“Lemeh Check See If Meh Mask on Straight”: Examining How Black Women of Caribbean Descent in Canada Manage Depression and Construct Womanhood Through Being Strong

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Abstract: Black experiences in Canada are diverse and made more complex by specific issues brought on by gender and even health. This paper seeks to examine how Black Caribbean descent women in Canada manage depression and construct womanhood through the discourse of “Being Strong.” “Being Strong” (Schreiber et al., 2000) assumes that strength is naturally inherited and embedded within the cultural context of Black Caribbean descent women in Canada. The cultural construction of strength may also be derived from the historical role of Black women established during slavery and colonization (hooks 1984; Hill-Collins 2000). We argue that “Being Strong” may also be women’s reactions to systemic and institutionalized injustices such as racism, immigration processes, and discrimination that are oftentimes overlooked in multicultural nations such as Canada. This paper examines how some Black Caribbean descent women in Canada enact and accept “Being Strong” through the maintenance of unwavering strength; and it also explores the dangers of adopting and accepting such roles. It also seeks to explore linkages between racism and mental health. Utilizing qualitative research data, this paper will give voice to a largely marginalized group, while also exploring the possibilities for more inclusive mental health services that will adequately address the needs of this group.

Introduction

According to the 2007 Report The Caribbean Community in Canada, a document based on facts and figures from the 2001 Canada Census, the Caribbean community is one of the largest ethnic groups in Canada. Following traditional patterns of migration, many newcomers settled in large cities like Toronto where it is estimated that 60% of Canadians with Caribbean heritage reside. This amounts to approximately 280 000 Caribbean and
Caribbean descent individuals residing in one of Canada’s largest metropolis (Lindsay 2007). Toronto, often hailed as the one of the most multicultural cities in the world, is home to diverse meta-communities comprised of persons from Barbados to Bermuda, Trinidad to Cuba. While a significant majority were born in the Caribbean and migrated fairly recently in the 1990’s, the community also consists of 2nd and 3rd generation Canadians with maternal or paternal links to the region who began to arrive en masse in the 1960’s (Lindsay 2007). Significantly, women account for over half of the Caribbean descent community.

Despite the size of the community and the number of women that comprise it, there exists a limited amount of research and scholarship that addresses either group’s specific health issues, particularly those relating to mental health and illness. The reasons for this knowledge gap could be understood in various ways: from marginalization of certain ethnic and racial groups within medical research, to culturally-rooted (mis)understandings about mental health, to stigma within the community towards mental illness; the angles to approach the issue are tremendously vast. This paper recognizes the complexities of the Black Caribbean identity as a result of the diversity within the region. However, one of the objectives of this paper is to work towards constructing a voice that can validate Black Caribbean women’s experiences as post-colonial subjects living in a Canadian space.

Furthermore, it is important to note that the idea of "strength" is continuously reiterated among Black women of Caribbean descent in Canada as "our way" of dealing with tough situations. hooks (1984) and Hill-Collins (2000) link black women’s historical reproductive functions and care-giving capacities to social and cultural constructions of black womanhood that emerged during slavery. During this time the perceived strength of the black woman was entangled in discourses that facilitated the exploitation of her body and labour (hooks 1984). These representations of black womanhood have been challenged by black feminist scholars who assert that the ‘strong’ Black woman is mythological despite her imagery continuing to inform the way Black women conceptualize themselves (hooks 2005). Based on research collected amongst middle-aged, African Canadian women with depression in Nova Scotia, Etowa et al. (2007) asserts that the notion of the Strong Black Woman relies on the assumption that black women have an unceasing aptitude to care for other people. The Strong Black Woman is also responsible for transmitting values and traditions to future generations (Etowa 2007). hooks explains that “black women are usually over-burdened and over-extended since they are trying to confront more than they can possibly cope with in several lifetimes” (2005, 53). The appearance of strength allows Black women to believe that they can take on the world because they are invincible. Yet, many end up feeling that their lives are out of control and that the only way they "can keep a hold on life"
is by managing and controlling everything (hooks 2005). It is therefore assumed that strength is naturally inherited and embedded within a cultural context, despite the problematic nature of such assumptions.

