

**“CONFLICT, CONTRADICTION AND IDENTITY:  
ISSUES FOR HEALTH EDUCATION  
IN THE POSTMODERN ERA”**

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## ABSTRACT

This thesis describes a journey which began with the evaluation of a single health education initiative - Stressbusters - and ends with a consideration of how health education in general might respond to the challenges of postmodernism. The thesis begins with an examination of the origins of Stressbusters, highlighting issues relating to the nature of knowledge and the scientific enterprise. In particular, the contributions of feminist and poststructuralist perspectives are explored, revealing the links between the exercise of power and the construction of knowledge. The limitations of the binary, either/or, pattern in which our knowledge is commonly constructed are contrasted with the uncertainties and possibilities inherent in a quantum, both/and, structure. This is followed by a review of interviewing as one aspect of the methodology employed which exposes similar conflicts within the process of knowledge validation and the representation of others which are part of any research project. The nature of health education processes and their links to particular outcomes are then considered in the light of the interview data. A vital link is suggested, emphasising the way in which health education works *through* people rather than on them. This link is the desire for a particular self-identity. This is argued from the way in which the particular outcomes of Stressbusters for the women interviewed were related to their desire to construct themselves as (good) mothers. This exposes the conflicts and contradictions which occur as people try to accommodate a number of different identities. A parallel process is also described in relation to the author's construction of herself as health educator and researcher through her interaction with this particular research experience. The thesis concludes with a re-examination of the Stressbusters initiative in the light of the challenges posed to health education by postmodernism. This focuses on the need to accept intertextuality as a basic process within knowledge construction, with its corollary of indeterminacy. It emphasises the importance of desire as a fundamental force within humanity and the need to accommodate this within our theories. Lastly, it moves us toward a practice which celebrates difference and diversity with an emphasis on *becoming* rather than being.

## **DECLARATION**

I declare that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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## **DEDICATION**

This thesis is dedicated to my father

Eric Richard Hill.

The thought of its accomplishment filled him equally with surprise and delight.

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There are many people to whom I owe a debt of gratitude for enabling the production of this work. Firstly, to the women with whom I shared the Stressbusters courses and interview time and who shared their lives with me. Secondly, to my colleagues and co-facilitators, most particularly to Pat Thornley for helping to make it all happen. Thirdly, to my supervisors; Mary Green for her enthusiasm and sense of excitement in the first few months; and Jo Frankham for her unstinting time, energy and critical stimulation, without which the rest of the journey would have been far less interesting. Fourthly, to my sister Rachel who has been a vital source of support and encouragement during the highs and lows. And deepest and most heartfelt to Sue whose unyielding conviction that the effort would be worthwhile kept me going throughout everything.

## **INTRODUCTION**

### **CONNECTING THE PARTS TO THE WHOLE**

This research began as a simple project to discover the impact of a particular health education initiative known as Stressbusters. However, as the work developed my focus altered and the research became a more complex activity. Before I began this research I held certain views about the nature of health education and research, and I had a certain sense of myself as a health educator and researcher. In planning the research, I aimed to discover whether my views of health education could be substantiated through the detailed exploration of the impact of one specific health education initiative. This specific initiative would be examined within the wider context of health education theory. What actually happened was a much more personal journey.

I used my experience, as researcher, co-facilitator and participant in the Stressbusters course, to reconstruct my notion of myself as a health educator: what it was I was trying to achieve through such a role and the adequacy of my understanding of the processes I was employing within that role. I did the same in relation to myself as researcher. Stressbusters became a prism through which I reflected on the nature of health education and research, and my construction of myself as a particular health educator/researcher. As such it cast light in various directions, not all of which can be addressed within this thesis, and some of which I have not yet fully explored, or even registered.

I have focused on four general areas within this work which the prism of Stressbusters threw into sharp relief for me:

- the nature and adequacy of my understanding of the processes and outcomes of health education;
- the nature of knowledge and the characteristics of ‘good’ research;
- the importance of our sense of self to the way in which we make use

- of educational opportunities; and
- the impact of postmodernism upon my understanding of all of the above.

Writing about the origins of this research forced me to consider my own construction of 'good' research - how it should be done and the significance of its findings. Chapter Two deals with this area in depth. Closely allied to this was my exploration of the influence of postmodernist thought within these debates, especially in relation to what it suggests about the nature of knowledge and science. Chapter One delineates my construction of these concepts in relation to the origins of Stressbusters, while Chapter Two carries this through into my conceptualisation of the nature of research. In both chapters the existence of contradictory positions is highlighted, exposing the conflicts and power struggles which underlie the enterprise of knowledge construction.

Postmodernism also influenced the way in which I used the prism of Stressbusters to reflect upon health education and research and my role as a health educator/researcher. Throughout this project I have engaged in the de/reconstruction of myself in parallel with my exploration of the impact of Stressbusters upon its participants. Health education and research, as exemplified by Stressbusters and this experience, affect all those who participate. Chapter Three attempts to capture the dynamics of this reflective cycle in relation to my understanding of health education processes and outcomes, and so of my construction of myself as a health educator. Once more, the conflicts and contradictions which may be inherent within health education activities are exposed. The concluding chapter adds another layer to this reflection by reconnecting it with my research-self explored in Chapters One and Two.

There is a strong link here to the fourth theme mentioned above, that of the way in which our sense of self affects the use we make of educational opportunities. My realisation that I was using Stressbusters to reflect on my construction of particular selves was the result of discovering a similar process at work among the

Stressbusters participants. The women who took part in Stressbusters also used it as a prism, but in their case it was primarily to de/reconstruct themselves as (good) mothers. The behavioural objectives implicitly set for the course, such as reduced tobacco and alcohol consumption, increased exercise and better dietary habits and weight control, were typical of health education in general, but these were of much lesser significance to the participants. Chapter Four describes how the impact of Stressbusters was closely related to the way in which participants were able to make use of it in their continuing efforts to construct a satisfactory self. Behavioural changes were only made insofar as these connected with the women's desires to change themselves. Conflict and contradiction within this chapter are centred around the women's attempts to accommodate several selves at once in their ever-evolving sense of identity. My own attempts to accommodate different selves form part of the background to the research provided in Chapter One.

Each chapter within this work can be seen as the result of one cycle of reflection set off by my engagement with this research, one exploration of an area in the light cast upon it by the prism of Stressbusters. Chapter Five represents my attempt to draw the lessons of the previous four cycles together, to encapsulate and share the learning which each has enabled to take place for me. As such I hope it portrays how my sense of myself as a health educator/researcher has altered, and how this sense of self has affected the way in which I have made use of the particular educational opportunity afforded through this research, just as the Stressbusters participants made use of the course through their particular senses of self.

## **CHAPTER ONE**

### **IN THE BEGINNING ....**

#### **Introduction.**

Within this introductory chapter I will describe the evolution of this research and of the health education initiative on which it is focused. I will attempt to trace the ways in which these were influenced by my own understanding of health education at the time. I will also provide some autobiographical information which places this experience within the context of my life, exploring the connections between my personal experiences and the design of both the health education initiative and the research itself.

Time-travel of this nature is always problematic: it is difficult to distinguish at this distance between my memories of what happened and my subsequent rationalisations about those events. A continual revision and re-evaluation is occurring in my mind as new experiences and understandings colour the way I interpret the past. However, I believe it is still possible to describe my thoughts as I think they were 'then'. In the concluding chapter I will return to the issues outlined here, which are developed in various ways through the body of this thesis, showing how my understanding 'now' has been altered by my experiences during this research.

From 'here' (this introduction) I can outline what I believe were the key influences which affected the design of the research and the health education initiative. From 'there' (the conclusion) I can retrace the trail of these known influences; decipher the impact of previously unrecognised ones; and explore some of the contradictions and potentials within my evolving understanding. From the new standpoint I will then offer my thoughts concerning the continuing development of effective health education.

One last introductory comment: one of the effects of putting things into writing is that these immediately take on a linear format which is all too easily also seen as implying a temporal relationship. I have described three separate items above - the health education initiative, the research and my life - which are in reality closely intertwined with each other. In what follows I will of necessity use this same practice of treating linked items as if they are unconnected. I hope, however, that I will also be able to demonstrate the linkages and overlaps between these separated parts and indicate the ways in which they form into complex wholes. To overcome this handicap I might have used computer-based devices such as CD-ROMS and hypertext which allow for much more complex and flexible pathways through material, but sadly, to achieve such skill I would require the same concession as Alexander Pope asked for in other circumstances:

“Ye gods! annihilate but space and time,  
And make .... (me) .... happy.”  
(Pope: The Art of Sinking in Poetry)

#### How the Stressbusters course emerged from our health education practice.

The health education initiative around which this research grew is known as Stressbusters. At the time of this research Stressbusters was a twelve hour course. This was divided into six two-hour sessions held on a weekly basis. It was aimed specifically at women living on low incomes. (It has since been revised and altered through reflection on the experience of implementation, of which this research formed a substantial part.)

#### **Oppositional origins:**

The incentive to develop the Stressbusters course grew slowly over a number of years. Over the course of the nineteen nineties I undertook various pieces of work with colleagues working in health education in the Merseyside area. Initially these were through my position in a local academic institution, but the pattern of collaboration continued after I became self employed in 1995. A recurring theme in my discussions with these colleagues was our frustration with health education

which concentrated on the provision of information about the consequences of indulging in 'negative' health behaviours. Stressbusters began life in opposition to this form of single issue health education in the UK, most predominantly the increased emphasis on providing smoking cessation courses (DoH, 1998a, 1998b, 1999b, 2000, 2001). The design of the Stressbusters course grew directly from our frustration with such activities which we perceived as possessing the following characteristics:

- consideration of a single issue only;
- a focus on individual behaviour in isolation from the social context;
- an emphasis on information provision;
- evaluation through the measuring of outcomes pre-determined by course providers.

We felt that such an approach undermined the effectiveness of health education through its focus on a health issue in isolation from the context of women's daily lives. It also places the responsibility for achieving and maintaining good health on individuals, while decisions over definitions of what this entails remain firmly in the control of professional health educators. Neither of these characteristics felt right to us, and through our conversations we explored the reasons for our discomfort. The limitations of such an approach, as we perceived them, were:

- the denial of any positive benefits which accrue to the individual from the 'negative' health behaviour concerned;
- the denial of the influence of social circumstances upon individual behaviour;
- the removal of personal autonomy via the medicalisation (or removal into the remit of experts) of both the problem and its solution;
- the denial of the manner in which health behaviour is embedded within an individual's life with complex connections to other aspects of that life;
- the denial of the value of any outcomes other than the professionally pre-determined ones.

Eventually we reached a point where we felt we had talked enough: it was time to act. If we felt so strongly that health education should not be done in this restricted way, then we should follow through on that conviction and design a health education initiative which we would be comfortable with. So Stressbusters was born.

### **A behavioural focus:**

At one level Stressbusters appears to be yet another single issue initiative as stress is the central focus of the course. However, we chose this focus precisely because we felt it led us into a wide variety of health-related issues: diet, exercise, alcohol and tobacco consumption. The promotion of 'positive' health behaviour in all these areas is the main objective for health education activity, the assumption being that this will reduce the impact of common causes of mortality and morbidity such as cancer and coronary heart disease (DoH, 1992, 1999a; ONS, 2000). Beginning with the notion of stress would allow us to approach these issues indirectly. In our experience, the direct approach (as characterised above) could be felt as both intrusive and punitive by those it was intended to help. It could be too challenging for a smoker to attend a course with the single, explicit aim of making her give up, however much she might feel this to be desirable. The change from smoker to non-smoker can be a large and significant change in a woman's life with many ramifications. We thought it would be more helpful to explore the whole notion of how and why a woman might want to change such behaviour, and help her to anticipate how that change might impact on her life.

To some extent Stressbusters was, therefore, designed to achieve behaviour change through a mild subterfuge: using the notion of stress as a camouflage allowing us to approach other health issues in an indirect fashion. Our goal was certainly in part to bring about changes in health behaviour. We wanted to move women away from the 'negative' behaviours and towards the 'positive' ones, as defined within standard, professionally-driven health education programmes. But there was more to it.



### **Coping with life:**

In the design of Stressbusters and in the educational philosophy which was its foundation, we wanted to acknowledge the women we worked with as individuals with skills, experiences and aspirations of their own. We took our own experiences of struggling to be 'healthy' as reasonably typical. While we might be aware of the risks associated with our chosen 'negative' behaviour (the consumption of tobacco and alcohol, chips and chocolate; the lack of regular exercise; etc), this knowledge was insufficient to motivate us to change. It also failed to take account of the pleasure our indulgence brought with it; or of the frustration and tension to which it could be a response. Our 'bad' habits allowed us to cope with our less-than-perfect lives and, as such, they had important positive effects for us as individuals.

The ability to cope with life is important. As we developed the ideas and materials for the Stressbusters course we unravelled some of the connections between stress, coping and health behaviours. All of us face stress, albeit of differing amounts and intensities and arising from a variety of sources. We respond to that stress and try to manage, or cope with it, again in a variety of ways. For some of us, the successful mechanisms which we devise to cope with the stresses of life are identical with those behaviours which are defined by professionals as bad for our health. We are then faced with a contradiction and a dilemma: the contradiction is formed by the dual evaluation of the behaviour as both good and bad for us; and the dilemma is formed by the question of what action to take to remove the negative effects while keeping hold of the positives.

The Stressbusters course materials were designed to take women through a process in which they opened up and explored for themselves the nature of this contradiction and dilemma within their own lives. It was our hope and expectation that as a result of this exploration they would be enabled to alter their existing pattern of coping to one which was less negative in its impact upon their health. That is, we hoped it would lead them to stop smoking; eat a better diet; take more exercise; reduce their alcohol consumption; etc.

### **Feeling better:**

The last strand which went into the development of the Stressbusters course was our emphasis on the importance of building self esteem and confidence. Although we hoped that participation in Stressbusters would lead to behavioural outcomes as indicated above, we did not want these to be the sole determinants of success. In fact we were trying to get away from the notion of success being dependent upon a change in health behaviour. We wanted an educational initiative which would result in the women feeling better about themselves even if there was no change in their behaviour. This impulse was a strong and definite response to the way in which those who participate in a smoking cessation course and yet fail to stop smoking may then feel even worse than before. The net effect of their participation is to leave them feeling less able, less healthy and less worthy, given the way we conflate good health behaviour and morality (Schneider, 1984).

The women with whom we were intending to work, those on low incomes whether from casual employment or welfare payments, already appeared to struggle to maintain their sense of self worth. They felt themselves to be failing in many arenas of life: in relation to material provision for themselves and/or their children; in relation to their employment or lack of it; in relation to their education and their ability to express themselves and be listened to; in relation to maintaining the appearance of at least minimal success; and overall in relation to their ability to control their lives and circumstances. In all these areas the common valuation of these women's efforts was low. Society at large depicted them as failures, and they could easily be drawn to define themselves in the same way. Their health behaviour was simply one more arena in which this failure could be all too easily demonstrated.

Once again this common perception jarred with our knowledge of how hard these women worked and of the skill and energy they put into their struggles. We felt it failed to recognise the serious constraints with which they grappled. If nothing else changed through their participation in Stressbusters we wanted them to leave feeling better about themselves than they did when the course began. Even more

strongly, we felt that unless they felt better about themselves, then any change in behaviour would be short-lived and irrelevant. As a result a primary focus within the Stressbusters course materials was on building self esteem and a sense of self worth; on recognising that we all need to make our own decisions about what is possible and optimal given our own circumstances, and that this includes our decisions relating to health. We wished to acknowledge that the short-term benefits could outweigh the long-term disadvantages associated with many 'negative' health behaviours. We also wanted to acknowledge how our coping responses are woven into a coherent pattern and that changing aspects of that pattern is a complex, slow and effortful business. There are times when we have the energy to try and other times when we do not.

### **Empowerment theory:**

Through the Stressbusters course we wanted to provide an opportunity for women to recognise their strengths, to value their survival against difficult odds, and, only if they felt it worthwhile, to go further and try to change the way they managed their lives. The theoretical basis on which we built our position can be traced clearly back to our understanding of and belief in empowerment approaches within health education. Work within this field demonstrates the importance of providing more than simply information if our goal is to bring about change. Empowerment approaches emphasise personal control, choice and autonomy: they also clearly acknowledge the power struggle reflected in our attempts to define and attain a state of health (Freire, 1972; Rappaport, 1981, 1984 & 1987; Wallerstein & Bernstein, 1988; Humphries, 1988, 1996; Gibson, 1991; Stein, 1997; Minkler, 1997). In part this stems from the recognition of the 'KAP-gap' (Gordon & Phiri, 2000). This is the name used to refer to the gap between knowledge and behaviour, or practice, which I alluded to above in describing how Stressbusters grew from personal experience of the struggle to be healthy. Knowledge-Attitude-Practice studies of the effectiveness of health education frequently reveal this KAP-gap: people know a great deal, they have a lot of information but they do not appear to be able to translate this into changes in their personal lives and behaviour (Tones & Tilford, 1994; Kerr, 2000). Within the UK context it seems that much of this

knowledge about 'healthy' behaviour is acquired very early in life, already being present in schoolchildren as young as seven or eight years of age (Occleston, 2000). We found it odd that despite the widespread acceptance of this problem, and the persistence of high levels of ill-health, so much health education activity continued to employ an information based, single focus approach.

The other aspect of empowerment philosophy which entered into our thinking was the respect for difference it encompasses. We certainly believed that better health involved a change toward 'positive' health behaviour, as defined by professionals and medical experts. This shows in the behavioural orientation of the course described above. But we were simultaneously aware that this vision of health was restrictive if not oppressive to many people. The way individuals defined health and the behaviours they would prescribe as 'healthy' could be very different from the dominant professional prescription. We saw this difference as arising out of the particular life experiences of those concerned. Part of our aim within Stressbusters was to reinforce women's belief in their own judgements relating to health and lifestyle choices.

There is a contradiction here, which I will return to in depth in Chapter Three, between the emphasis on behaviour and on personal choice, difference and autonomy. As we worked on the design of Stressbusters we were aware of the ways in which the impact of the course could be seen as colluding with dominant, professionally determined definitions of healthy behaviour, even while we were attempting to expose and undermine these within the course materials and discussions. The exploration and untangling of this complex web of power relations is a focus within discussions of empowerment and health (Donzelot, 1979; Rodmell & Watt, 1986; Werner, 1988; Wallerstein & Bernstein, 1988 & 1994; Zimmerman & Rappaport, 1988; Walt, 1994; Wallerstein et al, 1997; Whittell, 1997; Beeker et al, 1998; Snehendu et al, 1999;); and of empowerment theory in education (Freire, 1972, 1974, 1985, 1997; Gramsci, 1995).

### **Feminism:**

Feminism provided the other main theoretical foundation to the design of the Stressbusters course. The issues of power and control which are part of empowerment debates are also strong themes within feminist theory (Firestone, 1970; Jaggar, 1983; Ramazanoglu, 1992). Our continual reference to the daily, lived experience of women's lives as the place to begin our efforts, as well as the grounds against which to measure any impact, also has clear roots within feminism (Stanley & Wise, 1983; Gelsthorpe, 1992; Reinharz, 1992; Tong, 1992; Oakley, 1998). It is also this background which gave us an explicitly political outlook on health education in general and the desire to design our initiative from the standpoint of women's lives. I will return to the notion of standpoints later in this chapter.

These then are the roots of the Stressbusters course, the impulses which led to its creation and informed its particular shape and intentions. I have written about these origins in the third person as the creation was a joint effort, but in fact this history is my own interpretation of why we acted as we did, and inevitably reflects my own preoccupations. The research design came more completely under my own influence and direction than did the design of Stressbusters, but nevertheless this too was a collective effort. As I move on to explore the origins of the research I will continue to employ the collective noun "we" in writing this history. An exploration of the more personal preoccupations I have just alluded to will follow in the section tracing the theoretical basis of Stressbusters.

### So why the research?

Once we had reached the point of taking action to produce health education in accordance with our own principles, we found ourselves wanting to go further. We wanted to take the opportunity to demonstrate why and how our faith in this approach was justifiable. In our own estimation there was plenty of evidence to support our position, some of which has been outlined in the preceding section. Yet

still we found it hard to persuade those in authority to accept the need for this alternative to the information-based health education which remained so predominant around us. It did not seem to be enough to deliver the Stressbusters courses and produce a report of their impact from our usual practitioner angle. We needed to cross the great divide from practitioner to researcher.

What better way to progress our case, we argued, than via the vehicle of formal research? This would provide us with the 'hard' evidence to convince others of the value of our approach. We would be able to 'prove' that Stressbusters worked; to show the changes which came about after participation in a course; and, in this process, to show how some of the most significant changes were not to do with behaviour. Rereading what I have just written, it betrays an absurd and touching level of naivety, yet I know it reflects what we felt at the time. My understanding of the nature of 'research' has altered significantly since then, as will be amply apparent through this thesis. Our collective innocence was also quickly dispelled as we moved through the process of accessing funding to follow through on our research ideas.

#### **A paradigm difference:**

Chapter Two deals with issues of research design, method and validity in depth. At this point I will confine myself to the issues which arose during our attempts to ensure that the research would actually take place.

Our research design was for an exploratory qualitative study, using semi-structured interviews with the participants and facilitators of the Stressbusters courses.

Participants would be interviewed four times: at the beginning and end of the course and then after intervals of three and six months from course completion. Initially we wanted to use a final interval of twelve months but had to reduce this under pressure from the funders to cut our costs. Facilitators would be interviewed once after the completion of a course.

Our rationale for this design was that we did not wish to predetermine what might

count as an outcome of Stressbusters participation and therefore needed to keep our design open to as many possibilities as we could. Thus we would look for behavioural change but would also take into account anything which the women told us they attributed to their participation in Stressbusters. The extended follow-up period came from our belief that impact could both build and diminish over time, and our wish to try and trace the reasons contributing to these different outcomes. Finally, we also wanted a methodology which would complement rather than undermine the emphasis of the Stressbusters course on empowerment and confidence building. We felt semi-structured interviews offered the best possibility for ensuring that the research experience was an educational and positive one for the women as well as ourselves. Thus there were strong connections between the design of the Stressbusters course and the design of the research project in the ways that the latter also drew on empowerment, participatory and feminist research paradigms (Hall et al, 1979; Stanley & Wise, 1990; De Koning & Martin, 1996; Maguire, 1996).

We submitted our proposal to the Regional Research and Development Committee of the Health Authority. Apart from the Chair, who fully supported us, the majority of the members of this body were familiar with, and much more at home within, a positivist and quantitative research paradigm. Their understanding of health lay more within a medical model than a social model (a distinction I will return to in Chapter Three). They were used to examining proposals for double-blind controlled trials of clinical, medical interventions, set within the framework of the 'hard' sciences. Our proposal, coming from such a different perspective, met with a bemused response.

The committee members struggled to fit our proposal into their usual framework for assessing quality. We, in turn, struggled to explain our approach in a language which they could understand. It was a frustrating experience. We felt vulnerable and disempowered as our explanations met with blank looks and we felt the committee members pushing us towards their own quantitative outlook. We resented the power which they held, via our need for funds, to do this to us. At one stage,

despite trying to bridge the gap via a face-to-face meeting with the committee, we were close to abandoning the attempt to secure funding altogether, as we could see no way to retain our original design or stick with our principles in the face of the pressure we felt. It is not too extreme to name this as a minor experience of the “culture of silence” (Freire, 1972) as we were in danger of accepting the committee’s (dominant) views as correct and ignoring our own alternative (subordinate) perspective. Luckily we sought advice from a member of the local Primary Health Care Research Resource Centre who restored our confidence in what we were trying to do.

It was at this point that my decision to use the research as the basis for a doctorate study was made. We all had faith, as practitioners, in the ability of the course to be useful to women and we wanted to gather our ‘proof’ via the vehicle of research. I felt committed to undertaking this research, just as my colleagues felt committed to delivering the Stressbusters courses within their localities. But my position as a self-employed individual made it harder for me to proceed, whereas they had the protection of paid employment into which the delivery of the courses could fit without difficulty. If I was to undertake the research, we all agreed that I should not do this for nothing! My enrolment for further study offered a way out of the impasse: I might not gain financially (at least not in the short-term) but I would gain personally and professionally. It is ironic that within weeks of our decision to progress without the financial input from the Research and Development Committee, they made the decision to fund us. They had finally sent our proposal for review by a qualitative researcher who was able to reassure them of its potential value. It is to their credit that they took this step to move outside their own limitations.

One possible reassurance they had in making their decision was that through the advice we had received, we re-framed the proposal as a preliminary to a larger, more conventional (as the committee would see it) study. Our work would indicate whether such a further study was worthwhile and reveal the directions it should take. We also included some small scale collection of quantitative data within our



methods which may have helped raise their comfort level.

Tracing the theoretical background to the design of Stressbusters and this research.

The two quotations below help to indicate the directions in which this experience of obtaining funding for our work led us. Firstly, we needed to be much more explicit in our recognition of the way in which power was exercised in networks around and including us. Secondly, we needed to confront the issue of what we thought constituted knowledge. Lastly, we had to loosen our grip on an ideal of universal scientific rationality. My memory tells me that we did none of these things very effectively at the time.

“The uncovering of power as intrinsic to all social research demonstrates that instead of a scientific community which is autonomous and free from political interest, we now know that an intimate relationship exists between the projects of science and other intellectual and political interests in the cultures where science is practised.”  
(Humphries, 1997. para 3.8)

“the logic of modern scientific knowledge and its assumptions of its own legitimacy as a discourse of truth about the world results in the exclusion of other .... forms of knowledge and a denial of their legitimacy.”  
(Edwards & Usher, 1994. p 158)

In the brief history I have written above a number of issues are raised which relate to the nature of knowledge: what it is to know as well as who is competent to possess knowledge. At different points I have followed the dominant pattern of structuring an argument through a series of binary oppositions. Yet I have also argued that these are inadequate, that the world is more complex than this habit allows us to state. I have alluded to the way in which we wanted to build acceptance of uncertainty and unpredictability into our research design, while we also wanted to produce ‘proof’ with the implication of certainty which that word implies. I have introduced the idea of difference and of the importance of the

circumstances of our lives in determining the ways in which we see the world. And I have talked of wanting to change women's health behaviour for the better in a manner which implies a universal standard. Lastly, while building what I hope is a rational argument to support my position I have referred continually to the presence of feelings and the exercise of power as relevant to decision making processes.

The presence of all these contradictory statements must indicate something.

Looking back I feel that what it indicates is our lack of the conceptual language to adequately formulate and express our opinions on these epistemological issues. I cannot recall any specific conversations in which we consciously faced up to the contradictions in our thinking, and yet I have the sense that we were aware of them at an intuitive level. In fact, I think it was in part the exploration and exposure of such contradictions, both our own and those of others, which was our unconscious goal. At the very least I see these contradictions as mirroring the deep ambivalence we felt as we were drawn towards and pulled away from the currently dominant theories about human action and behaviour. The image which comes to mind is that of walking back and forth along a see-saw: it is safe but boring to stay in the middle because nothing happens. We begin to explore this world-in-a-plank. As we move out towards one end or the other, we are excited by the movement under our feet. Then, at a certain point this movement becomes too fast and we are in danger of falling off our perch. We scuttle quickly back to the safety of the centre, only to be drawn out once again by the temptations of exploration. Another dimension is added when/if we leap off to land on another unknown plank-world and begin our search for its points of balance and excitement anew.

At this point, therefore I am breaking the chronological nature of this history. The following discussion draws extensively on what I have learned during the course of this research project. I place it here because I feel in essence it remains faithful to the intuitions we held at the time, even while it is expressed in a language and with a confidence and coherence (I hope) which would not have been possible then. I will deal with several areas of the debate around what constitutes knowledge: the impossibility of certainty; the influence of deconstructive postmodern thought; the

power-knowledge nexus; feminist standpoint theory; and the need to replace the binary with a quantum mode of thought. I will also try to trace the connections from these generalities to the particularities of the design of the Stressbusters course and this research. By adding brief autobiographical vignettes at appropriate points I trace some connections in the opposite direction, from particular personal experience to more general epistemological intuitions.

### **The impossibility of certainty:**

Health education is inextricably caught up in the debate over the certainty of our knowledge. To offer people instructions for the attainment of 'a healthy lifestyle' is to pretend to a certainty in relation to human health which does not exist. In designing Stressbusters we faced a dilemma which we acknowledged without truly confronting. We held to a position which promoted certain behaviours as unhealthy, while we simultaneously held that for some individuals in some circumstances these same behaviours might be healthy. Theoretically, by following the instructions for a healthy lifestyle, individuals can ensure their health: in practice this is highly unlikely. Too many other factors can intrude to alter the intended outcome. In part, we designed Stressbusters so that the public recognition and exploration of this contradiction might naturally occur. We also wanted to explore the many dimensions of the choices we make in relation to our health rather than presenting these in a simplistic 'to do or not to do' fashion.

According to Anthony Giddens one of the defining features of present everyday life is the all-pervasive presence of doubt.

"Doubt, a pervasive feature of modern critical reason, permeates into everyday life as well as philosophical consciousness, and forms a general existential dimension of the contemporary social world."  
(Giddens, 1991. p 3)

It seems it is no longer possible to amble through life in a relaxed manner, following a pre-ordained path trodden by our parents and grandparents without any serious consideration of alternatives. At every turn we must choose between a range of

options and face up to our responsibility for the consequences of these choices. This is not simply a psychological change in our impression of our position in the world. There is an increase in the actual possibilities open to us due to technological development which has removed many of the physical constraints which used to apply.

“by definition, tradition or established habit orders life within relatively set channels. Modernity confronts the individual with a complex diversity of choices and, because it is non-foundational, at the same time offers little help as to which options should be selected.”

(Giddens, 1991. p 80)

The presence of doubt, or rather the lack of certainty, has a profound influence on our lives and psychological perspective. We have become aware of the multiple possibilities which face us at any given moment in time. We are faced with far more choice than was the case for preceding generations. We have dismantled the old certainties arising from tradition and religion, and even the new certainties which we thought could be based upon science and scientific knowledge have proved to be unexpectedly shaky (Lyotard, 1984; Travis, 1999; Freedland, 1999; Williams, 2001).

Patti Lather describes the effect of this as “dizzying” (Lather, 1991. p 82) and perhaps it is this very dizziness which leads us to search for something to hold onto, to help keep our balance. Freedom of choice is promoted as a positive value in most dominant discourse; something to be sought after and enjoyed for its liberating effects (Rose in Cealey Harrison & Hood-Williams, 1998, paras 5.1/5.2). The negative aspects are suppressed: the way in which such responsibility may overwhelm us and leave us paralysed in indecision; or cause us to seek reassurance by following apparent certainties through which we can avoid making decisions, such as fundamentalist philosophies of various kinds. I remember feeling overwhelmed by the range of choices facing me when I returned to the UK after working for two years in Ghana where the economic circumstances severely reduced the options in everyday life. Having to choose all the time felt very

burdensome.

This emphasis on choice also makes it easier to deny the existence of structural barriers which restrict the choices available to many of us. Giddens uses the example of women's experience to illustrate this point:

“Women today have the nominal opportunity to follow a whole variety of possibilities and chances: yet, in a masculinist culture, many of these avenues remain effectively foreclosed.”  
(Giddens, 1991. p 106)

The same is true along any other dimension of power distribution such as race, class, ability, economic status. Such a one-dimensional view of choice also obscures the importance of context to the understanding of human action. Our capacity to choose, and to follow through on that choice, in other words our level of empowerment, varies enormously from one situation to another. It is not a constant which, once found, can never be lost. There is a continual dynamic of struggle between our ability to act upon our choice and the restrictions imposed by the structural and societal constraints with which we are faced (Walkerdine, 1990; Holland et al, 1991, 1992; Humphries, 1994). Emphasising only the positive side of choice minimises the importance of these constraints by overstating the importance and scope of individual action.

Two further constant companions on our chosen path, according to Giddens, are shame and guilt: shame accompanies our failure to make the choices we should, and guilt occurs when we make those we should not. That this is relevant to health education is easily apparent, given that so much emphasis within the field is placed upon individual choices. As I have already said we drew upon our own experiences in the design of the Stressbusters course, and reflection upon these gave us ample understanding of the role of guilt and shame in influencing behaviour. It is no surprise that these themes recur in later chapters dealing with what the women course participants said about their health.

### **Deconstruction and postmodernism:**

The attractiveness of certainty has not disappeared, however, and we are caught in a dilemma. We seek out knowledge in order to create certainties which enable us to act in the world, yet each time we discover more it undermines the very certainty for which we strive. It is indeed true that 'the more we know, the more we know we don't know' and 'the wise man is he who knows how little he knows'. The drive to understand, to impose order on the world around us is perhaps best exemplified by the fact that we even have a theory about chaos, which posits causal links between apparently random events (Kaye, 1993; Waldrop, 1993). The nature of this yearning for certainty is described by Patti Lather as a "lust for authoritative accounts" (Lather, 1991, p 85), a description which admirably captures the power of the urge.

This realisation of the uncertain, fluctuating grounds upon which our claims to knowledge are made can be seen in the emergence of deconstructionist and postmodernist theory. Or, it could be argued, it is the emergence of these theories which has led to the undermining of our certainties (Norris, 1990; White, 1991; Rosenau, 1992; Geras, 1995). The relationship between the two events seems analogous to the classic question about the chicken and the egg. It provides an excellent example of the way in which changes in language, thought and imagination may alter the boundaries of what is counted as knowledge, an entity which is generally considered to have much more solid, factual foundations.

The Stressbusters course represented a move into the territory of deconstruction: we wanted to expose and explore with the participants the fragility of the apparent certainty offered within health education's prescriptions for healthy living. And in doing so we hoped to uncover the hidden workings of power which constrain the actual choices available to us in relation to our health.

There is an ongoing debate about the terminology which is used in describing these new, emergent theories, which I have referred to as deconstruction and postmodernism. Others use the words poststructural or postpositivist, and yet

others argue for clear distinctions between all these terms. To place all the various theorists under one umbrella title runs the same risks as referring to a single feminism: it obscures the numerous internal boundaries and disputes. However, there does appear to be a broad agreement about the general theoretical movement to which the terms refer and who the major theorists are. Linda Rennie Forcey describes it this way.

“Poststructuralism does not have one fixed meaning; rather, it is applied to a wide range of theoretical positions derived from the work of Derrida, Lacan, Kristeva, Althusser, and Foucault. It can be defined as a broadly interdisciplinary approach that disputes the underlying assumptions of most social sciences - epistemological foundations, the Enlightenment heritage (faith in the idea of progress and rationality), and a social science methodology modelled after the hard sciences, with its search for generalizations, simplifications, and verifications. Rather than focusing on personality, behaviour, attitudes, goals, and choices, it turns attention to language, symbols, alternative discourses, and meaning. It holds that knowledge is grounded in language, and that language does not reflect ‘reality’. And it is language itself that creates and reproduces a world that is never definitive but always in transition.”  
(Forcey, 1994. p 368 - 369)

My own interpretation of the terminology is that deconstruction is related to the disputing of underlying assumptions, and is a critical technique used to expose the universalising tendency of theory in general and ‘grand theory’ in particular. Cealey Harrison and Hood-Williams refer to this as “conceptual dismantling of forms of analysis” and name it as post-structuralism (Cealey Harrison & Hood-Williams, 1998, para 5.4). Postmodernism, on the other hand, is the more philosophical aspect of the movement, concerned with language and meaning and the impossibility of ever knowing or representing ‘reality’ without it being always filtered through humanly constructed language. For me, in opening up the spaces in which new ideas and understandings can grow, new perspectives and questions be accommodated, deconstruction provides a foothold from which to critique the world. The linguistic spiralling of postmodern philosophy produces the dizziness which makes retaining that foothold a precarious proposition, bringing with it the urge to step back onto ‘solid’ ground. But, of course the ground was never ‘solid’

in the first place, or perhaps only from a particular viewpoint or position. I will return to this in a moment. This limit to solidity is particularly acute when we try to communicate our knowledge to others, to transmit meaning. It is at this point that the need for language occurs and that we come up against the indeterminable nature of meaning (Derrida, 1987).

One result of the emergence of postmodernism has been the impression formed that it undermines the importance of values by its removal of the grounds upon which to judge our actions (Geras, 1995). This has been seen by some as a tactic to ensure the continuation of existing values by removing the grounds upon which these might be questioned (Sawicki, 1991. p 105 - 106; Haraway, 1992. p 96). Others stress the way in which postmodernism pressures us to expose and justify our values, and to acknowledge the conflictual nature of such a process (Welch, 1985; Williams, 1998). And yet others stress that we can only make such value judgements through an examination of the material conditions to which our theoretical positions give rise (Lyotard, 1984; Humphries, 1998). In designing Stressbusters we were aware that we were promoting particular values and that these conflicted with values which might be promoted by others. My feeling is that we also held the position just outlined, that our values would be justified by the outcomes which resulted from acting upon them. This was the impulse for undertaking the research; to delineate the nature of those outcomes. We did not explore the potential conflict created if other values produced equally positive outcomes, nor how this might be resolved.

My own awareness of competing but equal versions of reality was instilled early. My mother was a convinced although not evangelical Christian and my father a confirmed atheist; yet they lived happily together and neither imposed their view on their children. They were both New Zealanders by birth and did not subscribe to the class-based approach to life and relationships which was the predominant fashion in English culture, and which I saw reflected around me. The materialist basis for judging the adequacy of our ideas was the theme of one of the most influential books in my childhood: *The Little Boy and his House* (Bone & Adshead, 1955).



This book describes a small boy's desire to build a house which will protect him from heat, cold, rain and wind. His uncle takes him around the world to explore all the potential types of houses and construction materials he could use (mud, straw, stone, tent, igloo, houseboat, etc). In each case he finds fault and in the end comes home to build a traditional brick house with tile roof. He invites all the people he visited to come and see his house, fully expecting them to rush home and reproduce his wonderful architecture. However, the visitors, although impressed, all realise the limitations and requirements of their own environments and the inappropriateness of the little boy's design for their circumstances. The final sentence of the book, delivering the judgment of all concerned on the adequacy of house-styles, is one that has stayed with me for at least thirty five years now: "It all depends on where you live and what you have to build with." The final ingredient to my openness to a relative perspective on life was my experience of living in cultures dramatically different to mine: two years in Ghana; three and a half in Papua New Guinea; and numerous shorter stays in other places. The Papua New Guinean experience especially made me realise how the conflict between views could impact on individuals as they struggled to reconcile differing positions, for example wanting the benefits of education for their children without this undermining their integration into the traditional way of life.

### **Power - the missing link:**

The missing link which reconnects theory and experience is the inclusion of the role of power and the ways in which the expression of power is both incorporated within and altered by discourse (or language). It is the exercise of power which creates the force behind our value judgements. Through the application of deconstructive techniques, these value judgements are now more clearly seen to emanate from particular social positions and conditions, to reflect the particular exercise of power. There are competing value systems, some dominant and some which resist the dominant interpretations, each giving rise to specific discourses and regimes of truth (Foucault, 1980). Again there is a choice to be made: which do I agree with? But here to abdicate the choice is to leave the field open for those who currently hold power to promulgate their version:

“Washing one’s hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.”  
(Freire, 1985. p 122)

The danger posed to powerful groups by the generation of alternative knowledge, or more specifically knowledge validation processes is described clearly by Patricia Hill Collins:

“Alternative knowledge claims, in and of themselves, are rarely threatening to conventional knowledge. Such claims are routinely ignored, discredited or simply absorbed and marginalized in existing paradigms. Much more threatening is the challenge that alternative epistemologies offer to the basic process used by the powerful to legitimate their knowledge claims. If the epistemology used to validate knowledge comes into question then all prior knowledge claims validated under the dominant model become suspect. An alternative epistemology challenges all certified knowledge and opens up the question of whether what has been taken to be true can stand the test of alternative ways of validating truth. The existence of an independent Black women’s standpoint using an Afrocentric feminist epistemology calls into question the content of what currently passes as truth and simultaneously challenges the process of arriving at that truth.”  
(Hill Collins, 1996. p 240 - 241)

This statement makes it clear just what is at stake, and why those in power might use extreme measures to maintain their current position. A similar point is made by Michael Agar who links it to the linguistic concerns of postmodern philosophy. Agar’s concept of “languaculture” indicates the way in which language and culture are inextricably intertwined: to change one is to change the other. As Agar says “languaculture” is

“a way to change the world by changing what it is that can be thought, said, and done”  
(Agar, 1994. p 209)

Mary Daly explores similar ground relating to the power of language to impact on both personal experience and knowledge creation in her work “Gyn/Ecology” (Daly, 1979), as does Edward Said in “Orientalism” (Said, 1978). The issue of

power is a fundamental one in relation to the production of knowledge about the world. As Foucault said power and knowledge are indivisible: knowledge is produced for a purpose, in the service of some power, and those with power decide what constitutes knowledge.

“power and knowledge directly imply one another; .... there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations”  
(Foucault in Rabinow, 1984. p 175)

Once the validity of this interpretation is accepted it brings with it a responsibility to consider the way in which our production of ‘knowledge’ has implications in relation to power distribution. It also implies the production of competing ‘knowledges’ depending upon the power status and position of the producer. Thus in pursuing my research I am seeking, consciously or unconsciously, to promote the interests of a particular group which may be dominant or resistant in nature. Certainly, the intention of our design in the creation of Stressbusters was to alter the balance of power in favour of the women with whom we were working. For example, through the deconstruction of the predominant definitions of ‘healthy’ or ‘unhealthy’ behaviour we might validate the women’s own constructions of these concepts, and so amplify their power in some small measure. This also held true as we moved into undertaking the research, as I will explore in Chapter Two in relation to interviewing.

The reality of the power/knowledge nexus was impressed upon me through my work as a midwife in Papua New Guinea. There I became aware of the intimate connections between birth practices and experiences and a sense of cultural identity and belonging. One of my responsibilities was to undertake education to reduce the extremely high levels of maternal mortality. My awareness of the complexity involved in doing this grew as I listened to many village women explaining how, although they wanted birth to be safer, they felt bound to follow the traditional practice of giving birth entirely alone. Not to do so would be to forego the identity

of womanhood which came with surviving this ordeal and might jeopardise the cultural identity of their child. I found myself increasingly uncomfortable with my previously unthinking promotion of changes in cultural practices as beneficial when they had such profound and potentially damaging consequences. Knowledge of 'safer' birth was intimately bound up with the power to define what it meant to give birth.

### **Feminist standpoints:**

Feminist researchers have long argued for the examination of the personal to be explicit within any research project in order that the knowledge claims made can be judged adequately, including their implications for the (re)distribution of power.

"Feminism directly confronts the idea that one person or set of people have the right to impose definitions of reality on others .... One of the ways of doing this .... is through more personalized discussion of the research process."  
(Stanley & Wise, 1991. p 281)

"Feminist analyses must bring to consciousness and open for discussion the origins, consequences, values and interests that they carry. This is part of feminism's scientific project, not an optional addendum."  
(Harding, 1991. p 217)

"People do not simply live in this world as either 'sociologists' or 'everyday people', 'academics' or 'folk'. Recognition of this leads to the loosening of hard and fast sociological categories such as 'everyday', 'sociology', and related concepts such as 'reflexivity', 'power' and 'knowledge'.  
(Williams, 1993. p 585)

Feminist discourses grow from a resistance to the dominance of the patriarchal discourse which is seen as inadequate to explain the experiences of women within the world. But it has developed beyond the simple replacing of male with female as the dominant perspective and seeks to construct explanations which fit with the experiences of ever broader groups of people. The experience of a lack of fit, or dissonance, is seen as crucial to the creation of more adequate theory. Such

dissonant experience throws up gaps in current explanations and highlights areas for additional study which cannot be accessed from within the dominant experiences. Our awareness of the importance of marginal perspectives; the need to listen for dissonance; the commitment to acknowledge, respect and maintain difference, was explicit during the design stage of both the Stressbusters course and the research. It was our awareness of the difference between the lives of the women we worked with, as described by them and the constructions of those lives within health education theory which was a major impetus for this project.

Here are two illustrations of my own early experience of dissonance, and the emotional impact of this. As a child, I was quite definitely a tomboy, preferring outdoor sports, adventure and dirt to more traditionally feminine pursuits involving dolls or pretty dresses. I was good at football, holding my own among the boys and having their perceptible respect. I remember the feeling of injustice when my only chance to play for the primary school team was scotched by the headteacher, who slyly deceived me into agreeing to act as referee. And the contrasting triumph when I was called on as substitute for the local (all male) Cub Scout team. A parallel incident during the first few days of secondary schooling reinforced my sense that life was unjustifiably different for girls: I was reprimanded for climbing a tree to collect conkers, this being extremely unladylike and therefore inappropriate behaviour.

Among feminists, and postpositivists generally, there is acknowledgement that it is unlikely that a single explanation can be developed which will fit all of human experience (Lyotard, 1984; Harding, 1986, 1987 & 1991; McNay, 1992). The grand theory and master narrative of previous eras are no longer seen as applicable. We may still develop theory and narrative but these will be more limited in scope and make smaller claims, as Henry Giroux indicates.

“we reject claims to objectivity in favour of partial epistemologies that recognize the historical and socially constructed nature of their own knowledge claims and methodologies.”  
(Giroux, 1992. p 77)

But alongside this is a belief that knowledge generated from the non-dominant perspective has 'added value' precisely because of the location in the power structure of those who produce it. Those members of society who are in non-dominant, marginal or oppressed positions are able to perceive phenomena which appear to be invisible to the dominant groups. Referring to the value of the Black women's perspective within the field of sociology Patricia Hill Collins states:

"Bringing this group - as well as others who share an outsider within status vis-a-vis sociology - into the center of analysis may reveal aspects of reality obscured by more orthodox approaches."  
(Hill Collins, 1991. p 36)

Those who live on the margins are able to and need to stretch existing theory to take account of these additional phenomena, or produce an alternative theory which does so. It is in this respect that these perspectives are seen as more valuable, but not as universal in their application (hooks, 1991).

"Feminist thought can aim to produce less partial and distorted representations without having to assert their absolute, complete, universal, or eternal adequacy."  
(Harding, 1991. p 187)

Dominant groups do not have the same need to operate within the framework of the subordinated; although to maintain their position they must understand this to some degree in order to foster consent to their domination and hegemony (Gramsci, 1995).

By weaving together the knowledge generated by a number of such perspectives a more adequate explanation is obtained, one which fits the experience of more people. The distortions which are inevitable within any single perspective may be countered in this way, or at the least illuminated more clearly.

"As the sociology of knowledge points out (MacKinnon 1983), our perspective is shaped by our location in the social structure. Thus

rich people view the world differently from poor people, white people view the world differently from people of colour, old people view the world differently from young people, and men view the world differently from women.”

(Bart, Freeman & Kimball, 1991. p 173)

In essence, despite the repetition of binaries in the above quotation, this argument is for an inclusive, both/and approach to knowledge claims, rather than the positivist approach of either/or exclusion. I will return to this in a moment.

Another factor is the way in which knowledge is not a static entity. It grows, changes and becomes redundant as our explanations for the world develop. In this respect there is a particular anxiety in committing myself to writing down what I think I know. This has the effect of creating an end-point, a full-stop after which my knowledge is unchanged, when in reality, of course, no such final fixing of meaning is possible (Derrida, 1972). One of the benefits of applying multiple perspectives in the creation of knowledge is that it helps to prevent such fossilisation. There is constant movement as known marginal perspectives become more mainstream and fresh marginal perspectives are discovered which we then attempt to include (hooks, 1996; Hill, 1997). New meanings can become apparent as we change perspective:

“giving any ‘minority’ voice centrality in the force-field of meanings discovers patterns to us.”

(Frye, 1996. p 40)

To bring in another theoretical approach this can be described as the increase in the number of ‘standpoints’ from which knowledge is created and accepted as valid. Standpoint theory developed within feminism as a critique of dominant scientific theory which fails to look at knowledge construction from the standpoint of women’s lives and so fails to account adequately for the details of these in its explanations (Hartsock, 1983; Harding, 1986). The notion has been expanded to include the need to see knowledge-creation from multiple ‘standpoints’ in order to expose the lack of fit, or dissonance in any particular theory.

“we can all learn about our own lives at the centre of the social order if we start our thought from the perspective of lives at the margins.”  
(Harding, 1991. p 269)

An interesting connection here is to be found between the standpoint theory of feminists and Foucault's concept of the subject-positions created by particular discourses. The marginal perspective is not the subject-position constructed by dominant discourse, and so that discourse does not make sense from such a position. Subordinate discourses create their own subject-positions from which they are best understood and from which their world makes sense, but these are not the subject-positions of the dominant discourse. The value of standpoints may be interpreted as the capacity to view one discourse from the subject-position of another and so expose new understandings or gaps in its construction of meanings. As we are participants in a number of discourses, we have a range of standpoints or subject-positions available to us at any one time.

Again this has echoes in my personal life, in which I have experience of taking up different positions either willingly or through necessity. On the one hand my life can be seen as being full of 'green lights'. I did well at school, went to university and graduated successfully, later also completing a postgraduate degree. I followed my chosen career path without problems. At the same time my emerging awareness of my sexuality placed me quite clearly within a marginal, oppressed group. This enabled me to comprehend how the dominant pattern of society could restrict and undermine the values of those who did not fit to its moulding. It also gave me the experience of living on both sides of a normally concealed cultural border, and of my frequent complicity with the dominant culture as I allowed other people's assumptions to go unchallenged. To honestly voice the view from the subordinate position took more energy than I was often prepared to commit.

I was also, sometimes painfully, aware of the privileges I obtained from the 'green light' aspects of my existence: being from a middle class, well educated, reasonably prosperous background. An example would be the period of delinquency in my



adolescence. My social background, and the fact that this delinquency occurred for the most part within the protected and privileged environment of a university campus, meant that I never suffered the full consequences. Had I lived in a poor, urban area and come up against the authorities of the state rather than those of the institution in which my father worked, I had little doubt that I would have been more severely punished, with serious consequences for my future choices.

Thus I grew up in the dual awareness of my own privileges, their undeserved nature and the lack of privileges, similarly undeserved, by which others were restricted. Given that many of my advantages were in no way due to my own efforts, I also learned that I could not take credit for my successes: a lesson engendering a mild but chronic sense of guilt. I hope the multiple connections between these linearly argued points are becoming ever clearer as these examples build together.

An important theme within standpoint theory is the need to counterbalance some of the stronger biases within mainstream Western culture. Some of these, such as individualism, do not fit with women's tendency to place value upon relationship (Gilligan, 1982; Giddens, 1991; Brown & Gilligan, 1992; Belenky et al, 1997). Nor does it account for the more communal cultures of the world whose experiences are not reflected in much of Western theorising about human actions and behaviour. For example, psychology, economics, history and sociology are all heavily weighted in favour of a focus on Western themes of independence, autonomy and the individual and they often ignore, discount or distort the experiences of those in different cultures which do not fit these patterns (Said, 1987; Hall, 1997a;) often by denying their common humanity (Parekh, 1997).

“Until the lions have their historians, history will always reflect the glory of the hunters.”  
(African proverb)

Jana Sawicki makes a similar point in stating the need for feminists to voice their own understandings and construct their own knowledges in order to hold onto the power which these may bring, even while acknowledging differences as important.

“What is certain is that our differences are ambiguous; they may be used either to divide us or to enrich our politics. If we are not the ones to give voice to them, then history suggests that they will continue to be either misnamed, distorted, or simply reduced to silence.”

(Sawicki, 1991. p 32)

In setting up Stressbusters and this research into its impact we were moving into the territory of power relations and the ability to construct knowledge which is recognised as legitimate. We knew the dominant constructions of what it means to be healthy were oppressive in some of their effects for the women we worked with, and that they struggled to find a voice in which to state an alternative which was not. Part of our concern in the design of the project was to amplify and legitimate the voices of the women and to place these as a counterpoint to the dominant interpretation of health. Some of the substance of these differences forms the content of Chapters Three and Four.

### **Quantum thinking - deconstructing binaries:**

Another pattern of thinking about and visualising the world, or structuring knowledge, which is relevant to this work is the tendency to dichotomise. Within the dominant positivist discourse, into which much health education falls, there is a strong preference for categorisation according to an exclusive ‘either/or’ distinction. Within this system, one end of each dyad is valued more highly than the other (Derrida, 1972), often being associated with masculinity or maleness too.

This pattern of constructing binaries is an important part of our attempt to understand and analyse the world; to differentiate between its constituent parts. As such it is vital to meaning making or knowledge creation (Hall, 1997b). The problem lies in our tendency to reify these distinctions and to treat them as immutable, and to allow our practice to reflect this which then further reinforces the distinctions we have constructed. Within academia, we often use these binaries in a reductionist manner, expunging the complexity of our, or more often our opponent’s understanding in order to make a point.

Examples of these dichotomies with the more highly valued term presented first would be:

male	-	female
masculine	-	feminine
human	-	animal
active	-	passive
mind	-	body
rationality	-	emotionality
individual	-	communal
objective	-	subjective
abstract	-	concrete
reality	-	fantasy
separation	-	connection.

Within each of these dyads the two categories are seen as mutually exclusive: the presence of the one characteristic means by definition the absence of the other. The world is theorised as a series of binary oppositions in order to create unambiguous knowledge. However, our experience is ambiguous, placing these oppositional constructs on a continuum along which precise positioning is difficult. [In fact our theories are often ambiguous too, as J L Austin states "There's the bit where you say it and the bit where you take it back" (in Geras, 1995, p 110).] There is a dissonance between the clarity of theory and the complexity of experience. But the power of the theory and its impact on our languaculture (Agar, 1994) create restrictions and distortions in our ability to express our dissonant experience. The earlier description of the struggle to obtain research funding provides a good example of this. Margaret Atwood puts it more graphically:

"Translation was never possible.  
Instead there was always only  
conquest, the influx  
of the language of metal,  
the language of either/or,

the one language that has eaten all the others”  
(Atwood in Lather, 1991. p 81)

Within the dominant medical or health discourse the dichotomous pattern of thinking is still prevalent, as it is within much theorising about the nature of human beings and their behaviour. Health behaviour is seen as **either** positive **or** negative; ailments as **either** physical **or** psychological in origin. There may be more than two positions to categorise, but however many there are, they tend to be constructed as hierarchical and mutually exclusive. I have already outlined the frustration we felt with the application of this thought system to health education and the simplistic designation of complex behavioural patterns into good and bad actions. I hope the autobiographical material already provided shows how this was also a frustration I felt personally.

