SURVIVING THE IMPACT OF THE EXPERIENCE OF RACISM

ON HEALTH AND WELL-BEING:

AN EXPLORATION OF WOMEN OF AFRICAN ANCESTRY

LIVING IN NOVA SCOTIA

by

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DEDICATION

I dedicate this dissertation to all of the women whose blood has been shed and on whose shoulders I now stand upon. I also dedicate it to all of the women in my life who have helped shaped me to become the woman I am. To my family, who have been patient (as much as possible) to see this to the end. To my children, David Anthony and Dylan, who had to sacrifice having a full-time mom but did their best to understand, and to my other son Obadiah and my grandchildren, Omari and Cami. To my siblings who constantly asked, "Are you done yet…?" but remained supportive: Blaine, Bonita, Bettina, Bernadette. To my nieces, nephews, great nieces, great nephews, and godchildren: D'Arcy (Shiona (godchild), DeYonte, Ava, May), Tyson, Ninika, Marlo (D'Mari, Ma-Kya, Olivia, Marlo Jr.), DeAngelo, Mikhala, Nico, Nicole, Alyson, Samantha (godchild), Leila-Kate (godchild) and Kaylen (godchild), anything is possible with hard work and dedication. Don't ever forget the strength that is in you; it comes from your ancestors. To my mother, Bernice (nee Bundy) McLaughlin you have always been there for me. You introduced me to a God who has never failed me yet. Without your words of encouragement, without your helping out with my family, comforting me and just believing in me this work would never have been finished. To my life partner, David Hinch, few words can express all that you have done to make this dissertation a reality. Thank you for just being there through so many late nights and, early mornings and for helping me cope with the emotional roller coaster I often found myself on! To all my sisters and brothers of African ancestry…we are a resilient people, we are a strong people, we are a people of faith, and we make the impossible, possible.

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ABSTRACT

A paucity of research is available about the impact of racism on the health and well-being of women of African ancestry who are living in Nova Scotia. The purpose of this research was to contribute to that lacuna. This dissertation examines the perseverance and determination of women of African ancestry, living in Nova Scotia, who are surviving racism and the impact this has had on their health and well-being. The participants for this research were a subset of 20 women of African ancestry living in Nova Scotia, who had participated in qualitative interviews in the five-year Canadian Racism Violence and Health Project (2003-2008). This Project was a five-year action research study funded by the Canadian Institutes of Health Research: Institute of Gender and Health. These women had been identified as leaders from the Health, Education, Justice, Faith and Social Services sectors. The 20 transcripts from this project that met the inclusion criteria were analyzed (secondary data) using Grounded Theory as a method of analysis, with Critical Race Theory and Black Feminist Thought as the research lens. Critical Race Theory requires that racism is central to any research, and Black Feminist thought gives voice to the Black Women in this study and the role that gender may play in their experiences. The results showed that racism does impact the health and well-being of African Nova Scotian women as evidenced in the emergent story line of survival and analytical categories of surviving, silence, becoming aware, and restructuring self and the community. These categories told an important story mapping the past, the present, and an anticipated future. The women spoke of being treated as being invisible, being the subject of micro-aggressions, and becoming hyper-vigilant as a result of everyday racism. The counter-stories of the lived experiences of these 20 women are testimonies for others who are surviving racism. This research presents strategies for coping with everyday racism, and makes recommendations for health promotion policies and procedures that could be of benefit to other marginalized populations.