For the purpose of this paper, we have defined “Being Strong” as the belief and subsequent behaviours which allow black women to adopt the appearance of strength despite physical, emotional, or mental difficulties. "Being Strong" is also a reaction to issues such as racism, immigration processes, discrimination and other experiences of injustice that are oftentimes overlooked; which work to impede many women’s lives and are also minimized through the process of "Being Strong" (Schreiber et al., 2000). "Being Strong" is seen as a cultural ideology that is adopted not only by black women but also their families, communities, and the outside world (Schreiber et al., 2000). The result of adopting this gendered and raced lens through which womanhood and mental health are constructed and understood is the silent suffering of Black Caribbean descent women in Canada.

This paper seeks to examine how Black women of Caribbean descent in Canada manage depression and construct womanhood through the discourse of "Being Strong." We operationalize the term depression not in a clinical sense, but within a situational framework where women experience prolonged periods of sadness and melancholy. This discussion cannot be initiated without also looking at the ways in which racism and discrimination are experienced in Canada, and "Being Strong" acts as a shield for Black women of Caribbean descent in Canada to help combat issues of racism and discrimination. Therefore, this paper also examines the dangers of women who shield themselves through the maintenance of strength and how the image of strength can also be dangerous to those women who collude with it. Utilizing qualitative research data, this paper will give voice to a largely marginalized group, while also exploring the possibilities for more inclusive mental health services that will adequately address the needs of this group.

Methods
A qualitative approach was the chosen methodological technique to collect data for this research study.1 The nature of this study looks at how race and racism affect the mental health of Caribbean women in Canada. Chase (2003) points out that there is relevance and importance to having interviews narrate people's stories; therefore, conducting qualitative research within the Caribbean community was the best method in contextualizing how these women believe racism structures their daily lives.

Five semi-structured, in-depth interviews and one focus group were conducted in total involving women who were diagnosed with depression by health service providers in Toronto, Canada. Each study participant was interviewed for approximately one hour and a half and received a transcript of her interview to ensure accuracy. Two weeks after the interview, women were
invited to participate in a focus group. Since mental illness is still a taboo subject, the focus group facilitated discussion in a group setting which gave participants the opportunity to talk about their understandings and experiences of racism and mental health in more general terms. Furthermore, the researcher found it useful re-telling her own story of re-migration to Canada and her experiences of isolation, culture shock, and exclusion. This allowed for a broader discussion disclosing feelings of isolation, alienation and marginalization that many of the women felt while living in Canada.

All the study participants either immigrated to Canada or were second-generation Canadians with roots in the Anglophone Caribbean. Study participants, with the exception of one woman, migrated to Canada in the past ten years. One woman, Keisha, was born in Montreal but self-identified as Black Jamaican, similar to another participant Olivia who migrated from Jamaica. Joan is of Black Barbadian decent and two other participants self-identified as Indo-Caribbean, Shanta who was from Trinidad and Geeta from Guyana. Although participants identified themselves within racialized categories of Black and/or Indian, it was during the interview process that many spoke of their mixed heritages and a shared Caribbean identity.

A Political Black Caribbean Women’s Identity

This paper proposes that Caribbean women’s identities are shaped by a shared colonial and imperialist history, which has been experienced simultaneously as unifying and divisive. It is important to recognize the Caribbean identity is one that is “imagined” and socially constructed in order to forge a sense of belonging to a particular group (Anderson 1991). Furthermore, it is necessary to acknowledge that identity is not static and can be re-defined within various groups in tangible ways through time and space. For the purpose of this paper, Black Caribbean identity is defined to extend beyond cultural and social similarities, but also to include shared colonial and political histories.

Singh (2003) makes a significant point when he says that the fundamental characteristics of the Caribbean peoples from both Afro and Indo-Caribbean communities are based on their “shared pasts.” Singh (2003) points out that Caribbean peoples’ “shared histories of slavery and indentureship, resistance to racist subordination, cultural survival and both group’s endurance is a direct survival mechanism that came out of British and other forms of European colonization” (230). He theorizes that these experiences are lost when Caribbean identities are constructed based on what is now “imagined” Indian and African identities. The imagined Indian and African identities become rooted only in “race and biology which are solely seen as common ancestry, fixed blood ties and common
"geography" which is problematic within a Caribbean context, based on its history (230). This is more problematic for the Caribbean migrants living in Canada who are more disconnected from people migrating from Africa and India but are seen by the dominant group to have a shared connection to those of African and Indian identities.