Within alternative discourses this pattern is not accepted, such categorisation is blurred and the possibility of the concurrent presence of opposing characteristics is accepted as not only possible but probable (Derrida, 1987). The yin-yang symbol adopted by the anti-apartheid movement provides an illustration for this: neither black nor white can exist in the absence of the other. Of course the yin-yang symbol in itself makes the same point in relation to the interdependence of the masculine and the feminine.



In particular, the process of deconstruction consists of the questioning and undermining of just this type of assumption in the construction of knowledge: the deconstructive act removes the imperative to construct the world as such a series of binary oppositions. This is achieved first by reversal and then displacement as described by Joan Scott.

“This double process reveals the interdependence of seemingly dichotomous terms and their meanings relative to a particular history. It shows them to be not natural but constructed oppositions, constructed for particular purposes in particular contexts.”  
(Scott, 1990. p 137)

Postmodern discourses show a preference for an inclusive 'both/and' system. Unexpectedly, it is in one of the historically most positivist of sciences that the primary example of 'both/and' thinking is to be found. The theory of quantum physics shows light to have the characteristics of both wave and particle motion at one and the same time. Although these explanations are mutually incompatible, both are correct, both fit (some of) the 'facts' of how light behaves. This is an excellent example of Lyotard's language games in which neither version can win out:

“between each, so absolutely foreign to each other, the strictest unity”  
(Lyotard in Williams, 1998, p 115)

Within the natural sciences acceptance of this contradiction may now be widespread, but the implications which such a theory holds for epistemology in general are perhaps less accepted than the theory itself. [It is also physics which has provided fertile ground for the development of both chaos and complexity theory which are similarly founded in uncertainty (Kaye, 1993; Waldrop, 1993).]

### **Recovering emotional knowledge:**

Historically within Western society, much more value has been placed upon theoretical, abstracted, rationality-based knowledge compared with knowledge which is based in emotion, feeling, intuition or the daily lived experience of people. Again there are competing discourses here with both 'common sense' and 'scientific fact' being given prominence in different ways. Even, now and again, the two discourses will affirm the same 'truth' (Lancaster, 2001). The association of these forms of knowledge with the hierarchical male/female binary is shown by the frequent conflation of 'common sense' with the derogatory 'old wives tales' which are surely feminine, and conversely of well respected 'scientific theory' with

masculinity (Fox Keller, 1978).

Within feminist theory particularly, there is strong resistance to the limitations of the dominant interpretation of what constitutes knowledge and a movement to bring about the acceptance of other knowledge claims and validation processes. Maria Mies identifies a number of different forms of knowledge, each with their own ways of conferring validity: scientific; practical; everyday; political; self-recognition; critical; theoretical; social (Mies, 1991 p 77).

The need to validate emotional knowledge as legitimate is one area of concern, especially as women's knowledge is too easily dismissed by the dominant discourse for precisely the reason that it is seen to be based in emotion not reason. The need for "passionate scholarship" has been put forward by Barbara Du Bois (1989) bringing to the fore the way in which passion, or emotion, is inextricably linked with value (Jaggar 1996). The dominant discourse which argues for dispassionate, objective knowledge creation is simply disguising the passions and values in support of which such knowledge is created.

"Far from precluding the possibility of reliable knowledge, emotion as well as value must be shown as necessary to such knowledge .... Race, class and gender shape every aspect of our lives, and our emotional constitution is not excluded. Recognising this helps us to see more clearly the political functions of the myth of the dispassionate investigator."  
(Jaggar, 1996. p 177)

There is a strong link here with the work of Paulo Freire (1985; Freire & Macedo, 1987) who believed that without an emotional connection learning could not take place. In a similar way Jean-Francois Lyotard put forward the notion of a "libidinal economy" highlighting "the powerful feelings that condition the way we communicate and act" (Williams, 1998. p 26) and urging that these can never be fully captured in an expressible form even while they are the basis of all our actions. There is also a link with discourses which stress the value of marginal perspectives as Jaggar proposes that women's experience of "outlaw emotions" and the

dissonance created by these is what spurs women on to examine dominant knowledge claims more critically.

“women’s subversive insights owe much to women’s outlaw emotions, themselves appropriate responses to the situations of women’s subordination.”  
(Jaggar, 1996. p 184)

Part of the concern here is to validate the importance of emotion within culture and knowledge creation. Emotion is, within the dominant tradition, seen as a feminine quality and one which is often used to undermine the value of women’s contributions, opinions and experiences. An example would be the history of the notion of hysteria (Ehrenreich & English, 1979). Emotionality is often portrayed as a ‘Bad Thing’ in comparison to rationality which is a ‘Good Thing’ (Sellar & Yeatman, 1931) because of this connection with the feminine, with the exception of male-identified emotions such as anger. The way in which men use emotion as the basis of knowledge needs to be stressed rather than simply focusing on the femininity of the characteristic. Feminist interpretations of psychological theory, for example, see men’s difficulty with emotion as a weakness, a defensive mechanism which restricts rather than enhances their capacity (Hollway & Featherstone, 1997).

Another strand which is relevant to this discussion is the work of Mary Field Belenky and her colleagues on the concept of “connected knowing” (Belenky et al, 1997). They place great emphasis upon the role of empathy in women’s knowledge construction and their validation of knowledge claims. This mirrors the work of Patricia Hill Collins (1996) on Black feminist thought which has a similar emphasis. In both cases the authors build their argument by starting from the concrete experiences of women’s daily lives, exploring the way knowledge is constructed by women rather than beginning with existing theories. Rather than ignoring the counter evidence presented by women’s knowledge constructions in order to maintain existing (dominant) theory, they take the bold step of constructing new resistant theory based upon women’s dissonant experience. Thus they take the first deconstructive step of reversing the usual binaries (male/female and white/black),

but perhaps do not go far enough to achieve their displacement.

I think this was an area in which we were quite clear in our thinking during the design of Stressbusters. Our rationale for the focus on stress as the central topic of the course was precisely because we saw this emotional feeling-knowledge as decisive in determining human action. Looking back at the earlier sections of this chapter I notice that I use the terminology of emotion and feeling to describe the evolution of the course and the project: it began with our discomfort and frustration rather than with a rationally argued position. This is not coincidental or irrelevant but reflects a deep sense that this form of knowledge is extremely influential.

To provide one more autobiographical vignette I return to my adolescent period. Despite my lack of traditionally feminine preferences, I nevertheless absorbed many of the lessons on femininity which our society teaches women.

“As women, many of us have been taught to efface ourselves as a matter of course .... The absence of a sense of self, of one’s value and authority, and of the legitimacy of one’s needs and feelings is a hallmark of femininity as it has been defined in many patriarchal contexts.”

(Sawicki, 1991. p 106)

I knew that I was meant to care for others, to be amenable, not to cause trouble or offence and I struggled with the guilt which came with the failure to abide by these rules. During my teenage years my mother was in the later stages of emphysema and I was expected to take on any of the household tasks delegated to me through her incapacity. I was also intimately involved with a family in which a young child was dying of leukaemia for whom I provided childcare and emotional support. The effort of juggling the competing requirements of these two roles gave me great insight into the ways in which women feel permanently guilty and inadequate for not caring enough, not managing to cope with all the demands and responsibilities of their roles as carers. This lesson was made all the more emotionally powerful by the fact that of course, in spite of my efforts, both my mother and the child died.



There is another connection here to our frustration with information-based health education: information, or reason, is insufficient to bring about change. It must be linked with emotion in order to create personal relevance. I will return to these issues in Chapters Three and Four.

### **Undoing the mind - body split:**

In addition to breaking down the separation of emotion and reason, efforts have been put into removing the distinction between mind and body which has been dominant since Descartes first suggested it. Increasingly it has become accepted that body and mind interact, but there is still a need to see these as part of a single, indivisible entity which can be understood in two (at least) ways. The “bodymind” (Scott, 1997) can be understood as both energy (thought) and matter (body), in much the same way in which light is described as both matter (particle motion) and energy (wave motion).

The field of modern allopathic medicine or health has been one in which this mind/body dichotomy has had particular influence as so much research focused only on the physical body or the psychological mind without bringing these two ways of understanding together. More recently the division is breaking down, for example, the physical effects of thought and emotion, or state of mind, are being demonstrated. Musselman has shown that depressed patients have more sticky platelets than those who are not depressed, this being a significant risk factor for heart attack. Treatment with an antidepressant resulted not only in the lifting of mood, but in a reduction to normal levels of the sticky platelets (Musselman et al, 1998).

In relation to stress similar linkages have been shown between mental and physical health, with the addition here of a social element to the explanation. Effective networks of social support can cancel out the physical risks posed to health by some hazards (Oakley, 1985; Litwin, 1998; Hawe & Shiell, 2000), while the feelings of failure induced by an increasingly competitive and unequal social milieu have been shown to have significant impact on mortality (Wilkinson, 1996). These theories see

knowledge as both individually and socially mediated, as having both rational and emotional content. The work of Susan Greenfield adds another layer to the picture. She proposes that it is in our rationality that our individuality lies, and that when we become flooded with emotion we also lose our sense of individual selves as our rational minds are ignored in favour of sensation (Greenfield, 2000). As a neurophysicist, Greenfield provides a biological basis to explain the attractive power and interconnection of individualism and rationality within Western culture. Biology also gives rise to the ongoing debates about the relative importance in the creation of a human being of nature (genetics) and nurture (culture/experience). These debates have relevance to the calculation of health risk in relation to human behaviours which is picked up in Chapter Three. They also show the strength of yet another dichotomy in structuring our knowledge of ourselves.

The explosion of interest in alternative or complementary medicine which draws upon other patterns of knowledge creation and validation may be seen as a reaction against the strength of the binary divide between mind and body. People's dissonant experience of themselves as 'bodyminds' leads them to seek out a theory and accompanying practice which does not dismiss this as invalid. In doing so they discover that there are many ways of constructing the world and the concept of health other than the dichotomous theory currently holding the dominant position within Western culture. They find these other theories fit with their experiences in ways which that dominant theory does not, even while the reverse is, of course, also true (Hill, 1979).

Within feminism the bodily experience of women has been important in the identification of dissonance in respect of mainstream theorising. There is considerable emphasis upon the different bodily experience of women as justification for feminist theory (Firestone, 1970; Daly, 1979; O'Brien, 1981; MacKinnon, 1982, 1983). While guarding against the pitfalls of essentialism, this bodily knowledge does need to be accounted for: as in such notions as 'gut instinct' and knowing something 'in my bones'. The dangers outlined in respect of the validation of emotional knowledge as simply feminine would also apply to this

project, as women have been strongly, and negatively associated with the physical, the natural and the excesses of the body.

An underlying theme here is that of control. Value is placed upon the control of the body, and of emotion, by the strength of the mind and reason. To be emotional is to be out of control, and some control of our physical body is essential to successful social interaction (Giddens, 1991); the way in which we achieve this control is seen by Judith Butler as a continual performance (Butler, 1990). Control is almost synonymous with repression in this context, the end point being to eliminate the effect of bodies and emotions in favour of 'pure' reason. In Chapter Four I explore the nature of and motivation for the women's desire for control in different contexts.

One example of this sort of knowledge could be 'experiential knowledge' which comes from having experienced something, having been through it physically, learned how it affects our bodymind. This learning is not simply theoretical, in the mind, but engraved in our body as something we know how, and what it feels like, to do. Geras calls this "performative knowledge" (1995, p 115). The way in which our fingers remember a telephone number in their movement over the keypad is an example. Another obvious example is a physical skill such as riding a bike, driving a car or swimming which have both physical actions and mental thought processes entwined in their achievement. But it is also to do with the psychological, emotional aspects of learning, that we learn to trust our own judgment, believe in our own skills and senses, and that this in turn enables us to act, which we could not do without such belief. The field of sport provides ample evidence of the importance of this kind of self-belief to achievement: athletes are urged to visualise their success, to imagine winning and so help bring it about. The importance of this personal, lived (or imagined) experience and the knowledge it creates is picked up again in the chapters on women's lives and on health education theory and practice. Acknowledgement of this type of knowledge underlies the importance we placed on issues of building self esteem, confidence and self worth as the necessary foundations for behaviour change.

Within health education this particular dichotomy is reflected in the insistence upon behavioural (physical, bodily) change as the desired measure of outcome, and a minimising of the significance of emotional or psychological change which may result from educational initiatives. The discourse of empowerment to some extent reverses this valuation seeing the latter as necessary in the achievement of the former (Freire, 1972; Minkler & Cox, 1980; Zimmerman & Rappaport, 1988; Wallerstein et al, 1997; Snehendu et al, 1999). I have already touched upon these issues earlier showing how we wanted to move beyond the usual behavioural formulations, and they recur in Chapter Three which explores the nature of health education in depth.

#### Bringing things up to date.

So far, I have referred to personal experiences which are well into the past. My life now is of course connected firmly back to the memories I have already shared and I feel it is important to complete the picture by indicating some of the personal issues which arose during the course of this research, as they too have affected how I have developed my thought.

This research was not the only enterprise in which I was involved over this time period. I was busy with other tasks and responsibilities which created distractions and brought additional insights. The funding for the research was not sufficient to live off, therefore I was still involved in other work which necessitated periods away from the research, interrupting the flow of thought and concentration. In my personal, emotional life I was also coping with serious issues: my father was diagnosed with terminal cancer and my partner developed a chronic debilitating illness. Both individuals required significant physical care, absorbing my attention for several weeks at a time. The expected death of my father, followed quickly by the unexpected death of my partner's father brought up many negative emotional echoes from my past.

The impact of this upon the research was noticeable to me. My vulnerability increased dramatically along with my sense of being unable to meet all the demands of personal and academic responsibility. I felt overwhelmed and disempowered, even while my basic confidence remained firm. I rushed from interviews to the bedside without taking time to consolidate my field impressions, especially in relation to my role as participant/co-facilitator within the course sessions. I have good memories, strong impressions, but no detailed notes: a serious weakness. When I also had to find a new supervisor these vulnerabilities affected the way our relationship became established and required time to unravel and work through, providing an excellent example of the need to address emotional knowledge. At our earliest meeting I felt she was implying that my research was shallow and poorly undertaken; a criticism my emotional state primed me to hear. She felt, on the contrary, that she could criticise me precisely because I was doing well and understood many of the basic issues at stake. I left this meeting feeling dejected, misunderstood and disempowered as I had found no voice in which to express my own opinion or my impression of what was being said. Luckily I also felt strongly that my supervisor could not really have meant what I felt she meant, that my faith in her understanding could not be that misplaced, nor my faith in the quality of my work. This impression was reinforced by those people who formed my wider support network. I felt strong enough to bring the experience up at our next meeting and it was partially resolved, a process completed when my supervisor subsequently brought up her continuing concerns about the experience as well.

This experience helped me to crystallise some of what I had attempted to avoid within my own interviews. I did not want to leave the women feeling that they had no voice, that I questioned their abilities and opinions, that their point of view was untenable, or that they had been unable to express it due to the vulnerability they felt in the face of my questioning. This emphasis on remaining aware of the emotional impact of my work undoubtedly affected the conduct of the interviews, even if I did not succeed in achieving my goals: for example, I did not feel it was my place to appear critical so I probably missed opportunities to probe more deeply. These concerns are dealt with in the next chapter.

I emphasise these experiences with some trepidation. I do not wish to appear incompetent, rather to stress the messiness of the research process and progress. It was not a smooth, linear progression along a pre-ordained and well-ordered pathway. It happened in spasms with sudden spurts of movement and understanding interspersed with periods of fallow. I choose that word deliberately to invoke the sense of a fertile rather than barren rest period. The research was an integral part of my life but sometimes not its central focus. However the various experiences overlapped and sent ripples into each other, touching off new ideas, new interpretations, making me sensitive to different nuances. That I kept them quite separate at the same time is shown by the fact that none of the interviewees knew of my father's illness and death, nor even of the existence of my partner. This perhaps shows the conflict created within my own life by the co-existence of two forms of knowledge construction and validation: the emotional and the rational. It is another example of being in two subject-positions at once, occupying two standpoints.

### Conclusion.

The themes which I have developed in the latter part of this chapter, in particular those relating to postmodernism, are threads which run through the remainder of this work. The understanding of knowledge construction and the nature of the scientific enterprise which has been laid out here underpins the positions developed in subsequent chapters relating to research and health education, and the nature of the processes which are involved in these activities. To a certain extent each of the following chapters presents a deconstruction and reconstruction of my position in relation to particular aspects of research and health education.

**CHAPTER TWO**  
**DO YOU SEE WHAT I SEE?**  
**INTERVIEWS, INTERPRETATION AND REPRESENTATION**

Introduction.

Within this chapter I will describe the nature of the research which I undertook for this thesis. It is inevitable that the meanings I draw from my findings, the implications I see within them, remain my own constructions. However, through an exploration of the notion of validity in relation to the particular actions I have taken and interpretations I make, I hope to show that my conclusions are sufficiently warranted to receive serious attention. In this respect, the chapter title might well be better as: Why should you trust what I say I see?

This chapter deals with three major aspects of the research process. Firstly, I describe the research strategy and methods, outlining the steps I took to ensure procedural validity, insofar as this is useful. Secondly, I explore the nature of interviewing as a research method in general, followed by consideration of my particular interview style and process within this research. The implications which these particularities hold for the validity of the research are explored. Lastly, I deal with the manner in which I have interpreted my data and the ways in which I am representing others within this research which also have a bearing on the validation of the work. The chapter ends with a summary of the validity issues raised.

It seems wise to begin with a few words on terminology. Validity and reliability are key terms in the research vocabulary. Within the positivist, quantitative tradition their meanings are relatively clear and widely accepted (Kirk & Miller, 1986; Maxwell, 1992). However, the field of qualitative research has given rise to a lively debate as to the relevance of such concepts for this different style of research. Other terms have entered the vocabulary: confidence; warrantability; validation; trustworthiness; coherence; comprehensibility. These terms indicate a philosophical

division between those who feel that certainty is possible and that we can have 'true' knowledge of the world 'out there'; and those who believe that as we always construct our knowledge of the world 'out there' this must remain in the realm of the probable and cannot achieve the status of certainty. For this latter group, the previously clear water of validity discussions has become distinctly muddy. In the previous chapter I have explored the different interpretations of the notions of objectivity and subjectivity to which a similar division gives rise. There are clear connections from there to the discussion of validity in this chapter. I do not belong in the 'certainty' camp. I do not believe I am uncovering the 'truth' about the world 'out there'. However, I accept that it is my responsibility to expose as fully as possible the grounds upon which I have built this particular construction of how the world 'out there' might be, in order that others may judge whether they find it useful or believable. To return to the question of terminology, therefore, I have tried to remain cautious in my vocabulary, but the terminology of certainty has a habit of creeping in now and then.

#### The Research Strategy - a brief description.

There was little in the way of complication about the research strategy utilised for this relatively straightforward qualitative study. I chose semi-structured, in depth interviews as the main data collecting strategy. This choice was made upon the grounds that it would be most appropriate in obtaining the desired information about the women's thoughts, feelings and opinions in relation to the Stressbusters course. Interviews appeared to offer the opportunity to achieve an optimum balance between a researcher-directed inquiry and respondent-directed discussion. I had areas in which I was particularly interested to gather data yet I did not want to predetermine all that might be said or considered of importance. The loose structure of an extended interview which covered a guide-list of topics, yet did not strictly adhere to a specific order or wording, seemed to offer me both possibilities together (McCracken, 1988; Lee, 1993; Renzetti & Lee, 1993). The fact that several interviews were undertaken with each woman over an extended period of time also



offered the potential to backtrack and/or revisit topics at a later date. A fuller discussion of the nature of interviewing is provided later in this chapter. The topic guides for the first, second and third interviews are presented in Appendix A. For the fourth interview I re-read the previous interview transcripts and picked out significant themes or issues to follow up on an individual basis with each woman.

In the original design for the research I intended to contact the Stressbusters participants and carry out the first interview prior to the start of the course. This proved impossible due to the indefinite information concerning the number (or even the existence) of participants before each first course session occurred. As a result I decided, along with my colleagues who were facilitating the courses, to attend each first session and to interview the participants between the first and second sessions of the course. The explanation of my role and the nature of the research was made an integral part of the first Stressbusters session. One result of this decision was the implication that the women's participation in the research would be automatic, although I was careful to state clearly that they were free to refuse. We chose this approach in order to maximise the participation of the women in the research. We were under an obligation to our research funders to obtain a minimum number of women, and, initially we were unsure how many courses we would be able to run or what proportion of the women might be willing to participate in the research. In the end a total of five courses were run and twenty-five women participated in these, either fully or partially. Of these all but two also took part, either fully or partially, in the research interviews. One woman actively declined to take part and another attended only one mid-course session. The table in Appendix E provides some general background details about the circumstances of the women.

Appointments for the initial interviews were made at the end of the first course session and these all took place before the second weekly course session. For the second round of interviews, the appointments were made at the final course session, except in one case where the appointment was made by telephone. These interviews took place within a week or two of the end of the Stressbusters courses. For the third and fourth interviews I contacted the women by telephone to set up each

interview. These occurred approximately three and six months after the completion of the Stressbusters courses. The majority of the interviews were one-to-one, but the participants of one course initially requested a joint interview and this became the pattern for their subsequent interviews also. The number of participants in this group interview varied from two to five according to their availability. In one of these interviews the group included a woman who had not participated in the Stressbusters course herself. This woman was a coordinator of the centre in which the course took place. All the interviews took place in a location chosen by the women and at a time convenient to them. The relevance of these points will be explored below in relation to my attempts to undertake 'empowering' interviews.

With regard to the women's participation in the interview series, shown in Table One below, the discrepancy between the total number and the number interviewed is mainly accounted for by the fact that some women did not complete the course, and/or the inability to find a mutually convenient time for an interview. Sixteen women completed all four interviews.

Table One: Involvement of Stressbusters Participants in Interview Series.

<b>Course &amp; Numbers</b>	<b>1<sup>st</sup> Interview</b>	<b>2<sup>nd</sup> interview</b>	<b>3<sup>rd</sup> Interview</b>	<b>4<sup>th</sup> Interview</b>
<b>A (4)</b>	2	5	3	2
<b>B (6)</b>	6	5	5	5
<b>C (6)</b>	6	5	5	5
<b>D (6)</b>	4	3	3	4
<b>E (3)</b>	2	1	1	1
<b>Total Numbers (25)</b>	20	19	17	17

Alongside the interviews I utilised other methods of data collection. I was a participant/co-facilitator in four of the Stressbusters courses, attending as many sessions as I could given my other work and personal commitments during the fieldwork period. The decision to become a participant in this way was made

through discussion with one of my facilitator colleagues. In reviewing the first course, she felt that I was in danger of missing illuminating information about the process through which the Stressbusters course impact was created, which I would be unlikely to capture or understand simply through a post-course interview. I will return to the complexities of my multiple roles within the research process later in exploring the relevance of my personal relationships with the women to questions of validity.

Table Two below indicates my presence as a participant/co-facilitator in the Stressbusters course sessions. In two cases the course was shortened from six to five sessions due to the need to coincide with the school term.

Table Two: Researcher's Presence as Participant/Co-Facilitator in Stressbusters Courses.

Course	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
A	present	absent	absent	absent	absent	absent
B	present	present	present	absent	absent	present
C	present	present (part)	present	present	present (part)	
D	present	present	present	present	present	present
E	present	present	present	present	present	

I made use of two exercises which occurred within the Stressbusters course, collecting the outcomes of these as data. During the first session, the women jointly created a collage on the subject of stress, which was displayed as an aide-memoir during later course sessions. I photographed all of the collages and managed to preserve two intact originals. (Copies of four collages are presented in Appendix B.) In the second and final course sessions, the women completed a behavioural and stress related diary (listing such items as cigarette and alcohol consumption, dietary fruit and fibre intake and exercise) as part of their exploration of reactions to stress. I collected these from most of the participants and added a third diary completed at the end of the third interview. (An example is presented in Appendix C.) One

woman felt her diary sheets contained information which was too personal to share and she was not happy for these to leave her own control.

Throughout the process of obtaining funding for the research, my colleagues and I had struggled with the predominantly quantitative understanding of research held by the funding committee to which we had applied. While the completion of these diary sheets was incorporated into the Stressbusters course, and was useful in illuminating the cycle of response to stress, its inclusion was a result of perceived pressure to produce some quantitative evidence of change. We felt the promise of numerical data which the diaries held out was important in proving our willingness to 'count' and that it would not disrupt the course to obtain this data in such a fashion. The questionable nature of the data resulting from completion of the diaries in relation to quantification of health behaviours can be seen in the following comments made by Lucinda as she reflected upon her diaries from the second and sixth course sessions.

"well, we checked the diaries didn't we, and I found out that I was telling lies, but not realising that I was telling lies .... 'cos I was saying that I was having 10 to 15 cigarettes a day and I certainly wasn't .... when we did the final one, well, I was like, what? am I smoking more now? But I'm not. Because I've cut down. But on the diaries I was smoking more now than I was then, so obviously I must have been smoking a lot more then"  
(Lucinda: Second interview)

As the diaries were self-completed and retrospective, there is no means of validating the numerical data they contain, and so no means of discovering whether Lucinda was correct in her interpretation, or whether, in fact, she was rationalising her apparent failure to reduce her cigarette consumption. This unreliability, which makes using the numerical and behavioural data from the diaries problematic, provides a small example of the difficulty of ensuring the validity and reliability of research findings. Lucinda's measure of her cigarette consumption was unreliable, giving a different answer on separate occasions; and invalid as it was questionable whether she had in fact measured her total cigarette consumption.

Finally, I interviewed the four facilitators involved in the running of the Stressbusters courses after the completion of their course, to gather their opinions as to the nature of the educational processes at work and the impact of the course upon the participants. I also organised one focus group discussion with the intention of mixing participants from different courses in order to discuss the differing facilitation styles. This was unsuccessful as those women who were able to attend the session came from two courses run by the same facilitator.

#### Efforts taken to validate the research process.

Within discussions of research validity, it is common to focus upon the importance of methods and procedures in ensuring that research findings are valid. This is especially true within the quantitative, positivist traditions of research. The common proposition is that by following the correct procedures, which remove any subjective element from the work, one produces results which are untainted, revealing the 'true' nature of the world 'out there' and so ensuring their validity.

“Modernism pretended that it could go beyond politics. If only it could be rational, objective, scientific enough, it could be value-neutral, could tell us who we were and what we were really like. Oh, those books on methodology: sociology's answer to religion. How to maximise validity, exclude bias, and so on.”  
(Fox, 1993. p 123)

In a postmodern world, and from within the feminist research tradition, this position is difficult to uphold. Both postmodernism and feminism question our ability to reveal anything other than partial, limited understandings of the world which owe much to the particular circumstances and history of the producer and little to any assumed 'objective' reality beyond this. Similarly, qualitative research often focuses on topics which by their very nature are open to multiple interpretations which depend upon the location of those concerned in their production.

Procedural criteria, from this standpoint, become less valuable in ensuring the

validity of research findings. We cannot obtain access to the 'true' nature of the world 'out there'. There are no procedures which can remove our subjective perspective, and so we are forced to look elsewhere to ensure the validity of our findings. As Peter Reason has it:

"There are no procedures that will guarantee valid knowing, or accuracy, or truth."  
(Reason, 1988 , p 231)

It is also the case that even within the positivist tradition of the physical sciences many important discoveries have come from the abandonment, deliberate or accidental, of procedure.

This is not to abandon the importance of procedural issues altogether, simply to stress that in and of themselves they cannot ensure the validity of research findings (Angen, 2000). Nevertheless, there are procedural elements within qualitative research which are accepted as important safeguards against potential misinterpretation of the data. Examples of such procedures would be: undertaking member-checks; the use of triangulation; subjecting work to peer review; and remaining self-reflexive throughout the research. Within my research strategy I attempted to make use of these procedural safeguards in the following manner.

#### **Triangulation:**

Triangulation occurred through my use of interviews and participant observation; through the serial nature of the interviews, especially the fourth interview which consisted of a reflection upon issues raised in the previous three; through the inclusion of the collages and stress diaries in the data collected; through the interviewing of both Stressbusters course participants and facilitators. These multiple strands to the research strategy allow added weight to be attached to those findings which occur over and over, as opposed to those which only occur through one form of data collection, or from one source. (Within this work I do not draw upon the data from the facilitator interviews.)

Once again, I would enter a cautionary word, as it is also the case that one-off data may, in fact, be extremely illuminating. The frequent occurrence of an item does not necessarily equate with its importance. Drawing on a variety of data sources, over an extended period of time, provided me with a number of vantage points from which to consider the impact of the Stressbusters course. It may not be possible to weave these into a single, complete picture, however. The value lies more in the way in which a fuller explanation may result, or contradictions may be unearthed through such a strategy (Silverman, 1993).

### **Member-checks:**

I employed member checks in a very loose fashion during the interviews when I reflected back to the women my understanding of their previous statements either earlier in the interview, in previous interviews or during the course sessions. An example of this comes from Averil's fourth interview:

*"If I think back to the first talk we had, you seem to feel, from what you say, there are more areas of your life where you are in control of it and you feel, not in control totally, but you've sort of got a good handle on it*

*Yes.*

*And, you know, that's something that must be quite satisfying really.*

*Yes. I feel a bit stronger in myself now, as well."*

*(Averil: Fourth interview)*

[In all interview quotations my own words are presented in *italic* type. Four dots .... indicate data has been skipped.]

The conversational, turn-taking nature of the interview also naturally provides this type of confirmation, to a certain extent (Peräkylä, 1998). As the example of turn-taking shown below illustrates, it can also provide a mechanism for more naturalistic probing.

*"And again, is that partly because being a parent is a very responsible role to have? ....*

*Yes, I think, yes it is. You are like responsible, like all through the week so every now and again you go whooo and fling the shoes off*

and say I'm not a mum tonight and have a laugh, I think you need it.  
*And then earlier on you were saying the difference between being the mum and being the dad. Does it ever frustrate you that being the mum just means that you do all of this whereas being the dad doesn't seem to mean it?*

Yes. Yes it does. But like we do talk about it and I do carry on, bang my feet and that .... but then at the same time if S---- said .... I'll do everything, I wouldn't allow him to. So I'd still have that worry that he wasn't doing it.

*.... you nevertheless think you're better to do it really, than anybody else?*

Oh yes. Definitely. .... not that he wouldn't do it deliberately .... but S---- would think oh, it's only the poll tax, I'm not paying that ....  
*And again, I mean, that comes back to where you said about being in control.*

Yes.

*If you've done it you know you've done it right?*

You've done it right (laugh) can't trust a man with anything!"

(Adrienne: Fourth interview)

At the point of producing the report for the research funders, I offered several opportunities for the women to comment upon my interpretation of their experiences (an issue I will return to later in considering the difficulties of the representation of others).

### **Peer review and self-reflexivity:**

With regard to peer review and self reflexivity, I believe I have attended to the need for the latter throughout the research and the production of this thesis. I have discussed the research process and findings at conferences, meetings and with colleagues. In addition, I have taken into consideration all those 'peers' whose written work I have drawn upon in producing this thesis, attempting to elucidate the ways in which my understanding both differs from and is similar to theirs.

As a final word on procedural validity I have mentioned above how I tried to regularise the manner in which I recruited the women into the research, and contacted them for each round of interviews. The existence of an interview guide for the first three rounds of interviews was another attempt to regularise my approach and improve the consistency of the research. However, I found my use of



the guides varied from interview to interview and I hardly ever used the same words. Their use was partly dependent upon the talkative-ness of each individual woman - an issue I return to below. This means the guides had less importance and so less relevance to the overall trustworthiness of my findings. In checking back through the transcripts I find that I often referred to it in my lead in to the first question of the first interview; or at the end of an interview I would round off with a reference to completing "my little list". However, there is little explicit reference to the guide within the body of the interviews, except for once when I lost the thread:

*"OK, fine. I'm doing my questions all in the wrong order here, I'm getting confused (pause)"*  
(Second interview with Averil)

In the fourth round of interviews I had a separate guide for each woman, devised by re-reading the previous interview transcripts to identify issues of interest, and I explained this in each case. This drew upon the validation offered through member-checks and triangulation, as well as providing an opportunity for reflexivity to both the researcher and the interviewee.

#### Interviews as a research method.

The use of interviews, especially semi- or unstructured, in-depth interviews, is a common method among feminist researchers. Indeed, since the work of Ann Oakley (1981) the interview is often perceived as **the** feminist method, notwithstanding her later work on quantitative methods (Oakley, 1992; Reinharz, 1992; Kitzinger & Wilkinson, 1997; Williams et al, 1999).

The reasons for this are several. Quantitative, statistical research was perceived by some feminists as being too much a part of the traditional, mainstream, patriarchal culture and thought patterns to be of use to feminist researchers, who were assumed to be seeking the subversion, if not the overthrow, of this system. Qualitative

research was felt, rightly or wrongly, to be less tainted with this disadvantage, and so interviewing was seen as an appropriate method for a feminist researcher to employ. Oakley argued that woman-to-woman interviews were especially effective in obtaining high quality data due to the shared subordinate position of the woman-interviewer and woman-interviewee, which reduced the hierarchical distance between them and enabled them to achieve a rapport (Oakley, 1981). She also advocated reciprocal sharing of personal information by the researcher to amplify this distance-reducing effect still further; this being a stark contrast to the advice given to mainly quantitative survey-interviewers to remain aloof and avoid sharing any personal information at all, in order to maintain their objectivity.

Other arguments for the success of interviewing as a feminist research strategy highlight other presumed characteristics of women in their explanations: women like to talk, spending time sharing confidences with each other; they are used to professional intrusion into their private lives, most often in the form of medical intervention; they are not used to being listened to in a serious manner or having their opinions sought, or taken seriously. All of these characteristics, it is argued, mean that they are both willing and eager to talk when the opportunity occurs, especially to a sympathetic female listener (Finch, 1984). This position is reinforced by Giddens' contention that all humans are constantly engaged in the reconstruction of their selves via conversation and discussion.

"All human beings continuously monitor the circumstances of their activities as a feature of doing what they do, and such monitoring always has discursive features. In other words, agents are normally able, if asked, to provide discursive interpretations of the nature of, and the reasons for, the behaviour in which they engage."  
(Giddens, 1991, p 35)

The interview is perhaps simply a more formalised and focused opportunity to engage in this "discursive interpretation" and to reinforce our constructions of self.

More recently, these representations of women in the interview process, and their simplification have been criticised. While women may have their sex/gender in

common, there are many other characteristics in which they will differ; race; class; sexual orientation; educational background; social status; and these are significant in structuring the relationship between any two individual women. Any one of these differences, depending on its visibility, may assume more importance than the similarity of sex/gender in the relationship between a woman-interviewer and a woman-interviewee (Ribbens, 1989; Edwards, 1996; Bola, et al, 1998).

The nature of the power dynamics between a woman-interviewer and a woman-interviewee is complex, dependent upon a wide range of factors, and it is important to make these explicit, in so far as this can be done (Wise, 1987). The two are in relation to one another, each affecting and being affected by the other, and more may be learned if this relationality is made visible (Burgess-Limerick, 1998).

Another important contribution to this debate is the idea that the rapport between the interviewer and interviewee is a fluctuating, changeable factor, rather than something which is established at the beginning of an interview and remains static from that point on. Green (1998) describes how her relationship with her interviewees, HIV positive men and women, deteriorated in most cases when she addressed the issue of health rather than any other topic. The obvious difference between her, as an HIV negative individual in good health, and her interviewees, outweighed any areas of similarity (although there may be other explanations for this).

“This would suggest that rapport is most difficult to establish in areas where the difference between interviewer and interviewee is most marked.”

(Green, 1998. p 125).

Lastly, it is important not to allow an ideal of non-hierarchical relations between women to obscure the power differential between a woman-researcher and the women she is researching. In most cases, while power may be held by both sides in various ways and at various stages of the research, in the final stage, of the production of a written report, it almost invariably rests with the researcher (Ribbens, 1989; Martin, 1996).

### **Attempting an 'empowering' interview:**

The importance I placed upon ensuring a positive feel and atmosphere during the interviews finds an echo in the following comment from Marianne about the Stressbusters course overall.

"And you see, you made excuses for everything that we did wrong, that was lovely! You found good, whatever we said, you found good in it, and that was a change, because everybody kind of *Punishes you for it?*

Yes, and you make excuses and you gave reasons and it's not the end of the world that this didn't happen, you know, and that was brilliant."

(Marianne: Second interview)

My initial understanding of what an 'empowering interview' might be like was rather undefined. Simply put, it was that I was determined that the interviews should not undermine the mood established in the Stressbusters course, rather that they should complement it, provide still firmer grounds for each individual woman to feel valued and to have her capabilities recognised. This understanding drew upon my previous experience of feminist research with its emphasis upon validating women's perspectives and providing the opportunity for shared reflection, analysis and construction of knowledge (Stanley & Wise, 1983; Reinharz, 1992; Kitzinger & Wilkinson, 1997).

In some ways this reflects my own ambivalence about undertaking this research. The primary concern for myself and my colleagues was to provide a health education intervention, the Stressbusters course, which we believed would have value for those women taking part. The decision to undertake the research was secondary to this practical concern. The pressure to undertake the research arose out of a desire for 'evidence' which would justify our belief in our approach to other (sceptical) professionals. To have this 'evidence' - a research report - could mean that we were more likely to be able to raise funding for the delivery of future courses, and so benefit more participants. This was especially true given the current

concern for evidence based practice within health services (Sackett et al, 1996; Bandolier, nd). What is clear from this description of the origin of the research is the consequent need for me to be aware of the distorting influence of such a strong bias in my interpretation of the findings. In such a context, the search for contradictory, negative evidence needs to be demonstrated to enhance the trustworthiness of my conclusions (Miles & Huberman, 1984; Kirk & Miller, 1986; Hammersley, 1992; Silverman, 1993).

The ambivalence I have mentioned extended into the detail of the research plan and the way in which I perceived my research role. In preparing for the interviews I felt I had a clear justification for my inquiries relating to the course and its impact upon the women, if any, but I felt uncomfortable with how far this might take me into their personal lives. I had no wish to probe into areas which caused discomfort to the women or were distressing for them to discuss, yet I had to acknowledge that sensitive topics were likely to come up given the focus of the Stressbusters course on individual responses to stress. Patti Lather refers to this ambivalence over "obscene prying into the lives of others in the name of science" implying it is a not uncommon feeling (Lather, 1993, p 678).

My strategy for dealing with this dilemma was to keep my own focus on the course-related questions and attempt to probe only those areas of each woman's personal life which they brought up themselves during the course of the interviews, or which had been discussed in a Stressbusters course session and which I could therefore presume they felt were relevant to our discussion of the Stressbusters course and its impact upon them. I was constantly aware of a concern not to express direct disagreement, rather to try and explore the women's views through further clarification.

Alongside this concern for the women's privacy, ran a contrary concern not to predetermine the nature of the impact which the course might have through restricting my questions to only the topics I could imagine in advance to be relevant. This was a difficult balance to maintain, especially given the manner in

which my relationship with each woman developed over the period of six or seven months, moving from strangers, through our shared Stressbusters participation and the series of interviews, towards friendship.

My concern not to pressurise the women I interviewed has implications for my findings. One of these was that my attempts to obtain contradictory evidence were perhaps inadequate, as I did not push the women hard enough to achieve this. This was linked to the way this concern impeded my ability to probe. Where I felt a woman was reluctant to discuss an issue, I backed away, as can be seen in the following examples.

“Something happened over the Easter holidays which I can’t talk about  
*No, no.*  
But she was like crying all morning”  
(Jennifer: First interview)

*“What about things which are external to you, sort of outside your control but you think they still affect your health .... would there be?”*  
Yes.  
*What sort of things?*  
It’s a particular person.  
*Right. OK, so it’s an individual?*  
Yes.  
*As I say, don’t say more than you want to.”*  
(Alice: First interview)

However, some compensation for this lack of probing occurred due to my extended contact with the women over time, as many subjects which appeared sensitive at first were talked about openly in later interviews. Examples would be Alice who eventually talked in detail about the “individual” mentioned in the above extract: Edith who discussed a personal problem relating to her son’s health; and June who explored the strain she found acting as childminder to her friend’s children put on their friendship.

There is also the way in which my questioning within the interviews could seem

artificial when it concerned a topic already well covered during a course session. This is shown when I asked Averil for an example of how she had changed her routine since completing the course.

*"And would you be able to give me any examples of that?  
I'd given you an example the other week, didn't I, about my  
husband?  
Oh, right."  
(Averil: Second interview)*

As a result it is hard to determine, in any final way, the positive or negative implications of my decisions about probing.

### **Time and the changing power dynamics of the interview:**

The changing relationship which developed with each woman over time is indicated by comparing the first and subsequent interviews. Most of the women I interviewed in their own homes had clearly gone to considerable trouble prior to my arrival for the first interview: carpets were newly vacuumed; surfaces free of dust; children's toys (and children if at all possible) tidied away; and I was treated as a special guest. Neither the special preparation nor the special status were so evident in later interviews which were more likely to occur in the kitchen; alongside playing, often noisy, children; and amid the everyday tasks of motherhood and housekeeping, without, I must add, any loss of hospitality.

The designation of the initial interview as a stressful event by four women on the diary sheet completed in the second Stressbusters session increases the sense that this interview was different from the subsequent ones, as it did not appear in the diaries again. While one or two of the women comment upon the nature of the questions I ask in later interviews, they do not appear to find this stressful as such. As shown below, my questions make them focus on issues as they attempt to clarify their thoughts. (The presence of children may add to their difficulties in concentrating!)

*“how important is it to you, in that sense, that your kids grow up to be nice?”*

Not particularly nice, I just want them to be normal .... I just (pause) this is a bit of a one to get round. They will do it, I just hope, I think it's harder today because the things the kids are doing today are not like, we used to play knocking on doors and running away .... but it's like .... if they take drugs”

(Adrienne: Fourth interview)

*“Does it make you feel better then, to have that information?” (Child noisy)*

Yes, because it just gives you different outlooks on things instead of it being tunnelled vision, you have, it just opens. (Interaction with noisy child)

*Can you think of an example .... ?*

Well no, I couldn't say .... This is the harder session this one ....

Well, not hard, just .... Well, maybe just on relationships”

(Celia: Fourth interview)

“When she comes to writing this up she'll be saying, where did the meat come into it? (general laughter) .... well, we'll help you out there. Dora and Megan are the ones that are pulling all the men to bits. Lucinda and Penny are the ones that are pulling all the skinnymalinks of other women to bits and Lucy is the one that's just saying very nicely yes or no (more laughter) Mind you, we've made out Eleanor hasn't said a thing. Eleanor's the one giving the difficult questions.”

(Lucy: Second interview)

This appearance of ease and familiarity is a contrast to concerns expressed by some women during the first interview about getting the answers right:

*“I don't know whether I'm getting it right.”*

(Pamela: First interview)

*“I don't know as if I'm answering these questions right.”*

(Jennifer: First interview)

For another woman the positive nature of our developing relationship is clear:

*“Oh, I always have a laugh with you!”*

(Abigail: Third interview)



For Laura, by the time of the final interview, her commitment to the relationship was such that she overcame a desire to stay in bed and let the day take care of itself in order to attend our appointment. This energising effect was not achieved by the need for her children to get to school.

“So I lay, I waited till 8 o’clock and I thought I’ve got to now, otherwise they’re going to be late. Then I remembered I had to come here, and I thought, oh! Up! Now!”

(Laura: Fourth interview)

### **Attempting to reduce my own power:**

My own efforts to minimise the disruption I caused to the women, apart from the obvious ones of scheduling interviews according to their wishes regarding time and place, can also be illustrated by an example. The participants who chose to be interviewed in a group also designated their Parent Support Programme centre as the venue for the interviews. This meant that the day-to-day activities of the school were never far away. When I arrived for the second interview I found the women all involved in preparing sandwiches and fairy cakes for the Infants Xmas party that afternoon. Rather than immediately rescheduling the interview for a later date and leaving them to it, I stayed and helped with icing the cakes. Once everything was completed for the party the women were more than happy to spend time on the interview. Similarly, the third interview had to be rescheduled after I spent the afternoon watching the Easter Bonnet competition with the women instead (an unforeseen event when the interview date was set up). In both cases, my willingness to put my agenda on hold and join with the women’s priorities helped to establish a closer relationship. The interviews may have benefited from this, although that is hard to demonstrate, other than the comment from Megan that I was “one of them”. In a similar way I always accepted rearrangement of an individual interview when this was requested, although it was rare.

While these exchanges did not change our fundamental relationship, that of researcher and researched (with all the power imbalances these designations imply), I think they did allow the women to develop a more rounded picture of me and my

personality. My participation in the Stressbusters course provided a similar opportunity as I shared some of the stresses and strains of my own life during these sessions. This is not to minimise the differences in our educational background, life experience and social class/status. I will deal with reciprocity and self-disclosure more fully below.

The effect of such personal knowledge on the interviews is double-edged: while the women may have had more extensive and varied information and experience upon which to judge me and come to their own conclusions as to my trustworthiness, this very familiarity may also have made them less guarded in what they said than they would have been with an unknown interviewer (McCracken, 1988). Again, some examples show how powerful these effects may be: Marianne, during the fourth interview, referred to me as her "counsellor for today" when explaining my presence to her husband, and ignoring him while continuing to talk to me. Abigail referred to me as her "mentor" when we met at a local community event after the research was complete.

### **Confidentiality:**

The issue of confidentiality may be a confounding factor here, too. My efforts to reassure the women about this could be said to have been successful when measured against their expressed concerns on this topic. During all of the interviews, a total of sixty-five, a concern with confidentiality was only explicitly mentioned twice: in one initial interview and in one third round interview. Of course this may be interpreted as a reluctance upon the part of the women to openly question my trustworthiness, or, alternatively, as my having successfully made them forget their suspicions, rather than actually dealt with them. Their sense of security may also have been increased by the emphasis put upon maintaining confidentiality in the Stressbusters sessions during which they also shared a great deal of personal information. It is hard to ascertain the relative importance of these personal factors, as against the fact that I assured them of anonymity and the option of influencing the content of the report to the research funders if they felt this exposed them in any way.

### **Interview territory and power dynamics:**

Another dimension to this discussion of the power dynamics at work within the interviews is to be found by looking at the territory on which an interview took place and how this relates to the development of intimacy between interviewer and interviewee. In arranging all the interviews I left the choice of venue to each woman. I suggested that we could meet in the venue of the Stressbusters course (school or community centre), that we could meet somewhere else to be chosen by them (pub or cafe) or in their own home, whichever they felt was most comfortable and convenient. Twelve women decided that we should meet in their homes and nine that we should meet at the course venue. An interview which took place in a woman's home was clearly on her territory, placing me in the position of guest, and to some extent reversing the power dynamic of the interview situation. However, this potential was undermined by the possibility that the woman also felt a duty, as the hostess, to please me as her guest. A home interview also exposed the woman concerned as it allowed me into an area of her life to which I would not otherwise have had access. It also undermined the formality of the interview process through its association with more casual relationships and the intimacy of the setting.

As a territory for the interview, the course venues were more complex. For the women who chose to be interviewed together the course venue was so familiar it was like a second home. It was an environment in which they felt secure and in control, where their sense of ownership clearly placed them in the position of host but in which there was less danger of exposure of additional facets of their life which they did not wish to share with me. It allowed for an informal but not necessarily intimate relationship to develop. In other cases, all from a single course, my interpretation of their choice of territory was that they were aiming for neutral ground. This venue was an educational centre with a bustling cafe in which we could meet on an equal footing. There was little to offset the natural power dynamic of the interview in the women's favour, but equally no danger of inadvertent exposure. For these women the formality of the interview context seemed an important framework in which to set our relationship. It was all the more significant then, that Alice, one of this group, in her final interview felt comfortable moving the

interview from the cafe to my car when the former became too noisy. This was a move onto what was indisputably my personal territory and far more intimate than the course venue. I believe this territorial move became acceptable to Alice because she now placed me as her friend and confidante due to our interaction over the preceding months. The change is mirrored in the changed level of intimacy and personal exposure which this final interview demonstrates compared to the three preceding ones. (Here she is talking about the individual referred to in the extract used earlier from her first interview to show my lack of probing.) Her final four words, however, betray the persistent imbalance in the relationship.

“I keep bringing him up, but when it happens and the outcome, do you mind if I give you a ring and tell you?

*Not at all, not at all.*

How it went.

*No, I'd be interested, just because we've got to know each other really.*

But I mean, I opened up to you and I thought, oh I'd love to. So I'll either ring you up and say it was absolutely devastating, my life's now's not worth living and cheerio, or I've done it and, well, do you mind?”

(Alice: Fourth interview)

### **The women's placing of me:**

The choices the women made with regard to the location of the interviews can be seen as part of their conscious effort to place me within the usual context of their lives (Edwards, 1993). For some, this placement moved me in the direction of friend, while for others it kept me clearly in the position of researcher. The ways in which the women placed me betray the power balances they perceived within our relationship. It is clear that they virtually universally placed me in a superior position to themselves, as the following examples show.

Marianne and Abigail, as already mentioned, referred to me as their “counsellor” and “mentor” respectively. These are illustrations of the way in which I was placed as an ‘expert’ in relation to the women. I believe this came about partially as a result of my role as co-facilitator of the Stressbusters courses these women

attended, and partially through my role as researcher. My participation in the Stressbusters courses as a co-participant, revealing the stresses of my own life, did not undermine this status, nor did my lack of motherhood, given the importance of this role in many discussions (my midwifery qualification, it seemed, overcame this disadvantage to some degree in the women's eyes).

Lisa clearly positions me as better off economically than herself in the following reference to transport.

"There's nothing worse, and you won't probably have experienced this because you use a car, than standing at a bus stop with a .... blonde girl with a short skirt on."  
(Lisa: Fourth interview)

And Abigail sees me as being quite different to herself:

"I've had my few one night stands in the past like, and then you end up, aren't I terrible and this is all being recorded! (Laugh)  
.... *I don't think you're different from anybody else in that respect I have to say, me included.*  
Oh, go way, you're like me?"  
(Abigail: Fourth interview)

#### **Personal relationship with each woman:**

One last area to explore in relation to the factors at work in relation to the outcome of the interviews is that of the different personal relationships which I developed with each woman. I have no doubt that the interplay of individual characteristics and personal relationships between the women and myself had an important effect upon the nature of the interviews which persisted despite my efforts to be consistent. Perhaps the most basic characteristic here was each woman's talkativeness. I found the whole interview process much less daunting with those women who were naturally chatty, although I sometimes had trouble in bringing the conversation around to the subject of the Stressbusters course in these cases!

Abigail, Pamela and Marianne, all of whom I interviewed at home, epitomise this:

They would often begin talking as soon as they opened the door to let me in and they used the interviews actively to talk about issues of personal concern to them, as in Abigail's opening remark at our fourth meeting "There's been a lot happening I have to tell you about". As these personal concerns, in their capacity as stressors, were the subject of the Stressbusters course, I did not feel this lack of direct inquiry on my part reduced the relevance of what was said. In this situation I had few concerns about probing into sensitive areas, as the women appeared to bring up many issues of their own volition. The talk in these interviews flowed freely between the women and myself.

Jane and Janet (home interviews), Edith, and Alice (interviews at course venue) in her early interviews, provide examples of the opposite case. None of these women were chatty. They waited to respond to my questions, rather than volunteering their own topics of interest. They tended not to speak at length. In these interviews I felt I needed to carry the burden of keeping the talk flowing, and I was much more conscious of my ambivalence over probing. These interviews felt a little stilted and artificial.

With the remaining women the situation was mixed with elements of both reserve and chattiness appearing at different times during the interviews. It is also true that as our familiarity with each other grew, the relationship with all the women became easier. I felt that the final interviews, in many cases, achieved a greater level of intimacy (McCracken, 1988; Lee, 1993). This was not simply due to the length of the relationship. It also had to do with the way in which this interview was reflective in character. My feeling was that this gave some of the women a fresh enthusiasm, in contrast to the third interview which they had felt to be stale and repetitive. The fourth round of interviews were among the longest, and the third the shortest, which would seem to support this perception.

These differences in the style of each interview, and of my relationship with each woman, are relevant to a discussion of the trustworthiness of my data. As Jane Ribbens points out, questions which may appear "leading" in a structured survey,

have quite different implications in a long, non-linear, informal interview, in which an interviewee is able to maintain her own position despite the interviewer's words (Ribbens, 1989, p 582). Pamela provides a similar example of an interviewee putting me right about my misinterpretation of what she is saying.

"But she hasn't had a big relationship so, a lot of the things, I think, well, you know .... but what I mean is to rely on someone, you know, to be

*Well, it's like to have a security isn't it?*

Yes

*Like there's somebody there*

Yes, but what I mean is like (pause) when someone's got to count on someone, like I have to count on C---- for something or rely on him for something or trust him with something, things like that.

She's never had to do that"

(Pamela: Third interview)

### **Reciprocity and self-disclosure:**

Although the interviews were, on the whole, very informal, it is clear from the transcripts that they were not truly conversational. My contributions are mainly in the form of questions and clarifications, even though these were not couched in very direct terms. The pattern of interaction between myself and each woman varied. In some interviews the contributions from both sides are equally short and the feel of the interview is somewhat staccato. In others the women speak very little and in contrast, as time goes by, I speak for longer periods. In others again, the women speak for long, uninterrupted passages and my own contributions are minimal for much of the time.

I offered the women support and information as and when I perceived either a need or an opportunity to do so, but this was mainly given from my position as a health professional and their placing of me as 'expert'. At other times I attempted to support the women by using parallel examples of their experiences from my own life, but these remained impersonal to a large extent, and drew more on general, family-based experience than my own personal life. The occasions when I went beyond this, to reveal more personal aspects of my life are noticeable by their

almost complete absence. An exception is provided in an interview with Marianne where the discussion focused on bereavement and I made the following personal statement.

