Identity, Health and Women

A Critical Social Psychological Perspective

Jacqueline Ann Christodoulou

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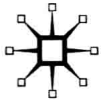

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I dedicate this book to my children and their children, for the times when life has been difficult but the thought of them has made it all worthwhile and especially to my partner Eric who has changed my life for the better.

Foreword

This book presents a qualitative exploration of the ways in which peri-menopausal women construct and re-construct their health identity. A reflexive approach to the research grounds this study in the North West of England, in a socially and economically deprived regeneration area in the UK. This enables the voices of previously unheard women to shine through the research in a person-centred account of health identity construction.

Using a narrative approach underpinned by a feminist critical realist philosophy, 32 women between the ages of 35 and 55 were interviewed. The interviews were transcribed and analysed in line with Crossley's (2000a) and McAdam's (1993) methodological framework that involves the study of tones and images in the narrative accounts. In addition, a thematic analysis was undertaken to explore issues across all women participants. This was to ground the accounts of the women in societal meanings of femininity, sexuality and family life, linking the personal and the social aspects of identity construction.

The research has identified two key discourses used by these women in their considerations of health – a medical discourse and a relational discourse and shows how the women navigate between these two often competing discourses as their thoughts, feelings and intentions vacillate throughout their health experiences. Additionally, the research shows that women often consider reproductive health from a pathological perspective, yet acknowledge its status of paramount importance in the construction of health identity.

Reproductive milestones such as menstruation, childbirth and menopause operate as narrative touchstones for the explanation of the health narrative. The embodiment of these touchstones in the world is explored through personal, interpersonal, positional and ideological tones, themes and images throughout the accounts, drawing heavily on Murray's (2000) work. Additionally, themes of health strategising were explored which revealed the importance of both wellbeing and illness in social constructions of health identity.

In this book, health identity is situated as a fluid and flexible evolving construction in conjunction with realist considerations of the physiological body. A model of the fluid yet fragmented nature of peri-menopausal identity is presented whereby the personal, interpersonal

and ideological domains of health, are usefully integrated by the author in an holistic explanation of perimenopausal health experience. The implications of this model for women's health and identity is wide ranging, providing material for the engagement of academics and health professionals in debates concerning the ways in which women are oppressed within service environments and changes that must be made to institute more effective health services. As such, this book is of interest to students and health practitioners alike.

Judith Sixsmith

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Professor Judith Sixsmith provided academic guidance and personal support in difficult personal times for me and her advice and clarity enhanced the research. Professor Paula Nicolson and Dr Paul Duckett, as well as Dr Rebecca Lawthom, supported the final stages of the research and their critique proved invaluable.

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I would also like to thank my children, Michelle, Victoria and Anthony for their love, kindness and support in this undertaking. Also, my parents for recognising early my ability and their guidance towards my goal and my grandparents for their extraordinary love and care. Finally, to Eric, my partner, for his unending patience and support.

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Introducing Health and Psychology

Introduction

The idea for the study into perimenopausal health, that is used in this book as evidence for a holistic model of identity construction, originated partly from notions of personal health experiences and partly from knowledge of health psychology. By reading about theories of health psychology it is entirely possible to overlay the theory onto lived experience; this can often produce something additional and conflicting that mirrors available theories of health. Many women feel and express in everyday talk that health is full of situations that include both illness and wellbeing and, although they experience them, they do not fully understand them. For example, the nervous wait for a smear test in the doctors' surgery or the restrictive experience of the maternity ward are aspects of lived experience many women endure without question or understanding. In addition to this, some women's stories of their experience of health and the effects of the community they live in on this experience are not the same as the health experience of their male partner.

In searching for woman-centred accounts of the health lifespan, very few studies are interested in women's health experience in this more temporally based way. Most studies are focused on physiological and medical aspects of women's health from the perspective of the health professional or academic researcher, and do not take into account experience lived over a lifetime. In order to marry health psychology theory with health practice, not just that of health professional but also of those experiencing healthcare provision, it is important to study how women consider their health experiences from their own perspective.