The study participants identified themselves as having a shared Caribbean identity. Yet, as immigrants in Toronto, the women also identified themselves as being from different racialized groups. Identifying as a Caribbean woman allows them to share a sense of belonging in a diasporic Caribbean community. Some of the interviewees described themselves as being of mixed racial background; however, being in a Canadian space, some chose to identify as either Indo or Afro-Caribbean. In this paper, however, the term Black Caribbean is used as a political identity rather than a racial category. It is asserted that Indo and Afro-Caribbean women’s shared colonial and imperial history and experiences of injustice have created some commonalities of experience between them that incite both groups to adopt discourses of unwavering strength and resilience. This is not to suggest that these groups of women are the same, nor does this paper intend to ignore the differences of their experiences or minimize racial tensions between these groups. However, attention will be drawn to the similar ways that Afro and Indo-Caribbean study participants described the expectations placed on their womanhood and strength which influenced the ways they managed and coped with depression. Since Canada for many of these women is seen to be the place of betterment compared to their native Caribbean countries left behind, staying strong and in control acts as a coping mechanism for dealing with difficult circumstances they may face.

**How the Myth is Internalized as “Being Strong”**

The theme “Being Strong” has emerged out of previous research which examines how Black Caribbean descent women in Canada manage and cope with depression and depressive symptoms, and it is one of the central concepts around which this paper is organized. Schreiber, Stern, and Wilson (2000) describe the process of “Being Strong” as the ability of Black Caribbean descent women in Canada “to manage their depression with grace and live up to the cultural imperative to be strong” (40). “Being Strong” requires that a woman keep up the appearance of composure to her friends, family, co-workers, and the outside world in order to maintain dignity and poise in times of personal or familial crisis. It is an exercise in control over both the mind and body, as women demonstrate their ability to function with depression on a day-to-day basis while maintaining the appearance of complete equanimity. Significantly, “Being Strong” is not only a technique used to manage and cope with depression; it may also be used to facilitate the construction of Black womanhood as experienced and projected by Black Caribbean descent women in Canada.
Building further on this notion of “Being Strong” that Schreiber, Stern and Wilson (2000) writes about, this research advocates that both the community and mental health arena need to recognize the dangers faced by Black women of Caribbean descent in Canada, when their depression is hidden behind the persona of strength. More importantly, it is important to deconstruct the term "strength" so that mental health practitioners can create a more inclusive health space for Black Caribbean descent women in Canada. “Being Strong” is comprised of four sub-processes; dwelling on it, diversion, regaining composure, and trying new approaches (Schreiber et al., 2000). These sub-processes are believed to allow women to manage, cope with, and ultimately overcome depression (Schreiber et al., 2000). This paper will further contribute to gaining a deeper understanding of the sub-processes of “Being Strong,” through the inclusion of women’s narratives and stories from qualitative research. This will help to emphasize not only the dangers of the women endorsing the ideology of “Being Strong” but will also shed light on how others around them also normalize such strength as an inherited trait of Black womanhood.

In Schreiber, Stern and Wilson’s (2000) study, women interviewed felt that they were being controlled by depression and that they were “dwelling on it.” Although cognizant of the depression, women believed that they were powerless in many situations that influenced their lives. In this sub-process, women in the "Being Strong" study experienced bouts of prolonged sadness, melancholy, and feelings of hopelessness. Such emotions may be compounded by the internalization of these feelings, as most women stated that this was a highly private, individual experience.

Similar to the Being Strong study, our study found that many of the women found ways to mask their feelings of sadness, so they were not seen as "dwelling" on their circumstances. For example, Keisha says:

> When I'm sad I take a valium, and go to bed, but if I take a valium by the next day I'm better! Or I'll eat because eating is like comfort. But yuh know what, I try not to let umm make things bother me. I just believe that anything that happens in your life, any circumstances or any situations are all a part of the plan god have fah yuh. That's what I think. I mean that certain things that happen to you are a part of the choices that you make but it's all a part of the divine plan that god has for you.

This example of how one woman who believes that it is best not to “dwell” on issues instead puts much effort into blocking the pain and distress. For Keisha, her circumstances are all a part of God’s plan and therefore she should
not dwell on her depressed feelings as they will eventually pass.