*"I remember when my mum died, I was only 18, and I didn't actually want to tell anybody anything, and one friend I had, who I didn't tell her even, and I thought somehow that she knew, you know, miraculous knowledge, and I didn't say anything. She was really cross with me and yet the evening that I spent with her was such a relief not to even have to think about it. And to have told her would have opened up all those emotions."*

(Second interview with Marianne)

This level of personal exposure was not something I repeated in a later discussion with Abigail, whose mother was dying, even though I was also then going through a much more immediate parental bereavement. I kept most personal information of this kind to myself in order to reduce the risk of exposure and subsequent vulnerability. I was under no pressure to make such revelations, and perhaps it is this which is the crux of the power differential within the interview context. While the women I interviewed were under no obligation to provide me with intimate details of their lives, the interview context is such that just this expectation arises for the interviewee which may be hard to resist (Lee, 1993).

#### **Myself as the research instrument:**

In this research, as in most interview-based studies, I became the most important research instrument. My ability to listen to what was being said, to capture the nuances of meaning and to follow up points of interest was extremely pertinent to the final outcome of the research.

*"The researcher is a 'variable' in the interview process in several ways. Researchers bring their own life experiences to their research, and they structure what the research is about .... interviewing itself is an interactive process. The women's accounts were the result of their interactions with me. The particular occasion for the telling of their stories was my intervention as a researcher. Moreover, their stories were also slanted by their perceptions of myself and the research."*



(Edwards, 1993, p 185)

It is this specific and individual nature of much qualitative research which makes it hard to apply the criterion of replicability in discussing its validity. In the preceding sections of this chapter I have attempted to expose some of the biases to which I am subject as an instrument of this kind. The introductory chapter gave a similar exposé of other personal characteristics of mine which will affect any research I undertake. Through these attempts at continual self-reflexivity I hope to strengthen the confidence which can be placed in my conclusions by making as clear as possible the various grounds, both explicit and implicit, upon which they are based.

The importance of tracing these effects, rather than simply stating my personal characteristics and no more, has been identified by Bola et al:

“it may lead us to a situation where every piece of research is prefaced by a ritual incantation of structural positions, rather than a real attempt to address questions about what difference this made.”  
(Bola et al, 1998. p 106.)

One important failing of which I am guilty as a research instrument is that of insufficient note-taking. This is especially true in relation to the Stressbusters course sessions in which I participated. I did not take notes during these sessions as I felt this would be too disruptive and would have a negative impact upon the quality of the sessions themselves. However, I also failed to make extensive notes immediately following the sessions, with the result that I do not have an adequate written record of what happened within them to draw upon. I have generalised notes and my personal memories, but these are of questionable adequacy in providing sufficient “descriptive validity” for my conclusions (Maxwell, 1992). The major reason for this failing was the pressure of personal circumstances during the fieldwork period, which I have detailed in the previous chapter, but this does not compensate for the absence.

## Issues of Interpretation and Representation.

In this section I attempt to trace the process by which I have moved from carrying out the interviews, through the analysis of their content, to the final choice of this particular representation of their reality and its meanings.

It is difficult to describe with accuracy the precise nature of the analysis process (Van Maanen, 1988; Coffey & Atkinson, 1996). It takes place over a prolonged period of time and is a far from linear process. That it is an idiosyncratic process is clear from the statement below, but this does not excuse researchers from the responsibility of attempting to describe their particular route through the maze.

“The exact manner in which the investigator will travel the path from data to observations, conclusions, and scholarly assertion cannot and should not be fully specified. Different problems will require different strategies. Many solutions will be ad hoc ones.”  
(McCracken, 1988, p 41)

For me, the process of analysing my data was an intensely physical one: I read and re-read the transcripts; I listened to the interview tapes; I wrote out summaries; I chopped, sorted and sifted through the data in various directions. The essentials of the process appeared to be twofold: to reduce the volume to manageable proportions while at the same time retaining all the nuggets of value and interest. This sieving means that much data is ignored. In searching for the deeper meanings of what I have found I lose the sense of breadth and scope which existed throughout the gathering of my data. This is inevitable, but it also means that not only could someone else obtain other results from my work, but, in another frame of mind, so could I. Given that “interpretation is an art, not a science” (Stein, 1997, p 231), then there are many pictures hidden in this research which I have not yet created, and probably never will.

### **The analysis process:**

For the interviews themselves I have both audiotapes and written transcripts to act

as a 'solid' base for the data I present. I can direct other people to these resources and I can be reasonably sure that they will agree with at least the major points of my interpretation(s) of their meaning. In Maxwell's terms, these tapes provide "descriptive" and possibly "interpretive" validity (Maxwell, 1992). But I have much more than these to help me in my own analysis. I have the memory of the interview experience; the sharing of jokes; the working through of anxiety or resistance; the sense of hospitality and budding friendship; the many different ways in which the women responded to and made use of my temporary presence in their lives. I cannot direct others to this material for it remains intangible to them, except through the filter of my presentation of it. Whatever notes exist have already been filtered in this way and so do not escape the criticism (Fox, 1999, p 181 - 184).

I have, also, the time I shared with the women as they undertook the Stressbusters course, time during which I was part researcher, part co-facilitator and part co-participant in the course. This provides me with a wider background of knowledge about the women and their lives which affects my interpretation of what is said within any particular interview. With several of the women my involvement with them continued after the interview process was completed, either through other activities in which we were both involved, or, in one case, through more personal contact initiated by them. Knowledge gathered from these extra sources is then impossible to separate from that gathered via formal research activities.

In reviewing my research data, therefore, this background may well have a profound effect upon the interpretations I make, but I am in no position to approach the data fresh, as if I did not know these other things. I will try and detail the process through which I have arrived at my interpretations, but some of the grounds which justify it cannot be demonstrated in any other form than my own assertion of their veracity. Their validation may then come from alternative frameworks, such as literary criticism: from the logic and reasoning of my arguments, their elegance and simplicity, comprehensiveness and coherence, and so on.

Typically for a qualitative piece of research I organised my analysis around a

number of themes. These themes emerged from my several readings of the interview transcripts during the overall process of analysis. The first reading was undertaken in order to check the accuracy and completeness of the transcription process whilst listening to the original audiotape. At this point I was not consciously focusing on the content of the interviews, yet I am aware that even so impressions and ideas were forming about the nature of the material. (Indeed these impressions had been forming since the idea of undertaking the research first occurred to me, my contemplation of the possible answers being the spur to carry out the work.)

A second reading of the transcripts took place with the specific aim of preparing a report for the funders of the research. In this reading I focused on those aspects which I knew the funders to be most interested in, namely the impact of participation in the Stressbusters course upon the women's health related behaviour. There were other aspects relating to the educational processes at work, and the internal rather than external changes which the women experienced, which I felt should be included in the report, despite my sense that I had not fully digested their implications (Hill, 1999). Discussions with family, friends and colleagues were instrumental in refining my analysis at this stage, as was the re-reading of the interview transcripts for each woman before undertaking the fourth and final interviews, which assisted me in exploring issues in more depth and revisiting earlier topics.

My awareness of the limitations of the interview transcripts as a record of the interview process was heightened at this stage when I wished to use audiotape extracts in a conference presentation. I picked out comments in the text which, when heard on audiotape, had a quite different meaning due to the woman's tone of voice or inflection. One particular comment has become my personal symbol for this problem: when asked to say how she would describe the effect of the course upon her to other women, Winnie answered:

"They won't believe the change it does make. I mean I would not have thought that it would have made a difference but it has"

(Winnie: Second interview)

However she said this in such a hesitant and uncertain voice that I did not wish to use it as an audiotape extract, feeling this completely undermined the apparent power of the textual statement. (In the end I used neither the text nor the tape.) In microcosm this illustrates how analysis and presentation can so easily distort the meaning given to a statement by its speaker, and so the problem of representation with which all researchers must grapple. It is a problem which has been noted by Anne Opie:

“The reproduction of the voice only in a transcript of the spoken word is inadequate .... a more powerful means of presentation should be found so that the voice actually speaking may be evidenced within the text.”  
(Opie, 1992. p 62.)

How to present what Winnie has said? Is she positive or negative about the course and its impact, or is she both at once? What is the cause of her ambivalence, does it have anything to do with the course or research, or is it part of her personality, the way she perceives the world? What implications can be drawn from her words and what from the manner in which these are said? How is my judgment about these decisions affected by my additional knowledge of Winnie and her personality? Doing justice to such a complex set of questions in a purely textual presentation still seems a distant possibility.

Up to this stage within my analysis I had relied on a simple ‘cut and paste’ process to select and group the extracts I decided were significant, using a wordprocessing package. Now, however, I felt unable to manage this process with the paper-based version of the transcripts I had used so far, and I decided to use a qualitative data analysis software programme, NUD.IST, to assist me in keeping track of the voluminous data and my various readings of it. I entered all the interview transcripts into the NUD.IST programme and began a more systematic coding process, taking each woman’s interviews in date order and progressing through the women alphabetically. I added codes as I felt this to be necessary as this work progressed,

although inevitably the codes arising out of the initial transcripts assumed some primacy in my mind. I consciously attempted to ensure that **all** the text was coded, although I did not quite succeed as I did not feel it worthwhile to use a 'dump' code such as 'miscellaneous' just to achieve this, and some small amounts of text could not be categorised in any way I found meaningful.

While I found the use of NUD.IST extremely valuable I have to say that I used very few of the programme's capabilities. I had not set up my analysis, or indeed the research project, with the use of NUD.IST in mind. This made it harder to formulate my analysis in terms of the programme's design. For the most part I simply used it as a paperless means of cutting and pasting my data into different groups and combinations.

Halfway through this systematic coding process I was interrupted by a work commitment overseas. I was reluctant to lose the momentum I had built up altogether, and yet I could not take my desktop computer with me to continue the NUD.IST analysis. Instead I took all the original transcripts away with me and reread these, writing out a narrative account of what was said and the issues which were covered. I then summarised these narrative accounts to try and distil out the major themes emerging from the many interviews, both those common across the women and those distinctive to only one or two of them.

Finally, I found that despite my careful coding, there were themes I had not yet captured to my satisfaction, so I returned to the data once again refashioning specific codes to accommodate my new understanding. This is not unusual or unexpected:

"The qualitative investigator expects the nature and definition of analytic categories to change in the course of a project."  
(McCracken, 1988, p 16)

but once again it highlights the mutability of qualitative research. The changes in my

understanding arose from a combination of reading and digesting the interviews, discussing their content with colleagues and reading the work of others in the same or related fields. Stimulation also came throughout the writing of this thesis, causing me to reassess my analysis in new ways, and look for 'missing' data.

In the same way, when I checked the diary sheets which the women had completed, or studied the contents of their joint collages with a particular theme or idea in mind, these could stimulate a change of perspective or a throw up a link I had not noticed. The way in which my noting of the presence of children or their activities as stressors on the diary sheets added to my understanding of the way in which the women saw their mothering role is one example of this. Another would be the way in which the collages contain many images of 'beautiful' people which the women said in the sessions was due to their frustration with being expected to achieve such an ideal. However, in the interviews, very little is said about body image or 'beautiful' ideals by most of the women. One possible explanation is the different contexts in which these discussions took place and the higher degree of vulnerability associated with the one-to-one interview when compared to the Stressbusters course sessions. This supposition is strengthened by the fact that the following powerful comment was made within the context of the group interview.

"Skinny women makes me really, they annoy me. There's no skinny woman. No. You go outside from the bedroom on the telly, and they're all pleasantly plump or fat. None of them are these skinnymalinks .... at one time, I'll be truthful, I felt as though I was the misfit, I didn't fit into the place, you know, because I wasn't a slim, blonde, baby-eyed woman, and it was very depressing for me. I honestly tried to do away with myself through it."

(Lucy: First interview)

My interpretation of any particular extract of text varied according to my own mood and preoccupations at the time of (re)reading. I could perceive many nuances within a single extract; choosing which it could be used to represent depended on factors other than simply its content. Some extracts are long and clumsy, others short and succinct; some have an attractive turn of phrase or imagery while others do not. Some women speak more on some topics and not at all on other topics.

Then there is the manner in which an extract is introduced and embedded in my own words which can significantly alter its impact on the reader. It is possible to leave the extracts free of commentary in the hope that they will speak for themselves, but, given the multiple interpretations possible, this is likely to result in the point I wish to make being lost (even if the reader gleans other valuable impressions from the presented extracts). Then there is the desire to use multiple quotations in the hope that these will help to illuminate the multifaceted nature of opinion/thought upon any one issue, as well as possibly the interconnections between one issue and another.

All of this emphasises the way in which my analysis of the data moves it well away from its original context and the meaning a speaker may have intended. This, of course, is an ongoing process which makes it impossible to feel I have achieved "a final analysis" in any real sense. John Van Maanen captures this feeling when he describes analysis as "not finished, only over" (Van Maanen, 1988. p 120), reflecting the manner in which we go on, and on, reworking, re-analysing and reinterpreting our work irrespective of the production of specific texts at specific times.

"Analysis is never complete. There are always more ideas and more lines of inquiry open to us than we can ever hope to exhaust."  
(Coffey & Atkinson, 1996, p 146)

These factors make it very difficult to achieve transparency with regard to the analysis process. The to-and-fro, back-and-forth, multi-directional nature of data analysis means that it is very hard to capture in a straightforward linear description. It is a non-linear process, with illuminating insights as likely to be generated by the chance overhearing of a comment on the bus as via a thorough study of the interview transcripts or other texts.

I can however, distinguish at least two different processes in which I was engaged during my analysis. In part I was concerned to confirm or disconfirm my existing understanding of the processes of health education. In the planning of the research



my colleagues and I anticipated certain kinds of impact would result from the course. Therefore in my analysis I searched for evidence which would confirm or refute these expectations. Chapter Three, on the nature of health education, draws primarily on this pattern of data analysis.

The second analytical process was not concerned with my pre-existing understanding in any way. Rather it lay in attempting to keep an open mind which would be receptive to the emergence of new ideas and unexpected connections. This pattern of analysis came much closer to the grounded theory approach advocated by Glaser and Strauss (1967). Chapter Four, exploring the relevance of motherhood and identity to health education, is an example of the results of this pattern of data analysis.

#### **Representing others through my words:**

A fundamental difficulty which faces all researchers is that of adequately representing the reality of those they have studied. What we hear and see in the words and actions of other people is selectively processed according to our own interests. This does not mean that it is not actually said or done, simply that we then do not know/notice what else was said and done. If data analysis is an inevitably reductive process, then the representation which emerges from it can only ever be partial. This dilemma is caught nicely by Sara Ruddick in respect of her work on mothering and peace.

“I believe that these ideas are ‘really’ there, to be found, in the thinking of some birthgivers. But I discover them there because, when I look at birth, I am already preoccupied with peace. People who look at mothering or birth with different aims would see them differently.”

(Ruddick, 1994. p 44)

Within feminist research there is also a high value attached to the actual statements made by the women who have participated in the research. The reasons for this are stated comprehensively by Kitzinger and Wilkinson.

“The reclaiming and validation of women’s experience has been central to feminism since the beginning of the second wave. In social science research, feminists have argued that men define reality on their own terms, to legitimate their experience, their own particular version of events. Women’s experience, not fitting the male model, is trivialized, denied or distorted; our perceptions are systematically pathologized; we are crazy women, imagining things, making a fuss about nothing. Feminism has involved, crucially, a reclaiming and naming of women’s experience, and a challenge to the male monopoly of truth.”

(Kitzinger & Wilkinson, 1997, p 566)

Westkott, in Nielsen (1990, p 64) emphasises how important it is to use women’s own perspective in making sense of their behaviour. To use the words which women speak has been one of the most important mechanisms for reclaiming and naming our experiences. It may also explain why member-checks are seen as relevant to the trustworthiness of feminist’s interpretations of data. Member-checking is seen as one way of ensuring that those whose words are written in a research report agree with the interpretations put on their words: that the result is representative of them.

Just before moving on to a discussion of the value of member-checks, I will make a small diversion. Given the importance of using the actual words which women speak, there is then possibly a contradiction in relation to the promises of confidentiality and anonymity given to research participants. With the changes to names and descriptive details, the tracing of any words to actual women is prevented. This is accepted as necessary in limiting the exposure of those who have shared personal details during the research. But the use of pseudonyms has had a strange effect upon me. I now have two sets of women in my head: there are the actual women with their actual names, with whom I interacted in specific times and places. Then there are the pseudo-women whom I have created, who have no actual existence and yet who take on lives of their own within my imagination, unless I work hard to control this. It is easy to feel too powerful and unrestrained when dealing only with pseudo-women, and important to keep the actual women and their actual names in the front of my mind, in order that I am constantly checking

against this barometer and not simply my imagination (although the border between these two may well be very permeable).

**Member-checks as a means to ensure representativeness:**

There is a real difficulty, even when a research project has been set up as collaborative from the outset, in devising successful mechanisms for the participation of research respondents in the production of written research reports. Most often, this is seen to be the responsibility of the researcher, who is, after all, being paid for undertaking such work.

“despite making diligent efforts to ensure equality of voice, I found that ultimate authority still resided with the researchers, partly because of the demands of the research process and partly because of the expectations of the co-researchers/participants”  
(Coyle, 1996. p 82)

Member-checking is one strategy employed to reduce the possibility of misrepresentation. This is a process through which transcripts or draft reports/articles are sent to the respondents within a research project for comment. Their interpretations are then incorporated into another draft and the process repeated until all are satisfied with the outcome. To do this is to place a heavy burden upon the research respondents, one which they may be unwilling to carry. Research respondents who have already given freely of their time to complete lengthy interviews may not be willing to extend this voluntary donation still further to include the review of draft reports. It is also entirely possible that they have no interest in so doing. It is a different proposition to participate in what may be seen as a ‘conversation’ as compared to the effort required to read and comment upon a lengthy report. Green (1998) describes the results of her efforts to include her interviewees in this stage of the research project.

“None, however, showed much interest in becoming actively involved in the research process, and only half of them accepted my offer of a copy of the interview transcript. Nor did any ask to see any of the published papers based on the research, and only one chose to attend a formal feedback session.”

(Green, 1998. p 125).

During my research, I circulated a draft of the report for the project funders to all the women involved. I requested their comments in relation to three specific aspects of the report: its accuracy in stating what the Stressbusters course could do for women; anything they felt should be said which was missing; and their satisfaction or otherwise with the level of confidentiality it provided. I offered the women three ways of returning their comments: I enclosed a stamped envelope for them to return written comments; I provided my telephone number for verbal responses and I set up four different meetings at which they could give feedback to me personally. I received two written responses, two women attended one of the meetings, and there were no phone calls. Informally, I received very brief comments from seven other women, either when we happened to meet, or via the course facilitators.

The difficulty lies not simply in obtaining feedback, however, but in the nature of the feedback which is given. The women who commented were all positive about the draft report, one woman, Pamela, describing it enthusiastically as “boss”, but there was little in the way of constructive criticism. One woman commented on this herself.

“I know that completely positive feedback is not so helpful as constructive criticism but I can’t think of any negative comments I can make!”

(Lisa: written feedback on draft report)

Although the report was not overlong, only 20 pages, and I believe most of the women read it with some interest, I do not think this extended to detailed, critical commentary. They had too many other things to do. Also they had only been involved in a part of the research, their own interviews, and so may well have felt unable to comment on the complete project or the experience of other women. Last, but by no means least, although I had said several times that their comments on the report would be desirable, it is probable that I had not sufficiently prepared them to take part effectively at this point. As the women were unused to the

procedures of academic research and writing, it is likely that there were issues around confidence and perceived ability which hindered their capacity to participate at this stage, not to mention the tendency to see what is written down as final.

“because of differences in experience and training - researchers and research participants have differing relationships with the data and have different frameworks for interpreting the experiences under study”

(Coyle, 1996. p 81)

Not the least of these differences is that the research project is central to the life of the researcher, shaping and influencing most aspects of everyday living, while for the research participants in the average, non-collaborative study, it is simply an occasional event, a few hours spent dwelling on a topic among the many other equally, or more pressing responsibilities they have. I sent each woman a copy of the final report which was submitted to the funders, and at this point I once again requested their comments. None were forthcoming.

There is, of course, the question of how and whether I incorporated the women's comments into my report. My requests for their input were very specific which perhaps minimised this difficulty, and the possibility of having to reconcile conflicting views. I did respond to one comment by altering the report to be clearer about the fact that some women felt little immediate benefit from their participation in Stressbusters even though they enjoyed the course.

With regard to the production of this thesis, I have not attempted to involve the women in any form of member-checking. The reasons are several. My experience with requesting their input in this way has not been positive. If reading a 20 page report was felt by the women as too demanding, then their reaction to the arrival of a 80,000 word thesis can easily be imagined. There is also the time required to make such a member-checking process meaningful. It would take untold hours of discussion with each woman to explain the theoretical background upon which I have drawn in producing this work. I do not believe I have any right to place such

an expectation of involvement upon them. Then there is the question of how I would resolve any disagreements which arose out of the process, to which no easy answer is available. Not only, then, are these demands significant, they also produce only questionable benefits in terms of the final product. Lastly, as Audre Lorde makes clear, there is the fact that I am responsible for my learning from this research and I am not free to oppress the women involved by passing that responsibility over to them through the spurious mechanism of member-checks (Lorde, 1984, p 113).

### Conclusion.

Primarily, then, this research is about me, about what I have learned from the women with whom I have spent time. This thesis incorporates parts of that learning which I believe are particularly valuable and so worth sharing with others.

The authenticity of my representation cannot be guaranteed through reference to the women whom I interviewed for the reasons I have explained above. Nor do I wish to claim for myself any particular status with regard to the wider relevance of my work. My discussions with these women, whether on the Stressbusters courses or during the interviews, were limited in scope. They dealt with only a small proportion of the many events and complex circumstances of the women's daily lives. As I have said elsewhere in this thesis, even for me the research does not equate with my whole life and understanding. It is not possible, therefore, for this representation to be anything other than partial. No greater claim for it is possible than that it captures some of the important aspects of what occurred as a result of the Stressbusters courses and these women's participation in those courses. In this sense it accords with Patti Lather's "voluptuous validity" which requires that research display engagement and self-reflexivity as well as being situated and partial in its conclusions (Lather, 1993, p 686)

The format of a PhD thesis is not known for its accessibility to a large population.

Therefore I have also been concerned to share my understanding in other ways, not least through a continued engagement with the practical delivery of Stressbusters courses. One important validation of this research may occur through the way in which it feeds into this practical work and so proves its usefulness (Angen, 2000). It may also be validated through the way in which it leads on to other new research studies, through its “fruitfulness” (Angen, 2000, p 389): or by the way it opens up opportunities for new meanings to be discovered and new connections to be explored, its “rhizomatic validity” (Lather, 1993, p 686). This type of validation remains to be proven by future events.

A final quality which is associated with the validation of qualitative research is its capacity to deal with complexity. Research which manages to weave together the multiple influences, connections and outcomes of human action into a coherent, yet complex and dynamic model is seen as more trustworthy than that which reduces, or ignores this complexity in order to produce a more complete and final model (Agar, 1999; Angen, 2000). I have tried in my explanations to embrace rather than deny such complexity.

In the end there are no guarantees, but I would side with Peter Reason in his belief that this should not prevent us from carrying on with our work.

“In the end applications of validity procedures come down to human judgment, what is practicable and what is ‘good enough’ given the aims and purposes of the project, the situation, and the existing state of practice. In human inquiry it is better to be approximately right than precisely wrong. It is also better to initiate and conduct inquiry into important questions of human conduct with a degree of acknowledged bias and imprecision, than to bog the whole thing down in attempts to be prematurely ‘correct’ or ‘accurate’.”  
(Reason, 1988, p 228 - 229)

I would also urge the reader to approach my work with “infinite suspicion” despite my “absolute commitment” to producing useful work (Welch, 1985, p 91).

### **CHAPTER THREE**

#### **HEALTH EDUCATION PROCESSES & OUTCOMES**

##### **Introduction.**

This chapter tries to unpick the workings of a complex process in that it traces the changes in my understanding of health education which have occurred through this research. At one level, this draws upon a straightforward evaluation of the impact of Stressbusters upon the women who undertook the course as this feeds into my understanding of health education processes and outcomes. On another level, I relate my own understanding to theoretical work within health and education through a critique of such work which highlights both its positive insights and shortcomings as I see them. A further, third, level is present in which I reflect on my own practice, as embodied in the original design of the Stressbusters course, and compare this to my current position arrived at through my intense engagement with Stressbusters during this research. Within this level I find that I both confirmed ideas which I already held and that these ideas evolved further in the light of my ongoing experience: each draft I wrote led to new perspectives and thoughts without entirely displacing my (pre)existing perceptions.

Some of what I found via this research, I already 'knew' through my experience as a health educator and my frequent reflections on the nature of health education, although I did not obtain this 'knowledge' via formal research. These ideas are there in the data, in the sense that I see them, and I believe others would see them too, but I cannot deny that I did find that which I expected to find as well as that which was partially or entirely unexpected. I have tried to deal with these issues within the previous chapter, but it bears a repetition of Sara Ruddick to emphasise this point.

"I believe that these ideas are 'really' there, to be found, in the



thinking of some birthgivers. But I discover them there because, when I look at birth, I am already preoccupied with peace. People who look at mothering or birth with different aims would see them differently.”

(Ruddick, 1994, p 44)

I have tried throughout this thesis, insofar as I can, to expose what I am preoccupied with and how this affects what I see emerging from this research experience.

I have organised my reflections around the examination of five beliefs about health education which were fundamental to my thinking at the outset of this project. In each case I trace the ways in which my experience of Stressbusters as researcher, co-facilitator and participant observer, my exploration of health and education theory and my interviews with the Stressbusters participants have contributed to the ongoing development of my views on the nature of health education processes and outcomes. These reflections form the background context from which I move on to explore one particular issue in detail within the next chapter. In summary, this chapter shows how I have used the experience of Stressbusters as a prism through which to (re)construct myself as a health educator, just as Chapter Four shows how the women used the experience as a prism to (re)construct themselves as mothers.

The five beliefs about health education I examine are:

- that health education is an individually and socially mediated process;
- that health education is fundamentally about achieving behaviour change;
- that health educators need to work within both lay and professional perspectives on health matters;
- that health behaviours are rationally and emotionally motivated and health education needs to address both of these aspects; and

- that health education achieves impact by providing opportunities for individuals, within a group context, to reflect upon variations in health behaviour and the differential causes and consequences of this.

### What's in a name?

To begin with, a word about the terminology which I use in this chapter. It is common in professional discourse to use the terms “health education/promotion” and “health promotion” rather than the now out-of-favour term “health education”. Health promotion as a disciplinary title emerged from the 1986 International Conference on Health Promotion in Ottawa, Canada (WHO, 1986). This reflected an expansion of the perceived remit of the activities of those trying to improve individual and population health and was linked to the emergence of the “new public health” (WHO, 1986; Ashton & Seymour, 1988; Turshen, 1989). It may also be seen to follow from the WHO definition of health which creates a situation in which everything becomes a concern of the health system (Antonovsky, 1979). The key characteristic of health promotion is its explicit focus on policy issues and the manner in which it conceives of health as central to and affected by all areas of human activity. The development of “healthy public policy” is an objective of health promotion: that is, policies which place first priority on health needs within all sectoral divisions, such as, industrial development, transport and communication, administration, etc.

“Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.”  
(WHO, 1986)

The scope of health promotion activity is very wide-ranging. Health education is best understood as a more focused component within the whole. The Ottawa

Charter emphasises the need for a focus on individuals within the overarching goal of a healthier society and sees “education for health” as integral to this:

“Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.”  
(WHO, 1986)

The Stressbusters programme which is the focus of this research is concerned with this more limited remit of “providing information, education for health and enhancing life skills”. I find the phrase “education for health” slightly clumsy, although it does maintain an explicit connection with the discipline of education, and I use the term “health education” as both widely understood and concise.

I am not excluding the wider health promotion framework, indeed this wider framework is encompassed in the specificities of the Stressbusters programme, rather I am trying to keep in mind the small-scale and lack of explicit policy focus within Stressbusters activities which may be obscured through use of the term health promotion. In the following discussion, however, I have drawn upon work which is designated as belonging to the theoretical development of both health education and health promotion, as well as that in the separate disciplines of health and education.

#### An extract from the Stressbusters Course Manual.

Within the discussion which follows I use an extract from the Course Manual (Hill et al, 1999), presented in Box 1 below, to represent my own understanding of health education at the outset of this research.

Health education theory is a contested area with various models or frameworks available to choose between; models and frameworks which span the theoretical

debates across both health and education as separate disciplines. The extract below does not represent a single coherent position within these debates, but rather reflects the manner in which I have selected from among these to suit my own purposes and according to my own desires. By using this extract as representative of my own position, and therefore of my own desires, I will attempt to make explicit the sometimes contradictory assumptions upon which it stands and to contrast the results with my present position arrived at via this research.

Box 1: Extract from Stressbusters Course Manual.

The distinctive characteristics of the approach taken in the course are shown below. The focus is on self discovery and discussion of experience, rather than on the provision of information.

- The course is holistic, aiming at improved quality of life not just alteration of negative health behaviours;
- It draws upon the reality each participant experiences rather than pure theory;
- It emphasises positives rather than negatives;
- It uses raised self-esteem and self-confidence as the basis for behaviour change;
- It concentrates on changing participants' responses to stress to more positive ones;
- It relies on the creation of mutual support networks;
- It is based upon experiential and adult learning principles (people are capable of making choices based upon their life experiences; learning is encouraged by a relaxed friendly atmosphere; learning sees the experience and ideas of the participants as the focus, drawing upon these rather than written and verbal inputs from the facilitator).

The course does not, therefore, focus on specific end products or information absorption, and learning outcomes reflect this .... It is assumed that the increase in personal understanding and experience obtained during the course, reflected in raised self-esteem, self-confidence and an improved self-image, are fundamental in enabling the participant to achieve a change in behaviour.

'Health education is an individually and socially mediated process.'

Given that health education must draw upon a model of health, and is intimately concerned with the promotion of particular conceptualisations of what it is to be

healthy, I will begin this section with a brief exploration of different models of health. The construction of such models has implications for the nature of health education and the individual or social mediation of health education processes. The nature of the health education which accompanies each model of health differs according to what is construed by that model to be a cause of ill-health or productive of good health. The brief discussion of terminology above illustrates this: the development of 'healthy public policy' is a concern of a broad socio-political model, while 'behaviour change' is associated with a more individualistic, disease oriented model.

### **Models of health - a brief exploration:**

Our understanding of what it is to be 'healthy' is socially, culturally and historically defined. The attributes, physical and mental, which are seen to be essential to the make up of a healthy person are neither predetermined, as in fixed and universal, nor external to our general process of meaning-making.

A brief exploration of the various available models of health makes this point clear. Historically our understanding of the nature of health, what supports it and what undermines it, has changed dramatically, just as it differs from one culture to another. The understandings of health found in India and China are fundamentally different from those of Europe. Equally, there are differences between the perspective of a homeopath and a practitioner of allopathic medicine in relation to the nature of health and what should be done to maintain it. As with any field, various discourses exist of which some hold greater power than others.

Within Europe, for example, the importance of the four humours - choleric, phlegmatic, sanguine and melancholic - and the need for balance between these to be maintained through actions such as blood-letting, has been replaced by germ theory and the need to protect ourselves from exposure to dangerous bacteria, for example by the prolific use of disinfectant and anti-bacterial agents. Each model of health brings its own politics in relation to the promotion of health and control of disease (Tesh, 1988) or, as Foucault (in Rabinow, 1984) might contend, each

discourse creates its own institutions and practices. Historically, within the Western context, there has been a heavier emphasis on understanding, treating and preventing disease than there has on promoting and maintaining health (Antonovsky, 1979).

One of the most important of these differences is the emphasis on balance and equilibrium among factors, compared to an emphasis on the presence or absence of a specified factor. The latter position links closely with the binary nature of Western understanding, the dichotomising tendency to designate items as either/or: we are either sick or healthy. The emphasis on balance, on the other hand, puts the focus on the state of tension, the dynamic, the constant ebb and flow which occurs between opposites, the way in which each is indispensable to the other (Hill, 1979).

Within dominant Western concepts of health one of the most significant dichotomies has been the separation of mind and body and the tendency to treat these as independent entities. This has resulted in the domination of a mechanistic model of health, emphasising bodily function and efforts at repair and replacement of the functioning parts.

This mechanistic view of the body contributes to what is known as the 'medical model' of health due to its strong association with the practices and philosophy of Western, allopathic clinical medicine. One tendency within this model is to deal with each disease separately, searching out the individual causes and cures, rather than dealing with the complexity of diseases together. This in turn is strongly linked with the traditions of the Enlightenment and positivism which present the 'scientific method' as one which, through its objective neutrality, reveals the true nature of the world, and is not contaminated by human social or political concerns. This can be contrasted with social and political models of health which focus on the way in which individual health is affected by particular patterns of human interaction and organisation. The positive impact of such interaction is shown by studies which reveal the protective effect of good social support networks (Oakley, 1985; Kaplan, 1991; Kelsey et al, 1996; Litwin, 1998).

A socio-political model of health looks beyond the immediate physical causes of disease, such as trauma, age-related degeneration or bacterial infection, to the broader picture of how patterns of ill-health are produced and maintained through the particular human organisation of a society. Differential access to resources and the consequent difference in the ability to "look after yourself" are key elements of such a model. Systems of human organisation create inequalities in health and in access to healthcare. These may be rooted in economic, educational, geographical, cultural, linguistic, class, gender or racial factors, or indeed any dimension along which a power differential exists. Or as Illich contends they may be the result of the workings of the system itself, as with iatrogenic disease (Illich, 1977). Even the nature of the services through which healthcare is provided will create a set of barriers affecting who uses the services. The literature detailing the nature, extent and impact of these social barriers on those who face them, not simply in terms of health but overall, is extensive. The following list is far from exhaustive:

*in relation to gender:* Doyal, 1979, 1995; Rodmell & Watt, 1986;

*in relation to class:* McKeown, 1976; Townsend & Davidson, 1980; Whitehead, 1988; Walt, 1994; Wilkinson, 1996; Wilkinson & Marmot, 1998;

*in relation to colonialism:* Fanon, 1968; Said, 1978; Morley; Rohde & Williams, 1983; Sanders, 1985; Navarro, 1986; Verhelst, 1987; Werner, 1988; Macdonald, 1993; Rohde; Chatterjee & Morley, 1993; Hall, 1997b;

*in relation to race:* Moraga & Anzaldúa, 1983; Torkington, 1983; Anzaldúa, 1987; hooks, 1991; Mohanty et al, 1991.

In many ways it is the existence of such inequalities which creates the ill-health (Wilkinson, 1996) as individuals and groups measure their own position against that of others and interpret the result. Evidence for this assertion comes from studies such as those showing that the health of the UK population was better during World War Two, at which time rationing ensured a degree of material equity and the need to defeat the enemy ensured a social spirit of egalitarianism (Wilkinson, 1996). Our understandings of health and what it means to be healthy are socially mediated through various discourses relating to our physical and moral wellbeing. Dominant discourses carry more weight (isn't it interesting that in this instance

weight is a positive characteristic whereas for actual bodies it is negative?) and so those whose experience differs from the dominant expectation struggle to maintain their sense of positive health in the face of unattainable goals. They feel isolated, marginalised and misunderstood as they try in vain to find echoes of their own perspective in the way health is portrayed around them. At the same time they attempt to live out the healthy values being promoted in a context which does not support success. This struggle can undermine both physical and mental health. The power of these socially mediated understandings of health/ill-health can be seen in theoretical models of health education, such as the Health Belief Model, the Theory of Reasoned Action, the Health Action Model and the Foundations Theory of Health which attempt to incorporate the existence of such social pressures. I will return to these later in the chapter.

All these models have been elaborated by academics, but there is a strong similarity in lay models. Of course, the two are mutually interdependent: academics theorise on the basis of lay understandings which in turn become altered by the (re)incorporation of academic theory, which is recycled, for example, via popular media such as women's magazines. In a similar process, we each build our individual concept of health out of the various socially constructed versions to which we have access.

These models of health are both individually and socially constructed: an individual's model will retain broad similarities with others in her/his culture but may also have significant personal idiosyncrasies. I will now return to my consideration of the individual and social mediation of health education.

**My original position - the Stressbusters process of health education:**

Within the extract in Box 1 various assumptions are made about the processes through which health education works. Certain phrases emphasise a social element to the process, for example, "**creation of mutual support networks**" and "**experiential and adult learning principles**". Others focus on the individual, but with an emphasis on characteristics which are inherently social in that they involve



comparison of self with others, for example, **“self discovery”**; **“self-esteem”** and **“self-confidence”**. And yet others focus entirely on the individual, such as **“behaviour”**; **“responses”** and **“people are capable of making choices”**.

Overall there is more emphasis on social processes, with the individual aspects being glossed over. The extract places health education firmly within the arena of group activity, and its links to a social model of health are quite explicit. Recalling the origins of the course, as described in Chapter One, I can see how I was caught up in a binary pattern of thought. I was frustrated by the individualising of health education and so I moved away from this to the opposite position which declared health education to be a social activity.

What remains hidden, but nevertheless important, is that I continued to utilise a more individualistic model as well. The word ‘self’ occurs several times, as does the reference to behaviour and participants’ responses to stress. There is no acknowledgement of the processes through which these individual changes will be wrought. What is missing from my understanding is the need to combine the social and individual models, to escape the binary opposition, and accept the contradictory position of using both models as valid. At the outset of this work I was not prepared to admit to the extent to which health education needs to be an individually mediated process, albeit that the individual is always embedded within a social context.

The other characteristic which seems noteworthy as I reflect on the extract is my lack of any explicit political grounding of the health education process. The social model which clearly underlies my position is usually associated with combatting inequality and removing disadvantage, but these more political concerns are absent from the extract. Just as the need to translate social processes via the individual is glossed over, so is the possibility of conflict inherent in bringing individuals into groups. Once again my desire to promote one side of a binary divide appears to affect my ability to deal openly with the complexity of the issues.

I will now move on to explore the women's models of health and opinions concerning health education, as expressed during their interviews. My recognition of my own contradictory positions, as outlined above, owes much to their open acceptance of such a state of affairs as natural.

### **The women's models of health:**

That the women involved in this research have a complex understanding of health is clear from their comments on the topic.

"OK. Oh, a healthy person, yes. I suppose like diets, someone who doesn't take drugs, has got a job and is happy."  
(Jane: First interview)

"To me a healthy person is somebody who can get up in the morning feeling as if they've enjoyed a good night's sleep, feeling refreshed because they have slept well and, you know, get up out of bed without any stiffness or aches and pains and then can go on to do their day's activities without getting very tired or out of breath or, you know, headaches, aches and pains, stomach aches and so on. Able to sort of, after a day's work, relax, then enjoy the evening, not worry too much about what's happened during the day, put their work worries to one side, enjoy the evening and go to bed and sleep well again. Also somebody who's, accepts there will be stress in their lives and deals with it fairly competently .... somebody who's a reasonable weight for their height .... somebody whose internal organs, heart, liver and kidneys and so on are functioning properly."  
(Lisa: First interview)

The model of health which emerges from these comments includes physical behaviours or symptoms (diets, drugs, reasonable weight, aches and pains); and mental attitudes (happy, enjoy, relax, not worry); it concerns function (internal organs) and ability (do their day's activities); and it connects with both individual and social purpose (job, work). Health is not an all-or-nothing state but ranges along a continuum from very good health to very poor health. This model seems to be more in tune with a salutogenic approach than the dominant pathogenic one (Antonovsky, 1979).

When asked what made or kept them healthy, the answers from the women on the Stressbusters courses were primarily connected with behaviour: having a good diet and taking enough exercise combined with the avoidance of tobacco and alcohol consumption were the most frequently cited responses. This reflects the dominant health education discourse, flowing from the predominant medical model of health, which sees this primarily as disease-avoidance, and focuses on these areas due to their links to heart and lung diseases and cancer. However, although the women are familiar with this particular discourse, and accept its general premise, this is not done without qualification. They refuse the interpretations offered by this model and incorporate aspects of other models as they see fit.

“I think to make a healthy person probably they’d have to have a good lifestyle, wouldn’t they? Be able to eat the best foods and alcohol limit and all this, you know, in safe quantities. But I mean that doesn’t always work does it, there are people who die before they should, and have been perfectly healthy .... you could be a fanatic fitness freak and then die of a heart attack tomorrow in bed”  
(Averil: First interview)

“There’s a woman up the road from me, her life revolves around exercising and she’s practically lost her family through it .... and if you do too much exercise you become stressed up. And what about them joggers? Jogging in the morning, jogging in the evening and dropping dead the next minute. Too much exercising”  
(Lucy: First interview)

“S----’s grand dad smoked from when he was 9 and he lived till he was like 90 odd .... My sister and her husband don’t smoke at all and their kids suffer terrible with their chests, they’ve got asthma and my kids don’t suffer at all with their chests and we’ve both smoked and you think, well, where is it?”  
(Adrienne: First interview)

These examples show how the women struggle to incorporate dissonant experience into the dominant explanations for good health: death happens to those who follow the rules and those who do not may live to old age. This personal knowledge is weighed against what is said within the dominant discourse to be ‘true’, and the resulting contradiction informs the women’s reactions. They do not worry

overmuch if they cannot follow the 'right' behaviours, as they know other factors are also at work. Indeed, when they talk of these 'right' behaviours it is often with a wry humour as they are aware that they do not do what they are stating is healthy. Part of what is happening here is that the women are resisting the dichotomising tendency which separates all behaviour into either good or bad and which forecloses any discussion over the nature of health itself. Their understanding of the mixed nature of any particular behaviour is more ambivalent:

"I do eat healthy but I also eat sweet things as well. (Pause) And when I've been good I'm thinking about food all the time and it just drives me round the bend. I can do it for 2 to 3 weeks and I just .... I'm thinking about them all the time instead of just eating a few a day and that's the end of it. .... I do things sometimes, (laugh) all that broccoli I eat, I shouldn't maybe, I wonder why, or the fruit, .... You know, when you think just, because I eat loads raw. I'm most probably killing myself with the chemicals that, but I mean that had crossed my mind as well .... I'm washing it .... but I do enjoy eating that"

(Celia: Fourth interview)

The above comment highlights another difficulty with health education: achieving health seems to be based upon the denial of all pleasures - food, drink, excitement - and yet these are what make life worth living, and so make up an important part of the concept of health. The awareness that an item is forbidden may be enough to ensure that we deliberately seek it out. Celia describes the effect upon her of her prohibition of sweet things, which although voluntary is also at the instigation of others: "it just drives me round the bend .... I'm thinking about them all the time".

This resistance to instruction is clear in the following two comments:

"As far as I'm concerned I'm going to be a big slob. I'm sticking to chips and cakes and crisps and chocolate whether it's good or bad. And they tend to ram it down you like. They do, every time you turn round there's someone doing 'don't eat this it's bad for your health', 'don't drink this it's bad for your health!'"

(Lucy: First interview)

"Then the stress builds up which makes the condition I have worse, but I'm quite a stubborn person. I know I've been told not to do

this, not to do that, to do this and do that, and I still do them”  
(Alice: First interview)

The first of the two comments above also highlights another issue which the women confront: the constant change in what is recommended to maintain health according to the ‘experts’. The prohibitions and instructions come thick and fast, as Lucy puts it “every time you turn round”. Along with the dissonant personal experiences mentioned above, awareness of this variation adds to the difficulty which the women have in assimilating all they know: what was good becomes bad and vice versa. Rather than simply accepting the version of health which is most widely diffused via the dominant culture (Giddens, 1991), they move toward developing their own judgements which both reject and incorporate the dominant view; leaving them space to enjoy even forbidden pleasures on the grounds that there is no definitive good or bad behaviour. This characteristic admirably illustrates the interplay between the social and individual levels in relation to the processes of health education.

“I do try because I’ve been in poor health for the past two years and so I mean, I’ve learned that to me before I was ill, to go on a diet was basically for how I looked. Now I realise that eating is important to your health, it’s not just to how well you look and what size clothes you can get into, so I try to eat very healthily, try to eat plenty of fruit and veg, not too much protein and to avoid all junk foods, but obviously I fall by the wayside. (Laughter)”  
(Lisa: First interview)

Not only is Lisa struggling to accommodate the discourse about healthy eating, compared to her personal taste, but here she is also dealing with the dominant ‘body beautiful’ discourse relating to feminine size and shape, to which the same ambivalence can be detected.

### **Do the women see health as political?**

To a certain extent, the women’s comments indicate an element of political analysis in their model of health. They are aware of the pressures upon them to conform to externally given standards. They react to these pressures both positively and

antagonistically. And sometimes they show an awareness that their ability to achieve a standard is beyond their own control due to the nature of the society in which they live. This is most often in relation to the cost of being healthy: buying fresh fruit and vegetables, for example, or paying to use a gym or swimming pool. It is in relation to economic barriers that they move most easily into using a political model of health. However, this political analysis is not especially strong, and often they express guilt at failing to meet the standards set out for healthy behaviour. This guilt is to some extent a side effect of the division of health behaviours into categorically good or bad. (This pattern of reaction is explored more extensively in Chapter Four.)

This division into good and bad, as already mentioned leaves no room for discussion about health itself. The feeling of guilt which is induced when we indulge in 'bad' behaviour has a similarly foreclosing effect in that it paralyses our ability to think differently. We castigate ourselves for weaknesses over which, in actuality, we have no control and focus on our limitations rather than our potentials. Even while we can see the inadequacy of a good/bad designation, we still feel the pressure to act only in 'good' ways. Such is the power of discourse to shape our understanding in particular ways, even as we resist that shaping. We get caught in patterns, or cycles of behaviour, which are difficult to break out of, as a comment from Lisa, when asked about a time when she found it hard to be 'healthy', indicates.

"I think the best time is when you've got into the swing of it you know, you've got into a good routine and you feel settled and you think this time, this is me for life now, but something happens and it all goes by the board and the bad habits very, very quickly set back in .... I keep on with the bad habits until somewhere along the line I can get back on track again .... I seem to get back into the right frame of mind where I think, right, .... you want to be slimmer, you want to be healthier .... but until the time's right again I might as well forget it but I don't. I still mither myself about it."

(Lisa: First interview)

For the women whom I interviewed, then, their own constructions of health had both social and individual origins. They made use of the resources offered via health

education activities in this construction process, although this influence can be hard to trace directly. But they also remained ambivalent about the value of the health education advice which was offered or available to them. They accepted the social endorsement of certain behaviours as healthy while retaining their own, possibly different opinion as to whether this was true for them individually.

I will now move on to critique different models of health education in relation to their incorporation of both individual and social aspect within health education processes.

### **Health education theory - a critique:**

I will examine four widely known models of the health education process. In each case I will highlight the way in which the model engages with the social and individual nature of health education, and the adequacy of its resolution of the potential contradictions to which this nature gives rise.

I will begin with the simplest of these models, the **Health Belief Model** (Becker, 1984; Janz & Becker, 1984). This model states that whether an individual complies with a health education suggestion depends on the interplay of four beliefs. These beliefs are held individually, and clearly operate within a predominantly medical model of health. I must believe that I am susceptible to the disease/condition in question; I must believe that it is serious; I must believe that the action designated as healthy will actually be beneficial and/or protective; and I must believe that the beneficial effects of the action will outweigh any negative ones.

This theory says little about the origin of my beliefs and so makes no room for the operation of competing belief systems. It presents a binary option only: I believe this or I do not believe this, with the attendant consequences for my behaviour. It fails entirely to address the social nature of health education processes, presenting these as operating only at the level of the individual. As such, this model appears inadequate and requires no further comment. I will move on to consider models which do attempt to deal with the social nature of health education processes, for

example, at the very least the need to address the origin of the beliefs referred to, and preferably, the existence of competing beliefs to explain health behaviour and the need to deal with the potential conflict between these.

The **Theory of Reasoned Action** (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1985) brings in a social dimension to the way in which health behaviour is individually determined. (This is a helpful move away from the individual/social dichotomy.) Within this theory individuals are seen as always embedded within a network of social relations of “significant others”. This network of relations impinges on an individual’s behaviour via their assessment of how others will react to what they do. Thus the individual is constantly weighing up the need to meet their personal needs and desires with the impact on others of any action they take in achieving this goal. The model presents the decision-making path in relation to health behaviour as follows: attitudes to any behaviour are based on a set of socially mediated beliefs about it; individual motivation to change is affected by the anticipated reactions of ‘significant others’; actual behaviour results from the complex interaction of these two associations.

A simple example helps to show this model in action: I am a smoker, I live in a family of smokers and most of my friends are smokers. I have built up a set of beliefs about the impact of smoking upon me which includes my understanding of the strong association between smoking and heart and lung diseases. However, on the whole my attitude to smoking is that its dangers are over-rated and its pleasures under-valued by the health establishment. I also believe that I will be subject to constant ridicule and temptation from my family and friends should I try to stop smoking. This would make it hard to succeed, leaving me open to further ridicule and self criticism for failing. Thus my motivation to change is minimal and I have no intention to do so, resulting in my continued smoking.

This model provides a nice example of the flip-flop motion required if a theory is to avoid the pull toward binary oppositions: first there is an individual belief, then some social impact upon this, then back to the individual, and so forth, in a constant



dynamic tension.

The next theory takes the social aspect out beyond immediate family and friends to the role of society at large in formulating our beliefs and attitudes. The **Health Action Model** (Tones, 1987a; 1987b) emphasises the workings of three feedback systems in the way we make decisions about health behaviour. These three systems encapsulate the whole of our societal beliefs, values, morals, ethics, etc, in their historical and cultural specificity, providing a very complex understanding of health behaviour. The three systems are the Belief System, the Motivation System and the Normative System.

The power of these systems to affect us can be seen in the way Tones divides health behaviours into three types: routines, quasi-routines and discrete, single time choices. The first type are so well supported by all three systems that we do not even think about them once we have learned to perform them, usually as children. What these behaviours are will vary from society to society according to the local perspectives on the nature of health. Examples are: washing hands before eating; covering the mouth when coughing or sneezing; differential uses of the right and the left hands in relation to personal hygiene, etc. Quasi-routines may be seen as those behaviours for which there are contested positive and negative grounds, which are seen to have beneficial effects by/upon some and harmful effects by/upon others. These are habitual behaviours but not as unthinkingly done as routines: we are aware that their appropriateness varies according to the context and so we make judgements about when to indulge. The contested nature of these behaviours and our related judgements highlights contradictions within and among the three systems which form the background to all our decisions. Examples are smoking, drinking, dietary habits, exercise regimes, etc. The third type of behaviour is the discrete, single time choice for which the three background systems provide no coherent support or condemnation. In effect these are left to individual discretion being insignificant to the workings of society at large. Examples are when to make an appointment with the dentist, whether to eat organically grown produce, or whether to use a complementary therapy.

While this theory encompasses a complex view of the interrelationship between an individual and society in determining health behaviour, the third type of behaviour and last group of examples highlight one of its shortcomings. The theory implies that there are decisions which are unaffected by the three background systems and simply dependent upon an individual preference. Yet our ability to make certain discrete, single time choices is constrained by our access to resources which include, but are not limited to, knowledge and information. A more political analysis is lacking which would expose the patterns of privilege and oppression which underlie many of our decisions about health behaviour.

The current unequal distribution of power and resources means that society is structured in such a way as to severely curtail the room for manoeuvre of certain groups and individuals - women, Black people, homosexuals, disabled people of various kinds, and those living in poverty. One result of this curtailment of their potential is that their health is undermined, and their individual room for manoeuvre is extremely limited. Seedhouse argues in his **Foundations Theory of Health** that it is the task of health promotion to restore the foundations of health for precisely those groups of people for whom current social arrangements undermine it (Seedhouse, 1997).

Seedhouse presents a model of health which bases this upon four foundations:

- i) the meeting of my basic needs such as food, shelter, warmth, and the existence of a purpose in life:
- ii) access to information concerning all things which influence my life:
- iii) the skills and confidence to assimilate such information, assess its application to me, and make decisions to act upon it:
- iv) recognition of the socially embedded nature of all individuals and the embargo against improving my foundations for health if this impinges negatively on another's foundations.

The work of health promotion is to act as a supplementary, fifth foundation which fills in any gaps in these basic four, to ensure that an equally firm foundation is available to all. Health promotion work should not extend beyond this foundational

work.

“Work for health is not work to make people happy (opiates can do that) but work to set people’s creative potentials free. Once creative potentials have been liberated, people’s actions are up to them.”  
(Seedhouse, 1997, p 155-156)

At first glance, this model appears the most successful in dealing with the balance between the social and individual aspect of health education. The fourth of Seedhouse’s foundations explicitly focuses on the need to balance the opposing forces of individual need and social obligation, providing the context within which the first three foundations are met. The failing is in the glossing over of the difficulties which are involved in obtaining these basic foundations for everyone. In a similar manner to my avoidance of the possibility of conflict in the extract given in Box 1, Seedhouse swallows up the whole political process within his fourth foundation and implies that it is a simple matter to make the calculations of competing interests involved and resolve the inevitable conflicts.

#### **Where I stand now:**

Broadly, I hold the same position now as I did at the beginning of this research, in that I still believe health education is a socially and individually mediated process. However, the detail of this belief has altered due to my engagement with the specifics of the Stressbusters course, through interviewing the women and through my reflection on other theoretical positions. Whereas before I attempted to present my position as straightforward and simple, now I am much more aware of the contradictions concealed within it. I am now able to hold onto the tension created by these contradictions, and to use this productively rather than denying its existence. A comment from Laura shows how some of the women I interviewed had already arrived at this understanding. She is describing how she utilised the support of the group during the course.

“It makes you think more, well, if they can try and control it, you can try and control it. Sort of like, you’re competing in one way but agreeing at the same time.”

(Laura: Second interview)

In setting up Stressbusters I was trying to use it as force to prove the rightness of my position, a position which depended on the existence of processes which it tried to deny. I was placing myself in the 'social' camp and minimising the importance of the 'individual', very much in the manner described by Jane Flax.