Many women including friends, family and work colleagues, tell stories of health in everyday talk. These are in the form of explanations of physiological health matters and how this material health affects their life

and relationships and influences their ongoing health story. These autobiographical accounts of health in everyday talk are important in establishing 'who we are' and 'who we are becoming' in terms of health and conveying that health identity to others in order to form various health relationships. In addition to this, these everyday stories form a running narrative of health experience that provides a plot or storyline to the health story.

Concepts of women's health are embedded in aspects of lived experience from family to spirituality, from childhood to old age. In fact, concepts of health are an integral part of being a person (Marks et al., 2001). The way that one considers health, not only in terms of illness but in terms of also framing wellbeing into the way life is lived, affects all areas of lived experience.

Health is also a highly gendered concept with biological health and the reproductive cycle becoming a natural gender division (Sixsmith & Boneham, 2003). Within this division, it has been argued that, women's health has become objectified through patriarchal social constructions in health provision, science, economics, politics, society and culture (Ussher, 2000; Yardley, 1997). Women's health is often objectively structured around milestones in the reproductive cycle and also forms a continuous psychological sub-narrative that contributes to the construction of the individual woman's health identity. The person she has been, is now and will become is grounded in the status of health enjoyed by the woman that, in turn, influences not only her ability to act on the world, but also her perceived position in society.

In terms of these varying discourses, the perimenopause is an important part of women's health. The perimenopause, a gradual developmental process that spans the time from childbearing years to loss of fertility, is a period where women have experienced some or all of the milestones of the reproductive cycle and experienced other health-related events that have contributed to the construction of a health identity.

The format of this book is an integration of theory and evidence in the form of narrative interviews and ways the analysis of these can inform social change. The women who took part in the study were perimenopausal. Their accumulated health experiences over the lifespan up to the perimenopausal stage have contributed to the demystification of how women construct their health identity. Due to the uniqueness of the health experience over time, women have many different accounts of how health has affected them. A critical realist perspective is taken throughout in order to account for, in addition to socially constructed aspects of women's health, realist notions of the material

bodies of women. This underpins a feminist approach to understanding women's lives using feminist standpoint theory that prescribes the investigation of difference within difference. When studying health within this construct, due attention must be paid to the material body as well as direct health experiences to negate a Cartesian dualist model of health.

Research has shown that it is not only direct health experiences that contribute to the internalisation of knowledge about illness and wellbeing (Lyons, 2000; Lyons & Griffin, 2002). Other information such as social representations of health, health relationships and vicariously represented health experiences also contribute to the construction of a health identity. In this book, external representations of health that emerged from the autobiographical accounts of the participants are analysed in order to assess the location of these social representations in relation to women's health. It is pertinent to investigate women's health and identity in the context of both the personal and the social world and evaluate if the dawning of the new postmodern theoretical age is reflected in praxis. The personal health experiences of women today can be elucidated and the theories critically assessed by taking a feminist standpoint in terms of women's experiences to study narrative accounts of women's health. Further, evaluation of these autobiographical accounts in terms of current research and theory in the fields of health psychology, feminist theory and critical realist philosophy, will provide a link between theory and the praxis of these lived experiences. In addition to this, evaluation of the accounts in terms of their location in the social world will provide depth of analysis in terms of clarifying the effect of the politics of women's bodies.

The material in this book is concerned not only with illness as a construction of health, but also with wellbeing. The psychological narrative account of health and identity in this book is investigated through semi-structured interviews. This illustrates how health is embodied in concepts of joy and love in addition to suffering and pain in a woman's life through events such as childbirth and work and how coping strategies that women have used during periods of difficult health have become positive and empowering experiences. In the following sections, an exploration of how health psychology has progressed is detailed so as to clarify the ways in which construction of health can be investigated.