Comparably, another study participant, Olivia, also found ways not to dwell on her feelings of sadness and hopelessness. She says:

*My kids, they helped me so much in dealing with it [depression]. I mean when I feel sad I have to snap out of it because my kids need me. And they are all that I live for and I have to think it's important to find that strength and learn to think what's important. I think it's sad that some women aren't that strong but I know my kids is what gives me the strength to keep going even if I don't want to. If I was to let myself feel sad what will happen to my kids, I have to think about them first.*

Olivia internalizes the notion of strength as believing that all women should be able to be strong. She seems disappointed that this is not always the case, when she says “it's sad that some women are not that strong.” Furthermore, she seems to find strength through her children. Olivia’s focus on her children, much like Keisha’s emphasis on prayer, create distractions for both of these women not to ‘dwell’ on situations that they feel that they have no control over. In both of these cases, finding strength is more than pretending to be okay. It helps women construct an identity based on rising above and beyond stressful situations, and this allows women to remain in control of situations where they feel that they lack control.

However, it is more than not wanting to “dwell on” stressful situations and maintain strength. Curling (2008), says that most of the time women do not want to breakdown because there is nobody around to pick them backup. At the same time, many felt that if they were to show an emotional reaction to their circumstances, there would be no one to listen or they would be seen as weak (Schreiber et al., 2000). This is important to note as many women feel obligated to hold everything together, and by focusing on their complicated circumstances, they will eventually lose sight of their perceived immediate obligations. In Olivia’s case, her kids are her obligation and require her to stay in control, and if she does not, then they will have no one else to depend on.

On the other hand, it may also be reiterated by other women within the community that they must be able to stay strong despite difficult situations. Social support may not be available to a woman who was depressed since women within the community also rely on these expectations of strength (Schreiber 1998, 514). According to hooks (2005), the “Strong Black” woman is mythological and continues to inform the way Black women conceptualize themselves and other Black women. It is this assumption that offers the built-in capacity to deal with all manner of hardship without breaking down, physically and mentally. hooks (2005)
advocates that Black women must break through all the forms of denial that lead them to pretend and expect that they are always in control of their lives and that they do not go “crazy.” Both hooks (2005) and Schreiber (1998) point out the danger of Black women being in denial of being able to control everything. As our study shows, Black Caribbean decent women in Canada associate “dwelling” on tough circumstances as being weak; therefore in order to create a persona of strength it means to focus on situations that they do have control over, such as their children or praying. In this paper, we advocate that more Black Caribbean decent women in Canada need to know that they are not alone and they can be vulnerable (hooks 2005). This awareness is necessary as it will provide a space where Black Caribbean decent women will know that they are not alone in their circumstances.

The second sub-process of Being Strong is “diversion.” This involves women engaging in activities that distract them from depression. This may include busying oneself with a job, duties within the home, or assisting other individuals with their personal struggles (Schreiber et al, 2000). Women in our study discussed how they “divert” attention away from their depressed feelings through participating in physical activities. For instance, we see that Shanta distract herself with sports when she’s feeling down, she says, [when] “I’m feeling down... I distract myself by enrolling myself on sport teams that I enjoy. I am extremely competitive so sports help me stay in control.” The notion of staying "in control" is a reoccurring theme within the lives of women like Shanta to divert herself from "feeling down." It is more important for such women to feel like they can gain a sense of control especially when they are seen to lack control in a society where racism, sexism and other forms of oppression are so prevalent. Other women in our study embodied diversion by distracting themselves with consumption of food or commodities. The act of consuming helps to divert their attention from the pain they are feeling while still allowing them to gain composure. For instance, Geeta states:

I eat and shop. Everybody gets sad but some people are too busy to be bothered, those are the strong ones I think. Sometimes it’s just a thought I look at my kids and they keep me going (Geeta).

As exemplified through these women’s testimonies, addictions to sleeping pills, overeating, shopping, competitive sports and so forth are believed to help manage their pain, while they are still able to remain to appear strong, but in fact they allow signs of depression to remain hidden. Many of the women in our study say it is important to compose strength especially for those who depend on them. In many cases, these women may preoccupy themselves with such activities because they are lacking the support structures to seek therapy or professional help. hooks says that women are “often aware of the emotional pain that they seek to ease by
[addictive behaviours] and are aware of the difficulty in taking responsibility for their behaviour because they fear hostile shame” in admitting that they may need to seek therapy (2003: 142). At the same time, endorsing addictive behaviours allows many of the women to disengage with the realities of what they are facing. As exemplified previously, for many of the women, being able to divert their attention and energy from feeling that their worlds are crashing also helps them not to dwell on their depressed feelings. We argue that both of these sub-processes—“not dwelling on it” and “diversion”—are inter-related and allow the women in our study to maintain the persona of “Being Strong.”