"Part of the purpose of claiming truth seems to be to compel agreement with our claim, (if it is true, then you as a 'rational person' must agree with me and change your beliefs and behaviour accordingly). We are often seeking a change in behaviour or a win for our side."

(Flax, 1992, p 458)

Now I would not see this as a battle between two opposing sides, more an ongoing struggle in which a range of positions are available. The position I take reflects my alignment with the exercise of power/knowledge through the available relevant discourses, in health, education or other areas. Each discourse serves and extends the interests of particular groups, and may be dominant or subordinate in terms of its influence.

The dominant discourse of health education, flowing from the dominant medical model and the prevailing positivist perspective can be characterised as about changing 'them' to be like 'us', and implicitly shifts the burden of moral and economic responsibility for ill-health onto those who suffer from it. However, this dominant discourse is not the only one available, nor will it always be preferred. Other perceptions built from other sets of material needs and desires compete with it. Other discourses are available and may be utilised in the struggle for power/knowledge among competing groups. These currently subordinate, resistant discourses may define health and how it is maintained differently, and prioritise different needs. Thus my identification with particular groups, my judgement about which actions best meet my specific material needs and desires, will affect my willingness or otherwise to follow the dominant prescription for health. In addition there may be specific resource requirements for attaining certain prescribed

behaviour which may be beyond my reach. And my access to resources is decided within the same contestatory process as my understanding of what procures my health (Guthrie, 2000).

Within the dominant discourse and practice of health education there is a tendency to simplify the complex nature of health behaviour via a focus on individuals without reference to the operational constraints under which each individual functions. Thus health education processes are framed as a mainly individual process. This view emphasises choice, which has as its corollaries both shame and guilt, if the choice made is not the expected and generally socially endorsed one. After all, surely everyone wants to be healthy? therefore, once we have the correct information it should be inevitable that we act in the manner this clearly designates as healthy.

Such an ahistorical and universalising position is prone to blaming the individual for her/his unhealthiness. It ignores the social issues at stake in our decisions about how to behave, about who we are, and want to be. It ignores the intertwining of power and knowledge which affects each individual's potential to act upon the knowledge they acquire. It is at this point that matters of health education become irretrievably linked with matters of identity.

Each individual filters the prescription for health put forward by the health education activists of the dominant perspective through their specific sense of identity, measuring it for fit among a number of competing priorities in becoming who they want to be. Health choices are just one set among many of the 'lifestyle' choices with which individuals are faced in modern society (Giddens, 1991). In the following comment Lucinda is using the reconstruction of her (future) identity as a non-smoker as a strategy to achieve her goal of smoking cessation.

"It has controlled the smoking to a certain degree because I'll only smoke so many and won't go over that. I can't go over that. I do say to myself one day I won't smoke. One day I'm going to be a non-smoker."

(Lucinda: Fourth interview)

This important link between the processes of health education and our sense of identity is discussed in depth in Chapter Four.

'Health education is fundamentally about achieving behaviour change.'

In this section I focus on the outcomes of health education, on what it is intended to achieve. While the processes of health education may be construed as having both individual and social aspects, outcomes are judged primarily through the measurement of individual change. This focus on individual change is explicit within the extract in Box 1 which refers both to general behavioural change and to changes in an individual's response to stress.

By contrasting this with the statements I have made concerning the origins of this research I am able to expose, yet again, the underlying binary structure of my thought. In setting up the research we were explicit about the need to acknowledge the importance of non-behavioural change as a significant outcome of health education processes. While issues like confidence and self esteem are mentioned within the Box 1 extract, the bottom line appears to be a change in behaviour. In the research design the opposite is the case; behaviour is relegated to a position of insignificance while emotional and mental changes are prioritised.

Once again, it was primarily through listening to and analysing what the women said in their interviews that I came to a position which constructs these separate aspects as necessarily linked and intertwined. My explorations of empowerment approaches within health education also played a part in this transformation.

#### **The women's expectations of the Stressbusters course:**

In the first interviews I asked all the women what it was they were hoping for, or expecting, from their participation in the Stressbusters course. Their answers reflect

a dual concern: for their internal emotional welfare and their outward behaviour which they often presented as linked. They talk of their need to relax, to be able to cope better, to remain calm in the face of what life, usually in the form of their children or other people, throws at them.

"I think I'd like to be able to say to people, as things come up, if I'm not happy about it rather than bottling it all up inside, I'd like to be able to say, no, I don't agree with that and I don't like what you're doing"

(Jennifer: First interview)

"I just want to be able to feel more calmer in myself, because I don't like it, if I take the little fella out and we go to anybody .... he tells me to shut up, 'you shut up' if I'm talking to him .... how do I deal with him? It's embarrassing when you're out in front of other people"

(June: First interview)

They speak of needing confidence and peace of mind, a sense that they are doing the best they can and that it is enough.

"Even if it just made you step back and just think, right, you're going off again. To not feel that, where you feel dead tense afterwards, and maybe your head, just to be more calm about it."

(Celia: First interview)

"What I would like to be able to do is to hold my head up high, not let anyone upset me, be firm about it, because I am determined not to get angry and upset. I'm really concerned I can't deal with it, and that's getting to me."

(Alice: First interview)

"That's what I want to look at, all the ways you deal with it [stress] because there's so many different ways .... I'll have to find out more ways and, you know, different ways of coping"

(Edith: First interview)

In these comments it can be seen that the women associate their participation in health education with the outcome of a change not simply in their outward behaviour, but in their internal sense of wellbeing as well. These two aspects are

very closely connected for these women, and both appear to be fundamental to their understanding of health education processes. Their position is complex in that behaviour change can only occur when the emotional grounds are firm. The women are more explicit in emphasising this link than the extract from the Course Manual. I will return to this point about emotional security later in this chapter.

### **Who decides and which behaviour?**

The purpose of health education, to return for a moment to the Ottawa Charter for Health Promotion (WHO, 1986) is to increase:

“the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.”  
(WHO, 1986)

There is a true dilemma hidden in this purpose: people are to have “control” of their own lives and yet they are to be persuaded to make choices which are “conductive to health”. The dilemma is noted by Patti Lather in relation to critical theory in general:

“If it is to spur toward action, theory must be grounded in the self-understandings of the dispossessed even as it seeks to enable them to re-evaluate themselves and their situations.”  
(Lather, 1991, p 65)

The implication, which the Ottawa Charter leaves unexplored, is that the decision about what is or is not conducive to health lies outside the remit of individual control which is also the central focus of attaining health. Resolving this dilemma requires more flip-flop motion to hold the dynamic tension between groups and individuals in the debates about what exactly is conducive to health and who makes this decision. It is this which makes health education, like any other form of education, an inescapably political activity (Freire, 1972, Freire & Macedo, 1987; Gramsci, 1995; McLaren, 1995).



### **Empowerment and behaviour change:**

Empowerment theorists have grappled with this issue in a number of ways which I will explore here. They advocate the taking up of a critical stance towards the enterprise of health education, as towards any other involving the construction and dissemination of knowledge. They engage in deconstructive activity to expose the play of power and politics in health choices. They attempt to continually place individuals within their social contexts, to examine and extend the room for manoeuvre which each has given their specific circumstances. And lastly, they recognise the extreme difficulty, if not impossibility of reconciling the conflicts of which decisions about health are a part.

The tension surrounding the goal of behaviour change is particularly acute for those who attempt empowering practices within health education: how is it empowering to be persuaded to change my behaviour to be in accordance with judgements I have not been party to? What counts as 'health'? what must be done to maintain 'health'? who is responsible for this maintenance? and what factors are said to impinge upon 'health'? all these are political questions. The answers vary according to the interests of those presenting them and dominant groups are able to impose their "regime of truth" (Foucault, 1980) upon subordinate groups through a variety of means, not least of which is education (Gramsci, 1995). Health education is itself a possible means for the imposition of dominant discourse via the manner in which it legitimises certain behaviours as healthy, and designates others as unhealthy, implicitly labelling those who behave in the latter way as deviant, rather than simply as different. To engage in health education is to enter into this contested territory and it is vital to be conscious of the possibilities for both dominance and resistance this brings. Indeed, Freire would have it that where one is not consciously resisting, then one is actively supporting the dominant position:

"Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral."  
(Freire 1985 p 122)

The ability to be critical, meaning to be always questioning the version of events

which is presented to you, is highly valued among certain educational theorists. Freire writes of “education for critical consciousness”; McLaren (1995) and Giroux (1992) write of “critical pedagogy”; others stress the importance of “critical thinking” in health education (Mogenson, 1997). This use of ‘critical’ has strong links to theories of empowerment (Rappaport, 1981, 1984, 1987; Wallerstein & Bernstein, 1988; Werner, 1988; Zimmerman & Rappaport, 1988; Wallerstein et al, 1997). There are also connections to “problem-posing” or “problem-solving” education (Hope & Timmel, 1984).

All of these writers, but perhaps most especially Paulo Freire, emphasise the importance of a fundamental question in education: whether it is about maintaining control (by dominant groups over subordinate ones) or whether it is about facilitating change (via which the oppression of subordinate groups is reduced). The former answer will produce what Freire refers to as “domesticating” or “banking education” (Freire, 1972), the sole purpose of which is to maintain the status quo of power relations, presented as a state of neutrality, and educate people into acceptance of the roles foreseen for them by dominant elites. The latter answer produces “critical” education, the purpose of which is to continually expose the interrelationship between power and knowledge systems, subverting the status quo and maximising the dynamic potential for change and movement in human society.

“Critical” health education is, for example, as much about questioning the hegemony of the ‘thin is beautiful’ position as it is about exploring the detrimental physical and mental impact of being fat in such a world (Wolf, 1991; Nasser, 1997; Body Image Summit, 2000; Orbach, 2000). [A similar examination of the myth of the muscular male body would be equally warranted (Fallon et al, 1994; Braun et al, 1999; Pope et al, 1999; Ricciardelli et al, 1999).] It is about exploring why there is demonisation of the tobacco industry while the equally damaging effects of the motor or alcohol industry, or, more controversially of poverty, are seen as lying outside the remit of health. It is about being constantly and critically aware of the way in which dominant interests can subvert the best efforts of subordinate groups to achieve equal status, and avoiding the danger of a simple reversal of positions

through practice which is openly self-critical. Within “critical” health education the key questions are who is making the decisions about what constitutes health? for whom are these decision being made? what is being exposed and what is kept hidden within this process? and why, in whose interests, is this being done? One last question is to examine the ways in which the discourse of health education creates a population in need of its intervention: a population designated unhealthy, and unlikely to ever become healthy due to the particular circumstances under which that population lives. The power to designate a behaviour ‘unhealthy’ which is held by some, contrasts dramatically with the lack of power those so designated have to change their circumstances and so become ‘healthy’.

Seeking answers to these questions for which there is no definitive answer is the means by which we avoid simply swapping one dominant discourse for another and keep alive the search for better practice. This is no easy task in a postmodern world where values appear to have been abandoned as untenable, but the acknowledgement of the contingent nature of our understanding and practice does not bar us from seeking other, still contingent, understandings which are less oppressive in their effects for large numbers of us. As Peter McLaren puts it, we must combine “a language of critique with a language of possibility” (McLaren, 1995. p 53)

“A pedagogy of liberation is one that is necessarily partial and incomplete, one that has no final answers. It is always in the making, part of an ongoing struggle for critical understanding, emancipatory forms of solidarity”  
(McLaren, 1995. p 57.)

In part this language of possibility rests upon the conceptualisation of the tension between individual and social in relation to the changes required to attain health.

It is easy for the onus to change to be placed simply upon the individual, in order that s/he changes her/his behaviour to comply with the understanding of what is healthy produced by the dominant discourse and suited to meeting the needs of

those within the dominant groups. What is harder is to confront the power dynamic at work in matters of health. The need is to maintain a dual focus upon how the individual may change her/his behaviour to become more healthy and how this change must be supported by, mirrored in, changes made by others in society which alter the possibilities available to that individual to make healthier choices, through a debate about the nature of health and how to achieve health for all (or at least as many as possible). This opens up the debate about what health is and how we maintain it, rather than leaving our beliefs in this area unquestioned and assumed (and usually serving the interests of the dominant groups).

Therefore, while health education is undoubtedly about changing behaviour, it is also about questioning the purpose of that behaviour change, of who makes it, why they make it, and who is benefiting from it.

Perhaps an illustration will help to expose the dangers inherent in a lack of this dual focus. One of the Stressbusters participants, Abigail, was engaged in a struggle to reduce her tobacco consumption. Abigail is a single mother. She has a history of abuse by a succession of violent partners. She has minimal family support, is unemployed and struggles to provide for her two daughters with only the income from her social security payments. She is in debt. For Abigail, tobacco consumption has become a means of coping with the stresses and strains such a life imposes on her, yet she wishes to give up as she accepts that there are damaging side effects for her long term health. A month or two after the end of the Stressbusters course she ceased smoking for a period of five weeks, after which she resumed smoking an occasional cigarette. She describes how her mother reacts to finding a single cigarette stub in the ashtray, and her own response:

“she said, who’s been smoking? .... she said, I’m disgusted with you .... I said .... I haven’t gone back on them .... and I’m not going to bash myself up about it. If I think I’m getting so overly worked up and nothing’s going to release that stress more than rolling a fag, well, I am going to have one”  
(Abigail: Third interview)

None of the external circumstances of Abigail's life have changed. There is no alteration in the pressures upon her, in the denigration of her kind of life by the dominant discourses on health and the family which surround her. There is no external recognition that these pressures, this denigration, undermine her health just as much as her consumption of tobacco, and no attempt to alter these factors and complement her individual attempt at change. This need for complementarity is stated in the reverse direction by Giroux:

"The practice of social criticism becomes inseparable from the act of self-criticism; one cannot take place without the other; nor does one have priority over the other, instead they must be seen as both relational and mutually constitutive."  
(Giroux, 1992 p 79)

### **Increasing the room for manoeuvre:**

Empowerment approaches to health education focus clearly on the constraints which inhibit the choices of some individuals in society more than others, and the links between the nature of these constraints and the generally unequal distribution of power across social groups and individuals. In promoting a critical analysis of the nature and origins of such constraints empowerment approaches aim to help individuals identify any room for manoeuvre they may have to improve their situation within those existing constraints. At the same time they aim to identify social actions which could change the nature of the constraints, and so increase the room for manoeuvre through external, social change rather than personal change (Werner, 1988; Wallerstein & Bernstein, 1988 & 1994; Wallerstein et al, 1997). Marianne Grabrucker, in her diary documenting her attempt to raise a gender-neutral child, gives a graphic description of just how hard it can be to break out of the social conventions which constrain our everyday behaviour and interactions, of how we are constantly falling back into the established patterns despite our efforts to think and act differently. But her daughter confirms that it is possible to increase the room for manoeuvre (Grabrucker, 1995).

As Seedhouse (1997) argues, this requires that there is a clear value base from

which to judge potential courses of action. With the advent of postmodern criticism it has become difficult to argue for the application of values to human actions (Derrida, 1972; Lyotard, 1984). The partiality and contingent nature of values has been exposed, leading to a relativism which sees these as interchangeable. This appears to remove the grounds for any political activism (Harding, 1987, 1991; Haraway, 1988; Butler, 1992). I prefer to argue that there is still space for values so long as these are seen as contingent and open to debate and alteration, in order that efforts to increase social justice are not lost altogether. This position is referred to by others as "resistance postmodernism" (Giroux, 1992; McLaren, 1995).

The key value in empowerment activities, and those grouped under the rubric "critical", is that of increasing social justice. This requires that alternative courses of action are judged through their capacity to reduce the burden of oppression and suffering. This in turn leads to prioritising the meeting of the needs and desires of those currently most oppressed within our societies. This gives a clear justification to political activism which promotes this goal, while at the same time indicating where and with whom such activism should begin. The explicit focus of the Stressbusters programme on women living on low incomes reflects this type of analysis.

From the above it becomes clear that health education within this discourse is intended to achieve far more than simply individual behaviour change. Both personal and social development are incorporated within the potential outcomes of empowerment health education, as is a movement towards a situation of greater social justice. In this view health education is fundamentally about achieving a 'better' world and becomes caught up in the contestatory nature of the struggle to define what this would consist of as well as how it might be attained.

The trick seems to be to work towards such a goal as if it were achievable, while simultaneously recognising that there are irreconcilable counter-claims which make its attainment impossible. This is to say that solidarity is not built upon the elimination of struggle but on the joint acceptance of the existence of several valid

alternative perceptions which require balancing in a constant flip-flop of dynamic tension (Welch, 1985, 1990). Chantal Mouffe describes a similar position in relation to the struggle for democracy.

“A radical democratic approach views the common good as a ‘vanishing point’, something to which we must constantly refer when we are acting as citizens, but that can never be reached.”  
(Mouffe, 1992, p 379)

### **The notion of ‘risk’:**

Part of what is at stake in discourses of health education is the power to designate a particular behaviour as harmful to health, or a risk. This is accompanied by the aim of reducing the identified risk in order to protect health. We do not focus on individuals but upon aspects of their behaviour. Little consideration is given to the circumstances in which the behaviour occurs, or the conditions from which it may arise: there is no contextualisation of the risk. The behaviour is designated as a risk in a universal, ahistorical manner. Such a position amplifies the emphasis on behavioural outcomes as it pushes us towards a simple enumeration of risk behaviours: an increase in risk behaviours signifies failure, and a decrease signifies success. This practice of focusing on risk also gives rise to a number of other difficulties.

The risks which are discussed within health education are drawn out of scientific debates and research into what affects human health. Apart from the difficulties with the project of positivistic science, which have been covered already in the introductory chapter, there is another difficulty with using this classification of risk. It relies for its force on statistical probability, and usually on a long-term view. As individuals we are not often motivated by such impersonal information or argument. The comments from the women earlier in this chapter (p 109) on the importance of personal experience demonstrate this: they set more store by their own, concrete, examples of the consequences of specific behaviours than they do by the abstract generalisations of health education discourse. I was able to explore this in more depth with Lisa in relation to her motivation to lose weight:

*"Is it that you're actually feel that there are problems resulting from your weight or is it just that you feel in the abstract, being overweight is a bad thing?"*

Yes, I suppose really it's just you know, sort of heart attacks, stroke, all those sort of things, you know.

*But would you say anything in particular at the moment is making you feel all unhealthy because of it?*

No, not really, no.

*So it's like you know there are theoretical risks?*

Yes, yes, not really experiencing like any chest pain or heart pain or anything like that.

*Do you think that has any relevance as to how you do or don't diet, the fact that, that you don't experience any of those risks?*

Probably yes. I mean I'm sure if I had some kind of scare, you know, like a mini heart attack or mini stroke or something, that would absolutely terrify me .... it could be like a time bomb waiting to go off really couldn't it? [I'm] just being complacent, thinking, well, it hasn't happened so far."

(Lisa: Fourth interview)

This dialogue illustrates the difficulty Lisa has in translating a theoretical risk, which she accepts as being valid but does not experience, into a behavioural alteration. The difficulty lies in the fact that she still thinks of herself as "a healthy person", as she stated elsewhere in the interview, and so cannot reconcile this identity with a need to change her behaviour.

The time scale of risk calculation is also apparent in Lisa's words: her weight might be "a time-bomb waiting to go off" but the fact that this possibility is not immediate, "it hasn't happened so far", makes it difficult to utilise as a motivating factor. This appears to be connected to the way in which risk is calculated which utilises rationalities other than the purely mathematical, statistical and logical.

The opposite case of the same problem has been noted in relation to issues of fertility regulation in situations where infant/child mortality is high. The women's knowledge of the possibility that almost all of their children could die makes them extremely reluctant to limit their fertility, even though they may currently have several surviving offspring. Here it is not the lack of their own experience of risk which motivates them but the awareness of how others, like them and living around



them, have suffered such a calamity. In the close proximity of an African rural community, the risk does not appear theoretical any longer (Kuate Defo, 1998; Montgomery, 1998). I believe this phenomenon also partially explains differential reactions to the risk of HIV infection in differing populations. In a local context where I know many people with HIV, I will take the risk seriously: in a context where I know no one with HIV, I discount the risk as not applying to me. This remains true even if the general statistical risk for the population is identical.

The calculation of a statistical risk follows a set of rules and is always done in the same, standardised manner. It may well be that in our personal calculations of risk we use a variety of standards and processes to reach either a higher or lower 'risk probability' than the statistical calculation: in particular, extremes are more influential (Montgomery, 1998). We may undertake our personal calculation with entirely different sets of parameters which make my calculation impossible to compare with yours, although we may well reach the same conclusion. The calculation of risk depends upon the predictability of events and outcomes: this may not exist, or may be on patterns which are obscure to our perceptions, as suggested by proponents of chaos theory (Kaye, 1993). Predictability also implies controllability, and as much of the preceding paragraphs have already revealed, people's differential levels of control are greatly varied. A sense of the existence of control is also associated with positive health, complicating the matter still further (Antonovsky, 1979).

There is also a difficulty in using the idea of risk reduction as a strategy to improve health. Work in relation to the introduction of seatbelts to reduce the risk of injury in automobile accidents (Richens et al, 2000) shows that if we perceive the riskiness of an activity to have been reduced, then we will increase other risks with a sense of impunity. In this case, driving faster and more dangerously due to the 'fact' of the seatbelt ensuring survival. This demonstrates the complex nature of risk calculation, taking account of a wide range of historically fluid characteristics.

And this brings me to the last problematic in relation to risk: it may be pleasurable;

it can add spice to life. Not only is it practically impossible to live a life which is entirely free of risk, but most of us would find such a life unworthy of living anyway. If health education limits its measurement of success simply to the reduction of risk, to a change in behaviour, then it is danger of losing its connection to more complex models of health.

### **Criteria for success in health education - a reassessment:**

As a result of my engagement in this research my belief in behaviour change as the fundamental goal of health education is considerably more complex than it was at the outset. It is fundamental in the sense that it provides the external evidence that change has taken place, but the internal processes of which it is the result are equally important.

Criteria for success need to be drawn from all areas touched upon by the models of health and education employed by those carrying out and participating in health education activities (Candeias, 1991/2; De Vellis et al, 1995; Macdonald et al, 1996). While the instigators of such programmes may select one criterion as proof of success, the participants may select another which the former have not even considered relevant (Engelkes, 1990 & 1993; Jensen, 1997; Whitelaw et al, 1997; Lindbladh et al, 1998). This is linked to the unpredictable nature of the educational and communicative processes at work (Butler, 1992; Spivak, 1992). It is not possible to predetermine all the outcomes of an educational encounter, but it is possible that in attempting to do so we may miss what some consider to be the most important results. Such a position informed the design of this research which attempted to leave the definition of what counted as impact or success up to the Stressbusters participants.

The range of potential indicators of success is large, the following list includes examples of behavioural and non-behavioural criteria: cessation of tobacco consumption; reduction of alcohol consumption to an 'acceptable' level; reduction of weight to/maintenance at a 'normal' level; practising of safer sex; increase of daily exercise; indicators of social transformation; increased political activism;

growth in self-confidence and self-esteem; changes to self-construction of identity.

The items towards the beginning of the list show how health education can easily become normative in its behavioural focus, while those towards the end show the close links to politics and power games. In both cases, health education becomes implicated in competing discourses on the nature of health and the connections from these to power dynamics.

The words of the women interviewed for this research provide evidence of the relevance of the wider, non-behavioural measures, as in the example from Lucinda on page 119 above, and many others. However, change in more traditional 'targeted' health behaviours was also valued by the women, as shown in Table Three below.

Table Three: Health behaviour changes following the Stressbusters course.

<b>Name</b>	<b>Change in behaviour</b>
Lucy	Reduction in tobacco consumption, changed dietary habits
Lucinda	Reduction in tobacco consumption, changed dietary habits
Megan	Reduction in caffeine consumption
Jennifer	Increase in regular exercise, changed dietary habits
June	Changed dietary habits
Pamela	Changed dietary habits
Abigail	Reduction in alcohol and tobacco consumption
Celia	Increase in exercise
Laura	Increase in exercise

The connection from internal change to its outward manifestation as behaviour is complex, but it appears to me to hinge upon the manner in which an individual incorporates the notion of a healthy self into their identity construction. Health education does not operate **on** people to produce a surface change in behaviour (as with Pavlov's dogs); rather it works **through** people, altering their self perceptions

and desires, which in turn affect their behavioural choices. This dynamic is picked up in Chapter Four where it is explored extensively.

'Health educators need to work within both lay and professional perspectives on health matters.'

I offer two illustrative examples to show the existence of such dual lay and professional perspectives on health.

During my training as a midwife it was common practice for women to be issued with a "co-operation card" during their pregnancy. The card was kept by the woman, and the health professionals wrote in it at each clinic visit. The purpose of this card was to share information between the hospital, the GP and the woman herself. I thought it was a good idea until one afternoon in the postnatal ward; I was chatting to some of the women and it became increasingly clear to me that they had never understood the purpose or the content of the 'co-op card' at all. Listening to them I realised how unthinkingly the professionals filled the card with their own jargon which, it seemed, no one ever bothered to explain to the woman concerned. The cards were full of abbreviations - cep, Vx, Br, FHHR, NAD - which meant nothing to the uninitiated.

When my sister gave birth to her first child I visited them in the hospital the next day. I arrived to find my sister, usually a capable, forthright and supremely confident woman, in a state of panic. She had heard me coming along the corridor and thought I sounded like one of the staff (it was the way my shoes squeaked). She was scrambling to lift her son off her bed, where hospital rules expressly forbade the placing of babies. Her relief when I appeared rather than the feared staff member was comical but heartfelt. I was left wondering how it was that health staff both forgot to explain the rationale behind their unfamiliar rules, and managed to create an atmosphere which was so successful in disempowering members of the public.

### **Acknowledging borders:**

There is more than a simple binary choice between lay and professional perspectives on health matters to be made here. There are multiple borders which delineate multiple perspectives, among, across and between both lay and professional groups (and many others). It is through acknowledging and respecting the existence of these borders that we are, in fact, enabled to shift across them, to alter them, and arrive at new understandings, which in turn delineate new borders. We should neither under-value nor over-value the opposing sides of any border, but seek to be constantly critical of each position, exposing its strengths and weaknesses, its situatedness and partiality.

In this respect health educators are engaged in "border pedagogy" (Giroux, 1992). Proponents of border pedagogy may be contrasted with Michael Agar's "number one" response to the experience of difference (Agar, 1994). This response is to explain all such differences as due to a lack in the other, rather than in me; to apply what Agar calls "deficit theory" (Agar, 1994, p 37). The use of "deficit theory" puts me under absolutely no obligation to try and understand another on her/his own terms, to see the world from that other position: I am free to remain insulated and isolated within my single vision of the world, sure of its absolute rightness. Border pedagogy does the opposite: it requires me to enter into the reality experienced by another, to accept its premises and then to look back at my original perspective with a fresh, and critical, gaze.

I would argue that health education which unquestioningly advocates the dominant discourse's prescriptions for health as applicable to all, is guilty of utilising deficit theory. This is profoundly disempowering for those whose realities are not reflected in dominant culture, silencing their voices with finality. To make a connection to the work of Paulo Freire, it is when these subordinated groups internalise the findings of deficit theory that the "culture of silence" is produced (Freire, 1972) and a double silencing occurs.

One of the Stressbusters participants describes her release from this double

silencing. Averil did not do well at school and absorbed the opinion that she had no ideas worth sharing. In her own words she felt "as though I'd been brushed under the carpet" (Fourth interview) and she withdrew into her home and family. Through a series of events she became involved in the design of a course on parenting, for which her opinions were actively sought and valued. Subsequently she attended a public event relating to the launch of the parenting course, a gathering full of politicians and education experts. That she found her voice among this distinguished company is evident in her remarks about it:

"I went to this do in W---- P---- with these politicians and that, and I was talking to people about what I'd been doing and I, I, I came home, I even said to my husband, I can talk to them people now"  
(Averil: Fourth interview)

The way in which silencing works is also described by Alice. Alice suffered an abusive husband for several years, and was later abused by a member of the clergy. She was attempting to seek redress through the church authorities, just as she had via the courts in relation to her ex-husband. She describes the prospect:

"I'm dreading this more. This is more horrendous than standing up in that county court.  
*Why do you think that is?*  
Well, it's taking on a different type of people isn't it, you know .... this is like taking on the aliens, isn't it? .... they're a clan on their own, you know, it's like they have their own laws and jurisdictions .... So it's like I'm taking on the space aliens. You know, I'd know what to do if I was taking on that [the courts] but it's like a different class of people isn't it?"  
(Alice: Fourth interview)

Alice can see no common ground between herself and the church authorities; she perceives an impermeable border. Averil, on the other hand, discovered her ability to operate on both sides of such a border, and her whole view of the world and her place in it changed as a result.

Closely linked to the concept of the border is that of marginality. A great deal of

valuable work on the productiveness of marginal perspectives has been produced by those working in the fields of feminism and post-colonialism, and on anti-racist and anti-homophobic theory. The notion of positionality and of specifically located standpoints has contributed to the understanding of how all knowledge is positional, produced from a specific standpoint, and is therefore partial in nature (Moraga & Anzaldua, 1983; Stanley & Wise, 1983, 1993; Anzaldua, 1987; Harding, 1987, 1991; Hill Collins, 1991, 1994, 1996; hooks, 1991; Mohanty et al, 1991). These insights need to be incorporated into the theory and practice of health education in order that the partiality of dominant discourses and practices are exposed and can be challenged.

Health educators need to enter into the debate about what is healthy and what constitutes a health risk in such a way as to counter the hegemonic representation of these matters which favours those with power and privilege, rather than those suffering from the greatest burdens of ill-health. They are then able to work in the way advocated by Seedhouse above, primarily to restore the foundations of health among those for whom these are weakest.

#### **Dual perspectives in the women's experience of health education:**

When I asked the women about their previous experience of health education most of them felt they had received very little. They had often attended antenatal classes for their first pregnancy, and some had attended parenting courses or first aid courses. Many of their ideas about health and healthy behaviour, however, did not appear to have a direct origin in health education sessions as such. One assumption would be that they absorbed these ideas from a variety of sources: friends and family; electronic media; books, newspapers and magazines, although again, they did not often give this direct attribution themselves. It is perhaps more that the dominant ideas in relation to health and healthy behaviour are extremely well diffused throughout our society and so identifying a particular source is neither possible nor relevant.

It is in the comments that the women make about negative experiences of health

education that issues of dual perspective come to the fore. They are quick to note when an educational situation leaves them feeling excluded or unable to understand what is going on. Abigail describes how the antenatal classes she attended made her uncomfortable:

“I felt out of place .... I’d broke up from her [eldest daughter] father when I was having her [youngest daughter] .... they were all couples and I felt out of it .... it just felt odd because there wasn’t another single woman there .... and it was like, oh, we’re looking forward to this baby and I felt, I haven’t even told my mother yet”

(Abigail: First interview)

These classes clearly operated from the assumption that all pregnant women will be happy about their pregnancy, and married. This single perspective had the result that those with other experiences, like Abigail, were less able to partake of the educational activities as she felt that the whole package being offered did not apply to her.

The particular use of language can highlight the existence of mono-perspectives, as the following comment from Lucy shows. While Lucy can laugh about the situation she was in now, at the time this was clearly not the case.

“I remember the nurse saying to me that, er, ‘head and tail time’ and I was on the phone to my mum sobbing me heart out, ‘my daughter’s got a tail’ (laugh). ‘Cos I had no idea what they meant by ‘head and tail’ and me mum went it’s OK, it’s her bottom. And I said well, why didn’t they say that instead of saying she’d got a tail! I was waiting for this tail to appear, you know, it was awful.”

(Lucy: First interview)

Fiona highlights how the advice given by health education professionals can be utterly useless if they have not taken the trouble to understand the material conditions of those whom they are trying to advise, and the priorities to which these give rise.

“I mean sometimes they do ask the impossible, you know, what to



do and what not to do guides. I mean I think half of them forget that mostly they're referring to women with a load of kids and there's no way they'd be able to do what they're asking them. Give them something that they can do, you know .... But they know everybody's got limits, I mean somebody might be able to do all that. They might have a lifestyle where that suits me, I can do that, but the majority of people haven't got the time, the lifestyle or the resources to do it. The fact when a woman's back gets put out, go to bed for a fortnight .... And you say, well, I've got 3 screaming kids running round .... who's going to come and do it [housework] for me? Unless they actually pick her up and put her in hospital, then they have to find a way, but you know, if you're there, no matter what you're like, you do it."

(Fiona: First interview)

For a last example showing that the women are aware of the need for this dual perspective within health education initiatives, I will turn to a more positive comment. Celia is talking about her experience of antenatal classes and notes how these gave an opportunity to cross the lay-professional border in the opposite direction.

"But I think they were really good because they done a tour around the ward then and the labour ward and everything. So you wasn't totally alien then."

(Celia: First interview)

### **Stressbusters' position on the need for a dual perspective:**

There is an acceptance within the Course Manual extract in Box 1 that there are different perspectives on the subject of health. The extract refers explicitly to the **"reality each participant experiences"** and the **"experience and ideas of the participants"** as the material upon which the course will draw. In this, I showed an awareness that there may be more than two perspectives, professional and lay, in that participants themselves may bring a variety of other perspectives to the discussion.

What is missing is any acknowledgement of the difficulties which can arise in reconciling some of these different perspectives. The extract talks glibly of a **"relaxed friendly atmosphere"** and **"mutual support networks"**. There is no

mention of the need to deal with the power dynamics at play, both between the professional and the lay perspective, and between the differing versions presented by different members of the two groups. There is no exploration of the potential for conflict that multiple perspectives will bring, nor the mechanisms which may be valuable in resolving such conflict (if indeed it is resolvable).

As with the belief about individual and social mediation of health education processes, I now feel more able to expose these difficult areas for consideration and less pressured to hold to an unambiguous reading of one position as correct.

'Health behaviours are rationally and emotionally motivated and health education needs to address both aspects.'

Quite clearly this point is linked to a theory of knowledge which does not conceive of this as solely the result of reasoning. Within the dominant, binary discourse reason is positioned as the source of knowledge while emotion is the source of distortion and confusion. This binary division is reflected through many other binary oppositions, with all the primary terms being similarly favoured, and implicitly connected: male/female; mind/body; human/animal; culture/nature; intelligence/experience; good/bad.

The results of this dichotomous thought structure are, ironically, twofold: firstly, it places undue emphasis upon the importance of reason, which produces neutral, reliable information, in human decision making; and secondly, it relegates all other grounds for decision making to 'non-reason' which by definition makes them inadmissible. Those who then try to justify their decisions upon other grounds are similarly dismissed, placed outside of the dominant discourse and its powerful meaning making. Not only this, but the last of the binary terms above shows how easily a negative moral value is attached to such a position: those who do not act upon rational grounds are bad. There is a connection here to my earlier discussion of the notion of risk.

I have already explored the general epistemological debate which relates to the nature of knowledge in the introductory chapter of this thesis; in this section I am seeking to focus on the Stressbusters' women and the processes and outcomes of health education. This helps to foreground the manner in which knowledge may, or may not, be transformed into action. What do the women say about how they know what they know, and the processes at work in the construction of their knowledge, and behaviour, in relation to health?

Just before moving on to this, it is relevant to note the way in which 'factual' knowledge may also carry emotional impact, thus undermining the distinction between the two. Some of the women refer to this in relation to seeking out or sharing information on health issues. Abigail explains how she protects her mother from the emotional burden of certain information about her own health.

"There's certain things I will not tell my mother because she is depressive and she is, yes, she takes everything to heart and she'd worry herself sick and she's got enough on her plate"  
(Abigail: First interview)

Averil, on the other hand, describes how she uses her sister, trusting her to protect her from harmful information. It may be that Averil does the same in return for her sister.

"Funny enough, I won't actually look in a book for myself but I will ring my sister up and say will you get your book out, and probably that's because I don't know whether she might say, oh better hadn't say that, you know, because you don't want to hear the bits that you don't want to hear."  
(Averil: First interview)

And for Celia, the reason she uses libraries and help-line services to obtain information is because she does not want someone else to decide what she needs to know, possibly telling her things that she would rather not know.

"I'd feel like I was in control of doing that rather than if I went to

the health visitor. I'd feel as though (pause) as I say, they'd feel  
*They sort of take over?*  
So I'd rather do it myself"  
(Celia: First interview)

One last aspect I will pick up here is the way in which 'knowing about' something is seen as being connected to that same thing occurring. Lucy and Lucinda brought up this danger, as they perceived it.

"Lucinda: "Well, I think ignorance is the best, if you see what I mean"  
*"Not knowing?"*  
Lucinda: "If you know too much"  
Lucy: "It plays on your mind then."  
*"Right."*  
Lucy: "If you learn something, and you just start looking out don't you, and, I've got that"  
Lucinda: "But my sister-in-law, she's got medical books, and I mean, she's got everything, sort of thing ...."  
Lucy: "And then, those that know about it, and they haven't got it, they think there's something must be wrong with them because they haven't got all these symptoms that someone else has got."  
*"Right."*  
Lucinda: "So you can be paranoid really, can't you, if you know too much? .... god help doctors and nurses! (Laughter)""  
(Lucy & Lucinda: First interview)

This shows the power of information, which may be 'good' or 'bad' in its impact upon us. The possession of 'factual' knowledge is integral to empowerment, and yet it can also undermine our confidence, or induce a negative emotional state. There are dangers in knowing both too much or too little.

### **The women's comments on emotion and motivation:**

To me the obvious place to begin with this discussion of 'emotional knowledge' is the issue of depression. Out of the total of twenty five women who took part in the Stressbusters courses, fifteen, or 60%, were experiencing, or had experienced severe depression. Several were taking medication to deal with this; others were seeing counsellors. Exploring the statements the women make in relation to depression leads to the unravelling of several binary distinctions. Depression, as an

intense emotional state, has distinct physical effects. It alters a woman's sense of who she is and what she knows, linking clearly with issues of identity and self worth. A comment from Marianne illustrates this complexity.

"I feel really insecure about myself, you know .... and I can have this feeling, oh god, I've upset somebody, or those people don't like me, or M----'s [husband] doing this. And I mean, I actually was convinced myself he was having an affair, and he'd never do it but, I mean, now, in my rational state of mind"  
(Marianne: Fourth interview)

The way in which Marianne constructs her knowledge of the world is affected by her emotional state, her feeling "really insecure", in which certain interpretations become more or less easy to apply. She contrasts this with her "rational state of mind" in a way which mirrors the binary valuation set out above.

One of the common factors in the women's descriptions of their experience of depression is their sense that somehow they are to blame, that if they were better people they would not be depressed.

"I just felt the world was a terrible place, everybody was cruel and no one understood. I was the only one sitting there depressed and that, getting stressed out over things and everybody else was dead happy and I was sitting there thinking I wish I could be like that."  
(Janet: First interview)

At the start of this comment Janet acknowledges that there may well be external factors bringing about her depression in a world which is "terrible" and "cruel", but she quickly moves to blame herself for her failure to be "dead happy" as she assumes everyone else to be.

Emotion not only creates motivation through such extremes, however, it can affect our decisions in small but significant ways, as Adrienne's explanation for her resumption of smoking shows. She had given up smoking for some time, and was a thorn in the side of her husband who continued to smoke. One day, a friend offered

her a cigarette and her husband reacted:

“Don’t dare offer her one, she’s never smoking again, the time I go through’, and because he said I couldn’t have one, I said I’ll have that cigarette. So I really cut my nose off to spite my face. But I am like that”

(Adrienne: First interview)

The non-rationality of her decision is expressed in the next to last phrase, but Adrienne accepts the grounds upon which she acted as valid in their own terms with her final words: “But I am like that”. She is saying that reason is not the only basis for decisions, not the only way of construing cause and effect, there are other, equally useful frameworks which may be applied.

In contrast to depression, a positive emotional state can also influence the women’s interpretation of the world. Marianne talks of how the Stressbusters sessions affected her by inculcating positive emotions, in particular through the style of facilitation. The personal validation which the women received from their participation in the Stressbusters course appears vital in achieving some of its impact, a point I have already touched on in Chapter Two relating to the concept of the ‘empowering’ interview.

“And you see, you made excuses for everything that we did wrong, that was lovely! You found good, whatever we said, you found good in it, and that was a change .... and you gave reasons and, it’s not the end of the world that this doesn’t happen, you know, and that was brilliant .... there’s no judgements made on you, that was the difference about it, you know. I always came away in a good mood from it, and feeling far more positive and the positiveness does stay with you”

(Marianne: Second interview)

Laura talks of how another positive emotion has had knock on effects on her behaviour, in particular helping her sister who has a new baby:

“I seem more relaxed in myself .... one time I couldn’t be bothered with babies and all that .... I think aah, I’ll give her a break and have him for a bit. Being more helpful, more than anything! (Laugh)”

(Laura: Third interview)

While the women emphasise the emotional aspects of what they know, they are also aware of the importance of factual information, or rationality, in directing their choices. However, I will deal with this in a later section relating to the construction of knowledge.

**The pleasure principle:**

Just before I go on to look in more detail at the importance of groups in influencing our emotional knowledge, I will make a short diversion to explore the notion of pleasure as a motivation for human action.

I touched on the importance of pleasure and enjoyment of life very briefly in the section above looking at the concept of risk. There is also a link to the concept of health itself, in that a healthy life, for most of us would necessarily be one which we enjoyed living. This is a major stumbling block to the acceptance of many of the dominant prescriptions for health as these seem, in effect, to be proscriptions against all of life's pleasures: eating, drinking, sex, laziness and excitement.

From what the women say, it would also seem that it is when we are emotionally vulnerable that we seek out some of these pleasures as compensation, to lift our mood.

"And it's looking for something, an outlet .... you can't cope with what's going on, I can't cope with this, can't cope with that and you're trying to blank things out and I think with the food, it's you're trying to comfort yourself, because you're hurting"  
(Abigail: First interview)

"I don't even know why I smoke really, I think it's a release because if the kids are getting on my nerves I will go in the kitchen and lock myself in and think, oh, I'll have a ciggie"  
(Adrienne: First interview)

"I'm bored, I'm lonely .... I sit on my own a lot, the kids are in bed,

and he goes upstairs, I head for the kitchen”  
(Jennifer: First interview)

“Well, they say comfort eating, don’t they, so I suppose it’s sort of the things that we all like, you know, the cakes and biscuits and, well I like bread actually. I prefer bread to things like chocolate, so I’ll make toast. There’s something comforting about tea and buttered toast. I think part of the reason I do it is sort of trying to push your problems to one side, it’s like displacement, isn’t it?”  
(Lisa: First interview)

The other emotion which comes strongly into play here is guilt. There is a pattern created by the dichotomising of health behaviours into good and bad which complicates our understanding still further. I feel vulnerable, so, in order to cheer myself up I do something nice. I go out for a rowdy drink with my friends or I sit at home in front of the TV and eat a whole packet of chocolate biscuits. I feel a lot better. However, I ‘know’ (according to the dominant rationality) that what I have just done is ‘bad’ for me, so I also feel bad about my lack of control, guilty for my indulgence. This undermines my sense of self worth: I must be a weak, pathetic individual to need such crutches. I feel vulnerable again, so, in order to cheer myself up ....

My experience of enjoyment, and the dominant ‘rationality’ which designates such behaviour as unhealthy, are at odds. Exposing the fallacy of the strict binary oppositions which underlie the dominant rationality can help us to explore the nature of our particular health needs more thoroughly and to construct an explanation which includes our emotional responses to the world in which we live.

**Groups as important in obtaining affective investment:**

“the limits of reason must be extended to recognizing other ways in which people learn or take up particular subject positions. In this case, educators need to understand more fully how people learn through concrete social relations, through the ways in which the body is positioned through the construction of habit and intuition, and through the production and investment of desire and affect.”  
(Giroux, 1992, p 77)



Henry Giroux stresses the importance of affective investment in the construction of subjectivities, which occurs in and reflects the interplay of knowledge, power and pleasure. The manner in which we construct our subjectivity, our identity, is closely related to our emotions, our need to belong and to feel a measure of support for and recognition of that subjectivity from those around us. In constructing our own identity we identify with those around us through "concrete social relations" as Giroux says. Our identity is defined through its similarity to or difference from the patterns of behaviour displayed by the people among whom we live. We make investments in particular forms of display or performance (Butler, 1990, 1993) which in turn construct our sense of who we are. Giroux illustrates this through adolescent culture (with its constantly evolving identities: mods and rockers, teddy-boys, punks, new-age, ravers) as a construction built in resistance to dominant culture, but the pattern holds for all the myriad cultural variations found in the human population whether dominant or subordinate. While we are constantly being shaped and shaping ourselves in relation to existing patterns of display, we are also creating yet more variations, new identities to add to the mix.

What are the implications of this for health education theory? For me, one of the key implications is that health education needs to occur in group contexts, as it is via such concrete social relations that our subjectivity may be altered, our investment in a 'healthy' identity obtained. This is not to imply a form of brain-washing or forced change. But group contexts are such that issues of identity and identification among individuals are naturally raised in the creation, continuation and cessation of each social grouping. Theories of group dynamics underline such processes (Tuckman, 1965; Tuckman & Jensen, 1977).

Affective investment and its relation to a sense of belonging, of being supported by others, is a strong theme in what the women say about their experiences in the Stressbusters groups. They also give very clear statements relating to the value they place upon these aspects of social relations.

Alice, who suffered years of abuse and spent much of this time alone at home,

describes the impact of mixing with a group of women:

“I realised I’m speaking to women for the very first time, in twenty years, I’m talking to a group of women who are my age, and I’m as human as they are, and they’re as human as we are”  
(Alice: Fourth interview)

Adrienne makes a similar point about the realisation that she is ‘normal’:

“I think the most important thing was to realise that you weren’t the only one. You weren’t isolated because everyone was similar. Everyone was stressed about the same sort of things, so I think knowing that, and like, being able to speak to people and saying ‘oh yes that’s what I do as well, I can’t believe someone else does that’. And things like that, that helps out.”  
(Adrienne: Third interview)

For Pamela the social aspect of the course was the aspect she would emphasise most in describing it to other women, even to the extent of omitting mention of it being a course at all. This is an illustration of how important the social processes were in obtaining benefit from Stressbusters.

“But, I mean, I might not even say that it’s got a title, just say, oh .... all the girls got together and there’s this woman who come in from, she’s only like a health visitor and we just gabbed about all our different problems and stuff like that but it was alright because it was .... like a gang of girls getting together .... most of them go for a drink afterwards”  
(Pamela: Second interview)

For several of the women, their main recollection of the course was of the group, the friendships and the interaction.

“it made us feel supported by each other, and we made good friends out of it as well”  
(Averil: Second interview)

It is this sense of friendship and support which sustains them, which they draw upon in hard times.

“whenever things have gone wrong I’ve got like this mental picture flashes into my head, of us all sitting in the group, things that was said and I sort of think to myself, right, you know, you can react in two different ways to this. You can get very stressed or you can cope with a bit more patience and humour”  
(Lisa: Third interview)

While the Stressbusters course and the groups created through it cannot in any sense be compared with stronger cultural identities, the above comments do indicate that working in groups is one mechanism by which health education can tap into both rational and emotional systems of knowledge construction and behaviour motivation. Working in groups allows for the occurrence of affective investments which are in themselves beneficial for health. It also allows for the exploration of the differing views and opinions within a group, the sharing of ideas and experiences.

#### **Groups as potentially unproductive and damaging:**

However, groups are not a panacea. I have already noted how the extract from the Stressbusters Course Manual glosses over the difficulties of reconciling different perspectives on health. It is similarly silent about the drawbacks of using groups for health education. The positive comments from the women may be due to the nature of the particular groups which were formed, rather than being seen as indicative of the appropriateness of groups for all. The groups of women in the Stressbusters courses came from very similar backgrounds. There was no pressure to deal with racial or class mixing. The groups were single sex and predominantly of similar age. It is probably not insignificant that one of the women who dropped out of a course, Fiona, was 20 years older than all the others in that group, as well as being the only smoker. In most groups the individuals knew one another by sight, and some groups contained pairs of well established friends.

It is always difficult to comment upon something that did not happen. Given that these particular groups were successful, little arose through this research about the difficulties and damage which unsuccessful groups can produce. But groups can also be perceived as cliques, as exclusive, and to experience this is not positive for

health but the opposite. The sense of a positive 'us' can easily switch around to become a focus on the negative 'them'. Many of the barriers and inequalities referred to earlier in this chapter are there because of the negative interplay of groups in their struggle for power and influence. And, of course, some people just don't like to be in groups!

### **Emotion as motivation to act - before and after Stressbusters:**

Within the Course Manual extract in Box 1, the connection between emotion and motivation to act is presented in a straightforward and uncomplicated way. If confidence and self-esteem are raised then people will feel able to change what they do. Implicit in this position, but unstated in the extract, is the link from what people do and how they feel to their sense of who they are and want to be.

The other area in which the extract makes a link between emotion and action is in the way it emphasises the need for a positive atmosphere, using words such as **"relaxed"** and **"friendly"** as well as stating categorically the need to **"emphasise positives"**. The implicit connection is that this positive atmosphere will contribute to the participants' sense of well-being, and so to their increased confidence and self-esteem, and finally to their changed behaviour. The extract minimises entirely the role of **"information"**, which may be seen as shorthand for rationality.

Here is yet another example of the way in which undertaking this research has enabled me to unpick and recognise the strictures of the binary pattern of thought in which I was caught. While Stressbusters may not have been focused on the transmission of information, information as such still played an important role in the educational processes employed. It was information of various sorts which was shared and discussed within the group, providing the substance upon which to reflect. As a result of this learning I now acknowledge the importance of factual information more readily. But the deepening of my understanding of the role of emotion and desire has been still more significant for me. Before I saw engagement with emotion as a means to capture people's interest or to make them feel better. Now I see a much more complex interaction between people's desire to construct a

healthy self image and health education activity. This connection between desires, identity and the processes of health education is explored extensively in Chapter Four.

‘Health education achieves impact by providing opportunities for individuals, within a group context, to reflect upon variation in health behaviours and the differential causes and consequences of this.’

### **Why groups again?**

Given the potential difficulties to be found in group-working which I have just outlined, why does this point re-emphasise this as a productive way of doing health education? The answer is that I believe the positives outweigh the negatives, so long as the groups are chosen carefully. The key factors for this belief are mentioned within the extract in Box 1: **“discussion of experience”, “relaxed friendly atmosphere”** and **“creation of mutual support networks”**.

The Stressbusters groups were relatively homogenous and in two cases the group was already formed before the course occurred. Members of the groups in three cases were drawn from the same immediate local neighbourhood. In the other two cases the women already attended the institution through which the Stressbusters course was arranged, although they came from a wide geographical area. It is interesting that the third of the aims taken from the Box 1 extract, creation of mutual support networks, was least achieved in these latter two groups. One element which appeared important here is time: the women in one of these groups tended to comment that they felt the course was too short and should have been longer than six weeks. (This contrasts with the views of health education professionals whom we consulted before the course, who stated that six weeks was an absolute maximum, and we would be lucky if anyone came for the full length even at that!)

“Maybe it seemed to go too quick, but we only had 6 sessions and 2

hours in each session, it's a lot to pack in.  
*Did it feel rushed to you?*  
It did .... Very rushed."  
(Alice: Second interview)

"It was a bit short actually. It could have gone on a bit longer .... I think, like, you're just getting a grip of this and it finishes (laugh). I think it would be better if it went on for about 12 weeks."  
(Edith: Second interview)

In one of the groups in which the women knew each other well, I asked them how they thought the course would need changing if they were to work with people they did not know. Again time was a crucial element in their answers.

"I think with strangers, 6 weeks wouldn't be enough, 'cos, it takes about 2 to 3 weeks to get to know them .... I think in a group of complete strangers that 10 weeks would do. The first 4 weeks to get to know each other, and then 6 weeks"  
(Lucy: Second interview)

#### **Validation, security and confidence:**

Moving on to explore the processes through which group-working achieves positive outcomes, a key feature seems to be the provision of security and validation for group members. If this basic security and confidence are not provided through the group, then the positive outcomes are fewer. It also seems to me that, paradoxically, it is the very security of this base which then enables individuals to reflect, question and explore the nature of other potential positions, but I am getting ahead of myself. The security and confidence to which I am referring show in the comment from Adrienne which follows, allowing her to move away from judging herself to be a "lunatic".

"it was just interesting to hear different people talking about different things, because sometimes when you're stressed I think, you are the only one in the world and when other people [say the same], you go, oh, I'm quite normal really, not the real lunatic I thought I was"  
(Adrienne: Second interview)

While there is much valuable health education done in one-to-one situations, it cannot produce this validating effect. The recognition by others that I am normal is immensely powerful and beneficial, just as the designation abnormal is equally damaging in its effect. It is interesting that empowerment education approaches, such as these, appear to have a far less dramatic impact upon white, heterosexual, upper/middle class, well-educated, employed people than they do upon disadvantaged and marginalised groups. This may well be because the former have much less need to seek validation as it is already present in abundance throughout much of their lives, given that they are the group from which the dominant discourses arise. As Elizabeth Ellsworth says, these people come closest to embodying the “mythical norm” of our culture (Ellsworth, 1989).

I am not denying the value of individually focused efforts altogether, rather arguing for an understanding which sees health behaviour as both socially and individually mediated, as discussed in a previous section. Rather like the particle and wave motion of light, health behaviour needs dual interpretation to expose the factors at work at the individual and social levels: a quantum theory of health education. It is not possible to explain health behaviour entirely via either approach, nor to subsume one into the other. The two explanations with their differing motivational grounds stand side by side as two ways of looking at the phenomenon of health behaviour. We can deal with health behaviour as an individually determined phenomenon and this will give us certain insights. We can also deal with it as a socially determined phenomenon which gives us other insights. These two readings may be conflictual and contradictory, but both have explanatory power. It is a matter of searching for ways to maximise the positive effects of both readings for our understanding of why people behave the way they do in relation to their health. We need to work within this dialectic of individual and social explanations: to keep a focus on each individual and on the specific health behaviour at issue for her/him, while at the same time focusing on how this behaviour is integrated into the whole of the individual's life and how the individual is situated within one or more social groups.