Deconstructing health – Early notions of health

Health concerns are an integral part of life and the historical and theoretical context of health are investigated in order to evaluate how

ontological and epistemological developments have influenced present day thinking (Foucault, 1978). In this book a holistic model of critical health psychology is theorised, and in order to do so, the introduction will point to early models of health and trace the progress of constructions of health and how they have been investigated through centuries until the present day.

In early thinking, theoretical division between the mind and the body were not made and the health issues of illness and wellbeing were often thought to be the result of an element of an external spiritual influence (Ogden, 2000). Hippocrates (circa 377BC) and Gallen (circa 199AD) proposed the theory that four fluids within the body, black and yellow bile, blood and phlegm were responsible for health complaints including psychological illness such as depression and madness and that, conversely, wellbeing was promoted by attention to the condition of these fluids (Taylor, 1999).

Later Descartes (1647, in 1969 translation) furthered the consideration that the mind was a separate entity to the body, otherwise known as Cartesian dualism or the mind/body split. Descartes' argument for mind/body dualism rests heavily on religious faith to determine health and views the body as a mechanical vessel that is controlled by the mind or soul via 'a small gland at the base of the brain' (Descartes, 1647, in 1969 translation, p.18).

Essentially, Cartesian dualism formed a basis for the development of the biological model of medicine that was to emerge out of Darwin's theory of evolution.

During the 18th and 19th centuries, health and illness became almost exclusively biologically based. With the development of new technologies and advances in medicine and medical procedures, progress was made in the cataloguing of symptoms, diseases and remedies, and the medical institution was built on the basis of empirical scientific discoveries using experiments on human bodies. As a result, these empirically tried and tested diagnosis and treatments reinforced the mind/body dualistic model of biological medicine. In this model illness, not wellbeing, was the focus of health. Illness was seen as a body invaded by bacteria or virus or such. This meant that theories of illness were primarily based on cellular change and consequently only medical experts and professionals had the skills and knowledge to deal with health.

Darwin (1859) later proposed the theory of evolution and argued that human beings were evolved through time from the basic elements of nature and were biological in essence. This further reinforced the scien-

tific biological model of health and medicine and the divide between the mind and body in terms of responsibility for ill health and wellness. By naturalisation of the body in scientific terms it was possible to pass the responsibility for diagnosis and cure to the medical profession. As the body was now assumed to be natural in essence, any pathological changes were explained, according to the biomedical model, caused by forces outside the affected person, leaving them as a passive victim of illness (Ogden, 2000). At this point psychological aspects of health were discounted and the material body was still regarded as machine-like. Progress towards a more holistic understanding of health was made with the inclusion of psychological matters in consideration of illness and wellbeing.

Health and psychology

Developments of psychological theories based on health during the 20th century linked the body with the mind and began to include psychological aspects of health in a cause and effect manner. Psychosomatic medicine was introduced and integrated into the biological model of health, most notably with Freud's psychoanalytic theory of the unconscious mind. Freud's work on hysteria as a psychosomatic condition opened up the field of medicine to include psychological aspects. This important and timely link between health and psychology was the beginning of the discipline of health psychology as a field of study that, taking into account physiological illness, also considered any psychological aspects of health. However, Freud's work has been criticised on the basis of too heavy a reliance on the unconscious mind and the lack of attention to material symptoms of health.

Dunbar (1943) and Alexander's (1950) work on psychosomatic illness highlighted the connection between the mind and the body when considering health. Their work, which considered various psychological responses to illness, also identified physiological auto-responses in the central nervous system to stressful situations. They found that these physiological responses worked in conjunction with the psychological responses and were of equal importance in evaluating health. Considering that psychoanalytic work placed too much focus on the mind and not enough on the body, Dunbar and Alexander attempted to rebalance psychosomatic medicine into a discipline which took into account both material and psychological aspects of health. These early theories formed the basis of the discipline of health psychology which challenged