Some of the women in the study found that being able to listen to others' problems allowed them to also divert their attention from their own issues. For instance, many of the women spoke about being the person that their friends feel they can depend on to help them through their times of need or distress. For example, Joan says, "I’m a good listener and I’m straight up, so I guess everyone feels comfortable talking through their problems with me. I think they think that I’m strong and dependable." Olivia shared similar views as Joan, stating that she minimizes her own pain due to social expectations placed on her strength and her perceived care-giving role:

You feel like a burden. I’d listen to people, but when it comes to me people think that I am strong. I think that I am always the person that they would talk to. They think that I should be strong. I told them my story and they thought that they would never see me sad. They just thought I was always strong. I was telling a friend a story and I broke down and cried, she said, ‘wow I never knew I’d see you cry’ as if I am not human. My little son calls me counsellor... When I said my story, opening up and feeling pain, they came to me and said that ‘I never expected you to feel like that, you are a counsellor’ People think I’m so strong ‘Oh that will roll off you’re back soon.’ ‘Oh she has everything on lock.’... But I don’t mind it.

In both of these cases, the women believe that they are heroines for overcoming tough situations. Their feelings are fortified as people around them reinforce that they believe that they are strong. In Olivia’s case, this concept is reiterated when she says that people think she will bounce back quickly from any adversity she may be facing. At the same time, she feels that she cannot break down because she is not expected to experience pain, and she fears that exhibiting vulnerability would make her a burden on others. In many ways, she feels that she is not seen to be human, but superhuman because she is expected to handle everything.
At the same time, having other people view them as emotionally dependable and strong are seen to be positive by women interviewed for our study. For these women, masking their own pain or depressed feelings in order to help others cope with issues allows them to feel appreciated and depended on within their communities and simultaneously reaffirms their strength. This is an important role, especially when women feel that they are voiceless within the dominant society. However, this assumption of dependability can be a hindrance to their overall health. Beauboeuf-Lafontant (2007) makes a solid point when she states that “if you are trying to identify depression in Black women, one of the first things to look for is a woman who is working very hard and seems disconnected from her own needs [when she is constantly] caring for others beyond immediate family to include kin and co-workers” (32). hooks adds that through “providing a convenient mask, it can be the projected identity that hides addiction and mental illness among black women” (2005:25). This is clearly exemplified from both Joan and Olivia’s narratives. Both of these women disconnect from their own issues and project an image which allows others to see them as strong and “unbreakable.” The dangers of these deliberate efforts of diversion as both hooks (2005) and Beauboeuf-Lafontant (2007) demonstrate is that it allows depression among Black women to remain hidden.

Following the sub-process of diversion, women struggling with depression and depressive symptoms seek to “regain their composure.” Schreiber et al (2000) state that this may be understood as the reclamation of control over one’s mental health and life circumstance. Again, faith and religion may also play a significant role in this sub-process, as some women described discovering and tapping into the strength of God as a powerful tool to help manage their depression. Geeta says, “Prayer can help in getting through something difficult in your life. Without having something higher how you can deal with the stress in your life? You have to believe that there is something higher to believe in. It gives you hope and strength to keep going I think.” Women in the “Being Strong” study also stated that in order to regain their composure they must get on with their lives through re-engaging with the social world. As demonstrated previously, many of these women feel that they cannot admit to their feelings of isolation and alienation; therefore, prayer allows a space for healing, comfort, and hope. Yvonne Bob-Smith’s (2007) research on religion and spirituality amongst Caribbean descent women in Canada led to her central concept of “getting troo”4, which points to how women use these tools to overcome personal or social adversity.

The final sub-process in "Being Strong" is “trying new approaches,” which involves initiating new methods to facilitate management of depression. Some women accessed professional help in the form of therapy or counselling, and others sought to change their social environments. The purpose of this sub-process is to venture into new territory in
an attempt to ultimately overcome depression.

Notably, Schreiber, Stern, and Wilson (2000) found that for some women experiencing depression “trying new approaches” meant that they took the opportunity to reach out to support structures for assistance. This is significant because “Being Strong” is primarily understood to be an individual enterprise that forces women to look within rather than outward for strength to overcome the condition. Therefore, outreach is an unexpected, yet important technique that women may engage in. Outreach occurred most commonly in the form of seeking help through religion and faith; however, less than half of the women involved in the "Being Strong" study sought out help from professionals in the form of counselling or structured, mainstream mental health services. Espin (1995) argues that the power dynamic of both therapy and racism operates to silence women of colour to some degree. Joan felt that her doctor had a preconceived notion about her, assuming her to be “uneducated or well spoken.” Joan’s narrative demonstrates that colonial images of Black women are still assumed within a clinical space which works to silence many voices and experiences, such as Joan’s. Much like Joan, Olivia also recalled her difficulties seeing a therapist whose treatment style conflicted with her lived experience and her interpretation of the effects these experiences had on her mental health:

So I went to a therapist but after 6 sessions I never went back. I think that man [the therapist] would have sent me more crazy, he wasn’t helping at all. The doctor wasn’t helping me deal with what I was going through. Like he was asking me questions about my childhood, I was hurting not because I was abused when I was young but because of what I was going through in my marriage and after my marriage ended. I didn’t know how to deal with all the things once they found out I was going for therapy...it was like I was suppose to be having hallucinations or something of that sort. I only went to see that doctor 2 times, after the assessment I just decided it wasn’t really for me (Joan).

I wasn’t aware that I was depressed in a sense. Like when I went to see a therapist the doctor looked at me and said that I was so well spoken and I was so educated. It’s almost like he expected me to come in with bananas on my head. The doctor told me that he didn’t realise that I was coping with my condition so well. Like my family expected me to do crazy
hurt and the doctor would have just made me go crazy like he kept bringing up something that didn’t exist and wanted me to be treated for it, something that never really existed in the first place. For me I needed to deal with another man failing me…like first it was my father and then my husband. Till this day I don’t know what any of that have to do with my childhood, damn shupid if yuh ask me...

For Olivia, because her failed marriage was assumed by the psychologist to be rooted primarily in her “improper upbringing,” she lost trust in the process of therapy and stopped her visits with her doctor. For Olivia, she sees herself as better off without therapy. Much like Joan’s story, Olivia too became discouraged to receive treatment for her depression, as she felt that she was being heard.

Thus, when the women tried to access mental health care they felt that their realities were dismissed by their therapist. They believed that they were not being heard; therefore, therapy was seen to be an unsuccessful experience. All of the women were referred to a therapist either by their family doctor or someone of emergency contact, and it is important to note that none of the women were reluctant to access mental health care initially. They all felt that they needed a space to confront their feeling of hurt and anger. Both Joan and Olivia’s voices became silenced, and so did their pain.

Another way women may try new approaches is to name the external factors that impact their mental health, for example, racism and discrimination. Racism is a reality for many of the women interviewed. For some, they believe that racism is not as visible as it used to be but still exists to a certain extent. Many of the forms of racism that the women described are what Philomena Essed defines as everyday racism: by everyday racism we mean the various types and expressions of racism experienced by ethnic groups in everyday contact with members of the more powerful (white) group. Everyday racism is, thus, racism from the point of view of people of colour, defined by those who experience it. To live with the threat of racism means planning almost every day of one’s life how to avoid or defend oneself against discrimination (1990:3).

Many of the women interviewed spoke to the ways in which white privilege operates in subtle, nuanced ways rendering it difficult to identify. A respondent described how this has impacted her saying, “it’s not that they [whites] feel they are being racist but they feel entitled to say what they want to say.” A second study participant stated that racism is not as blatant as it was in the past, Joan remarks, “well, racism exists; it’s just not as bold as before. They [whites] just cut you down but they try not to sound condescending….I guess they think
they’re being more politically correct.”

On the other hand, Geeta, said that racism exists, but questions how one proves its existence: “Oh gosh, yuh can’t call a person racist just so, people will tell you it’s not true and sometimes it, yuh own people too…dem mekk yuh feel is you wid the problem, it must deh in yuh head or something.”

For all of these women, racism in Canada operates in a covert manner. Questioning racism as Geeta points out is difficult because it is structured in a systematic way that renders it invisible and makes it difficult to prove.

The three women acknowledged that racism exists, but that it is not as "bold as before,” meaning that racism is no longer seen as acts of aggression or violence, which renders it almost unrecognizable. Essed (1990) argues that the results of many forms of prejudice, aggression and discrimination that Blacks experience are difficult to discuss because a Black person reacting to such experiences would be seen as being “hypersensitive, annoying, or small-minded.” Therefore, she says that racism is only clear to both groups in its most blatant, open, and old-fashioned forms. In addition, Geeta comments that subtle racism is not worth addressing in a public setting when the parties involved are from similar backgrounds, since it could be discounted. It is evident that new forms of racism manifest in invisible and inverted forms. Subtle racism shifts the blame from a discourse of dominance towards the person/group of people experiencing racism.