### **Experience, praxis and possibility:**

One area which becomes important in relation to creating opportunities for reflection is that of experience and experiential learning. Focusing on this highlights the nature of the educational process which the Stressbusters course aimed at achieving. The wording of the extract in Box 1 states very clearly that the course was set up according to “**experiential and adult learning principles**”. The exercises which participants undertook during the course opened up mental and physical spaces in which they could discuss, reflect upon and experiment with their understandings of stress and how it was manifested within their lives. This ongoing cycle of action, reflection and further action and reflection results in what Freire calls “praxis” (Freire, 1972, 1974, 1985).

Praxis is a complex process, without an endpoint, and is the essence of “critical” education. It begins with the description of experience, followed by reflective analysis of this experience to discover hidden meanings and patterns of association among its various aspects. From this emerge possible ways of changing experience, of doing it differently with the hope of a better outcome. This experimentation leads into a further period of analysis and reflection, coming to a judgement about the result of the change and identifying yet more potential for doing it differently again. And so there is yet more experimentation and yet more reflective analysis, creating a virtuous (and effortful) circle. There is a link here to the notion of ‘emergence’ within complexity theory (Waldrop, 1993) as each phase builds upon and transcends the previous one, but all previous stages in the process have been necessary in reaching the current one.

To engage in praxis requires two forms of space: mental and physical. Mental space is needed to achieve analysis and reflection which requires an uninterrupted period of concentrated focus on the issue at hand. Experimentation requires physical space, the opportunity to do it differently in order that the result of such action can be produced and so analysed. Thus this learning process demands an emphasis on ‘doing’ and ‘thinking’, two aspects which are often separated in dichotomous theorising. Not only is learning a social process, but it is also a bodily one. Without



the opportunity to act, the process of praxis is stalled for there is no new experience upon which to reflect: without the opportunity to analyse and reflect the process stalls as the implications of new experiences are not assimilated.

The Stressbusters course provided both of these types of space: the women undertook an exercise, which would often have an active element, and then shared their reflections on this and other, related, experiences. In the final part of the course they took action to change an aspect of their own lives and then reflected on the results of this, either positive or negative. These were all small-scale events, yet the pattern they followed is the same as more socially and politically directed praxis.

Engaging in praxis is not a short term activity but one which lasts a lifetime. In this respect, the amount of movement which can be generated in a few hours through initiatives such as Stressbusters is limited. The ultimate goal of praxis is the better organisation of human society to reduce inequality and oppression. This assumes a focus on communal politics and social change not just individual change. However, this broader focus flows from the creation of solidarity and social support which provide a foundation for more political action. The Stressbusters course was located at the early stages of the process, aimed at the intermediate goal of self-empowerment within a framework of a social model of health.

An example of the way in which a form of praxis was achieved during the Stressbusters course, and was then carried through into the lives of the individual women, comes from the following statement by Averil. She describes the process of acting, reflecting and acting; the sense of increased possibilities and an emergent capacity:

"I think confidence in personal things, you know .... it's made you tackle issues that you might never have done .... it's that way of thinking as well, that's made you change your attitude .... we change, we turn it around, change it and do something positive .... makes you realise that things can be done, it doesn't have to be what's there, that's put in front of you. It's given you other aspects, other things to look at, and to solve whatever problems that you've

got”  
(Averil: Third interview)

Two other examples of practical outcomes from this process are that one group decided to continue to meet after the course finished and became involved in organising a series of women’s health days within the local community. And Winnie decided to join a local community action group which campaigned for better facilities. To bring in a different theoretical viewpoint, the important aspect here may be that the women were strengthening their “sense of coherence”: that is, they were (re)constructing a view of the world, and their place in it, in which events make sense and have meaning, even when these are not under our personal control (Antonovsky, 1979). This reconstructive process is described by Linda Alcoff as available to all:

“all women can (and do) think about, criticize, and alter discourse  
.... subjectivity can be reconstructed through the process of reflective  
practice”  
(Alcoff, 1988, p 425)

### **The power to construct knowledge:**

To take this emphasis on experience a step further, it may cause the impression that reflection on experience is preferred to information transfer as an educational process, just as earlier I emphasised emotionality over rationality in relation to motivation. But this is too simplistic an explanation. New information is generated through the reflection and analysis, through the group sharing and discussions, as answers are sought to clarify the meaning of experience. These answers may come from within the group, from the facilitator or from other sources, and the information may be new only insofar as it was previously unknown to some, or simply unrecognised. Abigail speaks of the importance of learning new information, the importance of which is totally minimised by the Course Manual extract:

“You know the part I actually liked was the part of, the being  
educated, that was the line [Kübler-Ross] and going through the  
ways, what goes, what happens to our bodies, the sweats and the  
shits (laugh) .... I really enjoyed the part of being educated and

taught something”  
(Abigail: Second interview)

However, for me it is the recognition by the women of the ability to generate new knowledge which is the key: the importance of the moment of discovery. Knowledge is power and to see oneself as generating knowledge is to see oneself as powerful. Here, I am not referring to the way in which we all construct our everyday knowledge of the world, but to the construction of more theoretical knowledge concerning the way the world works which digs underneath these everyday impressions. Subsequently, to have that knowledge validated by others adds to rather than detracts from the sense of power. It is totally different in effect from being told ‘here is the knowledge’ first and retrospectively searching for validation from one’s own experience. A quote from McLaren demonstrates this in relation to mathematical learning in schools.

“Students are actively encouraged to reinvent the wheel - they are given the problems that led to creating a formula for finding the area of a rectangle, the volume of a box. By creating the formulae themselves they understand the mathematical theory more thoroughly, and as a not so incidental side-effect, gain confidence, boldness, if you will, as thinkers. The fact that the formulae they derive are not new, the fact that others have reached the same conclusions, can be presented after the fact as confirmation of the students’ work, as an affirmation that they are not alone or crazy, outside the bounds of communal discourse.”  
(McLaren, 1995. p 44)

Within the Stressbusters course this was the aim of the exercises: to encourage the participants to develop their own theories about stress and health, and then to set these against other theories to validate their worth, even to demonstrate their superiority. The participants then feel an ownership of the theory which is hard to achieve through the traditional information transfer system of education. Combined with this sense of ownership is the feeling that the theory has personal relevance as it was created from their own experience. This is important in respect of the personal motivation to act upon the new information, to make a change based upon this new understanding. Given that the focus of health education is also to change

health behaviour, creating such motivation is an important aspect of the educational process.

There were two areas in which Stressbusters attempted to bring about construction of theoretical knowledge by the women: in relation to their understanding of stress management and in relation to their understanding of the process of change. In neither case was the theory entirely constructed by the women: it was a joint process in which the facilitator prompted the women to think in certain directions, as well as using their unsolicited comments in constructing an understanding. In both cases the facilitator had a theoretical model in mind, but the external origins of this were not made clear until after the women had constructed the model for themselves. This could be seen as a sleight of hand, as tantamount to a distortion of the process of knowledge construction, but only if one adheres to a binary oppositional form of critique. Outside of this constricting pattern of thought it is easier to accept the notion that knowledge was jointly constructed by the women and the facilitator in a dynamic back-and-forth process.

(This reminds me of a scene in the film Shirley Valentine in which Shirley correctly answers a question in the classroom, only for the teacher to say scornfully that someone must have told her the answer. Stung, Shirley retorts "Of course they did - how else am I supposed to learn?"')

It is not at all insignificant that it was one of these two aspects of the course which the women recalled most frequently and most proudly, often describing the way their changed understanding led to a change in behaviour. They lay emphasis on the way in which the theory has personal meaning for them, which I believe reflects their sense of ownership of this particular piece of knowledge. It also reflects how this new knowledge became a part of who they were, their identity, a process which is the theme of Chapter Four.

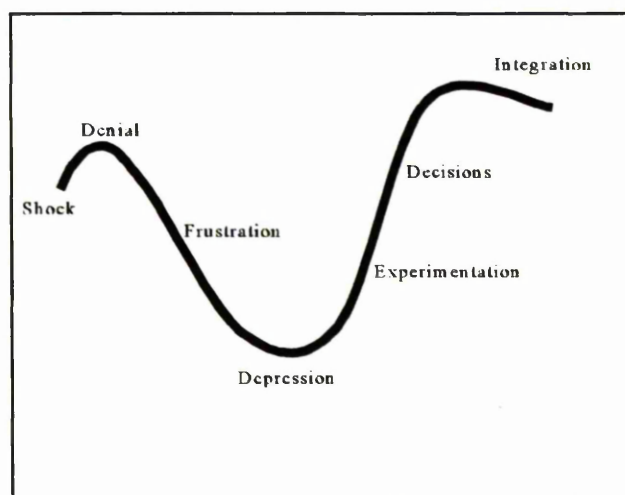
#### **The Kübler-Ross curve:**

One of the Stressbuster sessions explored our reactions to change. Through

discussion and sharing of personal experience, the women built up a picture of the stages into which this reaction may be broken down. This was modelled upon the curve developed by Elizabeth Kübler-Ross in her work on adjustment to bereavement (Kübler-Ross, 1973). The basic curve is shown in Figure One below. (As I do not have the flip charts from the research groups, Appendix D shows a similar curve constructed during this discussion by another group which was not part of this research.)

In the session the curve was drawn on the flip-chart but the stages were only named once these were described by the women during the discussion. Only after the discussion was over was the fact that the curve had also been developed by Kübler-Ross mentioned and this was done in such a way as to consolidate the knowledge which the women had constructed themselves. In one session the women added a stage to the curve by suggesting that “euphoria” replace “denial” in those cases where change was voluntarily entered into. They also brought out the non-linear nature of the model by emphasising how you could slip backwards around the curve, or repeat several steps in a cyclical manner, even while they held that the existence of an end-point was vital to the sense of hope which the curve gave them. The whole of the discussions drew upon the women’s reflections of their own experiences of change and how they reacted to this. (In one group, the curve was referred to as the Rogan Josh curve, due to the unfamiliarity of the name being misremembered.)

Figure One: The Kübler-Ross curve.



It is interesting to contrast what Pamela says of the Kübler-Ross curve with her comments about the antenatal classes she attended, and with her comments about working with the community psychiatric nurse over her depression. First here is her comment about the curve:

“I’ve looked at that curve and missed out steps and I know that I don’t have to get that very bottom of that curve .... I think it was brilliant. It just, it really, really hit home, that curve. It just, it was unbelievable .... it’s as if it was like the answer to all your problems but sorting it out for yourself, it just given you that sort of illustration that can really tell you it’s alright .... But it also makes you look further for solutions, if that makes sense. It sort of, it just gives you the prod without telling anybody. It’s for you”  
(Pamela: Second interview)

Pamela uses words like “brilliant” and “unbelievable” in relation to how the curve has impacted upon her life, even saying it is “like the answer to all your problems”. The tone of this comment is upbeat and the sense of unfolding potential is high.

In the same interview Pamela contrasts this with how she felt when she worked with the community psychiatric nurse:

“I had to do like a diary and write an essay and all this, which, was alright at the time, but I felt I was doing it for her and not for me and that’s why I don’t see her no more”  
(Pamela: Second interview)

The tone here is of feeling pressured, of doing something to please another rather than for herself, and the end result is that she ceases to see the professional involved, even though it was “alright at the time”.

Finally, there is her comment about the antenatal classes, which she refers to as “intimidating”.

“It was like the staff telling you really and they didn’t do role play or anything but they did ask us to split into groups and write things on flip charts. My husband’s like, oh, here you are, I’ll do that, sort of

thing but the other couples were, like, I'm not doing that .... It was a little bit intimidating really, in some respects"  
(Pamela: First interview)

In all of these educational sessions the activities have been much the same: sharing experience, talking in groups, writing things down, but the process and the power dynamics have been quite different. The result in terms of the ownership of knowledge, and the translation of this into behaviour change is dramatic. In a final comment, the way in which Pamela has integrated her understanding of the Kübler-Ross curve into her life, using it for her own purposes, is clear.

"I do keep thinking about that Rogan's fellow, with the curve and that has just stuck in my mind .... when I have sort of looked back and sort of analysed things, I've thought well, because of this Rogan's thingy, I have sat down and I've thought, well, how did my depression really start?"  
(Pamela: Fourth interview)

I have used Pamela as an example here because she was particularly eloquent on the subject. Not all of the women described such a striking impact, even while they maintained that they did feel the curve had been important. For some of the women, other aspects of their learning were more significant due to the particular personal relevance of other exercises undertaken in the course: the 'juggling' exercise in which they reflected upon their multiple roles; the listing of the pros and cons of an intended change; the exercise exploring self-talk in relation to stress management.

However, when this process of constructing knowledge works it has an expansive effect, it opens up possibilities and understanding rather than closing these off. Pamela describes this very well in the above comments.

### Conclusion.

In this chapter I have traced the development of my beliefs about the nature of health education processes and outcomes through the experience of undertaking

this research. In doing this I have used the words of the women I interviewed and the writings of others on the subjects of health and education to deconstruct my previous understanding, and then to reconstruct a new version. This new version, I believe, is more open to the conflicts and contradictions which are hidden within my stated beliefs. I feel more able to make productive use of the tension created by the existence of these contradictions, and, rather than denying or ignoring them, I can use them to develop my thinking still further. As a result I have a strong sense that I am now a better health educator than I was before: I have developed a new, more able self through my engagement with this research and the Stressbusters course.

This recognition of the connection between a sense of self and the impact of an educational opportunity is the most crucial learning which has occurred for me. And, just as I have developed my understanding of health education process from my interaction with the women I interviewed, this learning has also arisen from my analysis of what they were telling me. The way in which I have used this project to reshape my self mirrors the way the women used the Stressbusters course to reshape their selves. This chapter has explored the nature of the process for me, Chapter Four does the same for the women.

There is a general lesson which I would like to draw out more clearly here as well, in relation to the very processes and outcomes which have been the subject of this chapter. It also relates to the dynamic tension between social and individual which has been a theme running through this chapter. The individuals who took part in Stressbusters experienced specific and particular impacts from the course. These were not simply an automatic result of the educational processes which the course employed. They depended to a large extent on the individual women and the particular directions their desires led them in respect of their health choices. As Chapter Four demonstrates many of these desires were connected to their identity as mothers. This will not be the case with all those who take part in a Stressbusters course. Others will engage with the course on the basis of different desires arising from different identities and senses of self.



This issue of identity is central to the manner in which the processes used within Stressbusters obtained the outcomes which are described by the women in their interviews. For example, at the start of the course, in the collage exercise, participants are offered an 'empty box' to fill with their notions of stress. Not every group will fill this box with the stresses arising from mothering, and so the process which unfolds from this beginning will follow different journeys to different destinations. It is likely, however, that the same issues will arise along the way: questions of conflicting identities, the need to construct and validate knowledge, and the influence of emotions and desires. To see the journey taken by these particular women as the only option, the only legitimate end-point, would be to limit the potential which the Stressbusters course offers in a significant way.

The educational processes employed within Stressbusters can be seen as a set of tools. These tools are offered to participants who use them to work on their self constructions. The tools remain the same, but the selves and therefore the resulting constructions are different every time. These women chose to use the tools primarily to reconstruct themselves as mothers. Participants whose life circumstances are different, who are concerned with the nature of other identities, will use the tools to work on these instead. What is important is that the tools are useful in such a reconstructive process. Perhaps, as a result of my engagement with this particular health education initiative, I am now in a position to design more adequate tools for use in other health education activities.

## CHAPTER FOUR

### HEALTH, IDENTITY & MOTHERHOOD

#### Introduction.

In this chapter I intend to show how the way in which the Stressbusters course impacted upon the women participants was intimately connected with their sense of identity in general, and in particular their sense of themselves as mothers. As I have just stressed at the end of the previous chapter, recognition of this connection is one of the key things I have learned through this research. It is a connection which works at different levels. The previous chapter described how my sense of myself as a health educator acted as a prism through which I saw and made use of this research, a process paralleled in this chapter in which I explore how motherhood was the prism through which the women saw and made use of the Stressbusters course. In this chapter I will show why this particular identity was so important for the women and how it affected the way in which they interacted with the course. I believe that by examining this issue in depth I can expose the ways in which health education needs to work **through** people rather than on them, indeed how it will **only** work through people.

For most of the women undertaking the courses, being a mother was the central focus of their life at the time. As a result they took what the course offered and interpreted it through the prism of motherhood. For them, the meaning and relevance of the course was tied up in its usefulness to them as mothers, and the way in which the course took effect was in relation to the material conditions of their lives as mothers.

The chapter is built around two main themes. Firstly, I explore how the women took the open-ended subject of stress and constructed this in relation to their lives as mothers. Their mothering was an important source of stress, the general focus of the Stressbusters course, and so inevitably much of the course revolved around the

way they managed being a mother. To a certain extent the same is true of the way in which they constructed the notion of 'health' and a 'healthy lifestyle': their concerns in relation to these concepts were closely linked to their sense of their mothering responsibilities.

Secondly, I explore why it is that the women focus so intensely on themselves as mothers. What is it about this particular identity construction which makes it so important in their lives? Why did they so often perceive issues through the prism of motherhood rather than any other aspect of their identities? (And what other identities did they perceive the issues through?) I will also show how their conception of their identity as mothers was not fixed or static but an evolving notion which changed as the nature of their relationships with, and through, their children and the world around them changed.

#### Why we chose 'stress' as a focal topic for the Stressbusters course.

The style and content of the Stressbusters course grew out of a frustration with the lack of success colleagues had experienced in running smoking cessation courses. Not only were these courses poorly attended, but it appeared that many women felt worse after such a course due to the fact that they did not succeed in giving up tobacco consumption entirely. Over the course of many discussions we developed the idea of a course which would not have such a restrictive, behavioural focus; one which might provide a sense of achievement even for those who did not succeed in giving up their 'bad' habits.

One of the key ideas within the development of Stressbusters was that of accepting that there were links between many individual health behaviours, and between these and the circumstances within which people were living out their lives. Focusing in on a single behaviour, such as smoking, did not allow for sufficient exploration of these links, nor for the development of any mechanisms to deal with their complexity. Our critique was similar to that of Antonovsky (1979) concerning the

single disease focus of pathogenic approaches to health: it is unjustifiable to contend that picking off diseases (behaviours) one by one will actually eliminate ill-health. A study in Kasongo, Zaire, showed how children who were vaccinated against measles certainly did not die from this cause, but the overall mortality remained constant: they simply died from other causes (Kasongo Project Team, 1981).

We agreed that such a single-minded focus was not productive, but we did not wish to lose all connection with health behaviour either. As our discussions progressed over the months, we gradually came round to the idea of focusing on stress as a topic. We believed that stress was closely related to health in multiple ways, many of them very difficult to trace, and that reducing stress levels would bring about better health, especially when health was defined as a sense of wellbeing rather than the absence of disease (Antonovsky, 1979; Kaplan, 1991). We also believed that stress was quite closely related to some of the particular health behaviours which are the focus of so much health educational effort: tobacco and alcohol consumption; weight control, diet and exercise. Research indicates that this is the case with women (Graham, 1990, 1993a & 1993b; Oakley, 1992; Blackburn & Graham, nd). Our assumption was that if we worked on the topic of stress, then via more or less indirect routes, we would also be able to tackle the health behaviours which single focus courses had so far been rather unsuccessful in affecting. For example, where a stop smoking course failed because it did not address the complexity of a woman's motivation to smoke, Stressbusters might succeed through focusing on the high stress level which we assumed to be behind the woman's tobacco consumption. (This betrays the rationalist assumptions under which we still operated: we did not truly allow that a woman might smoke tobacco for purely pleasurable reasons. Such a lack of analysis demonstrates how firmly we were positioned within the mainstream of normative, positivist health education despite our 'alternative' approach.)

### The construction of 'stress' by the Stressbusters participants.

In the first session of the course, the women constructed a collage together on the topic of stress. Much of the imagery in the collages relates to perfect women with perfect families, which the women in the courses selected as representing the stress of trying to live up to such ideals. (Copies of four collages are presented in Appendix B although they are too small to show great detail: the originals covered three sheets of A1 flip-chart paper.)

During the second session, participants explored the nature of what they construed as stressful situations and how they reacted to these physically, emotionally and in terms of any action they took to deal with or avoid the stress. They also filled in a retrospective three-day diary which listed "stressful things in my life" (see Appendix C). In summary these stressful items, in order of frequency, are shown below. Some women preferred to keep their diaries private, so the total number available is different than the total number of women participating in the courses.

#### Table Four: Stressful things in my life - items from participants' diaries.

children (14/17);

partners/other family members (11/17);

pressure of work (paid/voluntary/housework); money; health (5/17);

my initial interviews (4/17);

neighbours (2/17);

boredom (1/17).

The themes and issues which were represented in these collages, stressful situations and diaries were then reflected throughout the rest of the course, being taken up through the various other exercises in later sessions. In this way the content of the course reflected the nature of the stress which the particular women in each group brought to the group's attention. It was not predetermined by the Course Manual or the facilitators.

In the penultimate session of the course, the women were encouraged to plan to change an aspect of their lives which was currently causing them stress. The choice of what such a change should be was left open to each individual woman, and the attempt was not compulsory, although they were strongly urged to try something. The nature of the changes the women chose to focus on, as well as the point in time at which they attempted and/or realised the change, is shown in Table Five below.

This list, as with the collages, the diaries and the examples of stressful situations which the women spoke about, is heavily weighted towards the concerns of mothering.

**Table Five: Intended changes and point of (attempted) realisation.**

<b>Name</b>	<b>Intended Change(s)</b>	<b>Time of Attempt/Realisation</b>
Lucy	kids' morning routine, reduced smoking	during, end of course
Lucinda	own diet, reduced smoking	end
Megan	time for self, reduced caffeine	during
Averil	management of housework	during
Jennifer	change of child-minder, increased exercise	during, end
June	child discipline, diet	end
Marianne	household routine	end
Pamela	time for self	end
Abigail	action on abuse, reduced alcohol and smoking	during, end, after
Adrienne	kids' bedtime routine, reduced smoking	end
Celia	kids' mealtime routine, increased exercise	end
Laura	time for self	end
Sharon	baby's sleeping routine	end
Winnie	family mealtime routine	end
Alison	activities for self	end
Edith	relaxation for self	end
Lisa	limiting responsibility for others	end

In reviewing this evidence, and in analysing the interviews in which the women talk

about the impact of the Stressbusters course, I was struck very forcibly by the way in which issues of mothering were prominent. Initially, I could not see why this was so, and I felt a strong reluctance to accept this as being the case. On the surface, the data seemed to be reinforcing the idea that women, always and only, interpret the world in the light of their role as mothers, and that no other role exists for them, or is of value or importance to them. I was uncomfortable with this analysis, as I did not feel it reflected the way the women talked about their role within the Stressbusters sessions, nor my sense of the way the women presented themselves to me through the interviews. Yet I could not escape the pre-eminence of the concept of mothering within the interview data and the way it constantly manifested itself through the course materials and exercises.

After several reviews of the data during which I tried to make sense of what I read, I arrived at the following explanation for why mothering featured so prominently in the course and the interviews. I will expand on this explanation below, but summarise it briefly here for clarity.

Presented with the 'empty' topic of stress as the focus for the course, the women 'filled' this concept with their own particular realities. For most of them the key source of stress in their lives came from their role as a mother. This was due to the demands which their children made upon them and the expectations they felt others had of the manner in which they should fulfil this role. These expectations, and whether or not they felt themselves able to meet them, were linked to issues of judgement, shame and guilt, all of which brought additional stress. When the women thought of ways and means to reduce their stress, they focused on the way in which they were managing their role as mothers, making changes which they hoped would reduce their stress through better family management. In addition, the women felt stressed by the very fact that they seemed unable to escape from the identity of 'mother', and were constantly juggling the tensions between this role, or identity, and others which they were also expected, or wanted, to fill. In a similar way, whenever the women thought about the concept of health, they found it almost impossible to separate out their own and their families' health, granted that

they were given, and felt a responsibility for both via their role as mothers.

I will now go into these points in more detail, drawing on the interview data to support my position.

### Motherhood as a source of stress.

The women describe two main ways in which the role of mother is a source of stress in their lives: via the demands that their children make upon them physically and emotionally; and via their desire to live up to their own and others' expectations of what a mother should be and do. Once again I will deal with each aspect in turn.

#### **The demands of children:**

"like wanting something when you're in the middle of doing something but they want it now and it's the droning of their voices, it's not even the voice, it's the whingy voices. Like you say you can't have it and they say I waan it, I waan it and in the end it just wears you down doesn't it?"

(Adrienne: First interview)

"and the kids would be coming up, I want a drink, I want this, and any excuse and I'd say fucking hell, I never have a fucking minute to myself! (Laugh) So, and all's I want to do is to watch a programme"

(Abigail: Third interview)

"Because if you don't, the kids constantly going on and on and on, or asking for something. They're not just there and sitting there, they always want something out of you. And you just get fed up hearing mum, mum, mum, mum all the time. So I go to sleep thinking and no, I've got to go out. Bit of time to myself.

*And how does it make you feel when they're always going on at you, I want this, I want that?*

I'd kill them, like strangle them, I go shurrup and they go but, and I go but nothing, get upstairs and play with your toys. But within ten minutes they're down and they're killing each other. It's just constantly in your head even when they're not saying it. Just hearing mum, mum, mum, mum all the time. And I say to them shurrup



because you're going to get a smack and they just ignore you.”  
(Laura: Fourth interview)

These three comments pick up the tension of being a mother in graphic terms. There is no escape from children and the needs they express, even if, as Laura says, they are not actually expressing them at the time: “It’s just constantly in your head even when they’re not saying it.” Abigail describes the way in which a mother is always on call, always has to be there for her children and their expectation that she will put them above herself: “I never have a fucking minute to myself!” And Adrienne describes the cumulative effect of these never-ending demands for attention and care: “in the end it just wears you down doesn’t it?”

The comments above focus on the very immediate demands which the women feel their children make upon them. But these are not the only demands of which the women are conscious. The existence of a child also produces a demand for care, protection and nurturance, a demand that the child’s welfare be assured. This demand is not necessarily expressed directly by the child, but it is still strongly felt by the women. Two comments below demonstrate how the women perceive this demand, and their responsibility for meeting it, as stretching indefinitely into the future. In both cases they are talking of a child who is currently only two or three years old.

“In order for my daughter to not fall into the kids, the category of kids who stand around the off-licence every night, or on the street corner by the garage or whatever, to introduce her to that many activities, my husband comes from a sporting background, so we feel as though she’s got a lot of things to keep her mind occupied and to do it for herself, and it’s not like the winning, the taking part, sort of thing, if we can provide that kind of start for her, we hope that will be the right track for her to go down, because that’s the biggest fear that we’ve got. Not to do with, like, anything about education, it’s nothing to do with that, it’s the outside, of when she comes home from school!”

(Pamela: First interview)

“I’m worried about that side of her because I was actually going to speak to the health visitor about it because I want it to stop before,

you know, bullying might become a problem at school because she must have this aura about her that says I'm an easy target, you'll get away with it if you do it to me. Because kids in the Mother and Toddlers, a couple of them, not all of them, make a bee line for her, and you see she doesn't retaliate. So it's just going to, you know, and that's a worry to me but I mean that's just, you're going to get these worries because kids are, they're a worry to you, aren't they?"  
(Marianne: Second interview)

It is in these ways that the women conceive of mothering as a stressful occupation, and it is a stress which they find hard to escape from even when they are looking at their life well into the future. A final comment from Adrienne, again about her children who are still at primary school, encapsulates the way her hopes and fears are bound up with her children's futures.

"I just want them to be normal (pause) and I just, it's not even that I want them to be normal I just don't want them to be drug takers or alcoholics or robbers. I'm not saying that's not normal, but it's not really, to me it's not anyway. Because that's not the way I am so, I don't even care if they haven't got a job just as long as they're happy. I don't want them to be millionaires, if they are I'd be made up but, like, I just want them to have what they want, as long as it's not, like, drugs."  
(Adrienne: Fourth interview)

This comment shows the complexity and broad scope of the issues which the women are dealing with in their role as mothers. It also brings in the notion of social acceptability, which I shall examine in the next section. Before moving on to this, I will look at the consequences, as the women see them, of not meeting the kind of demands described above.

When women fail to meet the demands of their children, they experience guilt. Adrienne Rich refers to this as "the guilt of Everymother" (Rich, 1977. p 223) and it is prevalent among the women who undertook the Stressbusters courses. Fiona and Winnie describe how the sense of guilt is ever-present for them.

"and I've always, they've all got the ability of making me feel guilty."  
(Fiona: First interview)

“Yes, but then I think at the weekends, that's another one feeling guilty if you don't take them anywhere at the weekends (pause). I just wish I didn't feel guilty, you know say if I didn't do anything, think oh, I am not going to feel guilty about it, but I do.  
*Do you think there is anything you can do that will stop you feeling guilty?*  
Not that I know of (laugh) If I did I'd do it.”  
(Winnie: Fourth interview)

Abigail explains how guilt sets in if she loses her temper with her daughters.

“Of course they're left with that memory and you can't erase something like that, can you? You know, my mum was in a nark. You shouldn't be like that, you should make, I really feel now, your children's lives are so precious you should be building up lovely memories in their heads so when they go back they can say, well, my mum was on her own but she's done her best.”  
(Abigail: First interview)

For Averil, guilt is a consequence of something as mundane as feeding her children convenience foods.

“It's quite easy to give them beans on toast for their tea, you know, I get a guilt trip then half way through the week. I think they've got to have vegetables somewhere, you know.”  
(Averil: First interview)

And for Celia, the guilt she experiences even extends to what might have been, as she tortures herself imagining unpleasant events in her children's lives which could happen if she does not take enough care.

“I just, I find that hard to cope with because it's my fault, it's guilty conscience and that's, like, you punish yourself .... maybe just people close to you would say, how did it happen? And then having to say, I didn't have hold of her properly. Because that's where the guilt is then. Because it's just that it's you again, isn't it?”  
(Celia: Fourth interview)

### **The expectations of others:**

Mothering is seen as an important role in our society, as it is in most, and there is a great deal of 'expert advice' available stating how mothering should be done. I will return to this point later in this chapter, but here I want to concentrate on the way in which these public expectations create more stress, as expressed by the women I interviewed.

The stress which the women perceive comes not so much from the existence of general expectations about how mothering should be done, but from the fear of not living up to these expectations and the associated guilt and shame which results. Although the following comment does not specifically mention children, within the context of the discussion the responsibility for children was part of what was summed up in being a housewife.

“Lucy: “well, you get the impression that you’re supposed to cope with everything. Cos you’re the woman! You’re supposed to cope with the dreary, with the worry, with the housework, with the shopping. There’s no such thing as it being unhealthy, getting stressed.”

Lucinda: “it’s always been a housewife’s purpose.”

*“sort of just easy, get on with it, no problems.”*

Lucinda: “yeah.”

*“so is there then a sense of sort of shame, if you maybe are ..?”*

Lucinda: “there was. It was like you don’t, a housewife doesn’t do nothing, sits on her bum all day, drinking coffee, watching TV type of thing. And if you couldn’t cope with it, then yeah, it was embarrassing.””

(Lucy & Lucinda: First interview)

What Lucy and Lucinda are picking up on here is the way in which the role of housewife and mother can be portrayed in the general culture as an easy task. The complexities, of which they are all too aware from their personal experience of mothering, are glossed over by society at large, minimising the effort and difficulty involved in being a mother. The general assumption that their’s is an easy, straightforward task leaves them feeling inadequate when they do not find it to be so.

Besides the unrecognised complexity of their work as mothers, the women also mention another source of stress in relation to the expectations others may have of them. They are acutely aware that others will judge their worth as mothers by the behaviour of their children, yet there are myriad other influences to which children are subjected which can undermine all the efforts that even the best of mothers can make.

“Yes. I mean I know that, and I always think it doesn't matter how good you are or how well you teach them or the different, I think they can still go wrong. And I'd never be one of them mum's that say no, that's not my son what done that. But that's my fear, that's why I know I fear it. Because I know, well I believe, I'm doing a good job bringing my kids up but, as good a job as that, I know I can still lose them tomorrow because that's how easy it is to lose them. I'm under no illusion.”  
(Adrienne: Fourth interview)

“I dread when he starts all this. Lots have said, well, no he won't because he's quiet and he doesn't bother, and then others say the quiet ones are the worst ones. You know, so you can't win. Just got to wait for the storm to happen, haven't I? A lot think he will give me no trouble, but I don't know whether he will or not. Have to wait and see .... But like, you take the good times with the bad don't you, but if he gets into all that he gets into it all. Girl or boy they'll do it anyway. We've all tried it.”  
(Laura: Fourth interview)

While Adrienne may be “under no illusion”, and Laura accepts that she just has to “wait for the storm to happen”, it is clear that such generosity is not seen to be forthcoming in the judgements of the general public. Indeed, as June notes in the following comment, it wasn't until she experienced being a mother that she developed a tolerance for the difficulties mothers are faced with and an understanding of the unfair nature of others' judgements.

“I feel that people must think that, I know before I had my kids, and you see, you have seen children and they are playing their mums up and you think, they must be allowed to get away with murder, but now I have my own children and I know what kids get up to, and before you have your kids, you are quick to jump and that.”

(June: Fourth interview)

Being aware of how others are “quick to jump” to conclusions, to cast doubt on the ability of mothers to do a good job, is the main reason why these women find dealing with others’ expectations a stressful experience. Later in the chapter I will explore the way in which this feeling is amplified by the amount of social and cultural baggage the identity of mother carries in our society.

#### Reducing stress by changing management of mothering.

From Table Five above it is clear that many of the actions which the women decided upon in the Stressbusters course were related to their role as mothers. In seeking to reduce their stress, or to alter an existing cycle of response to stress, they often focused on changing the way they managed their role as mothers.

#### **Changing family routines:**

In some cases this meant altering of family routines, for example, around mealtimes or bedtimes. Adrienne describes how she tried to reduce the conflict at bedtime by giving her son a later bedtime than his two younger sisters, and moving the children around for her own convenience.

“S----’s going to bed later than the girls, and that was one of the things I was going to do which has worked out. He’s staying up til 8 o’clock. I mean the girls are still coming down, saying where’s S---? But like they are going up at separate times .... And I am going to move the beds down, the girls’ beds down, not even for that reason, for like, the fact that R---- keeps coming to our bed and I’m too lazy to go up to the loft with her, so I’m going to put her next door, so, if she does come in I’ll just pick her up and throw her next door then.”  
(Adrienne: Second interview)

Winnie has a different motivation for her change to the evening mealtime routine: she wants to establish a habit of good communication with her children while they are young, as a protection against what she perceives as the inevitable dangers of

adolescence. The following comments show how over the six months following the Stressbusters course she manages to maintain this new routine and her perception of its benefits.

“we made the effort to sit at the table .... we’ve all had our tea and it’s been brilliant, you can see the difference .... the difference with the kids when you’re sitting round the table with them”  
(Winnie: Second interview)

“it’s still kept up, so I’m delighted .... they’re talking to you more, they’re telling you about their day, whereas if, once you pick R---- up now from school he, you ask him and he’ll say he’s done nothing, but then say, if you sat round the table tonight .... it’ll come out and he’ll start talking about it then, and then G----, like it knocks on with G---- and then, they’re like the two of them are wanting to tell you”  
(Winnie: Third interview)

“it’s the only time where we can sit and spend half an hour or so round the table and talking and that .... where they will tell you what has happened in the day .... They are all communicating .... Brought us all closer together because we have that bit of time to, for each other.”  
(Winnie: Fourth interview)

For Lucy, she altered her whole routine after the course, in a knock on effect from her noticing that her first cigarette of the day appeared to set up a stressful pattern.

“Well, to be truthful with you, I changed my entire routine. We found that when I got up it was my most stressful time, didn’t we. And I’m screaming and shouting like anything. So now, instead of me getting up, L---- [daughter] gets up and brings me a cup of tea and I can’t smoke in the bedroom. So, I don’t have that cigarette, so I’m more relaxed when I come down. The kids are all more organised. It’s changed, every little detail’s changed around.”  
(Lucy: Second interview)

### **Changing disciplinary measures:**

Another area in which the women note a change which reduces their stress is in the way they manage the discipline of their children. The demands of the children and the pressure of living up to expectations about mothering make discipline an area of

acute tensions. An effective disciplinary mechanism brings with it an immediate reduction in this tension and the associated stress, and sometimes brings unexpected bonuses through an improved relationship with the child.

For June, discipline of her youngest son is a constant problem, and an area in which she feels extremely exposed to the judgements of others. Immediately following the course she was able to find ways of managing him more successfully and the reduction in stress for her is evident in the following comment.

“But I don’t feel as stressed now, it’s like I do feel different in myself and even with the kids, if the kids are stressing me out I can sort it out now, and I do feel more relaxed, where before I was on edge. Even I mean, my little boy, he is, well he can be a monkey .... I can sort of cope with him now and have a little, like, chat to him .... and I don’t feel the stress and my stomach is not tied up in knots”  
(June: Second interview)

Winnie describes how her changed disciplinary measures not only reduce the stress of managing her children, but bring an additional pleasure in the way the children respond positively and make her feel rewarded, however odd this reaction seems to her.

“I’m reacting to them differently, say, if they do something they shouldn’t do, then I’m dealing with it and I’m punishing them and I’m carrying [the punishment] out. And, like, at the time it’s, like, hard but then after it you’re like, oh yes. And even they are being more, I don’t know (pause) more, they are being more loving towards me if anything, which I’m finding is weird .... Being a lot, like, better, well behaved .... they are responding a lot differently.”  
(Winnie: Second interview)

Laura and Jennifer also comment on the way in which changing the way they discipline their children has left them calmer and more relaxed.

“I will, if I’m fuming with them, and I’m thinking, right, they’ve had it, but while I’m looking for them I’m thinking, well, what way shall I do this, you know what I mean, and try and figure it out. Instead of walking up and slapping them, (laugh) .... So in the end I’ve just



been grounding them, keeping them in all the time .... I used to smack them and let them back out, you know what I mean. But now I just persevere, used to whinge, I want to go out, I want to go out, but now I persevere with them”  
(Laura: Second interview)

“I’m a lot calmer than I was. I used to just, like, I’d lose it really easy, things like children driving me mad, I’d just flip and start screaming and shouting and lashing out but I’m not doing that .... I’m just working through things more rather than just, like flying off the handle .... I’m sort of giving them a choice saying if you don’t do it this time then tomorrow you don’t go out, or whatever”  
(Jennifer: Second interview)

For Adrienne, despite some positive changes, discipline remains a constant battle and source of stress for her.

“It’s not like a miracle cure, I’ve never screamed since the Stressbusters course, because I have, loads of times .... I think it’s just me making, like, I have to make goals for myself and say, well, if they’re fighting I’ve got to like, I’ll smack them both, so it doesn’t matter who started the fight, if the other one continues fighting with them, they know they’re both going to get smacked so that’s got to stop them eventually. And things like that. I just have to set goals for myself and see if I can stick to them. And see if I can keep my stress levels low enough to, like, be able to sit and be, like, calm.”  
(Adrienne: Third interview)

In the way the women talk about their changing disciplinary practice, it is possible to trace the changing relationship with their children over time, and the gradual replacement of the use of authority by communication based on mutual respect. Edith’s comment shows her recognition of the fact that her son now has to make his own decisions, and of her own changing role in their relationship.

“I don’t want to ever try to force him to do things because I want him to do them, I want him to make his own mind up, which he does, because he is not, he does have his own mind now anyway, he has reached that stage .... I have to be crafty and do it in a way that makes him feel I am not nagging all the while, I have got to get through to him to understand what he has to do .... Once they get bigger they want to know everything why? what for? so you have to

explain as an adult, in an adult way”  
(Edith: Fourth interview)

The trickiness of negotiating a new balance to the mother-child relationship is caught nicely by Lucy and Lucinda in their description of changing patterns of discipline with their teenage children following their participation in the Stressbusters course. This leads to a re-evaluation through which they add the concept of being their children's friend to the way they construct themselves as mothers.

“Lucy: “But when you're shouting at them then you're the boss, and then when you become their friend”

Lucinda: “It's respect for each other isn't it?”

Lucy: “They don't treat you as the boss. They come to you and you say 'I'm being deadly serious, now, I mean it, you're grounded' and they say 'yes, OK mum, see you in half an hour'. So, in some senses they don't take your authority because you've changed.”

Lucinda: “There's a negative to it.”

Lucy: “They've actually turned around and said 'truthfully mum, are you being deadly serious or you're just pretending to be boss again'.”

Lucinda: “I had the problem with my son taking the role of his dad, with his dad not being there, with the little ones. It was a very difficult time and I've tried to explain but, he's still a little bit, he's still throwing his weight around but not as bad as before. He says to me I feel you're on your own mum with nobody to help you so I'm just trying to help. But he's making matters worse because the two little ones, they just see him as their brother, he's not the boss.””

(Lucy & Lucinda: Third interview)

### **Taking time out from the pressures of mothering:**

A last way in which the women attempted to alter their management of their mothering role was by finding ways to obtain time out. The demands and pressures created by the role are overwhelming, so the women try to remove themselves, however temporarily, from the context of being a responsible mother. This strategy is connected to another source of stress which the women describe as related to being a mother, and which I will deal with in the next section: the need for the women to balance being a mother with other roles and identities which are desired or expected of them.

Here I will focus simply on the way the women found taking time out from mothering beneficial in terms of stress reduction. For Adrienne simple displacement is enough to create a break, and for Marianne, it was the prospect of just such time out which drew her to the course in the first place.

"If the kids are getting on my nerves, and I'll run in here, and put the Light House Family on and listen to them, and let the kids have murder in the living room."

(Adrienne: Third interview)

"to be totally truthful with you, the first time I went to the course, when I said I would go to the course I was looking at it for an hour or two away from home without it actually being an expensive night out, and too far away. It was within walking distance and things like that"

(Marianne: Second interview)

At six months after completing the Stressbusters course Laura describes how she still manages to ensure some time for herself among the competing demands of housewifery and motherhood.

"It's just an achievement isn't it? The thought of being, I don't know really, the thought of you actually doing something and it's for yourself, it has no concern with none of the others. It's just where if you're doing stuff in the house and that it's always involving someone else or it's for someone else's sake .... No, I just, to have time to myself I just make sure that I make it, do you know what I mean? If I didn't make sure I made it, then I wouldn't have it, do you know what I mean? If I didn't do these courses I'd go home and do the housework or whatever, shopping. And if I don't make time of a night for myself (pause) I'd be constantly doing something, do you know what I mean, that is for the benefit of others. So I just got it into my head to make sure that I do take some time out and I do benefit from it, do you know what I mean? .... it was hard work, do you know what I mean, you're thinking half way through it I shouldn't be doing this, I should be sitting at home, or tidy up. Then you think oh well."

(Laura: Fourth interview)

That achieving this requires constant effort is clear, but so is the satisfaction of having something which is "for yourself" and "has no concern with none of the

others". Two more comments from Lucinda and Pamela show how strange it can feel to women to put such an emphasis on themselves and their own needs. Generally women are not expected to put themselves first in this way, a point I will return to later in this chapter.

"I've felt that I've become a little bit, er, you know, I think more of myself than what I did before .... It feels funny, but it still feels, I've always been one to put others first. But I've been sort of stepping back and saying no, think about yourself. For a change."

(Lucinda: Second interview)

"it's just the whole course has made me think in a different way. Not everything, but you know, about myself and being a bit more confident and starting to say 'no' and, you know, .... I'm able to be my own person .... And now I tend to, started taking a step back and I've thought, well, no, I'm sorry but this is me and I'm doing it for myself, you know .... I don't have to do things to please everyone all the time. I'm doing things, making things, situations, to please me, myself, rather than to please everyone else"

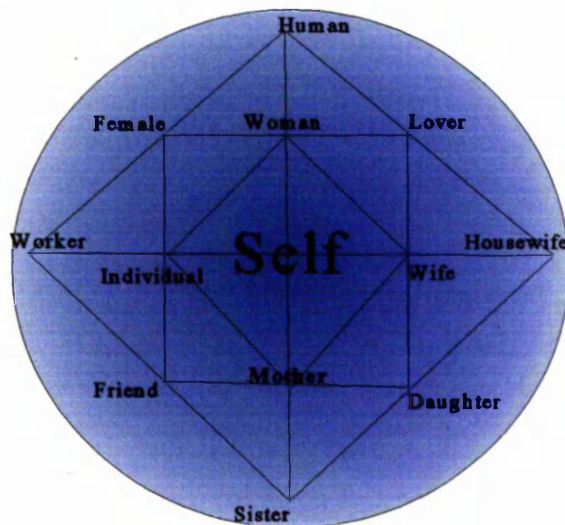
(Pamela: Second interview)

### Juggling between mothering and other identities.

Although the women focused on their roles as mothers for much of the time, they did not do this in such a way as to totally exclude their other roles. It was more that the role of mother was such an important one that it took up most of their attention, leaving only snatches of time and energy for them to focus on other aspects of themselves. Their sense of self, or identity, was very closely bound up in the role of mother, but it had a variety of other dimensions too. None of these were exclusive: they all existed together in the one woman and there was a constant dynamic tension in the way the women constructed their identities first through one perspective and then through another. I have tried to capture this in Figure Two below.

This diagram should be seen as a web of interconnected points, all of which exert force on the other points and, in turn, are subject to force from other points.

Figure Two: A web of Identity



The comments the women make upon this web of identity suggest that the stress arises from the competing and equally compelling priorities they experience in their attempts to be all the people they wish to be. The greatest difficulty lies in resisting the tremendous pull created by their role of mothers and making space to construct their other identities in a satisfactory manner. Again I will return to the power of the 'mother' identity later in this chapter.

Lucy and Lucinda express the common pattern of prioritising and how they are changing this to reflect a more comfortable position in which their mothering role sometimes takes a back seat.

“Lucy: “Before it used to be always the kids, the kids, the kids, the house, the kids, the house, and then somewhere, like five miles back, was me.”

Lucinda: “yeah.”

Lucy: “but now, it’s like, hang on, let me have it for a change.”

Lucinda: “yeah.”

Lucy: “I’m actually putting myself at the front.””

(Lucy & Lucinda: Second interview)

In a similar way, Marianne reflects on how she has let some of the pressures from work and housework slide, in order to enjoy time with her children: to enjoy being a mother rather than focus only on the responsibilities of the role.

“I’ve been easier on myself generally about things for, (sigh) the housework, you know, if it’s not done, it’s not done, so what? But I’ve found because I’m not trying to get too much done, you see, what I used to do was giving myself too much to do and yesterday everywhere was tidy and everywhere had been hoovered and everywhere had been polished, cleaned, and I thought, right, I’ll get all the washing done and that’s when I said ‘sod it, I’m going to have a day of doing nothing, I’ll just sit and play with J---- and H---. Why give myself something to do? There’s nothing needed in the wash and the washing will do Friday, type of thing.”  
(Marianne: Second interview)

In a later interview, however, Marianne reflects on how she would feel if she found herself unable to meet the competing demands of home, children and work, even while she also says how such a fear of failure is “ridiculous”.

“I’m like a lunatic. I hate it. I just, I can’t go out and leave it [the house] a mess because I wouldn’t be able to do my job when I got to my job. And I would feel a failure and I’ve heard women say this, they feel a failure if they can’t do their job and do the house and I think that’s ridiculous you know, I’ve never heard such codswallop all my life. But I think to myself if I can’t do it, I would feel a failure if I couldn’t you know.”  
(Marianne: Fourth interview)

While balancing work and home responsibilities may be difficult, for most of the women, doing without their identity as a member of the workforce is not something they are prepared to contemplate. There are economic reasons which make work desirable and often essential to the survival of the family, but the main benefit which these women pick out is that of having a separate, adult identity via their work. It is this which they really value, even if partly because it gives them a boost of energy with which to return to the duties of motherhood. Winnie, Adrienne and Sharon all emphasise this point.

"I need that time to myself. Even though it's only a cleaning job, that's my time, for me, on my own, away from everyone. Away from the shouting and arguing and everything. That's my time."  
(Winnie: Second interview)

"Oh yes, you still need to get away. Yes. You need to like, that's why I've always worked, even from when I had S----, I went back a couple of days and even from having B----, I think it must have been two weeks later I went back to work on Saturday, because that's like, you need a sanity day. That's like a day where I'm working but like I'm with adults with adult conversation round you. I mean that what works for me, it mightn't work for everyone. Some people might think oh she went to work two weeks after she had the baby and all that. But like that was like my sanity day, so I can, like, a recharge day."  
(Adrienne: Fourth interview)

"You've got to haven't you, or you'd just be a mum for the rest of your life. I know they rely on you but you've got to have a life of your own as well, haven't you? .... [without a job] I'd probably be walking round like a tramp (pause) not caring how I look or anything, dressing the baby nice, or whatever. That's the way I see it, you know, like, what is it, self confidence or self esteem, is it when you?"  
(Sharon: Fourth interview)

Some of the women comment upon the way in which they have to alter other relationships to take account of the pressures of being a mother. Sometimes this can be a relief, for example Pamela describes a reduction in the influence her mother has over her life.

"And my mum couldn't handle the fact that I sort of, was talking not as a daughter, but as a woman and a mum .... I can, you know, basically say, well mum, I'm 30, I'm a mum, I'm a wife, and you know, I am a woman and I have got my own views about things"  
(Pamela: Third interview)

But at other times it is a limitation, as for Abigail in her attempts to find a new partner who will be acceptable to her daughters.

"And I think they're very happy with the fact that I've broke up with

that fellow because it was backwards and forwards a lot, they didn't know where they were .... [but the loss is] I suppose because I feel a physical person I wouldn't mind getting my lay now and again .... to be looked at like a woman and to be felt and touched."

(Abigail: Fourth interview)

The importance of remaining 'womanly' and attractive also shows in Adrienne's remark about having a night off from her children. This is related to the importance of beauty and body image to these women, which clearly has its positive side despite the difficulty of attaining the 'body beautiful'.

"it feels good when someone goes, god, have you got three kids? Like, when you're dressed up and out, and I go, yes. And you think I don't look like a mother tonight, I must look younger, because I don't look as though I've got three kids tonight. And you do feel that little bit, oh, I'm glad .... You are like, responsible, like all through the week so every now and again you .... say I'm not a mum tonight and have a laugh"

(Adrienne: Fourth interview)

#### The construction of health from a mother's point of view.

I have explored the reasons why stress and mothering were so closely linked for the women who participated in the Stressbusters courses. Before I go on to look at just what it is about the role and identity of mother that makes it so powerful, I will make a very brief diversion. As I have shown in this chapter so far, the women constructed the concept of stress primarily through the prism of their experience as mothers. They also did this with the concept of health. In their descriptions of their own health, and of what they described as a 'healthy lifestyle', the women often incorporated the notion of their children's or family's health. Adrienne's comment encompasses various aspects of health; June shows this tendency in relation to what she says about healthy eating, while Pamela's comment shows her realisation of how her own and her daughter's social wellbeing are both affected by going to the Mother and Toddlers group.



"I eat healthy and the kids eat healthy .... and they always go for their check ups and all that and we, like, talk a lot with the kids and play games with them and all that to keep them, like, alert"  
(Adrienne: First interview)

"I mean, health, like, we do eat healthily anyway. I mean I have done since I've been on, since like, only since like, last year. I always try to give my kids healthy stuff, to eat and that. And I do, I mean, I think my kids are healthy, I feel healthy and my husband seems healthy .... my kids have always had healthy food."  
(June: Second interview)

"I think well, I'm doing this for my daughter so her mind is going a healthy way .... I was taking my daughter so my daughter could get along with other people, but she doesn't realise but she was taking me so that I could get along with other people as well."  
(Pamela: First interview)

### Why is the identity of 'mother' so important?

In this section I will show why the identity of 'mother' is so important to the women from what they themselves say and from other writings on the topic from a variety of fields.

#### **Motherhood as a forced and voluntary border crossing:**

There is no denying that becoming a mother had a tremendous impact upon the women I interviewed. This shows clearly in their descriptions of the experience. The birth of a first child marks a watershed in a woman's life, and it seems that once crossed, there is no going back.

"I just wouldn't wish a first child on anyone.  
*Do you think there is anything they could have done that would have?*  
Just the reality of things, what it is really like, especially with your first, you really haven't got a clue. You're thinking it's all going to be a bed of roses and it isn't. It's far from it. You don't realise how much this person depends on you, and it's just so much of a big responsibility.  
*Do you think if they'd have told you that while you were pregnant,*

*you would have believed them?*

Probably not, I mean yes, you would have but, it's not until you experience it is it?"

(Winnie: First interview)

"I was working until I was 32 years of age and then a baby came and that's it, my life stopped. I remember sitting in the bath crying my eyes out because I couldn't have a bath and this baby was crying in the next room you know. Just like your whole world is wiped out .... I always thought to myself that I would start having a family later on in life, which I did, so that I could be a better mum and I'd be a bit wiser but it doesn't work out like that. You're so naive, no matter how."

(Averil: First interview)

What stands out from these statements is the utter shock of the reality of having a baby, something which cannot be anticipated and which is so drastic that Averil refers to it as being "like your whole world is wiped out". This shock is not something for which the women feel in any way prepared; they have been led to expect "a bed of roses" which motherhood certainly is not, as Winnie states. The irreversible nature of this change comes out clearly in a comment from Laura.

"when you have kids it never finishes does it? It's just constantly always there, you start something and it never stops, like, till you die."

(Laura: Fourth interview)

One reason why the birth of a first child creates such a strong sensation of being thrown abruptly into a new world is the intensity of the emotional connection which the women have with their children. This is described by both June and Adrienne.

"Because he is mine and no matter what he does I will always love him. I mean (pause) I just, no matter what your children do, you might dislike them at the time but you will always love them .... I live for my kids, they are my world, even if some of them are little monkeys."

(June: Fourth interview)

"Because I do say to myself, well, the most important thing to me are my kids, not even [husband], my kids are more important .... it's

like a different kind of love .... if they were both standing on a cliff you would save your kids before you'd save him [husband] .... they take priority over everything.”  
(Adrienne: Fourth interview)

Another reason is the enormous burden of responsibility which being a mother brings with it. Winnie, in the comment above refers to this: “it’s just so much of a big responsibility”. Lucinda also remembers the fear that came with this realisation:

“But then you come home (pause) and that’s a shock. Cos it’s, you’re responsible for this child’s life, you know. So that was scary.”  
(Lucinda: First interview)

For Adrienne this burden of responsibility is so overpowering that she feels it would have prevented her from having children if she had known about it beforehand.

