear link with domestic violence as a precipitating factor within the survivors' accounts of their attempted suicide and self-harm highlighted the need to attend to gender inequalities within minoritized services and communities – thus illustrating the limitations of community consultations (around service provision, for example) being conducted via dominant structures of 'representation'. Thus, our study challenged dominant representations of South Asian services and communities as self-sufficient and harmonious. In so doing, it indicated how such assumptions fulfilled a function for mainstream providers of both sanctioning their neglect in terms of provision and of failing to challenge the inequalities within.

PRIVILEGING 'RACE' OVER GENDER

Our claims of the privileging of 'race' over gender as reinforcing the neglect and marginalization of South Asian women's mental health needs (see Burman et al., 2002; Chantler et al., in press), also ushered in further challenges, as exemplified in the claim (expressed by one of the only men present at the launch conference for the research report) that the yardstick for comparison around mental health provision and needs was that of 'white feminism'. While this discourse of cultural difference/relativity clearly can be used to exonerate oppression/abuse, the dilemma for Khatidja was how to avoid seeming to be selling out to white feminism. It is a key challenge to simultaneously critique the gender insensitivity of much anti-racist analysis *and* the Eurocentricism of dominant feminist analysis. This parallels the process many practitioners struggle with in working with intersections around 'race'/gender. There seems to be a covert pressure to present South Asian communities as homogeneous (except in differences in languages, religion, etc.), as unity is highly valued as a strategy against racism. But the effect

of this is to bolster inequalities within minoritized communities, and between minoritized and dominant groups.

The impact of privileging 'race' over gender in discussions of 'culturally sensitive' services is that the specificities of the position of women within minoritized peoples are not distinguished. There is a corresponding need to resist the reification and equation of culture and religion so that they become inaccessible to critical evaluation for their impact on the positions of women (cf. Yuval-Davis, 1997). For example, as a practical example of this difficulty (Horne, 2000; Wilson, 2001), we noted an emerging trend among the services we studied towards recommending traditional healers/spiritual approaches in policymaking without consideration of how or whether these reinforce prevailing oppressive positions of women and structural heterosexism/homophobia.

Such cultural relativism, typical of liberal multiculturalist policies, has arisen to ward off charges of colonial/imperialist perspectives. Clearly subscription to Eurocentric perspectives via feminist critique could (inadvertently if not wittingly) function to further imperialist definitions or aims. To take an obvious example, the war against Afghanistan has been partly justified by using arguments that the West is liberating Afghani women from a barbaric regime. Within our subsequent project (developing the suicide and self-harm work to focus specifically on domestic violence services for minoritized women), accounts suggest that statutory service interventions initiated by black and minoritized women calling crisis services are sometimes regarded as a means of checking out whether the violent partner has a criminal record, rather than responding to the situation of violence against women (see Batsleer et al., 2002). This illustrates how the privileging of 'race' over gender in responding to domestic violence both confirms racist stereotypes and works to leave minoritized women in even more vulnerable positions.

FROM THE SPECIFIC TO THE GENERAL

Our final point concerns the dilemmas of negotiating the discourses of specificity and generality. It was hard to engage some managers and workers within the topic of the research project because they claimed the small size of South Asian communities within their 'patch' rendered attending to South Asian women's needs around suicide and self-harm a low policy priority. To address this, we argued that attending to the specific needs of South Asian women would benefit all women whereby, instead of taking the fictional standard of majority as norm, service development could start from the position of the marginal/minority and elaborate models of provision from there (see also Burman et al., 2002). However, this argument could still imply that South Asian women's needs are worthy of being attended to only where they reflect more general (women's) concerns. We are a long way from both equal entitlements and general recognition of the level of exclusion from provision. Notwithstanding its compromises, how-

ever, we do believe that a key feminist intervention in the modelling of services should start from its most excluded service users as a key route for more accessible and appropriate provision.

CONCLUDING THOUGHTS

In this short piece we have reflected on some of the processes of working across institutional and racialized differences as feminists. We have tried to illustrate the complexities and possibilities posed by working collaboratively, as well as working 'in the field' when that field consists of multiple constituencies and agendas. The research process has required that we be open to different kinds of power relationships, both within the university and within the various and intersecting communities with which we work. While such a process can be uncomfortable at times, it is also enriching and enjoyable.

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