Additionally, racism, as many of these interviews illustrate, is accepted as being a part of everyday life and more importantly, it becomes internalized as "their" issue instead of being a larger social one. More importantly, racism continues to structure feelings of alienation and isolation which can intensify mental health problems among Black Caribbean descent women in Canada. hooks (2003) says that “when black folks address the issues of everyday racism naming how it impinges on day-to-day well-being only to be accused of exaggerating,” this is dangerous because it promotes psychological implosion (hooks 2003). She also states:

...time and time again, black folks talk about feelings of ‘crazy’ when they name racism and its impacts only to have their stories discounted, this discounting is a form of psychological terrorism that has been used to silence anti-racist protests...and it supports racist backlash by encouraging masses of both white and black folks to see black folks [who talk about racism] as insane when they discuss victimization (hooks 76).

The women interviewed maintain that racism was at one point much worse and now exists to a lesser degree, which
makes it okay to dismiss certain comments as irrelevant, even though it is still hurtful. The manifestation of racism seems evident only to those who are affected by it and even then, it is questioned, making the person experiencing it believe that it is all an illusion. Geeta, for example, describes how she sometimes thinks that her experiences of racism are only evident to her. Geeta says, "It must deh in yuh head or something." Joseph Barndt (1991) argues that racism creates the illusion that it does not exist and therefore becomes more difficult to detect and eliminate. He says that at the same time, "its power to oppress is no less than that of open and blatant racism". As a result, racism functions in a covert way and only becomes a problem of those experiencing various forms of racism (31). This is how power works to maintain itself through systems. In the case of psychiatry, it has been determined that the medical orientation was "developed at a time when racist doctrines were becoming established in Western culture, [and] the ideology of racism became incorporated into the discipline and its ways of working" (Fernando 2002, 71). Fernando goes on to write that racism within psychiatry derives from the traditions of the discipline, its history, its way of assessing and diagnosing, the criteria it uses for designating treatment, its organization, its involvement with the powers of the state and with Western power internationally (and the racist dimension to the exercise of power), and its struggle to be accepted as a scientific discipline. When mental health techniques do not account for racism in its treatment strategies, it allows acts of racism to continue to operate in an invisible form which can negatively affect those receiving or seeking care.

It is necessary to examine how structural and everyday racism is maintained through mental health practices. Black Caribbean descent women in Canada accessing mental health care are coming with stress from a number of factors that needs to be accounted for within practice. This is vital to how care is received because racism is a part of their daily encounters that contributes to mental distress. As the stories told by the interviewed women showed, they are affected by racism which is internalized. For some, they are able to recognize that they are being discriminated against and that racism does exist. Yet for others, racism becomes a tolerable part of their everyday lives. All of the women have internalized the effects of racism in one way or another, which as a result, impedes their mental health and well-being. This brief analysis is important in order to further build on a theoretical framework, which illustrates how racism structures feelings of alienation and isolation which can intensify mental health problems among Black Caribbean descent women in Canada. If this is not taken into account, Black Caribbean descent women in Canada will adopt other techniques such as creating an identity of "Being Strong" in order to mask their feeling of pain and manage mental health issues, rather than accessing mental health care.
Being Strong goes beyond simplistic understandings about the management of depression by Black Caribbean descent women in Canada. It also points to the significance of contemporary and historical forms of injustice and how these contribute to women’s experiences of depression. Wallace (1999) writes that the Black woman “does not share the same fears, weaknesses, and insecurities as other women, but believes herself to be and is, in fact, stronger emotionally than most men” (107). As demonstrated in our study, many of the women are resilient, dependable and have remarkable strength and it is important to acknowledge them for it. However, this maintenance of strength can also be destructive and emotionally addictive (hooks 2003) to many of the women who shield themselves with the conception of strength. Furthermore, women involved in the study described "Being Strong" and its sub-processes as necessary actions employed to combat depression brought on by issues ranging from stress to everyday experiences of racism and discrimination (Schreiber et al., 2000). Oftentimes, the experiences that women have little or no control over, such as racism and discrimination also play pivotal roles in women’s ill health, and has the potential to wreak the most havoc in women’s lives.

Conclusion
While this paper has attempted to describe how Black Caribbean descent women in Canada manage depression and construct Black womanhood, it is also imperative to end with some suggestions for solutions to the problems that have been outlined. The following are some recommendations that have been included to contribute to the ongoing discussion around mental health, community involvement, and techniques for care.