“Before I get that far I always think I wish I never had them then. I do really. I honestly believe if I'd have known, if I'd have looked forward enough before I had kids I wouldn't have them because I just think it's horrible out there for them. There's so much out there that can harm them. Not even people can harm them but I mean they can just get in with the wrong crowd and then they become one of the people that I don't want them to become. But then you can only have so much control over them .... And that's why I think, if I thought properly about having kids, I wouldn't have kids now. I wouldn't do nothing to my own kids because I love them, but I mean if I had it all over again and knew what I knew now, I'd have been sterilised when I was 16.”  
(Adrienne: Fourth interview)

And for Celia, the constant worrying about her children’s welfare is severe enough for her to feel it undermines her own health. This then leads to yet more worry as she contemplates the consequences of any serious health problems she might have upon her daughters.

“but I think of it [worrying] for me, my wellbeing and my, my health, that I think that it’s not doing me any good, and then you think then of your children, well, if it’s not doing me any good am I going to have a shorter life and then they’re not going to have a mum”

(Celia: Fourth interview)

The impact of becoming a mother is important for another reason too. When a woman becomes a mother she is suddenly exposed to all the weight of society's expectations concerning how she should fulfil the role. For a woman without children, there are general social expectations as to her appropriate behaviour, but for the most part these are not too restrictive, and the consequences of ignoring them are minimal. Once a woman becomes a mother this carefree state is no longer permitted. This is not to diminish the significance of gender-based oppression, rather to highlight a change in degree which is associated with the transition to motherhood and the way in which the change of position brings about the change in understanding (providing another example of the 'emergence' I referred to in the previous chapter). Linda Alcoff describes this in relation to the transition to becoming a feminist.

"The concept of woman as positionality shows how women use their positional perspective as a place from which values are interpreted and constructed rather than as a locus of an already determined set of values. When women become feminists the crucial thing that has occurred is not that they have learned any new facts about the world but that they come to view those facts from a different position, from their own position as subjects."  
(Alcoff, 1988, p 434)

For the women on the Stressbusters courses, becoming a mother caused them to view 'the facts' from a new position and so to reconstruct their sense of their place in the world.

It is this difference which I believe is the equivalent to a border crossing (Anzaldúa, 1987; Giroux, 1992): a movement into another culture with a different pattern of life, in fact, a different way of being in the world. To be a mother is, in this sense, to inhabit a different world from that of the woman who has not given birth. Even while the women in this research entered into their pregnancies and motherhood through positive choice, this dislocation was still severe. Indeed, as a comment from Averil shows, it is a dislocation that takes years to recover from.

"So, I'm back to, sort of like, I couldn't say it was my normal self because I did never see myself as being this stressed out you know, over-wrought, with the kids and that, so I don't think everything is. *When you say your normal self, when do you feel you last were your normal self?*

Probably before I had kids! Probably, you know, maybe this is my life. And it's not going to get any better and it's not going to get any worse, but I think about the times when I never had any kids and I was really calm, do you know?"

(Averil: Fourth interview)

The person Averil was before she had her children is gone, and she is slowly and painfully reconstructing her identity in the aftermath of becoming a mother. This need to take on board a new combination of identities is also picked up by Winnie and Sharon.

*"If you try and, sort of, think who you are, who is Winnie, how do you then think of yourself most of the time? (Pause) Do you still feel you are Winnie most of the time or do you feel you are somebody's mum?"*

Oh yes, somebody's mum (laugh). A mum. A wife second, Winnie third.

*Does that matter?*

No, it's just the way it is. I just say well, no, I had the kids so that's the way it is, type of thing."

(Winnie: Fourth interview)

"I mean people see you as Sharon not L----'s mum. I mean I'm 35 years old, 34. I've had 34 years of just me not just a 20 year old just starting, you know ....

*Does anybody call you L----'s mum then?*

I haven't heard them (laugh), they might do, I haven't heard them. They probably do when, the creche, when I take him to the mother and toddlers group and that. Well I used to, our M---- takes him now but they probably do there.

*Does that bother you at all?*

No. (Laugh) Like I suppose if, I don't know, if everyone started saying that I'd say I'm not just L----'s mum (pause) not just D----'s wife. I'm me."

(Sharon: Fourth interview)

As a childless woman it is possible to construct oneself as an individual in the way

in which our culture generally does: autonomous, free to choose our own courses of action, independent and able to act alone, and to access the positive valuations of the self associated with these characteristics. While there are those who say that women tend not to follow this pattern even in the childless state, being more relationally minded (Gilligan, 1982; Belenky et al, 1986; Brown & Gilligan, 1992; Taylor et al, 1995; Goldberger et al, 1996), it is the transition to motherhood which marks a serious break from this pattern. To be a mother is to be connected in the most visceral way to another human being, and to feel that other being as part of oneself, indivisible. This is especially true in the earliest years of motherhood when a child is extremely dependent on another (a-mother) for its survival. With the growth of the child and the gradual lessening of this dependency, a mother is able to emerge from the mother-child unity, and it is then that she begins to reconstruct all the selves which she feels were temporarily lost, in whatever new form these appear to be possible. How long the period of isolation (mother-child duality) lasts and how long the reconstruction takes is different in each case.

I believe that this process may be illuminated by combining the work of Sara Ruddick and Susan Greenfield. Sara Ruddick (1980, 1994) argues for the notion of "maternal thinking" which opposes the idea that mothering is a matter of pure instinct with the idea that it involves a great deal of conscious, careful effort to resolve the difficulties thrown up by rearing children. Susan Greenfield (2000) in her work on the functioning of the brain, suggests that our individuality is connected with our use of rationality, and our communality with immersion into our sensuality. Looking at the way in which motherhood initially overwhelms a woman's sense of identity, and then gradually loosens its hold allowing the re-emergence of other selves, I offer the following explanation.

A mother with responsibility for a new baby is immersed in a sensual world. Babies are not rational creatures and have yet to develop the ability to communicate via reason and argument. They are creatures of desire, need and immediacy. Due to the (usually) close emotional bond between a mother and her child, the mother too becomes immersed into a sensual world of desire, need and immediacy. This, along

with the manner in which our society segregates women with young babies from the rest of the population, reduces a woman's sense of herself as an individual as she has little apparent need to exercise the rational capacity of her brain. As the baby grows, two things occur: the segregation is reduced and eventually ceases altogether, and the baby her/himself begins to make demands which require the use of rationality to fulfil. And the thinking mother emerges to accompany the feeling mother, along with a range of other identities which have been forgotten or felt unnecessary.

The final stage is, of course, once the child is adult and embarked upon its own seemingly independent course of life, and a mother has to continue the reconstruction of her sense of identity to take account of the fact that mothering may now play very little part in what she does and who she wants to be. One of the older women on the Stressbusters course, Lisa, was beginning to confront this need.

"I'm thinking to myself I've got 12 months before I turn 50 and before my daughter goes away to uni, so my life is going to be very different"

(Lisa: Third interview)

One important aspect of being a mother which does not materialise through the interviews is the notion of the mother as a powerful individual, in the sense of having power over her children. Many women do not have access to this form of power in other areas of life and its significance may be easily underestimated. My interviews with the women concentrated on the stressful side of mothering, its negatives and difficulties, this following naturally from the topic of Stressbusters. As such the positive aspects of the role were glossed over, but these also make the transition to motherhood a significant one.

#### The way society constructs 'mother' as a key social identity.

So far I have concentrated on what the women have to say about why mothering

was so important to them that it became the prism through which they viewed the entire Stressbusters course. I will now reinforce this by exploring the way in which mothering is constructed within the culture and society in which these women live, for many of the expectations which weighed them down so heavily are reflected in these constructions. The literature on the topic of mothers and mothering is voluminous to say the least. My treatment of it here is not intended to be exhaustive, but simply to demonstrate how what the women say is both reflected in and probably developed from a variety of competing discourses on the subject.

### **Mothering as natural and easy or demanding and difficult?**

One of the key areas which created stress for the women I interviewed was the weight of expectation they felt they must live up to in their mothering. The contradiction between feeling, on the one hand that she is doing a good job, and on the other that people will judge her to be inadequate is captured by Adrienne. It is also a contradiction which runs through much of the literature on mothering.

“I just think my way’s a better way for me. They’re not wrong and I’m not wrong but that’s their choice and that’s my choice, so my kids go by my rules .... I’m doing what I think’s right .... we all have different ways .... But at the same time it’s still, they’ll still live by, like, the rules that I think are right .... Yes, well, they do say, oh, she can’t be a good mother if he’s done that and if her kids have turned out like that, there must be no discipline in their house.”

(Adrienne: Fourth interview)

This contradiction is evident in the way that, while there is a great deal of theory to support the idea that mothering is a natural feminine skill, there is also an enormous body of ‘expert advice’ for mothers to enable them to carry out their task well. Mothers are exhorted to ‘follow their instincts’ at one minute and then, at the next, urged to follow the ‘expert advice’ in case they make mistakes. What is it that underlies this contradiction?

The cultural construction of woman, of female and of feminine is such that these concepts by definition include the notion of mothering within them. A selection of



quotations serves to emphasise this point.

“Motherhood is a central fact of many women’s lives. It shapes their relationship with other people, their opportunities for paid employment, their leisure activities, and their individual identities .... That women should have babies and provide childcare is generally regarded as the norm in our society. It is ‘what women do’. It is regarded as **natural**: the expression of a maternal instinct to want and care for children which all ‘normal’ women are deemed to possess.”

(Richardson, 1993. p ix [emphasis in original])

“Woman is conflated with mother, and together appears as an undifferentiated and unchanging monolith.”

(Glenn, 1994. p 13)

“It is extremely difficult to differentiate femininity from the function of motherhood, perhaps because its nature is so deeply intertwined with emotional, physical, biological, hormonal, cultural, sociological, and physiological factors that are exclusively associated with womanhood.”

(Welldon, 1988. p 27)

As a result of this conflation of identities, there is an underlying assumption that the characteristics of a ‘mother’ are present in all women, regardless of their actual status in respect to childbirth.

“Whether she has children of her own or not, a woman ‘is nevertheless expected to mother others as part of being a woman’”

(Gittins in Richardson, 1993. p 17)

There is also an assumption that to fail to be satisfied with, or enjoy mothering, is to fail in one’s womanliness or femininity.

“Psychoanalytic theory, then, implies that motherliness is a normal characteristic of a mature woman’s femininity; that ‘motherliness-in-action’ is naturally rewarding; and consequently that the experience of dissatisfaction in motherhood is evidence of developmental problems in a woman and poor adjustment to her feminine psychosexual identity.”

(Boulton, 1983. p 3)

The construction of woman/female/mother in this way is also connected to the binary pattern of Western thought. Woman is associated with certain characteristics of caring and nurturance, with gentleness and a loving nature, and with a preoccupation with domestic, private matters. It is this constellation of assumed characteristics which means that the ability to 'mother' is deemed to be 'natural' to women. And, in turn, the designation of 'natural' leads to the assumption that there is little in the way of skill or intelligence involved in the matter - these also being areas in which 'woman' is portrayed as lacking! (Alcoff, 1988; Riley, 1988).

And perhaps this last point gives a clue as to why 'expert advice' is perceived as necessary. The task of socialising the next generation, of introducing them to the norms and values to which they are expected to adhere, forms a large part of mothering. This acculturation process is vital to the continuation of society as-it-is. It saves a lot of trouble if mothers can be relied upon to instill the required habits and characteristics into their offspring which will ensure that they take their allotted place in society. I will deal with this in a moment when I explore mothering as a form of social control, here I want simply to draw attention to the scale and scope of 'expert advice'. This is perhaps best summed up in the title of a well-known book on the subject "For Her Own Good: 150 Years of Experts' Advice to Women" (Ehrenreich & English, 1978) but the list of 'expert' publications on mothering extends well beyond this, as a cursory glance at any bookshop shelf will demonstrate (Bowlby, 1951; Dick-Read, 1959; Spock, 1964; Brazelton, 1969; Leach, 1989).

In contrast to the theory which posits mothering as 'natural', and, to some degree also opposed to the tradition of 'expert advice', is the body of work which emphasises the demanding and thought-provoking nature of mothering. This work is critical of the binary divisions which structure the position outlined above. In contrast, the work of mothering is seen as crossing over and obliterating these divisions due to its requirement that a mother utilise all her abilities - brain, emotion and body - in the task of raising her children. Sara Ruddick refers to this as

“maternal thinking”: a process which draws not simply on a woman’s rational capacities, but also on her emotional resources.

“Intellectual activities are distinguishable, but not separable from disciplines of feeling. There is a unity of reflection, judgment, and emotion. It is this unity I call ‘maternal thinking.’”  
(Ruddick, 1980. p 348)

From this position, writers have also reacted against the way in which mothering is presented as instinctive, unthinking and virtually automatic, highlighting the way this minimises the active, considered way in which women carry out this task.

Adams points to the

“tendency of theories of mothering to reduce the complex practices of mothering to a simple functional process.”  
(Adams, 1995. p 416)

While Eyer remonstrates with those who, aligning themselves with all the negative valuations of woman inherent in the binary pattern of thinking, would reduce

“women to automatons who behave the way they do, not because of their capacity to reason, their complex psychology, or their economic or social circumstances, but rather because of their inherent and inevitable inferiority”  
(Eyer, 1992. p 5-6)

And Ruddick in her later work contrasts the way in which women talk about their experiences of mothering with the theories which have been developed to understand and explain what they do. She indicates a mismatch between these two constructions which I feel is reflected in the words of the women I interviewed. Women make use of formal, academic theories in constructing their notion of mothers and mothering, often via the medium of magazines and TV programmes, but they also draw heavily upon their daily, face-to-face interactions with their children and their surroundings.

“When mothers talk about themselves, when they appear as

characters in their own maternal stories, they often depict themselves as grappling with problems their children present or that the world presents to their children. But this thinking mother is not reflected in psychoanalytic tales any more than she is in philosophy or more ordinary varieties of feminism.”  
(Ruddick, 1994. p 33)

One last area in which this body of work opposes binary thinking is in the division between private and public life, and the positioning of mothering firmly and exclusively within the former. In fact mothering does not occur in isolation from the rest of the world, and nor is it only the mother who has influence over the growing child.

“I use the term ‘motherwork’ to soften the existing dichotomies in feminist theorizing about motherhood that posit rigid distinctions between private and public, family and work, the individual and the collective, identity as individual autonomy and identity growing from the collective self-determination of one’s group.”  
(Hill Collins, 1994. p 47 - 48)

“The importance of women’s intelligence, complex psychology, social and economic circumstances, not to mention the army of nonmaternal factors influencing a child’s life, were lost to concerns about the presumed threat of women’s instinctual power to shape their children.”  
(Eyer, 1992. p 73.)

### **Mothering and work:**

Figure Two illustrates the number of different identities which the women were trying to accommodate within their constructions of self. These span the public/private divide in many ways. A key public arena in which the Stressbusters participants clearly perceived themselves as having a role to play is the world of work. Most of the women are in no doubt as to the vital contribution being a ‘worker’ makes to their sense of wellbeing, although some are ambivalent with respect to the impact upon their children.

Yet again, the literature reflects the same ambivalence.

“The balance of advantage for women to be drawn between ‘mothering’ and ‘providing’ can be a complex and debatable one, and it needs careful appraisal.”  
(Bortolaia Silva, 1996. p 21)

During 1999 and 2000 the UK government commissioned research into the impact of mother’s working upon their children (Reeves, 1999; Freely, 2000). The conclusion was that part-time work was desirable but only after a child reaches the age of one year. As with so much ‘expert advice’ this creates a situation in which those women who go out to work, whether for personal or economic reasons, before their child is a year old, or do so in a full-time capacity, or who do not work at all, are immediately open to feelings of guilt and failure as mothers. [In 2001 the conclusion from yet more research was that full time working mothers actually damage their children’s educational chances, adding another twist to the story (Carvel, 2001; Figes, 2001).] This dilemma can be particularly acute for those mothers who are without partners on whom the full responsibility of both caring and providing for their child falls. A comment from Lisa recalls the benefits of working to her sense of self esteem and her feeling of being a successful mother.

“I need that feeling that I had where I’d been a single mother for years but I’d got on my feet and I was a strong mother who was a wonderful role model to her daughter .... I was getting good jobs and I was earning decent money”  
(Lisa: Fourth interview)

These benefits are also mentioned within the literature on working mothers, and are seen as valuable for much the same reasons as Lisa provides.

“Paid employment may eliminate or reduce what is for many women the worst aspect of motherhood, social isolation and loneliness. It may also help women to recover or maintain a sense of autonomy and identity beyond that of being ‘just a mother’.”  
(Richardson, 1993. p 14)

These competing discourses about the nature of mothering and the characteristics of a mother have strong echoes within the statements of the women on the

Stressbusters courses and it is possible to see how such general discourse contributes both to their understanding of themselves as mothers, and to the stress they experience in attempting to be good enough mothers (Bortolaia Silva, 1996). This convergence of views is not surprising, as we all tend to absorb into our own consciousness the major tenets of our culture.

“Given that the dominant model of appropriate childrearing is widely available in the culture at large .... it is not surprising that much of that model is so fully internalized that it seems a matter of intuition and common sense.”

(Hays, 1996. p 72-73)

### **Mothers as responsible for everything:**

A similar mirroring effect occurs in relation to the discourses concerning the nature of the impact which mothers have on their children, for better and for worse.

Responsibility featured largely in what the women said about being a mother, and the fear of not being able to manage such a burden successfully was a key source of their stress. Once again, their comments pick out a fundamental contradiction: if so much of what goes into a child's development is beyond the control of that child's mother, why is it that society often seems to hold her particularly responsible for the kind of adult the child becomes (Gillan, 2000)?

The fields of child development and psychoanalysis are where much of the literature on this topic resides. Theories within these fields encompass not only individual development but also the socialisation of the individual to become a satisfactory member of his/her society. In the bulk of this literature, the mother is a key figure, for, as already noted above, she is widely perceived as being the main conduit for these processes. But her influence is interpreted in a contradictory manner which grows out of the dual valuations placed upon women within our binary thought.

Woman, as 'Mother', is revered for her purity, gentleness and natural characteristics, while at the same time she is, in the form of the 'Other' understood as a source of corruption, defilement and pollution.

“Throughout patriarchal mythology, dream-symbolism, theology, language, two ideas flow side by side: one, that the female body is impure, corrupt, the site of discharges, bleedings, dangerous to masculinity, a source of moral and physical contamination, ‘the devil’s gateway’. On the other hand, as mother the woman is beneficent, sacred, pure, asexual, nourishing; and the physical potential for motherhood - that same body with its bleedings and mysteries - is her single destiny and justification in life. These two ideas have become deeply internalized in women, even in the most independent of us, those who seem to lead the freest lives.”  
(Rich, 1977. p 34)

The good woman/mother will devote herself to her children ensuring that they have the best of childhood experiences and grow into the kind of adult society desires. In order to do this, such a woman/mother will place the needs of her children above any others, indeed she will hardly even acknowledge that she has needs other than those which manifest themselves through her children. Elements of this construction of motherhood were apparent in the statements of the Stressbusters women, and can easily be found in the literature.

“In the world of mothering, it is socially unacceptable for them (in word if not in deed) to place their own needs **above** the needs of their children.”  
(Hays, 1996 p 150 [emphasis in original])

But, at the same time, if a mother does not maintain a certain level of distance from her children, especially the boys, she is seen as damaging them through over-protectiveness. In effect she is caught in a double-bind, damned if she does and damned if she doesn’t.

“Motherhood ideology certainly encompasses multiple contradictions. Mothers are romanticized as life-giving, self-sacrificing, and forgiving, and demonized as smothering, overly involved, and destructive. They are seen as all-powerful - holding the fate of their children and ultimately the future of society in their hands - and as powerless - subordinated to the dictates of nature, instinct, and social forces beyond their ken.”  
(Glenn, 1994. p 11)

"To the long tradition of blaming the mother for juvenile delinquency (Bowlby), a nation of 'gladiators' (Dick-Read), and 'terrorists' (Brazelton), we may now add the 'violent criminal' (Spock)."  
(Eyer, 1992. p 187.)

The terrible responsibility placed upon mothers is to make sure they manage this impossible balance between too much care and too little: that they protect their children from the negative aspects of society while still allowing them the freedom to explore and benefit from its positive ones. In effect, they should exercise an all-encompassing control over the lives of their children while creating the impression of a carefree existence. Such an ideal is unattainable.

"'Control' is a central issue in maternal practice and a recurrent topic of maternal reflections. Typically mothers try to protect their children and teach their children to protect themselves, knowing all the while that the worlds they inhabit are 'beyond their control'"  
(Lazarre in Ruddick, 1994. p 42)

"One expectation facing mothers which is guaranteed to intensify the anxiety generated by the co-existence of love and hate is that they can, and indeed should, exercise an all-inclusive 'control' over themselves and their children. But psychoanalytic theories have revealed the power of the unconscious, emphasizing how limited is our real control over children, even when we seem to be in control."  
(Parker, 1997. p 34)

One last ingredient to this cocktail of impossibility comes from the recognition that not all mothers want their children to grow up into the kind of adult society-at-large endorses as valuable. Society is made up of many groups competing for power and status. Those mothers who do not come from dominant groups may wish to bring their children up to resist the definitions of adulthood imposed by the powerful elites, while at the same time they will be aware of the dangers of nonconformism of this sort. Black theoreticians have picked up this point explicitly but it applies to many subordinated groups as they struggle to resist domination.

"Mothers make varying choices in negotiating the complicated relationship of preparing children to fit into, yet resist, systems of



racial dominance.”  
(Hill Collins, 1994. p 58)

To return to the Stressbusters women for a moment, it is this type of struggle which Laura faces in bringing up her sons in a neighbourhood where a culture of machismo flourishes.

“I thought it’s no good going round pretending to be the hard man, you just get a name for yourself, don’t you? Just being able to, I just want them to be able to stand up for themselves when they have to. Not go round bullying, not go round being the big men (pause) or trying to be.”  
(Laura: Fourth interview)

This sort of issue becomes more acute as the child grows and is subject to a wider range of influences outside the immediate domestic sphere. For the Stressbusters women, their difficulty in accepting the influence of others, via the school system for example, also highlighted this issue of competing norms and value systems.

“The first time you realise it is when they are on the playground, and I was (child interrupts) when, you know, they are coming out with things, you think they are getting influenced by other people now, it’s not just me”  
(Winnie: Fourth interview)

This concern extends into the child’s future as the women worry about the influence of peer groups and what they see as negative aspects of the culture they live in. Many of their concerns mirror those generally defined as socially unacceptable, but underlying their fear is the same issue of control, or the lack of it, and allocation of responsibility and blame.

“Yes, it’s really worrying, there’s so many things going on in the world now and you think what are they going to get into, and what are they going to do. How, you know, what type of friends they’re going to have (pause) you worry about drugs and things like that because it’s so freely available these days, isn’t it? I mean I wouldn’t know where to go but kids all seem to know, don’t they, and I just worry that he’s going to get into things like that.”

(Jennifer: Fourth interview)

“You know when they are little, you think they are a handful then, but when they grow up and go out on their own it’s ten times worse.”

(Edith: Fourth interview)

This brief discussion of the way in which mothers negotiate a balance between their own views and those of society-at-large leads me into the next area of literature exploring the way in which mothering is exploited as a form of social control.

### **Mothering as a social control mechanism:**

“Mothering is a complex and shifting issue that involves much more than mothers and children. It encompasses ideologies, resources, labour markets, technological changes, men, law, choices and obligations”

(Bortolaia Silva, 1996. p 33)

The postmodern, deconstructive impulse of recent years has resulted in the questioning of many of the received wisdoms of our culture, from Enlightenment philosophy and positivist science through to the function and purpose of society or the family. It is from this body of work that I draw in the following brief exploration.

This was not an area about which the Stressbusters women spoke very much. The course was not long enough to delve into the more deeply rooted ideas through which we construct our world, as I have already noted elsewhere in relation to the deconstruction of the idea of the ‘body beautiful’. But one comment leads me to believe that, given more time and encouragement, some of the women would have found this an interesting avenue to pursue. I have already used this extract above but I will repeat part of it here.

“Lucy: “well, you get the impression that you’re supposed to cope with everything. Cos you’re the woman! You’re supposed to cope with the dreary, with the worry, with the housework, with the shopping. There’s no such thing as it being unhealthy, getting

stressed.”

Lucinda: “it’s always been a housewife’s purpose.””

(Lucy & Lucinda: First interview)

It is in the notion of the “housewife’s purpose” that I see a connection to those who present mothering as a form of achieving social control. Donzelot (1979) presents a convincing thesis to the effect that the authority of the State has gradually been transferred to the family which has now become the main mechanism through which State control is achieved. Through a variety of processes the family has been altered and shaped in order that it now fulfills many of the functions which formerly were the province of the State. This relieves the State of an enormous burden of responsibility for the smooth functioning of society. This is achieved instead through the self-regulating mechanism of the family which has internalised the values which the State previously embodied and enforced. Given the prominence of the mothering role within the family, it is easy to see how this leads to a proliferation of expectations which a mother should fulfil. The nature of these expectations, and the stressful burden of trying to live up to them have already been dealt with above.

In the same way, mothering may be seen as the transmission of particular “regimes of truth” (Foucault, 1980) which ensure that succeeding generations will not disrupt the power balance created and maintained to suit the existing elites. Patterns of mothering, just like other forms of education, ensure the continued hegemony of the status quo (Gramsci, 1995).

The benefits of this system are described by Sharon Hays, who also exposes the social control aspect of mothering when she reveals how the best-selling authors on mothering advice emphasise that “raising a child is one of the most important things one can do **for society**” (1996. p 68 emphasis added).

“The ideology of intensive childrearing persists, in part, because it serves the interests not only of men but also of capitalism, the state, the middle class, and whites .... the ideology of intensive mothering is protected and promoted because it holds a fragile but nonetheless

powerful cultural position as the last best defence against what many people see as the impoverishment of social ties, communal obligations, and unremunerated commitments”  
(Hays, 1996. p xiii)

From this perspective it is easy to see how the preceding theorising on the subject of mothering may be felt as stressful and burdensome by those women involved in the struggle to bring up their children well, and how this struggle is riven with contradictions within and between their own views of what is best and the views of society-at-large on this topic.

### **Disrupting identity:**

Some of the most powerful comments made by the women relate to the impact which becoming a mother had upon them, the seismic shift this brought about in their lives. To complete this very brief exploration of mothering literature, I will return to the way in which becoming a mother is seen to disrupt a woman's sense of self and identity. This was powerfully expressed by some of the women I interviewed, and the process of loss and rediscovery which they trace is also perceived by others.

The change is both to the adequacy of constructing oneself simply as an individual and to the way in which others perceive you no longer as an individual, but as a member of a category.

“once a mother you cannot be a single unit again”  
(Bibring et al in Welldon, 1988. p 21)

“Women commonly experience the feeling that once they become a mother they cease to be seen by other people as anything else but a mother.”  
(Richardson, 1993. p 6)

The idea that the experience of becoming a mother moves a woman across an invisible border between cultures is also reflected in the literature.

“we used to agree in those meetings [consciousness-raising] that motherhood was the divide: Before it, you could pretend you were just like everyone else; afterward, you were a species apart - invisible and despised”  
(Snitow, 1990. p 32)

Just how much is lost through this transition to the culture of motherhood is reflected in this quotation from Diane Richardson.

“in our society motherhood is associated with a number of important social and psychological losses. .... loss of status, loss of independence, loss of privacy, loss of social networks, and loss of an idealized and romanticized vision of motherhood. But the biggest loss of all, Oakley claims, is the loss of personal identity and individuality.”  
(Richardson, 1993. p 5)

I have found little literature which then traces the manner in which women reconstruct their identities as their children grow. Here, the link seems to be more to work such as that of Anthony Giddens (1991) and Judith Butler (1992), and of the postmodernists, which undermines the notion of a single unitary self in favour of a self which is in a continual process of (re)construction.

#### **A brief word on parenting:**

Recently it has become de rigeur to use the word parenting rather than mothering when referring to the activity of childrearing. This is in order to acknowledge the fact that it is not inevitable that a child's carer should be either its mother or a female. However, this seems to be a very superficial change, and any deeper examination of parenting texts reveals that, while the words allow for the mother, father, or another adult to provide care to a child, the basic assumption is still that it is the mother who most commonly does, and should (Joffe, 2000).

The common pattern of work allocation is set out by Richardson.

“Responsibility for organizing what needs doing - making shopping lists, planning meals, remembering that the children are running out

of clean clothes, the endless stream of 'things to be done' - men on the whole leave up to women. Not only, then, are women expected to do most of the actual work of looking after the home, the children and the man in their life, if there is one; they are also expected to organize and oversee the carrying out of this work, which is in itself tiring and time-consuming."

(Richardson, 1993. p 13-14)

This mirrors the reality described by Laura.

"Sometimes I do, sometimes I sit there and think is it worth all the hassle and then other times I think well yes, I'm the one that wanted the kids, do you know what I mean, so (pause) .... Even down to the reading and the work, they always come to me, they never go to him. It's just constantly mum, mum, mum and I go to them can't you say dad? There he is sitting over there. He just looks at me.

*Is it that he's, as you say, that he's out doing other things or?*

Sometimes it is I mean he's not out every day, do you know what I mean? But I don't think he's ever brought Graham to school. Like I said do you want to, like, if I've got somewhere to go, or I want to do something, I go will you pick him up? Oh can't, got to go somewhere. I go so have I and one of us has got to get back for him, I suppose it's left up to me again .... But that won't bother him, he'll just leave me to sort it out and me to get up there. It annoys me sometimes because I've said to him what if I just don't turn up?

What happens to the kids, do you know what I mean? I said no, because you know I won't, you know I will turn up .... Because he knows I'll do it in the end, no matter how long it gets left, I'll sort it out, in the end, so."

(Laura: Fourth interview)

### Conclusion.

The importance of motherhood within this research arose out of the way in which the Stressbusters course was designed, although it was not expected as a major theme. For the majority of the women participating in the courses motherhood was the central feature of their material reality. Offered the opportunity to 'fill' the 'empty' concept of stress at the start of the course, they naturally did so with the issues arising from their immediate concerns and priorities, of which those

connected with mothering were again central.

Our expectation in designing the course was that participants would fill the concept of stress with more behavioural concerns. What actually happened was that they filled it with relationship concerns. The primary relationship on which they dwelt was that of mother-and-child, often indistinguishable from mother-and-family. But even those few women who were not mothers still made relationships a key feature in their constructions of stress: relationships with parents, siblings, partners and friends.

One key result of this focus on selves-in-relationship which the women brought to the course was the way in which this then foregrounded issues of self and identity. Much of the discussion during the course sessions, and therefore during the interviews which reflected upon these, took the form of exploring the women's sense of identity, of who they were and who they wanted to be. Any issues relating to health and stress were dealt with through this prism of identity, and the key identity with which the majority of women were concerned was with themselves as mothers.

Thus the whole cycle of participation in the course and the interviews became one of exploring and reconstructing identity in much the manner described by Brian Fay.

"Coming to a radical new self-conception is hardly ever a process that occurs simply by reading some theoretical work; rather, it requires an environment of trust, openness, and support in which one's own perceptions and feelings can be made properly conscious to oneself, in which one can think through one's experiences in terms of a radically new vocabulary which expresses a fundamentally different conceptualization of the world, in which one can see the particular and concrete ways that one unwittingly collaborates in producing one's own misery, and in which one can gain the emotional strength to accept and act on one's new insights."  
(Fay, 1977. p 232)

The tension which lay behind this process can be caught in a version of the Marxist

dictum:

People make their own selves but not under conditions of their own choosing.

The Stressbusters course seems to have achieved its impact via its ability to enable the women participants to reflect upon and explore both aspects of this statement, and so come to terms with some of the sources of stress in their lives. This dual process is described by Alcoff as is the way it is embedded within the specifics of a cultural context:

“the identity of a woman is the product of her own interpretation and reconstruction of her history, as mediated through the cultural discursive context to which she has access.”  
(Alcoff, 1988, p 434)

To make the link back to health education processes and outcomes, it appears that if these focus simply on the provision of information in a one-to-one context, they may miss this vital connection to the continual reconstruction of identity, to desire and emotion, which form the powerhouse of motivation and change.



**CHAPTER FIVE**  
**CONCLUSION**  
**UNTANGLING THE LOOSE ENDS?**

Introduction.

I face some difficulty in coming to a traditional 'conclusion' at the end of this work. Not only is this an artificial end in that the work continues beyond this thesis, but the idea of a firm conclusion is one which goes against much of what I have written so far. In what follows, therefore, I will not be clipping off the loose ends of my investigation to form a neat, tidily wrapped package. I will attempt instead to tease out or untangle those loose ends, leaving the wrapping open, and perhaps indicating the variety of different forms which any 'package' might eventually take. In the course of this final chapter I will explore the characteristics of health education which takes the challenge of postmodernism seriously and, in doing so, reflect upon whether the Stressbusters course and this research can be said to do this.

This chapter is structured around the revisiting of a number of themes. As always these themes are artificially constructed, existing only because I have posited them and because my words take them seriously. Nevertheless I hope to justify why I believe them to be important in relation to the practice of effective 'health-education-research'. The hyphenation of those last three words is intended to indicate the way in which several concepts are joined: my conclusions, however tentative and temporary, speak to the notions of health and of education as well as the combination of these within health education. They also deal with research and its educational nature as well as its links to practice. Once again, the need to communicate clearly forces a division into segregated parts of an overarching holistic concept.

In a similar way, some of the themes I wish to revisit contain a number of threads

which will be teased out and/or re-woven throughout this chapter. The postmodern notion of **intertextuality** has not been explicitly addressed up to now, but I will show how this has been integral to much of what happened during the Stressbusters courses and the research and to how it is described in this thesis. The concept of **margins or boundaries** has recurred frequently and I will revisit this area in the light of two theoretical positions: that these boundaries are the visible result of contestatory discourses; and that the margin is equivalent to “the edge of order and chaos” (Waldrop, 1993) signifying the indeterminacy and unpredictability of human action. I will return to the importance of **emotion or desire** and the need to account for this within our constructions of our world. This has strong links with **values and beliefs**, concepts which are often seen as being problematic from a postmodern perspective. Lastly, I will look again at the nature of the **educational and research processes** involved in the Stressbusters course and this research and explore how well these fit into a postmodern perspective on the nature of knowledge.

#### A postmodern theory of health.

Nicholas Fox has explored the implications of postmodernism for our construction of health (Fox, 1993) and there are two aspects of his position which have stimulated my own exploration. (I will deal with his particular terminology in a moment.) Firstly he addresses the ethics and politics of a postmodern social theory of health arguing that this requires

“engagement with BwOs [Bodies-without-Organs]: always on the side of the nomad thought, of responsibility to difference and Otherness, against identity, and in support of generosity against mastery.”

(Fox, 1993 p 141)

Secondly, Fox addresses the nature of health promotion activity which takes the issues raised by postmodernism seriously, again presenting some characteristics which might be crucial to such an enterprise.

“an-emphasis which would act very locally, as opposed to more indiscriminate or totalizing interventions; programmes which enable people to make active decisions about the lives they lead; a celebration of diversity in the target population, rather than a perspective which sees individuals as deviates from some norm of behaviour; involvements which take advantage of spaces in routines and lives to explore new possibilities for activities and identity; and programmes which do not detract from the finitude of those who are clients, for example, by an overblown emphasis on ‘being healthy’ as opposed to ‘becoming this or that’.”  
(Fox, 1993 p 137)

Towards the end of this chapter I will return to Fox’s statements as indicative of a benchmark for postmodernist health education activity against which to judge the Stressbusters course. In a similar manner I will review the research activity in the light of these statements. If, as I have argued in Chapters One and Two, the course and the research design were closely connected, it should be possible to uncover a coherence in the way each takes up these challenges of postmodernism.

### **The “Body-without-Organs”:**

Fox uses the phrase “Body/ies-without-Organs” or “BwO”s, which he takes from Deleuze and Guattari (1988), to indicate the way in which much of the discourse relating to health is not concerned with our physical bodies, but rather with the manner in which we construct and impose meaning upon and through these. The territory upon which competing discourses take their effect is this BwO; this is where we find the inscription of discourse. This is not to deny the existence or importance of our physical bodies, but to emphasise the way in which these are constantly interpreted through the lenses of particular discourses, whether widely or individually constructed.

“it is the location at which biology and the social collide. On the BwO are inscribed .... the discourses of the social, alongside the sensations of the body - pleasurable and painful - and the positive desire of other BwOs. On its surface, intensities vie and intermingle: from this patterning of the BwO emerges the fabricated, political, ephemerality of identity - the human subject.”  
(Fox, 1993 p 143)

Using this concept allows Fox to explore the way in which our construction of 'the body' is territorialised by various discourses - the social, biological or medical; of health or desire - always reflecting the exercise of some particular power/knowledge to a particular end. In his view, it is through the removal of these discursive inscriptions, inevitably a fleeting and momentary state, that we release ourselves to "become this or that" and so discover our health. Health is attained in the act of deconstruction (Fox, 1993 p 140) which enables us to be different, to become other, even though we are almost immediately re-inscribed within a new discursive understanding.

I will now move on to address the themes I set out at the start of this chapter.

### Intertextuality.

The postmodern concept (and practice) of intertextuality takes on significance for me as I look back over this piece of work. Not only was it central to the manner in which I went about my everyday work in the practical doing of this research, but it also speaks to some of the more academic theoretical positions I have developed through it, such as standpoint theory, subject-positions and the theme of borders/marginality. That consideration of this concept leads me to juxtapose several 'oppositional' items - everyday/academic, theory/practice, centre/margin, thought/action - in such a way is, of course, typical of the nature of intertextuality.

The word intertextuality is used to describe how we continually 'read' one text through the prism of another. The texts in this case are not limited to the written word but include any form of cultural production to which we give meaning - speech, action, indeed signification of any kind. Whenever we consider one such production we do so in the light of many others, sometimes more and sometimes less consciously. For postmodernism the value of such a practice arises when it is made explicit and conscious, when we expose the manner in which our vision is being distorted through discourses which force particular constructions upon us, or

deny their validity. [A collection of integrated discourses could be said to equate to the Gramscian concept of hegemony. In contrast, the disputed nature of discursive boundaries becomes visible in Michael Agar's concept of a "rich point" within a 'languaculture'. He presents these simply as linguistic entry-points into the intricacies of culture, examples of the complex and indeterminable nature of meaning ascription (Agar, 1994). I see an alternative type of rich point, making visible the discursive power struggles in relation to our use of words to limit and confine the potential of others to define themselves (Butler, 1997). Prime examples would be words such as 'Black' and 'queer', but the different conceptions of 'woman' and 'mother' revealed in Chapter Four are others.] Such recognition brings with it the realisation of the constructed nature of all our understanding and the impossibility of certainty in our knowledge of the world 'out there' which I explored in Chapter One. I will not repeat that discussion here, rather I want to explore the ways in which intertextuality may be seen at work in this research.

#### **In the academic habit of referencing:**

This thesis, like most, is full of references to the work of others. This is perhaps the most direct form of intertextuality as I have literally read other's texts and reviewed my own words in the light of their words, or vice versa. Occasionally I have juxtaposed several texts together, taking elements of each to inform my new interpretation. I have followed this practice not simply because of the value of those other texts, but because the discourse of academic writing **demands** such a process be used. This capacity to demand a particular behaviour or practice is evidence of the exercise of power/knowledge which is encompassed through the discipline of discourse. I can easily recall my early frustration with the idea that whatever I had to say, it would only have value if it could be referenced to the work of others: why could I not simply state my own case? The answer, of course, is that 'my own case' is not purely my own at all but is also made up from the bits and pieces which I have gathered from a wide variety of other texts. I do not use these other sources simply to justify my thoughts, but to develop these through the interplay of a number of ideas, and as a stimulus to move in different directions of my own choosing. To leave such sources undisclosed would not only be unfair to those

whose thoughts I have utilised in this way, but it would also make it harder for others to develop appropriate grounds to read and judge my text.

### **In reflexivity:**

This practice of textual referencing is not sufficient, however, even were I able to remember and track down all those written works which have gone into the development of my present understanding. There is a need to acknowledge the unwritten texts which have been similarly influential: the events, experiences and emotions which have coloured my world. Not only does this apply retrospectively, as with my incorporation of autobiographical vignettes in Chapter One; I have also tried to be aware of the current influences operating as this work progresses. I have tried to show how my interpretations are affected by my particular life history as this unfolds. That my past, present and future are inseparable in this respect, with the echoes circulating and recirculating through my ever-changing interpretation of who I am and why I am just as I am, is an example of the deconstructive potential of intertextuality at work.

### **In the 'everyday':**

This reflexivity is not limited to academic work. I am continually involved in the review of my life, in reworking my personal history to explain to myself the events I am currently experiencing. And, of course, this habit is not restricted to me. It is something in which most humans indulge (Giddens, 1991).

In Chapter Four I explored the way in which the women who took part in the Stressbusters courses tended to view these through the prism of their roles as mothers. The women looked at the 'text' offered to them in the Stressbusters courses in the light of their understanding of their roles as mothers, a different 'text'. They also reviewed their roles as mothers in the light of a number of 'texts' on mothering: their personal experience of the role; their family and friends' experience of the role; the reactions of their children to their fulfilment of the role; and the various interpretations of mothering current within their local social groupings and the wider national or international discourses available to them via

the media. In addition, the women were 'reading' their work as mothers in juxtaposition to their other desired or desirable roles: worker, lover, friend, adult, etc. Here is intertextuality at work, although the women would never have used such a term to describe their activity.

Chapter Four provides many examples of this intertextuality which I will not repeat. However, I cannot resist one from a recent newspaper as it is particularly vivid. Joanna Briscoe (2001), in reflecting upon her role as mother and childcare provider to her 10 month old son finds

"the contradiction between the real and the conceptual is more extreme here than in any other area of life."  
(Briscoe, 2001)

Rather than the real and the conceptual, I would see the contradiction she feels so acutely as arising from the reading of her role within two competing discourses (both of which are equally real **and** conceptual). Read from within a discourse of love, human relationship and emotionality, she finds motherhood "a shockingly lovely state". Yet read from within the discourse of adulthood, rationality and employment she finds the tasks of childcare to be "spectacularly ghastly". There is no bridge between these discourses, so Briscoe, along with the women with whom I spoke, finds herself inhabiting this contradictory tension as she swings from one perspective to the other and back. To use another postmodern term: the impact of these discourses is inscribed upon these women, upon their BwOs in just the way described by Fox above (1993 p 143).

### **In Stressbusters:**

The story of the origins of Stressbusters, as presented in Chapter One, shows it to be a product of intertextuality. Mainstream health education practice was seen by myself and my colleagues to be inadequate in the light of other texts which informed us about the nature of health, or of educational process. We constructed the Stressbusters course in a way which attempted to synthesise the concepts of these other texts, or discourses.

Within the course materials, the practice of intertextuality was used to encourage a critical response among the participants. One understanding or perspective was contrasted deliberately with another to provoke discussion and further reflective analysis. This was done via the sharing of individual experiences which revealed a range of different personal stories, each one leading to a re-evaluation of all the others. It was also achieved via the deliberate, if gentle deconstruction of some positions relating to the nature of health and what it means to be healthy. There was often no end point for such discussions, simply the elaboration of the range of responses available to us which revealed some hidden possibilities we had not considered. Equally, these attempts at deconstruction could be resisted by the women, as when I pushed them to analyse the influence of the discourse on the 'body beautiful' within their lives.

This brief exploration shows, I hope, how the practice of intertextuality has been fundamental to the events which have led to the production of this thesis. It should also indicate quite clearly that intertextuality as a practice is a never-ending activity. This text, each time it is read, is reinterpreted by the reader in the light of her/his particular life and the different texts of which that is made up. It becomes part of the material with which we build our understanding of the world and, hopefully, its meaning will be recycled a number of times in this constructive process, so achieving rhizomatic validity (Lather, 1993). The process, as Buzz Lightyear might say, goes "to Infinity - and Beyond!" (Toy Story, 1998).

### Margins and boundaries.

I have used the notion of a margin or boundary at various times throughout this thesis as a text through which to read the world, and as a building block in my construction of that world. Within Chapter One I explored how dichotomy-based discourses construct relatively impermeable boundaries between concepts, these being either one thing or another. Other discourses of experience, difference and particularity disrupt and undermine these rigid separations and construct a more



fluid, dynamic world in which the definitive lines cannot be drawn with such ease.

Some of the theorists within feminism and critical education argue for the special value of the marginal perspective, the view from across the border. Feminist standpoint theorists (Hartsock, 1983; Haraway, 1988; Harding, 1991), proponents of Black feminist epistemology (Hill Collins, 1991; hooks, 1996) and the work of Henry Giroux (1992) and Peter McLaren (1995) in critical education, are examples of this privileging of the subordinate view. There is a link which I have previously made here to Foucault's contention that every discourse constructs its own subject-position from/for which that discourse is most productive. This subject-position is the one to which accrue the benefits from the particular exercise of power/knowledge achieved through the discourse. Those holding such subject-positions have vested interests in the promulgation of that discourse, while those in other positions are excluded from accumulating the power/knowledge benefits which the discourse creates. The practice of simultaneously constructing the world from several subject-positions, within different discourses, allows us to open up a debate about the operation of the competing power/knowledge systems which those in the subject-positions of each discourse may be complicit in disguising. This is the special value to which the above writers refer.

It is easy to revert to thinking about these competitive discourses in a binary fashion, but more useful to conceptualise them as a multiplicity of competing forces which intermingle in complex patterns on the territory of human activity and understanding. Alliances form and dissolve as discursive interests merge or conflict across this territory, both by design and by chance. Again there are obvious links to the constructs of languaculture and hegemony to describe the workings of the larger combinations of discursive power/knowledge.

One of the consequences of accepting this postmodern interpretation of the construction of knowledge is to dissolve many of these discursive boundaries. Given that it is possible to read the world from within any or all of the discourses available, the primacy of any single construction as 'right' is hard to uphold.

Furthermore, as we try to discover the exact extent of any specific position, the precise remit of any particular discourse, we also discover that it merges with the territory of many others, that its edges are blurred. We cannot complete the map of the world which it describes/inscribes. As we deconstruct the nature of the power/knowledge of a discourse it becomes harder to make unequivocal decisions about what belongs within it and what outside, or about the precise meaning of the constructs it uses. Derrida's concept of 'différance' captures this endless deferral of meaning (Derrida, 1972). I will give some examples from within this thesis.

### **Fiction and fact:**

I can place the existence of the women who took part in this research firmly within the realm of fact: they are living, breathing human beings to whom I can direct others for confirmation. But when I try to link this 'fact' to the 'facts' I have written about these women I run into trouble. In Chapter Two I explored the difficulties inherent in the act of representation. Through the process of doing my research, my understanding of the women has strayed further and further into the territory of the discourse of fiction. I have given them new names. I have picked out and discarded their words, reformulating or assuming their thoughts in the process. I have made additional observations about the meaning of their statements in which they have had no part. And yet all this has occurred within the factual discourse of formal, academic research. I have written a story which disrupts this boundary between the discourse of fact and that of fiction, highlighting the constructed nature of both.

### **Cause and effect:**

One of the common outcomes of a piece of research is the unravelling of a specific sequence of causes and effects. Research is used to demonstrate that if we do this, then such and such will follow as a result. Within this work I have been constructing a similar argument: participation in the Stressbusters course has these and these effects upon the participants. They change their family management strategies. They place emphasis on meeting their own as well as others' needs. They alter their health related behaviour in respect of diet, exercise and the consumption of tobacco

and alcohol. They feel better about themselves. From such a position I am then able to predict similar effects on other occasions occurring as the result of this particular cause. Participants exposed to the same cause, the Stressbusters course, would experience the same effects, beneficial health changes: and so more courses should be run.

While I hold to the reading just given as justifiable to some extent (indeed I have used it to further the development of Stressbusters into a programme of activities, yet another example of power/knowledge at work) I would prefer to disrupt the universalising of the cause and effect reading of the Stressbusters text which is embedded within it. I will use brief case studies of Averil, June and Alice to demonstrate how the effect of the Stressbusters course upon the women was not only different for each of them, but it was also changing over time. Thus I am disrupting the discourse of predictability based upon an unproblematic reading of the nature of cause and effect, with one of indeterminacy which posits that the effect of a particular cause cannot be so predetermined. These case studies also disrupt discourses which posit an essential, unchanging human subject and the universalising of meaning over time.

#### **Averil's Case: Significant impact strengthening over time**

For Averil, the Stressbusters course was one among several educational initiatives that she undertook. All of these combined together in creating a positive change and it can be hard to disentangle their effects. However, she believes that the Stressbusters course was an important element in the mixture.

*"do you think the Stressbusters had some influence?"*

I think it had some influence. It's like a past what you're going through, each little bit that you do means something, you know, it's there for a reason, do you know what I mean? .... it's like taking these courses that I've been doing, like the Stressbusters and that. As I say, each little one gives that little bit more confidence .... I don't think I would have been in the frame of mind as what I'm in today. So, and because I'm in this frame of mind that I am, that I feel good .... it's made me go and do things"

(Averil: Third interview)

Averil identifies a change in her ability to solve problems as a key difference following her participation in the Stressbusters course.

"if I do come across a problem now that I think I can't deal with it, I

think back .... think about 'how can we fix this problem', and I always think, now look for positive things .... I think, now, right, well, this is the problem, I'm going to solve it now .... It's changed my way of thinking. Definitely has, yes, in situations, I try and put my Stressbusters head on, you know."

(Averil: Second interview)

The confidence which accompanies this sense of being capable of learning and able to cope with life, spills over into other areas of Averil's life. She talks of being more active in assisting others in resolving problems, but she also talks of a general boost to her self confidence, especially in more public roles.

"Like I'm going to do a speech on Wednesday, now I'm going to put in it things that I want to say, not what they want me to say, in a subtle type of way, things that I want put over. And I probably wouldn't have thought about that a long time ago, but the ball's in my court now."

(Averil: Third interview)

For Averil these changes are not undermined by the stress associated with her husband's serious illness a few months later. On the contrary she copes with this and with ceasing her antidepressant medication too. Her sense of progress is captured in this comment from her fourth interview in which she changes her perception of who she is, realising she has left her depression in the past **as she speaks**.

"it had to do with this depression thing that I had, I say I've had, that's like past tense, isn't it?"

(Averil: Fourth interview)

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### **June's Case: Some impact disappearing over time**

In the case of June it is possible to see how a combination of other events undermines her determination to change, and how she struggles to maintain a sense of progress in the face of this, feeling that her efforts have come to nothing. Immediately after the Stressbusters course is completed June is feeling more confident and capable, as she describes in relation to managing her youngest child.

"I don't feel stressed out now .... I mean, my little boy, he is, well he can be a monkey .... I do feel better. It's given me a little bit more confidence with J---- while we're in the parent and toddler group and it's given, I do feel better in myself"

(June: Second interview)

However, by the third interview this confidence is seeping away. June has returned to paid employment as well as taking on some childminding at home. The combined pressures of her multiple roles are overwhelming her. She finds it difficult to recall the course in any detail.

"I think that's all gone over my head now. See, at first, I think the longer, as time goes on and you're getting more busy with other

things, I mean you don't have, I don't have time to think, I don't have time to turn round lately .... I have that many things to do .... I'm just finding it really hard"

(June: Third interview)

June's return to work is triggered by financial problems which are weighing on her mind. Lack of money means that she cannot pursue some of the other self-directed activities she used to, such as a slimming club, with the result that she is losing confidence over her appearance too. This was something she emphasised as important in her first interview, describing how losing weight boosted her confidence.

"I've been trying to trim myself up .... I'm a bit flabby .... because, I mean, it's like your hair's not done I don't think you feel right .... I mean I'd get out the bath and look in the mirror and I'd think, I have put a bit of weight on .... I'd put a big jumper on .... I never want to get back to what I was .... I got a lot of compliments from family that hadn't seen me for a while .... it made me feel good"

(June: First interview)

The hours she and her husband work mean that they see little of each other, so June's feeling of mutual support is minimal. By the fourth interview, this unravelling of support has proceeded still further, as June describes her disintegrating friendships. This is partly due to the mixing of roles which results from minding her friend's children on a paid basis.

"I really feel as if my friendship with J---- is straining since having her kids, it just doesn't seem the same anymore .... I think I would stop but because it's J---- and I know she was stressed out over her other childminder and I don't want to add to her stress .... I just, I don't want to lose her friendship altogether really and I think if I stopped having her kids it would."

(June: Fourth interview)

For June, the impact of the Stressbusters course was short term and soon obliterated by the many other pressures faced in her life.

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### **Alice's Case: Impact initially denied but gradually emerging over time**

Alice felt the course had virtually no impact on her and yet by the fourth interview she is describing some dramatic changes in her life. The difficulties with which Alice is dealing are serious: a chronic, painful illness, a long history of abuse, and persistent depression. These sap her energy and her confidence. She was one of the Stressbusters participants who did not manage to make any change during the course.

"you know, the goal, I chose two things or one thing that I wanted to do, and I couldn't be bothered, it's too much hassle .... I'm stuck in that rut."

(Alice: Second interview)

She feels the pressure of her daily life is such that she cannot make use of the

techniques or information which were offered through the course.

"Well, it still hasn't made me any different, because I know that the problems are there and I've got to learn to deal with them. I'm glad of the breathing exercises and all the different ways of relaxing, but I'm too, dashing around too much, getting myself worn out, to be bothered doing it."

(Alice: Second interview)

In the week before the Stressbusters course ended, Alice asked to talk to me personally on a one-to-one basis. We met and, over the course of a couple of hours, she described to me her personal history of abuse and the trouble she was having coming to terms with the most recent incidence of this. At that stage she did not wish any of this discussion to be part of the formal interviews and she did not mention it at any point during the Stressbusters course. By our fourth interview, Alice was talking about her personal life quite openly, in detail and on tape. She describes how she is taking action against her abuser and the mixed emotions which accompany this.

"What have I done, what have I done?"

*You've moved, I think, is the answer to that. You know, the result is yet to be seen but you've moved.*

"(pause) Certainly moved on. I've catapulted! Shit!"

(Alice: Fourth interview)

Even while the impetus for change did not come directly from the Stressbusters course, Alice still attributes it a place in the evolutionary process.

"And then from there I went on to B---- to do the courses and then to Stressbusters, and going through stress and guilt and what causes stress and I'm thinking, gosh, you know, where have I been all these years .... I was going on courses .... I was enjoying being out of the house, meeting people again .... I found life was interesting again"

(Alice: Fourth interview)

She acknowledges that the discussions with me, which only occurred due to our meeting via the course, were influential in her initiation of action, and states her desire to continue the relationship (which she has done via the occasional letter for two years).

"But I mean, I opened up to you and I thought, oh, I'd love to. So I'll either ring you up and say it was absolutely devastating, my life's now's not worth living and cheerio, or I've done it, and, well, do you mind?"

(Alice: Fourth interview)

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These three case studies indicate the widely differing experiences which the women had of the Stressbusters course. My purpose is not to deny the veracity of the reading I have provided in previous chapters. This has, quite legitimately, focused

on the similarities which exist between the women. Here, in contrast I have picked out the differences. Both readings are valid, and by juxtaposing them in this way, I am able to highlight how both are simply particular narratives constructed around specific events. Other readings are possible: and any readers, through the access I have provided to the data, may also construct their own readings of these texts.

In addition, these three case studies provide good examples of the way in which we are constantly involved in the reconstruction of ourselves through the reinterpretation of past events in the light of more recent ones. Through the practice of intertextuality we deconstruct an existing position only to replace it immediately with a reconstruction. The meanings we ascribe to events in this process are fluid and changeable, just as the self which is constructed as a result is a dynamic one, capable of movement and change. Each de/reconstruction alters the patterns through which discourses are inscribed on our BwOs and thereby our sense of who we are. It is in this sense that we are the discourses we speak, contesting for power/knowledge through the way in which we occupy or resist the subject-positions of the discourses available, and creating new ones.

I could not have predicted at the beginning of the Stressbusters courses, which women would be most positively affected by their participation, nor in what specific manner this might come about. Having exposed this unpredictability I am then less likely to construct a grand narrative or universal theory on the basis of my work which would imply that the model of health education encapsulated within the Stressbusters course is the one which should be followed at all times and in all circumstances.

I have explored only the dissolution of two boundary lines here. I could have chosen others to continue the deconstruction - the academic and the everyday; the public and private; research and practice; teaching and learning - but for reasons of space I will not do so. I will instead move on to another conceptualisation of boundaries which I find illuminating.

### **The edge of order and chaos:**

I have taken this phrase from Mitchell Waldrop's book on complexity theory (Waldrop, 1993). I find it a description of a boundary which takes me in numerous interesting directions; and I will elaborate some of these now.

I can explore the boundaries between competing discourses through this image of the edge of chaos and order: within one discourse are its forces of order, these are ranged against the chaos of the other discourses which threaten it. It is an image which captures the power struggle which occurs at, and the conflict-ridden nature of, such marginal areas. But there is also a creativity which may only be released under such pressures. To be inscribed by such severe tension (to be either/or) can push us to adapt, to invent new understandings which make life easier to bear. Equally, to inhabit a border may be to feel released from the confines of the discourses on either side of that border, may be to feel liberated (to be neither/nor), free to construct as yet unrealised worlds. A new understanding does not entirely replace a previous one, it simply adds yet another possibility which may subsume some of the characteristics of any or all the existing versions which led to the initial tension. In complexity theory this eventuality is called "emergence": a process in which a qualitative change occurs producing a new perspective or ability. This can only emerge because of factors which exist already, but once emerged, it retrospectively alters the picture. Thomas Kuhn's concept of paradigm shift captures a similar phenomenon (Kuhn, 1970), as does the biological process of evolution. Postmodernism can be seen as an example of emergence in the field of philosophy and epistemology: now that it is available to us, it alters our perspective on the previous theories we had developed to explain the world and our place within it. (This insight is not confined to Western thought: in Ghana there is a proverb encapsulated in the word 'sankofa' which means to take what is useful from the past forward with us into the future.)

### **Indeterminacy and contingency:**

There is an important link to the principle of indeterminacy here too. In the mathematical calculations which form part of the basis of complexity theory it is



found to be impossible to predict the outcome of certain calculations (Kaye, 1993). This can only be determined by doing the calculation in question, by following it through to an unknown endpoint. The number either escapes to infinity or it returns towards zero. In many cases completing the necessary calculation requires more time than is available to do it, so no answer can be produced. Jacques Lyotard's emphasis on the importance of knowing the material conditions in which an action occurs before being able to make a value judgement about it (Williams, 1998) is based in a similar appreciation of indeterminacy and contingency. This emphasis on the intrinsic unpredictability of the results of any specific action has tremendous implications for the practice of health education. In the case studies just given, Averil could be described as heading for infinity, while June appears caught in an ever diminishing return to zero. Of course, given the dynamism of their lives, the opposite may now be true of either/both of them!

Health education, for the most part, is situated within the boundaries of scientific, medical discourse. Such a discourse is founded on the notion of predictability. Our calculation of health risks depends on the assumption of causal links which are seen to hold true across wide variations in circumstances. (Probability calculations which form the basis of risk calculations, however, are rooted firmly within the discourse of uncertainty, exposing yet another dissolving boundary.) Prescriptions for good health or healthy living are handed out by health educators in a manner which implies their universal application. In Chapter Three I stressed the way in which individual experience of difference undermines the force of such prescriptions. If cause and effect can no longer be so clearly defined, and we cannot be certain of the link from one to the other, the basis of health education's prescriptions becomes decidedly shaky. The attainment of health, whatever this might be, is released from its behavioural straitjacket: there is no one-size-fits-all answer to questions of health. We have to acknowledge instead that there are many different constructions of health and therefore of the actions necessary for its attainment and maintenance. Accordingly, there are many different ways to be healthy, some of which may disregard all current health prescriptions and still produce positive results for the individuals concerned. This is a humbling pill for a health educator to swallow.

Another of the assumptions of modernist thought can be unearthed here: the notion of progress. The world we inhabit and our understanding of it is often portrayed as 'the best possible' world. We have reached this point not by chance, but by the accretion of ever more accurate knowledge and the building of ever more valuable skills. The discourses of chaos and complexity theory, allied to that of postmodernism, offer a radically different interpretation. There is no grand design behind our world; we are not approaching ever closer to a complete God-like understanding from which everything will be clear (and under control). This world, and our constructions of it, are simply one among the many possibilities which could have occurred. This position can be extrapolated to apply to health. The current construction of health may not be the 'best', simply the one which is most powerfully supported by current discourse. Many other constructions are available and may serve us equally well. The numerical experiments of complexity theorists demonstrate the way in which great variety can emerge from a single set of initial conditions, through the processes of adaptation and emergence (Waldrop, 1993). Each one works in its own way, just as it is possible that each human being may have an individual solution to the problem of defining, attaining and maintaining health.

#### **Process rather than product:**

The emphasis which I have placed on 'process' rather than 'product', in the design of both the Stressbusters course and this research, is connected to the issue of indeterminacy. Given that the product cannot be guaranteed, or at least is beyond the control of the educator/researcher, it appears more constructive to focus on issues which may be more amenable to such control. I can work out what I am trying to do and the values which underpin my attempt. I can then apply these as consistently as I am able in the hope that such consistency will create the opportunities I am aiming for. However, the way my attempts are received is always beyond my control: I can do nothing to ensure consistency in the recipients. They will do what they want with what I offer, and their desires are unpredictable.

Nevertheless, I believe that the attempt to achieve such consistency on my part is

worthwhile, and within the Stressbusters course and this research I have persisted in this. I also believe that the results of this attempted consistency are valuable, even while I cannot predict what these may be. (It is possible that the results of inconsistency would be equally valuable, too.) This approach can be hard to maintain in the face of the demands for targets, outputs and evaluative milestones which are so much a part of the discourse of those who fund health-education-research. It becomes very difficult to argue, in advance, that money will be well spent if the result of spending the money cannot be predicted. This is another example of the restricting power/knowledge of a particular discourse at work.

### Emotion and Desire.

To pick stress as the central topic for a health education initiative implies entry into the discourse of emotion: it is difficult to imagine a discussion of the subject which would not bring up feelings, desires or needs. The Stressbusters course accepted the force of emotion within our lives. It was designed in opposition to health education approaches which appear to divorce our behaviour from this emotional foundation and place it entirely in the realm of rationality.

Desire is a fundamental concept within postmodernist discourse too, whose theorists (Lyotard, 1984; Deleuze & Guattari, 1988) posit this as the unknowable and unpredictable entity which underlies all human action and knowledge construction. These postmodernists argue that desire cannot be known in its original form, only through the constructions we place upon it as it affects our lives, in other words through discourse of various kinds. To take the terminology of psychoanalysis, desire is an unconscious force which, the moment we become conscious of it, is necessarily transformed in some way, for some purpose which is no longer simply desire.

I have discovered a contradiction in my own thoughts here. In the above reading, desire is the source of difference as it affects each of us in unique and uncontrollable

ways, as opposed to the workings of discourse which attempt to construct us all as homogeneous beings. Yet in Chapter One I used the work of Susan Greenfield (2000) to argue that it is in our sensuality (desire) that we merge together and in our rationality, or via discourse, that we become differentiated. The latter reading is firmly situated within the discourse of rationalist science, so perhaps its understanding of emotionality is distorted to support the primacy of reason as one of the foundation stones of that discourse. Whereas postmodernist discourse runs counter to this rationalist thesis and so distorts in the opposite direction.

Certainly, within the positivist science which has been the dominant discourse of the West, there has been little room for emotion or desire. It has been ruled out of consideration by definition as irrational and so unworthy. Detachment and objectivity have been preferred, and have been constructed as guarantors of 'pure' knowledge to which emotionality and involvement are inimical enemies. The discipline of science has forced us to view the world in a particular way and the alternative views have been ignored and invalidated through its exercise of power. However, this did not remove the operation of desire, merely its visibility and its legitimacy as a topic of inquiry. A subterfuge only recently exposed through the work of the counter discourses of feminism, anti-colonialism and postmodernism, among others. (Perhaps this subterfuge was long recognised by many but it is only the emergence of these discourses which creates sufficient power to counteract it.)

### **Professional detachment:**

Much of the practice of health education has been undertaken within the boundaries of a particular discourse of professionalism embedded within the wider discourse of medical science. (Other versions of professionalism exist which I am not addressing here.) This notion of professionalism is caught up in many of the dichotomies which I have been working to undermine, and is usually associated with the more powerful side of any binary. It is strongly associated with expertise in a specific discipline which enables the professional to gain control over certain resources, whether human, financial or physical (Fox, 1999). Often implicit within the term are the positivist notions of detachment and objectivity: in order to gain power, a

profession may rely on scientific notions of evidence or proof to reinforce the importance of its knowledge base (as in our desire for research evidence to support our values described in Chapter One). It is very difficult from within such a discourse to engage with desire or emotion, as these are constructed in such a way as to make them illegitimate bases for knowledge or action. One result of this position is the over-emphasis on information within health education activities which I considered in Chapters One and Three. When the discipline of professional discourse outlaws emotion as a basis for human action, leaving only reason, then inevitably we turn to factual information in our attempts to persuade. We try to build a convincing argument from within the boundaries set by the discourse.

I see this discursive straitjacket as one of the conditions which give rise to the KAP-gap which I mentioned in Chapter One. The link between knowledge and practice is, put at its most simple, attitude, if this is seen to encapsulate values and beliefs. This is once again firmly within the boundaries of desire and emotion. If we do not engage with attitudes, we cannot move from knowledge to practice. Given that so much health education remains within the professional discourse outlined above, it is extremely difficult for its practitioners to engage with attitudes, which lie off-limits, irrelevant, from this discursive position.

Within the Stressbusters course we acknowledged the role of emotions and desire in human motivation, accepting that this meant abandoning the rational as the foundation of human action. How we behave is not necessarily rational. We do not always follow the rules, however logical these may be. We act on the basis of emotion and desire which, almost by definition means that we are unpredictable. The Stressbusters course, and this research, attempted to engage with the messy reality which is uncovered when reason is removed from its position as the yardstick by which to assess human action. Difference, spontaneity and originality immediately spring into life, released from the confining restraints of a discourse which does not fit them. And with them come unknowability and unpredictability, adventure and surprise. Once again, this brings to mind the edge between order and chaos. And there is the need to acknowledge negative emotions too. Pain and

hatred must be accommodated just as much as pleasure and love, and may be very different in their effects upon us.

I would like to make a link here with the process emphasis which I noted above. When desire and emotion are admitted as wellsprings of human action then the nature of health education alters irrevocably. It is no longer appropriate to deliver instructions for healthy living: do this for your (future) health. We are drawn instead towards a process of exploration: how can I/we be healthy (here, now, in this situation)? Such a question brings us immediately to the provisional basis of the response, to the need to work out the answers together. These answers have to be discovered as they will vary according to the unpredictable workings of desire in each of us. How we attain or maintain our health is also then clearly linked to the nature of the individual we wish to be, to our identity. And here there is a connection to the earlier section on reflexivity and our continual reconstruction of our present self in the light of our past and future (desired) selves. It is also quite possible, in this context, to find that we hold such different values from those with whom we are working that the best course of action may be to admit that we cannot work together.

If health education alters in this way then the role of the health educator also alters. The educator is drawn into the emotional life of the educatee through the process of exploration and discovery. It may become hard to distinguish which is educator and which is educatee if this process and exploration become mutual. The distance between these two identities may be minimal, the boundary blurred almost to invisibility within a dynamic interrelationship. I will explore some of the consequences of such a change below.

### Values and Beliefs.

I have referred to the way in which postmodernists have been criticised for encouraging relativity in Chapter One. They are often portrayed as suggesting that all values are equal and therefore none are worth holding (White, 1991; Rosenau,

1992). I prefer another reading: that all values are contested and so must be made explicit in order that they may be laid open to challenge.

From this perspective postmodernism is an uncomfortable position to be in. There is no place for making assumptions, for leaving things unstated, for to do so is to be complicit in the workings of some discourse or other, and we have a responsibility to expose the workings of discourse. The discomfort is compounded by the absence of certainty. I must put great effort into exposing all the positions I hold, in order that others may challenge me by putting forward the values of alternative positions. I must do this even though I cannot actually uncover all of them. I must hold to my values in the understanding that these are not correct or right for all people, places and times, but merely for me in the here-and-now, and yet I must act upon those values which I do hold. Sharon Welch has described this feat as

“living within the fragile balance of absolute commitment and infinite suspicion.”  
(Welch, 1985 p 91)

It is easy to imagine the feelings of vulnerability and exposure which would accompany a life lived in this manner. Feelings which are amplified when it is also recognised that good intentions do not necessarily produce good results. I will use an illustration. Imagine the health educator who has dutifully propounded the recipe for healthy living which is contained in so much current health education material. Some years later she meets with several of her ‘successful’ educatees (those who have followed the recipe in relation to diet, exercise, tobacco and alcohol consumption). Yet of ten women she has worked with, one has breast cancer, one suffers from crippling arthritis, two are severely depressed, and a fifth is wheelchair bound following a car accident. All five women are bitterly disappointed to be suffering from such ill health when they have been so careful to follow her rules. How does she react? Of course she may explain away these ‘failures’ as being beyond her control, unrelated to the lifestyle factors upon which she concentrated. But didn’t she promise that following the recipe would lead to a healthy life? If she takes the postmodernist position outlined in the above paragraph she must admit to

the futility of most of what she advocated, the dishonesty which underlies its claims, and then explain why she still works in the field! It is no wonder that many of us retreat behind facades of various sorts, such as professional detachment, when confronted with such 'realities'. The case of June, presented above, is such a 'reality' I have to face as a designer of Stressbusters.

Perhaps if the health educator had indulged in a little deconstruction of her own position with the women at an earlier stage, she would be more able to continue the relationship in the face of such apparent failures. The expectations on both sides would be different, and the limits of any prescription for health would have been exposed during the educational experience. The politics of the power struggle inherent in the existence of competing discourses would have been part of the discussions.

I find another aspect of complexity theory useful in this deconstructive process: the concept of self-organised criticality (Waldrop, 1993). This concept captures the way in which instability remains lurking within even the most seemingly stable entities. Life at the edge of order and chaos (a border to which the adaptive capacity of the life-force makes it very well suited) is always under pressure within such a dynamic environment. The stability, or health, of an organism is constantly threatened. The frequency of these threats is inversely proportionate to their magnitude. Minor threats happen often, major ones are rare. Preventive activity within this scenario is about the attempt to reduce the impact of these threats. To put this in health terms, ill-health happens whatever we do. There may be actions we can take to avoid or reduce the impact of some of it, but we cannot avoid it all.

### **Generosity and the Gift relationship:**

Fox (1993) refers to the work of Hélène Cixous in exploring what she sees as gendered differences in the expression of desire. Cixous opposes male, possessive desire to female, generous desire, naming the former the realm of the Proper and the latter the realm of the Gift (Cixous, 1996). In allocating these differences along gendered lines Cixous follows the binary pattern of dominant Western thought,



implying a fixity with which I disagree. However, I find her exposition of the different discourses of desire helpful. Within the realm of the Proper it seems that desire is to be controlled if not eliminated, and I would follow Cixous in associating the Proper with the powerful side of many of the binary oppositions I have touched upon in this thesis (many of which are similarly associated with maleness). The realm of the Gift remains subordinate, a resistant discourse which challenges the dominance of the Proper, but one in which desire operates more freely.

Fox lists the following as characteristic of a relationship within the realm of the Gift (Fox, 1993 p 92):

generosity	trust	confidence	love
benevolence	commitment	involvement	delight
allegiance	esteem	accord	admiration
curiosity			

He then highlights the way in which the qualities of such a relationship sit uncomfortably within the discourse of professional detachment which I have explored above.

“the remarkable extent to which these words fail to conjure the way in which the professional, the healer or the expert is usually described as relating to the subject of his/her activities. While these words may suggest the investment of a client or patient, many of them, if applied to the professional, would not only be seen as unusual, but possibly even inappropriate or ‘unprofessional’.”  
(Fox, 1993 p 92)

The situation of the fictitious health educator described above would be very different if the relationships she made with the women were embedded within the realm of the Gift rather than the Proper, just as the nature of the education she offered would alter too.

I am making no claim to have moved towards a Gift relationship during this

research. On the contrary, I know I have held back from entering into a wholehearted friendship with the women I met. I have felt pressured by Alice's attempts to pursue a friendship (note the word which sprang to my mind in describing her desire), even while I have also felt guilty at this response. There was a sense of relief in reaching the end of the interview series and knowing I no longer had to confront the issues which the women faced in their lives. To remain in an ongoing relationship, to remain open to the hurts and difficulties, as well as the fun and pleasures the women shared with me, and to reciprocate these, would take an enormous amount of emotional energy. The ramifications of such a move into the realm of the Gift are complex and deserve serious thought.

#### Stressbusters as postmodern health education?

I would like now to return to a consideration of how well the Stressbusters course, and this research, measure up to the benchmark for postmodern health education provided from the work of Nicholas Fox at the start of this chapter. Some of the questions to consider are, for example, how does Stressbusters measure up against a responsibility to the Other? to difference? to keeping options open? How did the research measure up to these principles? Can the course or research be seen as examples of the recovery of subjugated knowledges? of generosity based relationships? as creating spaces for emergence, or freedom from the constraints of existing discourses? Contrastingly, in what ways did these promulgate existing power/knowledge positions? support the hegemony/status quo? reinforce the culture of silence? I will try to address all these questions through a reflection on the characteristics of postmodern health education proposed by Fox quoted above (1993, p 137).

#### **A local emphasis:**

It is almost inevitable that I should begin with the identification of a tension if not an actual contradiction. The local focus of the Stressbusters course can be argued from the way that each course began from the collage created by those particular

participants, and went on to explore stress through this specific gateway. Yet there is also a desire to apply the Stressbusters recipe to broader audiences, to expand the scope of activity into a larger programme, as has occurred. The production of this thesis is also part of such a desire. This desire comes from the fact that the course appeared successful, leading to feeling a moral duty to offer it to others. It also comes from the fact that livelihoods and reputations may be at stake in such a process. I believe expansion may be justified, however, if the emphasis on process which I have already explained, and its link to the unpredictability which is built into that process in the case of the Stressbusters course, can be maintained.

At the end of Chapter Three I noted how the tendency to solidify Stressbusters would need to be resisted by leaving the process open to other interpretations than those arrived at by the women who took part in the courses which form the basis for this research. Other groups will build their collages of stress around other issues, depending upon their particular circumstances and the personal issues they face. The process of the course may remain constant in that the exercises move participants from exploration of the nature of stress toward action to reduce the impact of stress within their lives. But the content of the course, the detailed material upon which each group works is likely to differ.

So it seems possible to keep a local emphasis even as the course is provided to a larger and larger population. I am not sure how far this possibility would stretch, however. If the programme extended beyond a certain size, my feeling is that bureaucratic imperatives would begin to operate to maintain consistency. Stressbusters would develop its own discourse as a discipline to keep the activities in order, and such a pressure would stifle the local variation. This might easily be disguised as ensuring 'quality' but is at heart a regimenting of practice. For there to be such a thing as a recognised Stressbusters course, it must have a coherent and consistent identity, which in turn demands the exclusion of certain possibilities. It moves us inexorably towards a dichotomy: this **is** Stressbusters and this **is not**. Just where the boundary line between this particular version of order and chaos lies will only be found if the expansion goes so far as to overcome the local spontaneity of

the programme.

Stressbusters, as it stands at this moment in time, appears to foster difference through its processes, to value the particular and to avoid pushing all its participants into a single model for the attainment of health.

In doing this research, I have perhaps strayed more towards the totalising side of the boundary through my general emphasis on the similarity between the women I interviewed. Small amends have been made in this final chapter where I have disrupted that picture with examples of the individual differences and variations in the way the women reacted to the Stressbusters course.

#### **Enabling active decisions:**

Insofar as the Stressbusters course demanded action of the participants, this action was chosen and directed by them. Each participant reviewed the nature of the stress in her own life and then chose both whether and how to act in reducing its impact. The nature of the actions taken, and the way in which these fell outside the expectations we had as course designers has been discussed in Chapter Four.

Stressbusters did not advocate a recipe for the removal of stress or its impact upon the women's lives. It entered into the individual details of each one of those lives with the women concerned and attempted to identify with them the room for manoeuvre which was available. In each case the existence of other possibilities was explored, but it remained the woman's decision whether to take up any of these additional options.

To some extent the research amplified this process via the interviews. These provided a further reflective opportunity in which the women could build upon the results of the course. Perhaps part of the explanation lies in the strong links between who we want to be and our desire to be healthy. If our sense of self is so central to our conception of health, that is, we think of health in terms of 'who do I want to be in order that I might also have my health?', then the focus of Stressbusters on the

reconstruction of self may have released a desire for change which incorporated the aim of attaining health.

### **Celebrating diversity:**

From what has already been said above I think it is clear that Stressbusters had a positive attitude to diversity. The course did not approach the women as clones to be treated in identical fashion for identical results. Nor did it see them as deviating from a norm. The view of the participants held within the course was that these were individuals managing their particular life circumstances in the way which appeared most productive for them at that time and given the resources available to them.

It is also the case that within the Stressbusters course the views of the participants were seen as valid regardless of whether these reflected the dominant, 'accepted' views of the health/medical establishment. The women's versions of what constituted a healthy life, or any other aspect of knowledge, were accepted as being valid on their own terms. Different versions of 'reality' were then juxtaposed to stimulate reflection. The purpose here was not to make sure that the women accepted the 'true' version as represented by the establishment position, or that of ourselves as course designers, simply to expose the existence of competing versions among which to choose. The rationale behind each version was also explored (the gentle deconstruction which I mentioned earlier) to expose its vested interests and limitations. On balance I believe this process allowed in a minor way for the public validation of otherwise subjugated knowledges.

Within this exploration of variation I believe that the Stressbusters course was acting with a responsibility to difference and to the Other, and with a spirit of generosity rather than of mastery. To a lesser extent the same was true of the research interviews (and I hope of this thesis). My attempts at an empowering interview, described in Chapter Two, provide the basis for this belief. Diversity was less apparent within the one-to-one situations of the interviews, but I made a conscious effort to accept the validity of the women's positions and I have tried to

carry this through into the way I have written about them here.

### **Taking advantage of space:**

Here I will deal with the course and the research together as I believe they both display similar characteristics, with the course simply providing a more complex environment of operation.

Rather than just "taking advantage of spaces in routines and lives" (Fox, 1993 p 137), the Stressbusters course and the research interviews also created these spaces. Attending the course gave the women two hours of time each week to devote to consideration of themselves. Similarly the interviews provided a space of between one and two hours for more reflective activity.

Within these spaces, mental and physical, the women could explore different options via the course exercises and discussions. They could identify their room for manoeuvre, however great or small this was. This experimental space also allowed for movement over boundaries or borders which had previously seemed impermeable to the women. They put themselves in others' shoes, again through the vehicle of the exercises and discussions, and so saw the world from another perspective. In a sense I see this as describing the women's movement from order to chaos and back again, a sort of working through to the end of particular calculations. In Chapter Three I have already given evidence as to the value of such an opportunity in educational terms.

All of these opportunities enabled the women to reconstruct their sense of self, often to become more comfortable with the balance of the various competing selves which they inhabited in the course of their daily lives. Again, the exposing of the boundaries and limitations of the various constructions of the self which were available to the women, and the transcending of these boundaries by some of them, shows the active, open-ended nature of this process. Its unpredictability shows in the way in which others among the women seemed only to become yet more confined. The three case studies provide evidence of both these effects.

The same process was occurring for me, not only in the spaces created by the course and the interviews, but in the more personal space of producing this thesis. In Chapter One I referred to the somewhat opportunistic decision which I made to embark on such a project. But having made it, I was then able both to use it in the creation of my own spaces for reflection and change, and as a means of accessing spaces which were not previously available to me: libraries, tutorial discussions, seminars, etc. I have explored many avenues and built new constructions of myself in just the same manner as I have described in relation to the women I interviewed.

### **Becoming this or that:**

In Chapter Four I showed how the women took the Stressbusters course and made use of it within the context of their identity as mothers, among other things. Therefore, although in designing the course we may have been thinking about how to enable women to 'be healthy', in its execution the women ensured that this emphasis was reduced. They replaced it with their own concerns about 'becoming this or that': in particular with becoming women who could cope with the conflicting demands of mothering, and of mothering versus other roles in life.

It is my belief that this result flowed from the openness of the course process to a variety of interpretations. The participants used the course to reconcile conflicting senses of self, or to move toward acceptance of such conflicts. They took the opportunities provided via the course to (re)construct a more comfortable self. It is possible that for some of the women, for example, Averil, the course provided the momentary release from the inscription of existing discourses which allowed for the emergence of a different sense of self which was not confined to the pre-existing patterns.

The deconstruction of the 'lifestyles' discourse within health education was a valuable part of this process as it uncovered the collusion between this discourse and the avoidance within our culture of the inevitable nature of ageing and death. Choosing the right lifestyle supposedly not only guarantees a healthy life, but a long and youthful one too. Our calculation of the various risks to health is distorted by

this lifestyles discourse which often obscures the futility of many prescribed actions for health in the face of the majority of the risks which we may encounter.

**Stressbusters' (and my own) investment in particular discourse:**

One area in which the course was unable to provide such a deconstructive release was in the consideration of stress itself. The course took up the notion of stress from the way in which this is currently constructed in wider discourses (Cooper, 1983; Kasl & Cooper, 1987; Jee & Reason, 1988; Eckenrode, 1991; Palmer & Dryden, 1996). It is seen in a predominantly negative light, as something to be avoided and with harmful consequences. Within Stressbusters this negative version of stress also predominated. Stress has to some extent become a catch-all explanation for many of the health problems plaguing us, and in this respect too, Stressbusters followed the prevailing trend. The opportunity to deconstruct this particular conception of stress and how it impacts upon our lives was not really taken within either the courses or the interviews. Therefore, whatever the interests served by this discourse, Stressbusters and this research are complicit with them. [Most recently an alternative construction has gained ground, of stress as a natural and necessary phenomenon, providing the impetus to adapt and outperform competitors (Doublet, 2000; The Joy of Stress, 2000).]

The same is true, to some extent of the discourse of empowerment, and of a social model of health. Chapter Three showed how these were integral to the Stressbusters philosophy, just as they are part of my own construction of health. I have been less successful in the deconstruction of these discourses due to my personal investment in them. This incapacity highlights the way in which the discourses of health education become integrated within other hegemonic discourses, as I have already argued. In this way health education is a form of social control. It works through what Foucault refers to as the technologies of the self (Foucault, 1988): those patterns of behaviour which incorporate the desire of the state for the control of our actions into our personal self-management. Our desires for health and selfhood combine to make us susceptible to this particular Trojan horse in the battle for discursive power/knowledge, and we allow the invasion.



Indeed we may welcome the gift and not realise the invasive intention it disguises, ending up within the “culture of silence” described by Paulo Freire (1972). Donzelot’s examination of the nature of the changing relationship between family and state shows this process at work (Donzelot, 1979). Stressbusters was caught up in this net just as any other health education activity is.

And so, finally.

To attempt to undertake health education which takes the issues raised by postmodernism seriously is to enter into uncertain and often uncomfortable territory. The discomfort is created by the way in which doing so locates us at the contested discursive boundaries between competing knowledges and moralities. It is tempting to portray modernism as representing the ‘order’ side of this boundary, and postmodernism as the side of ‘chaos’, but the opposite could also be true. The discomfort is real in its effects due to the many conflicts and contradictions inherent in the attempt to straddle such a boundary line. We feel the results, painful or pleasurable, as they are inscribed upon our BwOs.

But the boundary is also a playground. Here we can imagine, invent and experiment. Here the drive to adapt creates the opportunity for the emergence of new ways of being and of understanding ourselves. The effort and discomfort, even pain, of deconstruction is balanced by the delight, however temporary, of reconstruction.

I offer another analogy, taken appropriately enough from the world of child raising. At around the age of three most children enter into an awkward phase of constantly asking ‘but why?’. As adults we generally respond with a series of explanations, but usually our capacity to explain runs out before the child’s capacity to question. Finally we are reduced to the phrase ‘just because!’. Luckily for our sanity, children grow out of this phase, but deconstruction takes us right back there to the persistence of ‘but why?’. It also tempts us into the same response because of its

endless nature, but each 'just because' is simply an arbitrary cut-off point. 'Just because' is the pull towards order while 'but why?' is the temptation of chaos. Whatever the field in which the game is being played, it goes on forever.

I will end with some points about the practice of effective health education in the postmodern era, and the identification of two significant loose ends.

**The loose ends:**

- I have stated my belief that we need to include emotionality within our constructions of the world, to account for the operations of desire. This is not amenable to the rationality based explanations upon which we are so reliant. We need to construct a 'logic of desire' with which to disrupt the logic of reason, and enable us to build emotionality, with its inherent unpredictability, into our understanding.
- we need to develop an understanding of professionalism from within the realm of the Gift, which can counter the version founded within the realm of the Proper, and may enable us to embody a wider range of values in the way we undertake our work.

**Effective health education practice in the postmodern era:**

The points I make here are, of course, open to debate, but I believe they summarise the learning I have gained from undertaking this research. They also take further the five beliefs about health education which formed the basis for Chapter Three. The first three of those beliefs are linked to notions of intertextuality and making values explicit. The fourth belief dealt with the need to include desire in our understanding of causality. All the beliefs have connections to the practice of deconstruction, to the importance of difference and to conceptions of identity.

- if health educators become more conscious of intertextuality within their work, they may be able to use it to deconstruct particular discourses and expose their boundaries or limitations. This may also open up new

possibilities, and help them to be explicit about their own positions.

- if health educators can explore the notion of causality as a web, or force-field, as opposed to simply accepting a linear version of cause-effect relationships, this may open up new understandings of the relationships between our actions and our health.
- through a focus on difference as well as similarity health educators may reduce the tendency to apply a one-size-fits-all solution to the problems of health.
- if health educators are able to learn to live with and accept the existence of contradiction, this may enable them to be freer in their interpretations of what is involved in becoming healthy.
- if health educators can focus on process as well as outcomes, despite the difficulty of doing so in the large bureaucracies of the health/medical establishment within which so much health education work takes place, then the regimented nature of health education practice may be reduced and difference may begin to flourish.
- again, despite their location within large bureaucratic organisations, health educators might gain from attempting to keep programmes small. This allows for high levels of variation and the necessary and fruitful engagement with issues of self and identity.

## **APPENDICES**

## APPENDIX A

### Interview Guides for Interviews 1, 2 and 3.

#### 1<sup>st</sup> Interview:

- perception of own behaviour, healthy/unhealthy dimensions, contradictions, desire for change if any;
- ☛ can you describe what you mean by “healthy”?
- ☛ can you tell me about actions you take for the sake of your health?
- ☛ can you tell me of actions you take which you feel harm your health?
- ☛ can you tell me why you do these things?
- ☛ can you tell me about things which you don’t do yourself but you think affect health?
- ☛ can you tell me about a time when you needed to find out some information about “health”?
- previous experience of health education;
- ☛ can you tell me about your experience of “health education”?
- ☛ how did this “health education” relate to your own life and personal circumstances?
- ☛ can you tell me how this “health education” affected you (positively or negatively)?
- perceptions of self-image and self-esteem;
- ☛ can you tell me of a time when you have found it difficult to stick to a “healthy” lifestyle?
- ☛ how did you feel about yourself at those times?
- ☛ do you feel that there are things you would like to change about yourself?
- ☛ can you tell me why you want to change?
- expectations of course and impact if any;
- ☛ can you tell me what your expectations of this course are?

#### 2<sup>nd</sup> Interview:

- comparison of this experience of “health education” with others;
- ☛ can you tell me what your opinion of this course is?
- ☛ do you feel your expectations of the course were met?
- ☛ can you tell anything which was different about this course compared to other “health education” you have experienced?
- ☛ can you say why/if these differences matter?
- specific impact of this programme on self, health, life, relationships, present and future anticipated;
- ☛ can you tell me how the course affected you?
- ☛ did the course surprise you in any way?
- ☛ can you tell me about any changes you are making as a result of the course?
- ☛ can you tell me about any other changes which have happened as a result of the course?
- ☛ why do you think this happened?

- ▢ do you think these changes will last?
- ▣ any changes in perception of own behaviour, self-image and self-esteem - reasons for this;
- ▢ do you find it any easier to stick to a "healthy" life since doing the course? Why or why no difference?
- ▢ do you think about "health" in a different way at all since doing the course, how and why?
- ▢ do you treat yourself, or think about yourself, differently since doing the course, how and why?

### 3<sup>rd</sup> Interview:

- ▣ specific impact of this programme on self, health, life, relationships, present and future anticipated;
- ▢ can you tell me about your health at the moment?
- ▢ what do you think is affecting your health at the moment?
- ▢ looking back over the last three or four months, can you tell me about any changes you have made which affect your health?
- ▢ can you tell me about your reasons for making these changes?
- ▢ do you think the changes you have made will be long-term ones?
- ▢ can you tell me about anything else happening in your life now which is a result of the course you did? (personal friendships, support networks, interests, activities, alteration in viewpoint or understanding, family relationships)
- ▢ do you think these things would be happening now if you had never done the course?
- ▢ can you tell me what you think happened during the course which made these things possible?
- ▢ can you tell me about any changes you made which did not last?
- ▢ what made it difficult for you to maintain those changes?
- ▢ can you think of any help which would have made it easier to maintain the changes?
- ▢ fill in diary retrospectively for last 3 days.

## APPENDIX B

Photographic reproductions of the collages made by the women on four of the Stressbusters courses.

Collage from Course A





## A collage of various magazine cutouts, including photos of people, text snippets like "A boy's world", "Friends of", "Body", and "What's looking after your child?", and small illustrations, all pasted onto a dark background.

## A dense collage of magazine cutouts and photographs. The collage includes various images of people, food, and text snippets. Notable text includes "Back in the", "you tell us", "health", "Rules OK", and "TIME". There are also images of a person in a car, a person in a hat, a person in a swimsuit, and a person in a dress. The collage is arranged in a somewhat chaotic but visually appealing manner.










[illegible]

# APPENDIX C

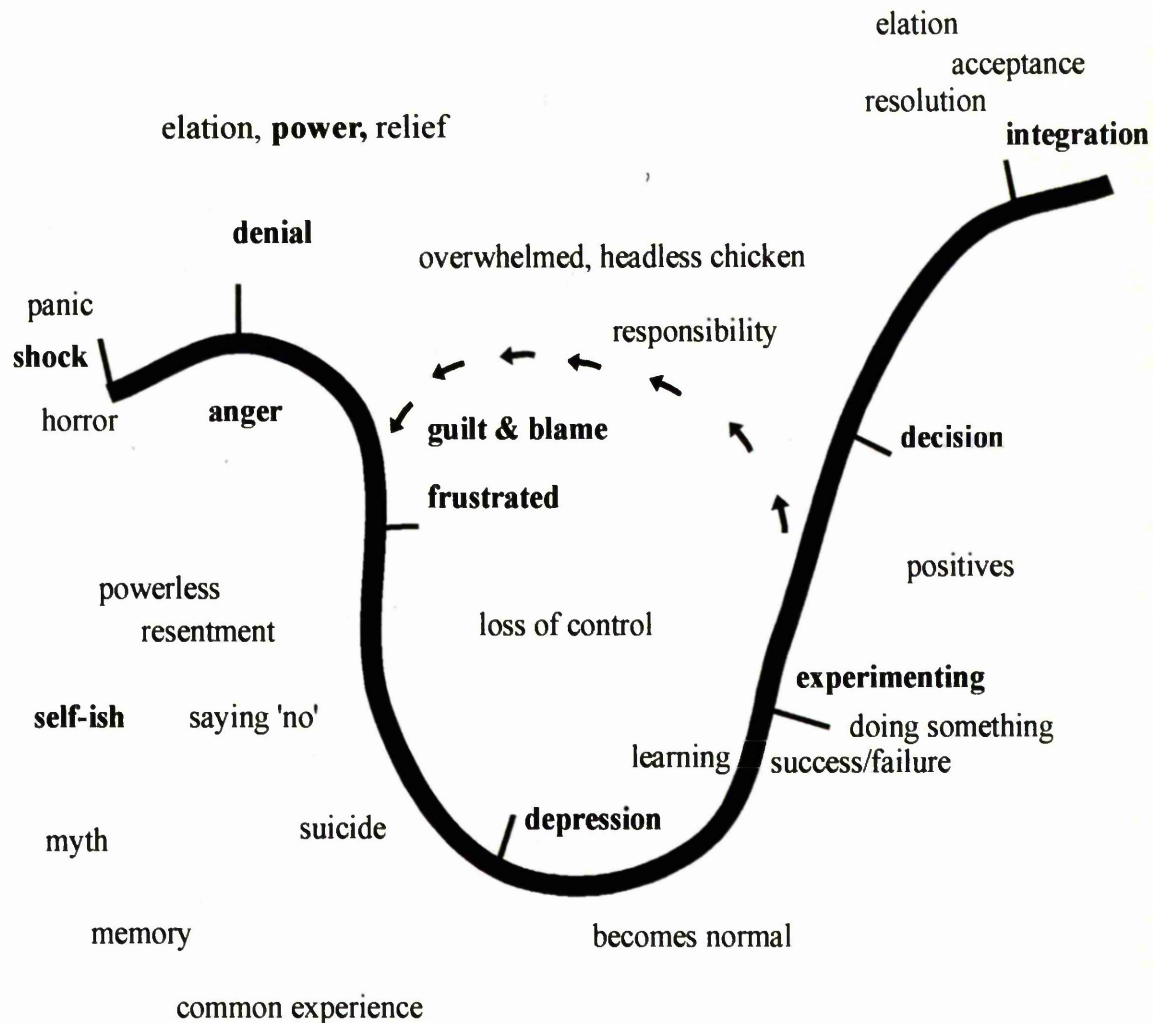
An example of the diary sheet completed by the women during the Stressbusters courses and the third interviews.

14/04/2004

Day	Stressful things in my life 	Temptation / resisted 	Booze / drank 	Fags / smoked 	Junk food / ate 	Fresh fruit & veg / ate 	Physical activity / did 
<del>14/04/2004</del> TO DAY	Husband for appeal against his redundancy. I'm worrying over money how we will manage.		2002	2002	Kit Kat Penguin Chinese mint for tea.	apple orange. banana Pear kiwi fruit	Walked to school + back. Walked to kiwi store + back.
Payable yesterday	Deep down feel stressed over Paul's appeal. Try to look on bright side. If there is one? Had Quaver's choice.		2002	2002	Beer a pig quavers kit kat Puffin Biscuits Sausages	apple Pear banana 2 kiwi Orange	lean machine 1 hour. Walked to school
Day before that	put 211b on a Sus felt upset interview with Glenor.		2002	2002	quavers kit kat lollipop puffin	apple Pear orange kiwi banana	lean machine 1 hour Walked Vale + back walked to school + back

## APPENDIX D

### Building the Kubler-Ross curve



process of reflection and analysis

all the points are part of it

many changes happening all at once

it's OK to ask for help

voluntary or involuntary change, feeling manipulated

## APPENDIX E

Characteristics of the women involved in the Stressbusters courses and research.

Name	Age	Marital status	Children	Housing	Work	Debts	Receiving benefit	Car
Lucy	30s	divorced	3	rented	none	-	yes	no
Lucinda	30s	divorced	3	rented	p/time	-	yes	no
Megan	30s	single	-	own	f/time	-	-	yes
Averil	30s	married	3	own	none	-	-	yes
Fiona	60s	married	2 (adult)	own	none	-	yes	yes
Jennifer	30s	married	2	own	p/time	-	-	yes
June	30s	married	2	own	p/time	yes	yes	no
Marianne	30s	married	2	own	p/time	yes	-	no
Pamela	30s	married	1	own	none	yes	yes	yes
Adrienne	30s	married	3	own	p/time	-	-	yes
Celia	30s	married	2	own	p/time	-	yes	yes
Janet	20s	separated	1	rented	none	yes	yes	no
Laura	30s	married	3	rented	none	-	yes	no
Sharon	30s	married	1	own	f/time	-	-	yes
Winnie	30s	married	3	own	p/time	-	-	yes
Abigail	30s	single	2	rented	none	yes	yes	no
Jane	30s	single	1	grand-parents'	none	-	yes	no
Alice	50s	divorced	1	own	none	-	yes	no
Alison	40s	single	-	own	none	yes	yes	no
Cheryl	30s	separated	1	rented	none	yes	yes	no
Edith	50s	married	1 (adult)	own	none	-	-	no
Lisa	40s	single	1 (adult)	own	none	yes	yes	no
Dora	Information not available, attended part of course and one group interview.							
Candice	Information not available, attended part of course. Did not wish to be interviewed.							
Val	Information not available, only attended one mid-course session.							

This information was gathered informally. The final two columns refer to personal benefits, including pension, but not child benefit; and to access to a family car.

## **BIBLIOGRAPHY**

- Adams, Alice. 1995. Maternal Bonds: Recent Literature on Mothering. *Signs: Journal of Women in Culture and Society*, Vol 20, Nº 2 Winter, p 414 - 427.
- Afshar, Haleh & Maynard, Mary (eds). 1994. *The dynamics of 'race' and gender: some feminist interventions*. Taylor & Francis, London, UK.
- Agar, Michael. 1994. *Language Shock/Understanding the Culture of Conversation*. Quill, William Morrow, New York, USA.
- Agar, Michael. 1999. How to Ask for a Study in Qualitatisch. *Qualitative Health Research*, Vol 9, Nº 5, p 684 - 697.
- Ajzen I & Fishbein M. 1980. *Understanding Attitudes and Predicting Social Behaviour*. Prentice Hall, New Jersey, USA.
- Alcoff, Linda. 1988. Cultural feminism versus post-structuralism: the identity crisis in feminist theory. *Signs: Journal of Women in Culture and Society*, Vol 13, Nº 31, p 405 - 436.
- Allen, Garth; Bastiani, John; Martin, Ian & Richards, Kelvyn (eds) 1987. *Community Education an agenda for educational reform*. Open University Press, Milton Keynes, UK.
- Allman, Paula, 1987. Paulo Freire's education approach: a struggle for meaning in Allen, Garth; Bastiani, John; Martin, Ian & Richards, Kelvyn (eds) *Community Education an agenda for educational reform*. Open University Press, Milton Keynes, UK, p 214 - 237.
- Angen, Maureen Jane. 2000. Evaluating Interpretive Inquiry: Reviewing the Validity Debate and Opening the Dialogue. *Qualitative Health Research*, Vol 10, Nº 3, p 378 - 395.
- Antonovsky, Aaron. 1979. *Health, Stress, and Coping: New Perspectives on Mental and Physical Well-Being*. Josey-Bass Inc, Publishers, San Francisco, USA.
- Anzaldúa, Gloria. 1987. *Borderlands: the new mestiza*. Aunt Lute Books, San Francisco, USA.
- Apter, Terri. 2000. Temper, temper. *The Guardian*, Tuesday June 27.
- Ashton, John & Seymour, Howard. 1988. *The New Public Health: The Liverpool Experience*. Open University Press, Milton Keynes, UK.
- Atkins, Lucy. 1999. Should you crash diet for your baby? *The Guardian*, Tuesday, November 2.



*Bandolier*: Evidence-based health care <www.ebandolier.com> Monthly newsletter. NHS Executive, UK.

Bart, Pauline B; Freeman, Linda N; & Kimball, Peter. 1991. The Different Worlds of Women and Men: Attitudes toward pornography and Responses to 'Not a Love Story' - A Film About Pornography *in* Fonow, Mary Margaret & Cook, Judith A. (eds). *Beyond Methodology: Feminist Scholarship As Lived Research*. Indiana University Press, Bloomington, USA, p 171 - 196.

Bartky, Sandra Lee. 1988. Foucault, Femininity, and the Modernization of Patriarchal Power *in* Diamond, Irene, and Quinby, Lee (eds) *Feminism & Foucault: Reflections on Resistance*. Northeastern University Press, Boston, USA p 61 - 86.

Bassin, Donna, Honey, Margaret and Kaplan, Meryle Mahrer (eds) 1994. *Representations of Motherhood*. Yale University Press, New Haven, USA.

Becker M H (ed). 1984. *The Health Belief Model and Personal Health Behaviour*. Charles B Slack, Thorofare, New Jersey, USA.

Becker, Carolyn, Guenther-Grey, Carolyn and Raj, Anita. 1998. Community Empowerment Paradigm Drift and the Primary Prevention of HIV/AIDS. *Social Science and Medicine*, Vol 46, N° 7, p 831 - 842.

Belenky, Mary Field, Clinchy, Blythe McVicker, Goldberger, Nancy Rule and Tarule, Jill Mattuck. 1997. *Women's Ways of Knowing The Development of Self, Voice, and Mind*. Basic Books, USA.

Bell, Diane, Caplan, Pat and Karim, Wazir Jahan. 1993. *Gendered Fields: Women, Men and Ethnography*. Routledge, London, UK.

Berg, David N & Smith, Kenwyn K. 1985. *The self in social enquiry: Researching methods*. Sage Publications, London, UK.

Bhavnani, Kum-Kum. 1994. Tracing the Contours: Feminist Research and Feminist Objectivity *in* Afshar & Maynard, *The dynamics of 'race' and gender: some feminist interventions*. Taylor & Francis p 26 - 40.

Blackburn, Clare & Graham, Hilary. (Undated) *Smoking Among Working Class Mothers*. Information Pack, Dept of Applied Social Studies, University of Warwick, UK.

Body Image Summit, 2000. *The Guardian*, Wednesday June 21.

Bola, Manjit, Drew, Claire, Gill, Ros, Harding, Stella, King, Estelle & Seu, Bruna. 1998. Representing Ourselves and Representing Others: A Response. *Feminism and Psychology*, Vol 8, N° 1. p 105 - 110.



Bone & Adshead, 1955. *The Little Boy and his House*. J M Dent & Sons, London, UK.

Bortolaia Silva, Elizabeth (ed) 1996. *Good Enough Mothering? Feminist perspectives on lone motherhood*. Routledge, London, UK.

Boseley, Sarah. 1998. Teenage girls smoke 'to stop gaining weight'. *The Guardian*, Tuesday August 4.

Boseley, Sarah. 2000. Parents 'ignoring advice' on cot death prevention. *The Guardian*, Wednesday February 2.

Boulton, Mary Georgina. 1983. *On Being a Mother: A Study of Women with Pre-School Children*. Tavistock, UK.

Bowlby, J. 1951. *Maternal Care and Mental Health*. WHO Monograph Series N<sup>o</sup> 2, Geneva, Switzerland.

Bowles, Gloria & Duelli Klein, Renate. (eds) 1989. *Theories of Women's Studies*. Routledge, UK.

Braun, Devra L; Sunday, Suzanne R; Huang, Amy & Halmi, Katherine A. 1999. More Males Seek Treatment for Eating Disorders. *International Journal of Eating Disorders*, Vol 25, N<sup>o</sup> 4, p 415 - 424.

Brazelton, T.B. 1969. *Infants and Mothers: Differences in Development*. Delacorte, New York, USA.

Breen, Dana. 1975. *The Birth of a First Child towards an understanding of femininity*. Tavistock, UK.

Briscoe, Joanna. 2001. I adore my son, but I'm so bored. *The Guardian*, Wednesday January 10.

Brown, Lyn Mikel & Gilligan, Carol. 1992. *Meeting at the Crossroads: Women's Psychology and Girls' Development*. Harvard University Press, Cambridge, Mass. USA.

Bungay, Vicky & Keddy, Barbara Carter. 1996. Experiential Analysis as a Feminist Methodology for Health Professionals. *Qualitative Health Research*, Vol 6, N<sup>o</sup> 3, p 442 - 452.

Burne, Jerome. 1999. Don't worry, be happy. *The Guardian*, Tuesday August 24.

Burgess-Limerick, Tracey. 1998. Researcher as Learner: Negotiating Responsive Agency. *Feminism and Psychology*, Vol 8, N<sup>o</sup> 1. p 111 - 122.

Butler, Judith. 1990. *Gender Trouble: feminism and the subversion of identity*. Routledge, London, UK.

Butler, Judith, 1992. Contingent Foundations: Feminism and the Question of 'Postmodernism' in Butler, Judith & Scott, Joan W (eds) 1992. *Feminists Theorize the Political*. Routledge, New York & London p 3 - 21.

Butler, Judith. 1993. *Bodies That Matter: On the Discursive Limits of Sex*. Routledge, New York, USA.

Butler, Judith. 1997. *Excitable Speech: A Politics of the Performative*. Routledge, London, UK.

Butler, Judith & Scott, Joan W (eds) 1992. *Feminists Theorize the Political*. Routledge, New York & London.

Candeias, Nelly Martins Ferreira. 1991/2. Evaluating the quality of health education programmes: Some Comments on Methods and Implementation. *Hygie*, Vol X, p 40 - 44.

Carvel, John. 2001. Children of working mothers 'at risk'. *The Guardian*, Wednesday March 14.

Cealey Harrison, W & Hood-Williams, J. 1998. More Varieties than Heinz: Social Categories and Sociality in Humphries, Hammersley and Beyond. *Sociological Research Online*, Vol 3, Nº 1, <<http://www.socresonline.org.uk/socresonline/3/1/8.html>>

Chatham-Carpenter, April and DeFrancisco, Victoria. 1998. Women Construct Self-Esteem in their Own Terms: A Feminist Qualitative Study. *Feminism and Psychology*, Vol 8, Nº 4, p 467 - 489.

Chess, Stella. 1983. Mothers Are Always the Problem - or Are They? Old Wine in New Bottles. *Pediatrics*, Vol 71, Nº 6 June, p 974 - 976.

Chodorow, Nancy. 1978. *The Reproduction of Mothering psychoanalysis and the Sociology of Gender*. University of California Press, Berkeley/Los Angeles, USA.

Cixous, Hélène, 1996. Sorties in Cixous, H & Clement C *The Newly Born Woman*. Translated by Betsy Wing. I B Tauris Publishers, London, UK, p 63 - 132.

Coffey, Amanda and Atkinson, Paul. 1996. *Making Sense of Qualitative Data Complementary Research Strategies*. Sage Publications, London, UK.

Colquhoun, Derek. 1997. Researching with young people on health and environment: the politics of self-esteem and stress. *Health Education Research*, Vol 12, Nº 4, p 449 - 460.

Conboy, Katie, Medina, Nadia and Stanbury, Sarah (eds) 1997. *Writing on the Body: Female Embodiment and Feminist Theory*. Columbia University Press, New York, USA.

Cooper, Cary L. 1983. *Stress Research: Issues for the Eighties*. John Wiley & Sons, Chichester, UK.

Coyle, Adrian. 1996. Representing Gay Men with HIV/AIDS. *Feminism & Psychology*, Vol 6, N° 1, p 79 - 85.

Crowley, Helen and Himmelweit, Susan. 1994. *Knowing Women: Feminism and Knowledge*. Polity Press/The Open University, UK.

Daly, Mary. 1979. *Gyn/Ecology: The Metaethics of Radical Feminism*. The Women's Press, London, UK.

De Koning, Korrie & Martin, Marion. 1996. (eds). *Participatory Research in Health: Issues and Experiences*. Zed Books, London, UK.

De Lauretis, Teresa. 1990. Eccentric subjects: feminist theory and historical consciousness. *Feminist Studies*, Vol 16, N° 1 Spring p 115 - 150.

Deleuze, G & Guattari, F. 1988. *A Thousand Plateaux*. Athlone, London, UK.

Derrida, Jacques. 1972. *Positions*. University of Chicago Press, Chicago, USA.