A community-based and initiated overhaul of the stigma that has become attached to issues relating to and involving mental health. This includes fundamental and radical changes to the way mental illness is described and addressed (or ignored): such an internal change lays the essential groundwork for external change, as no community can expect culture-specific services to be created when stigma and misunderstandings of mental health persist and operate to create barriers to care-seeking. A community based change may occur both personally through education and information seeking such as accessing literature about mental illness, and at the community level through public forums, research and knowledge dissemination, and public engagement activities. Persons of Caribbean descent must also seek out opportunities to become stakeholders in the mental health care sector, thus creating a voice that can be proactive about the needs of the community.

Improve care for clients in mental healthcare settings. This includes the active involvement of the client and solicitation of their experiences so that they may be used to inform the evaluation, diagnosis, and treatment
procedures. One way to achieve this is by privileging the illness narratives of clients and to regard them as tools that may assist healthcare staff in learning to identify how they convey a certain moral domain (Kleinman 1995, 95). Stories of suffering help to articulate the client’s experience which is shaped by how they understand the world around them and their positioning in it. The experience of the client is the key, as it gives the doctor the opportunity to understand a client’s illness on their own terms. Privileging the experience offers an approach that allows a client to convey those experiences of racism, sexism, and isolation without focusing exclusively on the mental illness that needs to be “cured.” Listening to experiences involving race or racism as conveyed by a client may give a unique insight into their worldview and their interpellation of pain and suffering. This may also lead to a better relationship between doctor and client, resulting in better, more collaborative mental health interventions and building of trust.

Ensuring that institutions and services are culturally competent and that staff are trained as such as well. A client’s cultural background is important to consider because health and illness are understood differently across cultures. Culture shapes how people experience pain and illness, and it also shapes how they express their feelings and understandings about these. However it is argued that although culture competence is necessary, providers also need to go beyond cultural assumptions. They need to understand their position as providers in terms of race, class, gender, and the political power they hold in comparison to the community in which they may work within. Administrators of mental health care must acknowledge that much of the racism experienced by many women of colour is invisible. Therapeutic strategies that do not account for the invisibility of racism fails to challenge racist assumptions and instead maintains and encourages systemic racism (Javed 1995). This only further discourages women from wanting to access care and leaves them dealing with issues on their own terms. Whereas in the past a colour-blind approach has been utilized in Canadian mental healthcare services, this largely ignored the needs of racialized groups while standardizing the dominant cultural norms and practices in mental healthcare settings (Warner 2007). Not only does the dominant cultural norm become privileged, but it is also maintained through such practices, and misinterpretations of expressions of pain and suffering between patient and doctor may occur as a result. Establishing authentic cultural competence in a mental healthcare setting is one way to ensure that clients’ experiences are being heard and considered when evaluation, diagnosis and treatment strategies are being carried out.

This paper re-asserts that it is necessary to unload the expectations placed on womanhood that incite women to be strong. This paper derives from a larger project, and it is suggested further attention is warranted. This paper is attempting to expand on previous research conducted within the field of mental health and its relation to racism.
At the same time, it is stressed that that more research needs to be conducted further within this area. Clearly this is no simple feat; however, as evidenced through the narrative examples made throughout this paper, Black Caribbean descent women in Canada are continuously attempting to live up to unrealistic cultural ideals of strength. The stress of this burden does nothing other than compound their issues which are heightened by living in a country where racism and discrimination are subtle and hidden. To remedy this, the unrealistic expectations placed on women must be rejected, and women must be given opportunities to speak freely about their burden, pain, and mental health.

References


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Curling, Deone, Interview by author, Toronto, ON, June 4, 2008.


Endnotes

1 The qualitative research was conducted for a Masters level study executed by Karen Naidoo, and was used for a Major Research Paper submitted to York University.

2 Karen Naidoo, researcher.

3 Curling, Deone, Interview by author, Toronto, ON, June 4, 2008. Curling is a practicing therapist from Women’s Health in Women’s Hands in Toronto, Ontario. She was interviewed for Karen Naidoo’s and was used for a Major Research Paper submitted to York University.

4 “getting through”

5 Olivia, Focus Group, 05/06/09.

6 Joan, Focus Group, 05/06/09.

7 Geeta, Focus Group, 05/06/09. Translation: “Oh Gosh, you cannot call a person racist, people will tell you it is not true and sometimes it is your own people too. They make you feel you’re the one with the issue and it’s all in your own head.”