Derrida, Jacques. 1987. Interview in Salusinszky, Imre. *Criticism in Society* Methuen, London, UK. p 9 - 24.

DeVellis, Robert F., Alfieri, Wendy Stein and Ahluwalia, Indu Bala. 1995. The importance of careful measurement in health education research, theory and practice. (Editorial) *Health Education Research*, Vol 10, N° 1, p i - vii.

Diamond, Irene, and Quinby, Lee (eds) 1988. *Feminism & Foucault: Reflections on Resistance*. Northeastern University Press, Boston, USA.

Dick-Read, G. 1959. *Childbirth without Fear: The Principles and Practice of Natural Childbirth*. Harper, New York, USA.

Dillner, Luisa. 2000. Nursery rules. *The Guardian*, Wednesday May 3.

DoH (Dept of Health). 1992. *The Health of the Nation. A strategy for health in England*. HMSO, London, UK.

DoH. 1998a. *Report of the Scientific Committee on Tobacco and Health*. HMSO, London, UK.

DoH. 1998b. *Smoking Kills: A White Paper on Tobacco*. December, HMSO, London, UK.

DoH. 1999a. *Saving Lives: Our Healthier Nation*. HMSO, London, UK.

DoH. 1999b. *Modernising Health and Social Services. National Priorities Guidance 2000/01 - 2002/03*. HMSO, London, UK.

DoH. 2000. *The NHS National Plan*. HMSO, London, UK.

DoH. 2001. *The NHS Plan - Implementing the Performance Improvement Agenda. A Policy Position Statement and Consultation Document*. HMSO, London, UK.

Donzelot, J. 1979. *The Policing of Families: Welfare versus the State*. Hutchinson, London, UK.

Doublet, Serge. 2000. *The Stress Myth*. Ipsilon Publishing, Freemans Reach, NSW, Australia.

Downie, RS, Fyfe, C and Tannahill, A. 1990. *Health Promotion Models & Values*. Oxford Medical Publications, Oxford, UK.

Doxiadis, S (ed). 1990. *Ethics in Health Education*. John Wiley & Sons, UK.

Doyal, Lesley. 1979. *The Political Economy of Health*. Pluto Press, London, UK.

Doyal, Lesley. 1983. Women, health and the sexual division of labor: a case study of the women's health movement in Britain. *International Journal of Health Services*, Vol 13, Nº 3, p 373 - 387.

Doyal, Lesley. 1995. *What Makes Women Sick: Gender and the Political Economy of Health*. Macmillan, UK.

Du Bois, Barbara. 1989. Passionate scholarship: notes on values, knowing and method in feminist social science in Bowles, Gloria & Duelli Klein, Renate. (eds). *Theories of Women's Studies*. Routledge, UK, p 105 - 116.

Duncan, Peter & Cribb, Alan. 1996. Helping people change - an ethical approach? *Health Education Research*, Vol 11, Nº 3, p 339 - 348.

Durrant, Sabine. 2000. Don't call me My Dear - an interview with Prof. Susan Greenfield. *The Guardian*, Wednesday May 31.

Eckenrode, John (ed). 1991. *The Social Context of Coping*. Plenum Press, New York & London.

Edwards, Rosalind. 1993. *An Education in Interviewing Placing the Researcher and*

the Researched in Renzetti, Claire M & Lee, Raymond (eds). *Researching Sensitive Topics*. Sage Publications, London, UK, p 181 - 196.

Edwards, Rosalind. 1996. White Woman Researcher - Black Women Subjects. *Feminism & Psychology*, Vol 6, Nº 2. p 169-175.

Edwards, R & Usher, R. 1994. *Postmodernism and Education*. Routledge, London, UK.

Ehrenreich, Barbara & English, Deirdre. 1979. *For her own good: 150 years of the expert's advice to women*. Pluto Press, London, UK.

Ellis, Sonja J. 1998. Is Self-Esteem Political? *Feminism and Psychology*, Vol 8, Nº 2, p 251 - 256.

Ellsworth, Elizabeth. 1989. Why Doesn't This Feel Empowering? Working Through the Repressive Myths of Critical Pedagogy. *Harvard Educational Review*, Vol 59, Nº 3 p 297 - 324.

Engelkes, Elly. 1990. Process evaluation in a Colombian primary health care programme. *Health Policy and Planning*, Vol 5, Nº 4, p 327 - 335.

Engelkes, Elly. 1993. What are the lessons from evaluating PHC projects? A personal view. *Health Policy and Planning*, Vol 8, Nº 1, p 72 - 77.

Ewles and Simnett. 1992. *Promoting Health: A Practical Guide*. Scutari Press, RCN, UK.

Eyer, Diane, E. 1992. *Mother-Infant Bonding A Scientific Fiction*. Yale University Press, USA.

Fallon, Patricia; Katzman, Melanie A, & Wooley, Susan C (eds). 1994. *Feminist Perspectives on Eating Disorders*. The Guildford Press, New York, USA.

Fanon, Franz. 1968. *The Wretched of the Earth*. Grove Press.

Fay, Brian. 1977. How people change themselves: The relationship between critical theory and its audience in Ball, Terence (ed) *Political theory and praxis*. University of Minnesota Press, Minneapolis, USA p 200-233.

Feder, Ellen K; Rawlinson, Mary C & Zakin, Emily. 1997. (eds) *Derrida and Feminism: Recasting the Question of Woman*. Routledge, London, UK.

Fien, John, Jensen, Bjarne Bruun and Ferreira, Jo-Anne. 1997. Health, environment and education. (Editorial) *Health Education Research*, Vol 12, Nº 4, p i - iii.

Figes, Kate. 2001. Home rules? *The Guardian*, Wednesday March 14.

Finch, Janet. 1984. 'It's Great to Have Someone to Talk to': Ethics and Politics of Interviewing Women *in* Bell, C. & Roberts, H. (eds) *Social Researching: Politics, Problems, Practice*. Routledge, London, UK. p 70-87.

Firestone, Shulamith. 1970. *The Dialectic of Sex*. Bantam Books, New York, USA.

Fishbein M & Ajzen I. 1985. *Belief, Attitude, Intention and Behaviour: An Introduction to Theory and Research*. Addison-Wesley, Reading, Massachusetts, USA.

Flax, Jane, 1987. Postmodernism and Gender Relations in Feminist Theory. *Signs: Journal of Women in Culture and Society*, Vol 12, Nº 4, p 621 - 643.

Flax, Jane, 1992 The End of Innocence *in* Butler, Judith & Scott, Joan W (eds) *Feminists Theorize the Political*. Routledge, New York & London p 445 - 463.

Fonow, Mary Margaret & Cook, Judith A. (eds). 1991. *Beyond Methodology: Feminist Scholarship As Lived Research*. Indiana University Press, Bloomington, USA.

Foot, Paul. 1998. Astonishing new report shows that poverty is a Bad Thing It makes you sick. *The Guardian*, Tuesday December 15.

Forcey, Linda Rennie. 1994. Feminist Perspectives on Mothering and Peace *in* Glenn, Evelyn Nakano, Chang, Grace and Forcey, Linda Rennie (eds). *Mothering: Ideology, Experience, and Agency*. Routledge, London, UK, p 355 - 375.

Foucault, Michel. 1980. *Power/Knowledge: Selected Interviews and Other Writings 1972 - 1977*. edited by Colin Gordon, Harvester Press.

Foucault, Michel. 1988. Technologies of the self *in* Martin, L H; Gutman, H & Hutton P H (eds) *Technologies of the Self*. Tavistock, London, UK.

Fox, Nicholas J. 1993. *Postmodernism, Sociology and Health*. Open University Press, Buckingham, UK.

Fox, Nicholas J. 1999. *Beyond Health: Postmodernism and Embodiment*. Free Association Books, London, UK.

Fox Keller, Evelyn. 1978. Gender and Science. *Psychoanalysis and Contemporary Thought: A Quarterly of Integrative and Interdisciplinary Studies*, Vol 1, Nº 3, p 409 - 433.

Freedland, Jonathan. Goodbye to the oracle. *The Guardian*, Wednesday June 9.

Freely, Maureen. 1999. Sex and the single mum. *The Guardian*, Wednesday, December 1.

- Freely, Maureen. 2000. Childcare study boosts back-to-work mothers. *The Observer*, Sunday, April 30.
- Freire, Paulo. 1972. *Pedagogy of the Oppressed*. Penguin, Harmondsworth, UK.
- Freire, Paulo. 1974. *Education: the Practice of Freedom*. Writers and Readers Publishing Cooperative, London, UK.
- Freire, Paulo. 1985. *The Politics of Education: Culture, Power and Liberation*. Macmillan, London, UK.
- Freire, Paulo. 1997. *Pedagogy of Hope: Reliving Pedagogy of the Oppressed*. Continuum, New York, USA.
- Freire, P & Macedo, D. 1987. *Literacy: Reading the Word and the World*. Routledge Kegan Paul, London, UK.
- Frye, Marilyn. 1996. The Possibility of Feminist Theory in Garry, Ann & Pearsall, Merilyn (eds). *Women, Knowledge and Reality: Explorations in Feminist Philosophy*. Routledge, New York, USA, p 34 - 47.
- Garry, Ann & Pearsall, Merilyn (eds) 1996. *Women, Knowledge and Reality: Explorations in Feminist Philosophy*. Routledge, New York, USA.
- Gelsthorpe, L. 1992. Response to Martyn Hammersley's paper 'On feminist methodology'. *Sociology*, Vol 26, p 213 - 218.
- Geras, Norman. 1995. *Solidarity in the Conversation of Humankind: The Ungroundable Liberalism of Richard Rorty*. Verso, London, UK.
- Gibson, Cheryl H. 1991. A concept analysis of empowerment. *Journal of Advanced Nursing*, Vol 16, p 354 - 361.
- Giddens, Anthony. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Polity Press, Cambridge, UK.
- Gillan, Audrey. 2000. Did bad parenting really turn these boys into killers? *The Guardian*, Wednesday, November 1.
- Gilligan, Carol. 1982. *In a different voice: psychological theory and women's development*. Harvard University Press, Cambridge, Mass.
- Giroux, Henry, 1992. *Border Crossings: Cultural Workers and the Politics of Education*. Routledge, London, UK.
- Glaser, Barney & Strauss, Anselm. 1967. *The Discovery of Grounded Theory*. Aldine, Chicago, USA.

- Glenn, Evelyn Nakano. 1994. Social Constructions of Mothering: a thematic overview *in* Glenn, Evelyn Nakano, Chang, Grace and Forcey, Linda Rennie (eds). *Mothering: Ideology, Experience, and Agency*. Routledge, London, UK, p 1 - 29.
- Glenn, Evelyn Nakano, Chang, Grace and Forcey, Linda Rennie (eds) 1994. *Mothering: Ideology, Experience, and Agency*. Routledge, London, UK.
- Goldberger, Nancy, Tarule, Jill, Clinchy, Blythe and Belenky, Mary (eds) 1996. *Knowledge, Difference and power Essays Inspired by Women's Ways of Knowing*. Basic Books, USA.
- Gopnik, Alison. 2000. Tears, tantrums and other experiments. *The Guardian*, Wednesday January 26.
- Gordon, Gill & Phiri, Florence. 2000. Moving beyond the 'KAP GAP': A community based reproductive health programme in Eastern Province, Zambia. *PLA Notes: participatory learning and action*, February Issue, IIED, London, UK. p 67 - 72.
- Grabrucker, Marianne. 1995. *There's a Good Girl: Gender Stereotyping in the First Three Years of Life: A Diary*. The Women's Press, London, UK.
- Grace, Victoria M. 1991. The marketing of empowerment and the construction of the health consumer: a critique of health promotion. *International Journal of Health Services*, Vol 21, N° 2, p 329 - 343.
- Graham, Hilary. 1990. Behaving Well: Women's health behaviour in context *in* Roberts, H. (ed). *Women's Health Counts*. Routledge, London, UK. p 195 - 241.
- Graham, Hilary. 1993a. *Hardship and Health in Women's Lives*. Harvester Wheatsheaf, London, UK.
- Graham, Hilary. 1993b. *When Life's a Drag Women, Smoking and Disadvantage*. University of Warwick/Department of Health, UK.
- Graham, Hilary and Popay, Jennie. 1988. *Women and Poverty: Exploring the Research and Policy Agenda*. Thomas Coram Research Unit, University of Warwick, UK.
- Gramsci, Antonio. 1995. *Further Selections from The Prison Notebooks*. edited and translated by Derek Boothman, Lawrence and Wishart, London, UK.
- Green, Gill. 1998. Bridging the Gap during the Interview Process. *Feminism and Psychology*, Vol 8, N° 1. p 123 - 128.
- Greenfield, Susan, 2000. *Brain Story*. BBC2 Series July - August.



Greenfield, Susan. 1995. *Journey to the centre of the mind: Toward a Science of Consciousness*. W H Freeman & Co, New York, USA.

Greenfield, Susan, 1997. *The Human Brain: A Guided Tour*. Weidenfeld & Nicolson, London, UK.

Griffiths, Morwenna. 1995. Making a Difference: feminism, post-modernism and the methodology of educational research. *British Educational Research Journal*, Vol 21, N° 2, p 219 - 235.

Guthrie, Colin. 2000. A poor start to 2001. *The Guardian*, Saturday December 30.

Hall, B., Etherington, A and Jackson, T. 1979. *Evaluation, Participation and Community Health Care: Critique and Lessons*. ICAE, Toronto, Canada.

Hall, Stuart. 1997a. The Spectacle of the 'Other' in Hall, Stuart, (ed) *Representation: Cultural Representations and Signifying Practices*. Sage Publications, London, UK. p 223 - 279.

Hall, Stuart. 1997b. (ed) *Representation: Cultural Representations and Signifying Practices*. Sage Publications, London, UK.

Hammersley, Martyn. 1992. *What's wrong with Ethnography?* Routledge, London, UK.

Hammersley, Martyn. 1992. On feminist methodology. *Sociology*, Vol 26, N° 2, p 187 - 206.

Hammersley, Martyn. 1994. On feminist methodology: a response. *Sociology*, Vol 28, N° 1, p 293 - 300.

Hammersley, Martyn. 1995. *The Politics of Social Research*. Sage Publications, London, UK.

Hammersley, Martyn & Atkinson, Paul. 1995. *Ethnography Principles and Practice*. 2<sup>nd</sup> Edition. Routledge, London, UK.

Hammersley, Martyn. 1997. A Reply to Humphries. *Sociological Research Online*, Vol 2, N° 4, <<http://www.socresonline.org.uk/socresonline/2/4/6.html>>

Haraway, Donna. 1988. Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, Vol 14, N° 3 Fall. p 575 - 599.

Haraway, Donna. 1992. Ecce Homo, Ain't (Ar'n't) I a Woman, and Inappropriate/d Others: The Human in a Post-Humanist Landscape in Butler, Judith & Scott, Joan W (eds) *Feminists Theorize the Political*. Routledge, New York & London, p 86 - 100.

Harding, Sandra. 1986. *The Science Question in Feminism*. Cornell University Press, Ithaca, New York, USA.

Harding, Sandra. 1987. *Feminism and Methodology*. The Open University, Milton Keynes, UK.

Harding, Sandra. 1991. *Whose Science? Whose Knowledge? Thinking from Women's Lives*. Cornell University Press, Ithaca, USA.

Hartsock, Nancy C M. 1983. The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism *in* Harding, Sandra & Hintikka, Merrill B (eds) *Discovering Reality*. D Reidel Publishing Co, Dordrecht, Holland, p 283 - 310.

Haug, Frigga (ed) 1987. *Female Sexualization A Collective Work of Memory*. (trans Erica Carter), Verso, London, UK.

Hawe, Penelope & Shiell, Alan, 2000. Social capital and health promotion: a review. *Social Science and Medicine*, Vol 51, p 871 - 885.

Hays, Sharon. 1996. *The Cultural Contradictions of Motherhood*. Yale University Press, USA.

Hertz, Rosanna (ed) 1997. *Reflexivity and Voice*. Sage Publications, London, UK.

Heward, Christine and Bunwaree, Sheila (eds) 1999. *Gender, Education and Development: Beyond Access to Empowerment*. Zed Books, London, UK.

Hill, Ann (ed) 1979. *A Visual Encyclopedia of Unconventional Medicine*. New English Library, UK

Hill, Eleanor. 1997. Over the edge: health-care provision, development, and marginalisation *in* *Development for Health, A Development in Practice Reader*, Oxfam (UK & Ireland), p 6 - 13.

Hill, Eleanor. 1999. *Final Report: Promoting Positive Health Behaviours Among Low Income Women - The Stressbusters Course*. NHS Executive North West, Project Reference RDO/11/23/4.

Hill, E.; Thornley, P.; Stewart, S. & McKain, J. 1999. *The Stressbusters Programme Stepping Stones to Change Course Manual*. Shared Learning in Action/Liverpool Healthy Cities Action Team. UK.

Hill Collins, Patricia. 1991. Learning From the Outsider Within: The Sociological Significance of Black Feminist Thought *in* Fonow, Mary Margaret & Cook, Judith A. *Beyond Methodology, Feminist Scholarship as Lived Research*. Indiana University Press, USA p 35 - 59.

- Hill Collins, Patricia, 1994. Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood *in* Glenn, Evelyn Nakano; Chang, Grace & Forcey, Linda Rennie (eds). *Mothering: Ideology, Experience, and Agency*. Routledge, New York/London p 45 - 65.
- Hill Collins, Patricia. 1996. The Social Construction of Black Feminist Thought *in* Garry, Ann & Pearsall, Marilyn (eds). *Women, Knowledge and reality: Explorations in Feminist Philosophy*. Routledge, London, UK p 222 - 248.
- Hirsch, Marianne and Fox Keller, Evelyn (eds) 1990. *Conflicts in Feminism*. Routledge, New York, USA.
- Holland, Janet; Ramazanoglu, Caroline; Scott, Sue; Sharpe, Sue & Thomson, Rachel. 1991. *Pressure, resistance, empowerment: Young women and the negotiation of safer sex*. Women Risk & Aids Project (WRAP) Paper 6, the Tufnell Press, London, UK.
- Holland, Janet; Ramazanoglu, Caroline; Sharpe, Sue & Thomson, Rachel. 1992. *Pressured pleasure: Young women and the negotiation of sexual boundaries*. Women Risk & Aids Project (WRAP) Paper 7, the Tufnell Press, London, UK.
- Hollway, Wendy and Featherstone, Brid. (eds) 1997. *Mothering and Ambivalence*. Routledge, London, UK.
- hooks, bell. 1991. *Yearning: race, gender and cultural politics*. Turnaround press, Boston, Massachusetts, USA.
- hooks, bell. 1996. Choosing the Margin as a Space of Radical Openness *in* Garry, Ann & Pearsall, Merilyn (eds). *Women, Knowledge and Reality: Explorations in Feminist Philosophy*. Routledge, New York, USA, p 48 - 55.
- Hope, A & Timmel, S. 1984 *Training for Transformation: A Handbook for Community Workers*. Mambo Press, Gweru, Zimbabwe.
- Hugill, Barry. 1998. Teenage girls suffer in silence. They really are worried sick. *The Observer*, June 28.
- Humphries, Beth. 1988. Adult learning in social work education: towards liberation or domestication? *Critical Social Policy*, Issue 23, Autumn, p 4 - 21.
- Humphries, Beth. 1994. Empowerment and Social Research: Elements for an Analytic Framework *in* Humphries, Beth & Truman, Carole. (eds) *Re-thinking Social Research* Avebury, Aldershot, UK. p 185 - 204.
- Humphries, Beth 1996. (ed) *Critical Perspectives on Empowerment*. Venture Press, Birmingham, UK.

- Humphries, Beth. 1997. From Critical Thought to Emancipatory Action: Contradictory Research Goals?. *Sociological Research Online*, Vol 2, Nº 1, <<http://www.socresonline.org.uk/socresonline/2/1/3.html>>
- Humphries, Beth. 1998. The Baby and the Bath Water: Hammersley, Cealey Harrison and Hood-Williams and the Emancipatory Research Debate. *Sociological Research Online*, Vol 3, Nº 1, <<http://www.socresonline.org.uk/socresonline/3/1/9.html>>
- Humphries, Beth & Truman, Carole. 1994. (eds) *Re-thinking Social Research*. Avebury, Aldershot, UK.
- Illich, Ivan. 1977. *Limits to Medicine: medical nemesis, the expropriation of health*. Penguin, Harmondsworth, UK.
- Irving L Janis & Seymour Feshbach. 1953. Effects of fear-arousing communications. *The Journal of Abnormal and Social Psychology*, Vol 48, Nº 1, p 78 - 92.
- Jaggar, Alison. 1983. *Feminist Politics and Human Nature*. Roman & Allanheld, Totowa, NJ, USA.
- Jaggar, Alison M. 1996. Love and knowledge: Emotion in Feminist Epistemology in Garry, Ann & Pearsall, Marilyn (eds). *Women, Knowledge and Reality: Explorations in Feminist Philosophy*. Routledge, New York, USA p 166 - 190.
- Janz N K & Becker M H, 1984. The Health Belief Model: a decade later. *Health Education Quarterly*, Vol 11, p 1 - 47.
- Jee, Maggie & Reason, Liz. 1988. *Action on Stress at Work*. HEA, London, UK.
- Jensen, B B. 1997. A case of two paradigms within health education. *Health Education Research*, Vol 12, Nº 4, p 419 - 428.
- Joeres, Ruth-Ellen B and Laslett, Barbara. 1995. Maternity and Motherhood: Recent Feminist Scholarship. *Signs: Journal of Women in Culture and Society*, Vol 20, Nº 2 Winter, p 395 - 396.
- Joffe, Natasha, 2000. Tired and emotional. *The Guardian*, Tuesday December 19.
- Jones, A. 1993. Becoming a 'Girl': post-structuralist suggestions for educational research. *Gender and Education*, Vol 5, Nº 2, p 157 - 166.
- Jones, Patricia S and Meleis, Afaf I. 1993. Health is Empowerment. *Advances in Nursing Science*, Vol 15, Nº 3, p 1 - 14.
- Kaplan, Howard B. 1991. Social psychology of the immune system: a conceptual

framework and review of the literature. *Social Science and Medicine*, Vol 33, N° 8, p 909 - 923.

Kaplan, Meryle, Mahrer. 1992. *Mother's Images of Motherhood. Case studies of twelve mothers*. Routledge, London, UK.

Karl, Marilee. 1995. *Women and Empowerment: Participation and Decision Making*. Zed Books, London, UK.

Kasl, Stan V & Cooper, Cary L (eds) 1987. *Stress and Health: Issues in Research Methodology*. John Wiley & Sons, Chichester, UK.

Kasongo Project Team, 1981. Influence of measles vaccination on survival patterns of 7 - 35-month-old children in Kasongo, Zaire. *The Lancet*, April 4, p 764 - 767.

Kavanagh, Anne M and Broom, Dorothy H. 1998. Embodied Risk: My Body Myself. *Social Science and Medicine*, Vol 46, N° 3, p 437 - 444.

Kaye, Brian. 1993. *Chaos and Complexity: Discovering the Surprising Patterns of Science and Technology*. VCH, Weinheim, Germany.

Kelsey, K S., Kirkley, B G., DeVellis, R F., Earp, J A., Ammerman, A S., Keyserling, T C., Shannon, J and Simpson Jr, R J. 1996. Social support as a predictor of dietary change in a low-income population. *Health Education Research*, Vol 11, N° 3, p 383 - 395.

Kerr, Joanne (ed). 2000. *Community Health Promotion: Challenges for Practice*. Baillière Tindall/RCN, London, UK.

Kirk, J & Miller, M L. 1986. *Reliability and Validity in Qualitative Research*. Qualitative Research Methods, Volume 1, Sage Publications, London, UK.

Kitzinger, Celia & Wilkinson, Sue. 1997. Validating Women's Experience? Dilemmas in Feminist Research. *Feminism and Psychology*, Vol 7, N° 4. p 555 - 574.

Kuate Defo, Barthélémy. 1998. Fertility Response to Infant and Child Mortality in Africa with Special Reference to Cameroon in Montgomery, Mark R & Cohen, Barney (eds). *From Death to Birth: Mortality Decline and Reproductive Change*. National Academy Press, Washington DC, USA, p 254 - 315.

Kübler-Ross, Elizabeth. 1973. *On death and dying*. Tavistock Publications, London, UK.

Kuhn, Thomas, 1970. *The Structure of Scientific Revolutions*. University of Chicago Press, Chicago, USA.

- Lancaster, Laura Randolph. 2001. Girlfriend Power. *Ebony*, January Issue.
- Lather, Patti. 1991. *Getting Smart. Feminist Research and Pedagogy With/in the Postmodern*. Routledge, London, UK.
- Lather, Patti. 1992. Critical Frames in Educational Research: Feminist and Post-structural Perspectives. *Theory Into Practice*, Vol 31, Nº 2 Spring, p 87 - 99.
- Lather, Patti. 1993. Fertile Obsession: Validity After Poststructuralism. *The Sociological Quarterly*, Vol 34, Nº 4, p 673 - 693.
- Lather, Patti. 1996. *Methodology as Subversive Repetition: practices toward a feminist double science*. AERA, NYC.
- Leach, Penelope, 1989. *Baby and Child*. Penguin, Harmondsworth, UK.
- Lee, Raymond M. 1993. *Doing research on sensitive topics*. Sage Publications, London, UK.
- Lindbladh, Eva, Lyttkens, Carl Hampus, Hanson, Bertil S. and Ostergren, P-O. 1998. Equity is out of fashion? An essay on autonomy and health policy in the individualized society. *Social Science and Medicine*, Vol 46, Nº 8, p 1017 - 1025.
- Litwin, Howard. 1998. Social network type and health status in a national sample of elderly Israelis. *Social Science and Medicine*, Vol 46, Nº 4-5, p 599 - 609.
- Livia, Anna. 1996. Daring to Presume. *Feminism and Psychology*, Vol 6, Nº 1. p 31 - 41.
- Lorde, Audre. 1984. *Sister Outsider: Essays and Speeches*. The Crossing Press, California, USA.
- Lyotard, Jean-Francois. 1984. *The Postmodern Condition: a Report on Knowledge*. translated by Geoff Bennington & Brian Massumi, Manchester University Press, Manchester, UK.
- Macdonald, G., Veen C. and Tones, K. 1996. Evidence for success in health promotion: suggestions for improvement. *Health Education Research*, Vol 11, Nº 3, p 367 - 376.
- Macdonald, John. 1993. *Primary Health Care: Medicine in its Place*. Earthscan, UK.
- MacDonald, Theodore H. 1998. *Rethinking Health Promotion: A global approach*. Routledge, London, UK.
- MacKinnon, C. 1982. Feminism, Marxism, method and the State: An Agenda for

Theory. *Signs: Journal of Women in Culture and Society*, Vol 7, Nº 3, p 515 - 544.

MacKinnon, C. 1983. Feminism, Marxism, method and the State: Toward feminist jurisprudence. *Signs: Journal of Women in Culture and Society*, Vol 8, Nº 4, p 635 - 658.

MacLure, Maggie. 2000. *Dicing with Derrida. Deconstruction for/against Qualitative Research*. Draft Paper presented to the conference 'Current Issues in Qualitative Research' Centre for Applied Research in Education, University of East Anglia, 24 - 25 July.

Maguire, Patricia. 1996. Proposing a more feminist participatory research: knowing and being embraced openly in De Koning, Korrie & Martin, Marion. 1996. (eds). *Participatory Research in Health: Issues and Experiences*. Zed Books, London, UK. p 27 - 39.

Maibach, Edward and Murphy, Debra A. 1995. Self-efficacy in health promotion research and practice: conceptualization and measurement. *Health Education Research*, Vol 10, Nº 1, p 37 - 50.

Martin, James. 1998. *Gramsci's Political Analysis: A Critical Introduction*. Macmillan, Basingstoke, UK.

Martin, Marion. 1996. Issues of power in the participatory research process in De Koning, Korrie & Martin, Marion. (eds). *Participatory Research in Health: Issues and Experiences*. Zed Books, London, UK p 82 - 93.

Maushart, Susan. 1999. The mothers of invention. *The Guardian*, Wednesday, June 30.

Maxwell, Joseph A. 1992. Understanding and Validity in Qualitative Research. *Harvard Educational Review*, Vol 62, Nº 3, p 279 - 300.

Maynard, Mary. 1994. 'Race', Gender and the Concept of 'Difference' in Feminist Thought in Afshar & Maynard, *The dynamics of 'race' and gender: some feminist interventions*. Taylor & Francis, London, UK. p 9 - 25.

Maynard, Mary (ed) 1997. *Science and the construction of women*. UCL Press, London, UK.

McCracken, Grant. 1988. *The Long Interview*. Qualitative Research Methods, Vol 13. Sage Publications, London, UK.

McKenzie, George, Powell, Jackie & Usher, Robin. 1997. (eds). *Understanding Social Research: Perspectives on Methodology and Practice*. The Falmer Press, London/Washington DC.

McKeown, Thomas. 1976. *The Role of Medicine: Dream, Mirage or Nemesis?* The Nuffield Provincial Hospitals Trust, London, UK.

McLaren, Peter, 1995. *Critical Pedagogy and Predatory Culture*. Routledge, London, UK

McNay, Lois. 1992. *Foucault and Feminism: Power, Gender and the Self*. Polity Press, Cambridge, UK.

McRobbie, Angela. 1982. The Politics of Feminist Research: Between Talk, Text and Action. *Feminist Review*, N° 2, October, p 46 - 57.

Mies, Maria, 1991. Women's Research or Feminist Research? The Debate Surrounding Feminist Science and Methodology in Fonow, Mary Margaret & Cook, Judith A. (eds). *Beyond Methodology: Feminist Scholarship As Lived Research*. Indiana University Press, Bloomington, USA, p 60 - 84.

Miles, M B & Huberman, M. 1984. *Qualitative Data Analysis*. Sage Publications, London, UK.

Milne, Seumas. 1999. Job insecurity leads to stress epidemic. *The Guardian*, May 5.

Minkler, Meredith & Cox, Kathleen. 1980. Creating critical consciousness in health: applications of Freire's philosophy and methods to the health care setting. *International Journal of Health Services*, Vol 10, N° 2, p 311 - 322.

Minkler, Meredith (ed) 1997. *Community Organizing and Community Building for Health*. Rutgers University Press, New Brunswick, USA.

Mogensen, Finn. 1997. Critical thinking: a central element in developing action competence in health and environment education. *Health Education Research*, Vol 12, N° 4, p 429 - 436.

Mohanty, Chandra T.; Russo, Ann & Torres, Lourdes (eds) 1991. *Third World Women and the Politics of Feminism*. Indiana University Press, Bloomington & Indianapolis, USA.

Montgomery, Mark R. 1998. Learning and Lags in Mortality Perceptions in Montgomery, Mark R & Cohen, Barney (eds). *From Death to Birth: Mortality Decline and Reproductive Change*. National Academy Press, Washington DC, USA, p 112 - 137.

Montgomery, Mark R & Cohen, Barney (eds). 1998. *From Death to Birth: Mortality Decline and Reproductive Change*. National Academy Press, Washington DC, USA.



Moraga, Cherrie & Anzaldua, Gloria. 1983. *This Bridge Called My Back: Writings by Radical Women of Color*. Kitchen Table: Women of Color Press, NY, USA.

Morley, David; Rohde, Jon & Williams, Glen. (eds). 1983. *Practising Health for All*. Oxford Medical Publications, Oxford, UK.

Mouffe, Chantal, 1992. Feminism, Citizenship and Radical Democratic Politics in Butler, Judith & Scott, Joan W (eds) 1992. *Feminists Theorize the Political*. Routledge, New York & London, p 369 -384.

Musselman, D L; Evans, D L & Nemeroff, C B. 1998. The Relationship of Depression to Cardiovascular Disease: Diagnosis, Biology and Treatment. *Archives of General Psychiatry*, Vol 55, N° 7, p 580 - 592.

Nasser, Mervat. 1997. *Culture and Weight Consciousness*. Routledge, London, UK.

Navarro, Vicente. 1986. *Crisis, Health and Medicine*. Tavistock, London, UK.

Nielsen, Joyce McCarl. (ed) 1990. *Feminist Research Methods: Exemplary Readings in the Social Sciences*. Westview Press, London, UK.

Norris, Christopher. 1990. *What's Wrong with Postmodernism?* Harvester, Hemel Hempstead, UK.

Oakley, Ann. 1981. Interviewing women: a contradiction in terms in Roberts, Helen (ed) *Doing Feminist Research*. Routledge & Kegan Paul, London, UK.

Oakley, Ann. 1985. Social support in pregnancy: the 'soft' way to increase birthweight? *Social Science and Medicine*, Vol 21, N° 11, p 1259 - 1268.

Oakley, Ann, 1992. *Social Support and Motherhood: The Natural History of Research Project*. Blackwell, Oxford, UK.

Oakley, Ann. 1998. Gender, methodology and people's ways of knowing: some problems with feminism and the paradigm debate in social science. *Sociology*, Vol 32, N° , p 707 - 731.

O'Brien, Mary. 1981. *The Politics of Reproduction*. Routledge & Kegan Paul, Boston, USA.

Occleston, Susan. 2000. Personal communication regarding work in regional primary schools with Shared Learning in Action.

ONS (Office of National Statistics), 2000. *Health in England 1998: Investigating the links between social inequalities and health*. HMSO, London, UK.

- Opie, Anne. 1992. Qualitative Research, Appropriation of the 'Other' and Empowerment. *Feminist Review*, Nº 40 Spring. p 52 - 69.
- Orbach, Susie. 2000. Body politics. *The Guardian*, Wednesday June 21.
- Pallot, Peter. 1999. Telling errors. *The Guardian*, Wednesday October 6.
- Palmer, Stephen & Dryden, Windy (eds). 1996. *Stress Management and Counselling: Theory, Practice, Research and Methodology*. Cassell, London, UK.
- Parekh, Bhikhu. 1997. The West and its others in Pearson, Keith Ansell; Parry, Benita & Squires, Judith. (eds) *Cultural readings of Imperialism: Edward Said and the Gravity of History*. Lawrence and Wishart, London, UK. p 173 - 193.
- Parker, Rozsika. 1997. The production and purposes of maternal ambivalence in Hollway, Wendy and Featherstone, Brid. (eds) *Mothering and Ambivalence* Routledge, London, UK, p 17 - 36.
- Pearson, Keith Ansell; Parry, Benita & Squires, Judith. (eds) 1997. *Cultural readings of Imperialism: Edward Said and the Gravity of History*. Lawrence and Wishart, London, UK.
- Peck, Teresa A. 1986. Women's self-definition in adulthood: from a different model?. *Psychology of Women Quarterly*, Vol 10, p 274 - 284.
- Peräkylä, Anssi. 1998. Reliability and Validity in Research Based on Tapes and Transcripts in Silverman, David (ed) *Qualitative Research Theory, Method and Practice*. Sage Publications, London, UK, p 201 - 220.
- Phillips, Angela. 2000. Not guilty, baby. *The Guardian*, Tuesday, January 25.
- Popay, Jennie. 1992. My health is alright, but I'm just tired all the time in Roberts, H. (ed). *Women's Health Matters* Routledge, London, UK. p 99 - 120.
- Pope, Alexander. The Art of Sinking in Poetry in the *Penguin Dictionary of Quotations*.
- Pope, Harrison G Jr; Olivardia, Roberto; Gruber, Amanda & Borowiecki, John. 1999. Evolving Ideals of Male Body Image as Seen Through Action Toys. *International Journal of Eating Disorders*, Vol 26, Nº 1, p 65 - 72.
- Press Association. 2000. Stress plagues lives of women. *The Guardian*, Wednesday July 12.
- Rabinow, Paul (ed), 1984. *The Foucault Reader*. Penguin Books, Harmondsworth, UK.

Ramazanoglu, Caroline. 1992. On feminist methodology: male reason versus female empowerment. *Sociology*, Vol 26, Nº 2, p 207 - 212.

Rappaport, Julian. 1981. In Praise of Paradox: A Social Policy of Empowerment Over Prevention. *American Journal of Community Psychology*, Vol 9, p 1 - 25.

Rappaport, Julian. 1984. Studies in Empowerment: Introduction to the Issue. *Prevention in Human Services*, p 1 - 7.

Rappaport, Julian. 1987. Terms of Empowerment/Exemplars of Prevention: Toward a Theory for Community Psychology. *American Journal of Community Psychology*, Vol 15, Nº 2, p 121 - 148.

Rayner, Claire and Marshall, Annie. 1998. Should women risk lung cancer to keep weight down? *The Guardian*, Saturday August 8.

Reason, Peter (ed), 1988. *Human Inquiry in Action: Developments in New Paradigm Research*. Sage Publications, London, UK.

Reeves, Richard. 1999. Children of working mothers thrive: official. *The Observer*, Sunday, October 10.

Reinharz, Shulamit. 1985. Feminist Distrust: Problems of Context and Content in Sociological Work in Berg, David N & Smith, Kenwyn K. *The self in social inquiry Researching methods*. Sage Publications, London, UK, p 153 - 172.

Reinharz, Shulamit. 1992. *Feminist Methods in Social Research*. Oxford University Press, UK.

Renzetti, Claire M & Lee, Raymond (eds) 1993. *Researching Sensitive Topics*. Sage Publications. London, UK.

Ribbens, Jane. 1989. Interviewing - An "Unnatural Situation"? *Women's Studies International Forum*, Vol 12 Nº 6 p 579 - 592.

Ribbens, Jane & Edwards, Rosalind (eds). 1998. *Feminist Dilemmas in Qualitative Research: Public Knowledge and Private Lives*. Sage Publications, London, UK.

Ricciardelli, Lina A; Williams, Robert J & Kiernan, Michael J. 1999. Bulimic Symptoms in Adolescent Girls and Boys. *International Journal of Eating Disorders*, Vol 26, Nº 2, p 217 - 221.

Rich, Adrienne. 1977. *Of Woman Born: Motherhood as Experience and Institution*. Virago, London, UK.

Richardson, Diane. 1993. *Women, Motherhood and Childrearing*. Macmillan, UK.

- Richens, John; Imrie, John & Copas, Andrew. 2000. Condoms and seat belts: the parallels and the lessons. *The Lancet*, Vol 355, January 29, p 400 - 403.
- Riley, Denise. 1988. *Am I That Name? Feminism and the Category of 'Women' in History*. Macmillan, UK.
- Roberts, Jane. 1996. Positively giving up. *Healthlines*, July/August, p 10.
- Robinson, Ann. 1999. Don't give up on giving up. *The Guardian*, Tuesday March 9.
- Rodmell, Sue & Watt, Alison. 1986. *The politics of Health Education: Raising the Issues*. Routledge Kegan Paul, London, UK.
- Rohde, Jon; Chatterjee, Meera & Morley, David (eds). 1993. *Reaching Health for All*. Oxford University Press, Oxford, UK.
- Roos, Eva; Lahelma, Eero; Virtanen, Mikko; Prattala, Ritva; & Peitinen, Pirjo. 1998. Gender, socioeconomic status and family status as determinants of food behaviour. *Social Science and Medicine*, Vol 46, N° 12, p 1519 - 1529.
- Rose, Janet F. 1990. Psychologic health of women: A phenomenologic study of women's inner strength. *Advances in Nursing Science*, Vol 12, N° 2, p 56 - 70.
- Rosenau, P M. 1992. *Postmodernism and the social sciences*. Princeton University Press, Princeton, NJ, USA.
- Ross, Ellen. 1995. New Thoughts on 'the Oldest Vocation': Mothers and Motherhood in Recent Feminist Scholarship. *Signs: Journal of Women in Culture and Society*, Vol 20, N° 2 Winter, p 397 - 413.
- Rowland, Robyn & Thomas, Alison (eds) 1996. Mothering Sons: A Crucial Feminist Challenge. Special Feature, *Feminism and Psychology*, Vol 6, N° 1, p 93 - 154.
- Ruddick, Sara. 1980. Maternal Thinking. *Feminist Studies*, Vol 6, N° 2 Summer, p 342 - 367.
- Ruddick, Sara. 1994. Thinking Mothers/Conceiving Birth in Bassin, Donna, Honey, Margaret & Kaplan, Meryle Mahrer (eds) *Representations of Motherhood*. Yale University Press, Newhaven & London UK. p 29 - 45.
- Sackett D L; Rosenberg M C; Muir Gray J A; Haynes R B & Scott Richardson W. 1996. Evidence-based medicine: what it is and what it isn't. *British Medical Journal*, 12, p 71-72.
- Said, Edward. 1978. *Orientalism*. Penguin, Harmondsworth, UK.

Said, Edward. 1987. Interview in Salusinszky, Imre. *Criticism in Society*. Methuen, London, UK. p 123 - 148.

Salusinszky, Imre. 1987. *Criticism in Society*. Methuen, London, UK.

Sanders, David. 1985. *The Struggle for Health: Medicine and the Politics of Underdevelopment*. Macmillan, UK.

Sawicki, Jana. 1991. *Disciplining Foucault: Feminism, Power, and the Body*. Routledge, New York, USA.

Schneider, Joseph W. 1984. Morality, social problems and everyday life in Schneider, J W and Kitsuse, J I (eds) 1984. *Studies in the Sociology of Social Problems*. Ablex Publishing Corporation, New Jersey, USA.

Schofield, Janet Ward. 1993. Increasing the Generalizability of Qualitative Research in Hammersley, Martyn (ed) 1993. *Social Research: Philosophy, Politics and Practice*. Sage Publications, London, UK. p 200 - 225.

Scott, Anne. 1997. The Knowledge in Our Bones: Standpoint Theory, Alternative health and the Quantum Model of the Body in Maynard, Mary (ed) 1997. *Science and the construction of women* UCL Press, London, UK. p 106 - 125.

Scott, Joan W. 1990. Deconstructing Equality-versus-Difference: Or Uses of Poststructuralist Theory for Feminism in Hirsch, M & Fox Keller, E (eds) *Conflicts in Feminism*. Routledge, New York USA, p 134 - 148.

Scott, Joan W. 1991. The Evidence of Experience. *Critical Inquiry*, N° 17 Summer p 773 - 797.

Seedhouse, David. 1997. *Health Promotion: philosophy, prejudice and practice*. John Wiley & Sons, Chichester, UK.

Segal, Lynne. 1987. *Is the future female? Troubled Thoughts on Contemporary Feminism*. Virago, London, UK.

Sellar, W C & Yeatman, R J 1931. *1066 & All That*. Methuen, London, UK.

Sheilds, Laurene E. 1995. Women's Experiences of the Meaning of Empowerment. *Qualitative Health Research*, Vol 5, N° 1, p 15 - 35.

Shrewsbury, Carolyn A. 1987. What Is Feminist Pedagogy? *Women's Studies Quarterly*, Vol XV, N° 3&4 Fall/Winter, p 6 - 14.

Sidell, Moyra, Jones, Linda, Katz, Jeanne and Peberdy, Alyson (eds) 1997. *Debates and Dilemmas in Promoting Health*. The Open University, Milton Keynes, UK.

- Silverman, David. 1993. *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. Sage Publications, London, UK.
- Silverman, David (ed) 1998. *Qualitative Research Theory, Method and Practice*. Sage Publications, London, UK.
- Smithers, Rebecca. 1999. Self-esteem the key for macho boys who scorn 'uncool' school. *The Guardian*, Tuesday March 16.
- Snehendu, B Kar, Pascual, Catherine A. and Chickering, Kirstin L. 1999. Empowerment of women for health promotion: a meta-analysis. *Social Science and Medicine*, Vol 49, p 1431 - 1460.
- Snitow, Ann. 1990. A Gender Diary in Hirsch, Marianne and Fox Keller, Evelyn (eds) *Conflicts in Feminism*. Routledge, New York, USA, p 9 - 43.
- Soames Job, R F. 1988. Effective and Ineffective Use of Fear in Health Promotion Campaigns. *American Journal of Public Health*, Vol 78, Nº 2, p 163 - 167.
- Spivak, Gayatri Chakravorty, 1992. French Feminism Revisited: Ethics and Politics in Butler, Judith & Scott, Joan W (eds) *Feminists Theorize the Political*. Routledge, New York & London, p 54 - 85.
- Spock, B. 1964. *Baby and Child Care*. Pocket Books, New York, USA.
- Stanley, Liz. 1990. (ed). *Feminist Praxis: Research Theory and Epistemology in Feminist Sociology*. Routledge, London, UK.
- Stanley, Liz & Wise, Sue. 1983. *Breaking Out*. Routledge Kegan Paul, London, UK.
- Stanley, Liz & Wise, Sue. 1990. Method, methodology and epistemology in feminist research processes in Stanley, Liz. 1990. (ed). *Feminist Praxis: Research Theory and Epistemology in Feminist Sociology*. Routledge, London, UK. p 20 - 60.
- Stanley, Liz & Wise, Sue. 1991. Feminist Research, Feminist Consciousness, and Experiences of Sexism in Fonow, Mary Margaret & Cook, Judith A. (eds). *Beyond Methodology: Feminist Scholarship As Lived Research*. Indiana University Press, Bloomington, USA, p 265 - 283.
- Stanley, Liz & Wise, Sue. 1993. *Breaking Out Again: Feminist Ontology and Epistemology*. Routledge, London, UK.
- Stein, Jane. 1997. *Empowerment and Women's Health: Theory, Methods and Practice*. Zed Books, London, UK.

Strauss, A. & Corbin, J. 1990. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Sage Publications, California, USA.

Taylor, Jill McLean, Gilligan, Carol & Sullivan, Amy M. 1995. *Between Voice and Silence: Women and Girls, Race and Relationship*. Harvard University Press, Cambridge, Mass.

Tesh, Sylvia. 1988. *Hidden Arguments: Political Ideology and Disease Prevention Policy*. Rutgers University Press, New Brunswick, New Jersey, USA.

*The Joy of Stress*, 2000. Channel 4 Documentary Series.

Thomas, Richard. 1998. Give free nicotine patches to the poor, urges report. *The Observer*. November.

Thomas, Richard. 1998. The fag end of society. *The Observer*, December 6.

Thomson, H. 1997. Women's smoking behaviour - caught by a cigarette diary. *Health Education Research*, Vol 12, Nº 2, p 237 - 245.

Ticao, Cynthia J. & Aboud, Frances E. 1998. A problem-solving approach to nutrition education with Filipino mothers. *Social Science and Medicine*, Vol 46, Nº 12, p 1531 - 1541.

Tones B K. 1987a. Health Promotion, Affective Education and the Personal - Social Development of Young People in David, K & Williams T (eds) *Health Education in Schools* (2<sup>nd</sup> Ed), Harper & Row, London, UK.

Tones B K. 1987b. Devising Strategies for preventing drug misuse: the role of the health action model. *Health Education Research*, Vol 2, p 305 - 318.

Tones, K, Tilford, S and Robinson, Y. 1990. *Health Education: Effectiveness and Efficiency*. Chapman and Hall, London, UK.

Tones, Keith & Tilford, Sylvia. 1994. *Health Education: effectiveness, efficiency and equity*. Chapman and Hall, London, UK.

Tong, Rosemary. 1992. *Feminist Thought: A Comprehensive Introduction*. Routledge, London, UK.

Torkington, Ntombenhie Protasia Khotie. 1983. *The Racial Politics of Health - a Liverpool Profile*. Merseyside Area Profile Group, Liverpool, UK.

Townsend, Peter & Davidson, Nick. (eds) 1980. *The Black Report*. HMSO, UK.

*Toy Story*. (Film) Disney Corporation, 1998.

Travis, Alan. 1999. Scientists take flak over food scares. *The Guardian*, Tuesday June 8.

Tuckman B W. 1965. Developmental sequences in small groups. *Psychological Bulletin*, Vol 63, p 384 - 399.

Tuckman B W & Jensen M A C. 1977. Stages of small group development revisited. *Group and Organisational Studies*, Vol 2, p 419 - 427.

Turshen, Meredith. 1989. *The Politics of Public Health*. Zed Books, London, UK.

Usher, Robin. 1997. Telling a Story about Research and Research as Story-telling: postmodern Approaches to Social Research in McKenzie, George, Powell, Jackie & Usher, Robin. (eds). *Understanding Social Research: Perspectives on Methodology and Practice*. The Falmer Press, London/Washington DC. p 27 - 41.

Van Maanen, John. 1988. *Tales of the Field: On Writing Ethnography*. University of Chicago Press, USA.

Verhelst, Thierry G. 1987. *No Life Without Roots: Culture and Development*. Zed Books, UK. (Translated by Bob Cumming)

Waldrop, M Mitchell. 1993. *Complexity: The Emerging Science at the Edge of Order and Chaos*. Viking, UK.

Walkerdine, Valerie. 1990. *Schoolgirl Fictions*. Verso, London, UK.

Wallace, Wendy. 1999. Dying for a fag. *The Guardian*, Tuesday March 9.

Wallerstein, Nina and Bernstein, Edward. 1988. Empowerment Education: Freire's Ideas Adapted to Health Education. *Health Education Quarterly*, Vol 15, Nº 4 Winter, p 379 - 394.

Wallerstein, Nina and Bernstein, Edward. (eds) 1994. Community Empowerment, Participatory Education, and Health. *Health Education Quarterly*. Special Issue Parts I and II. Vol 21, Nº 2-3 Spring-Fall p 139 - 268 & p 279 - 419.

Wallerstein, Nina, Sanchez-Merki, Victoria and Dow, Lily. 1997. Freirian Praxis in Health Education and Community Organizing. A Case Study of an Adolescent Prevention Program in Minkler, Meredith (ed) *Community Organizing and Community Building for Health*. Rutgers University Press, New Brunswick, USA. p 195 - 211.

Walt, Gill. 1994. *Health Policy: An Introduction to Process and Power*. Zed Books, UK.

Watson, Graham. 1986 Make me reflexive - but not yet: strategies for managing



essential reflexivity in ethnographic discourse. *Journal of Anthropological Research*, Vol 43, Nº 1, p 29 - 41.

Watson, J., Cunningham-Burley, S., Watson, N. and Milburn, K. 1996. Lay theorizing about 'the body' and implications for health promotion. *Health Education Research*, Vol 11, Nº 2, p 161 - 172.

Welch, Sharon, 1985. *Communities of Resistance and Solidarity: A Feminist Theology of Liberation*. Orbis, Maryknoll, NY, USA.

Welch, Sharon, 1990. *A Feminist Ethic of Risk*. Fortress Press, Minneapolis, USA.

Wellson, Estela V. 1988. *Mother, Madonna, Whore. The Idealization and Denigration of Motherhood*. Free Association Books, London, UK.

Wells, L Edward & Marwell, Gerald. 1976. *Self Esteem*. Sage Library of Social Research Vol 20, Sage Publications, London, UK.

Wenzel, Eberhard. 1997. Environment, development and health: ideological metaphors of post-traditional societies? *Health Education Research*, Vol 12, Nº 4, p 403 - 418.

Werner, David. 1988. *Empowerment and Health*. The Hesperian Foundation, Palo Alto, USA.

White, S. 1991. *Political Theory and Postmodernism*. Cambridge University Press, Cambridge, UK.

Whitehead, Margaret. 1988. *The Health Divide*. HMSO, UK.

Whitelaw, Sandy, McKeown, Kevin and Williams, Jan. 1997. Global health promotion models: enlightenment or entrapment? *Health Education Research*, Vol 12, Nº 4, p 479 - 490.

Whittell, Bridget D. 1997. *An Ethnographic Study of Citizen Empowerment Practice in a Welfare Setting*. Doctoral Thesis, University of Manchester, UK.

WHO, 1986. *Ottawa Charter for Health Promotion*. Geneva, Switzerland.

Wilkinson, Richard G. 1996. *Unhealthy Societies: The Afflictions of inequality*. Routledge, London, UK.

Wilkinson, Richard and Marmot, Michael. (eds) 1998. *Social determinants of health. The solid facts*. WHO Regional Office for Europe, Denmark.

Wilkinson, Sue (ed) 1996a. Representing the Other - Part One. Special Feature, *Feminism and Psychology*, Vol 6, Nº 1. p 43 - 91.

Wilkinson, Sue (ed) 1996b. Representing the Other - Part Two. Special Feature, *Feminism and Psychology*, Vol 6, N° 2. p 167 - 235.

Williams, Anne. 1993. Diversity and agreement in feminist ethnography. *Sociology*, Vol 27, N° 4, p 575 - 589.

Williams, Fiona; Popay, Jennie & Oakley, Ann (eds), 1999. *Welfare Research: A Critical Review*. UCL Press, London, UK.

Williams, Hywel. 2001. Fallibility in a white coat. *The Guardian*, Tuesday January 23

Williams, James. 1998. *Lyotard: Towards a Postmodern Philosophy*. Polity Press, UK.

Wilson, Elizabeth. 1988. Tell It Like It Is: Women and Confessional Writing in Radstone, Susannah (ed) *Sweet Dreams: Sexuality, Gender and Popular Fiction*. Lawrence and Wishart, London, UK. p 21 - 45.

Wise, Sue. 1987. A framework for discussing ethical issues in feminist research: a review of the literature. *Studies in Sexual Politics*, Vol 19, p 47 - 88.

Wolf, Naomi. 1991. *The Beauty Myth*. Vintage, UK.

Wolf, Naomi. 1998. *Promiscuities: A secret history of female desire*. Vintage, UK.

Wood, David. 1992. *Derrida: A Critical Reader*. Blackwell, UK.

Wuest, Judith. 1995. Feminist Grounded Theory: An Exploration of the Congruency and Tensions Between Two Traditions in Knowledge Discovery. *Qualitative Health Research*, Vol 5, N° 1, p 125 - 137.

Zeibland, Sue, Thorogood, Margaret, Yudkin, Pat, Jones, Lesley and Coulter, Angela. 1998. Lack of willpower or lack of wherewithal? 'Internal' and 'External' barriers to changing diet and exercise in a three year follow-up of participants in a health check. *Social Science and Medicine*, Vol 46, N° 4-5, p 461 - 465.

Zimmerman, Marc A and Rappaport, Julian. 1988. Citizen Participation, Perceived Control, and Psychological Empowerment. *American Journal of Community Psychology*, Vol 16, N° 5, p 725 - 750.

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