LIST OF ABBREVIATIONS USED

CACE…………………………………Council on African Canadian Education

CAYG……………………………… Cultural Awareness Youth Group of Nova Scotia

CCHS……………………….......Canadian Community Health Survey

CIHI……………………………... Canadian Institute of Health Information

CIHR……………………………..Canadian Institutes of Health Research

CRT…………………………………Critical Race Theory

LGBTQ…………………………….. Lesbian Gay Bi-Sexual Transgendered Queer

RaLES…………………………… Racism and Life Experience Scales

RVH……………………………….. Racism Violence and Health Project

U.S………………………………. United States

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It is with heartfelt thanks that I write this acknowledgement. Knowing that all things are possible if we trust in our Creator, the Lord Jesus Christ. My mantra throughout this process was that if [S]He brought me to this, [S]He will bring me through this. I thank the spirit of my father Norman A.D. Hamilton, and my brother, Darrell, who was present during this journey, and all my ancestors. I am reminded daily of your strength and sacrifices. Each word I wrote validated your existence, from Mother Africa to Nova Scotia. To my Church family of the Beechville Baptist Church who prayed with me and supported me, thank-you. To my extended family and theirs, the ones who kept me sane and made sure we took time for each other through vacations and family time together: Charles, Darcel, Alonzo, Cathy, Chris, and Damien, thanks for helping me take time for the things that really matter–family and friends.

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assured me this was possible. I was reminded, many times, that I could not quit because none of you were quitting. Thank-you.

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To my immediate and extended family of aunts, uncles, godmother, cousins, grandchildren, nieces, nephews, great nieces, great nephews, godchildren, in-laws and friends, thank you for your patience and understanding of my disappearance from time to time. It was hard, but necessary, to not be at everything. You didn't question, but just gently said, "I know you will finish IT." The "IT" always seemed so big, now IT is done. I hope that I have effectively given voice to the women in the study's stories. Their stories gave me the strength to want to finish, so that I could share their conquests with others.

To my sisterhood at the Council on African Canadian Education (CACE) and the Africentric Learning Institute, especially Delvina Bernard, thank you for all of your support. You nurtured me as if I were a baby sister. *Four the Moment* continues to get me through tough times. You personally introduced me to amazing scholars of African ancestry. You provided me with an opportunity to stay connected to the African Nova

Scotian community when I felt like I was drowning in academia. You helped keep me "real" and "grounded." Your commitment to justice and equality is a testament of who you are. My commitment is to give voice to some of the injustices you persevered against. And thank you to my students and staff who supported me when I was at the Black student advising centre and thank you to my students and teaching assistants, especially Michelle Patrick who were patient with me as I grew into an academic.

Thank you mom for just being there, for the late phone calls just to hear your voice, and for allowing me to sometimes just be your "baby." Your words of comfort helped me more than you know. To my boys– David, David Anthony, Dylan, and Obadiah we did it. You were my inspiration to finish. I could hear myself saying, "Don't start something, unless you are going to finish it." The many times I wanted to quit, I could not. You have shared me with so many people, but you tried to understand the importance of my journey. There are many others who have contributed to this journey whose names are not in this paper; there are so many to thank, but I say 'thank you' for the suppers, the lunches, the phone calls, the childcare, the late nights at Dal (Crystal Watson) and at the Africentric Learning Institute (Tina Jeffers Roberts) together, for sharing your family with me and for your words of inspiration.

This dissertation is a testament of those who came before us, for those among whom we walk and for those yet to come. I stand as a proud African Nova Scotian woman.

Beauty's Eye

I am inside someone

who is beautiful.

I look out of [her] eyes

Feel the vast areas of

[her] strength

See the horizons of [her]

possibilities.

A human thing – once maimed

Beaten into out-cast dungeons,

Where the self was made to feel

less than human,

Where ugliness was twisted into

the soul,

Till like a tree – I uncovered

my own roots

And shook powerfully in the sun.

(It was a beautiful feeling

Glowing through the midnight forest,

It moved like a magician

Into the dark chambers of my heart.)

It is a human love I dream inside,

A beautiful palace you trivialize

As mere words or irrelevant feeling.

But it contains all of my meaning.

And as the Sun –

Moves into the dark forest

where I have remained,

Discovers me – a sleeping child

Cold, trembling, waiting.

Understands my pain and

stretches forth its rays.

As the Sun is Love

It nourishes the thing inside me,

And I sprout forth with so much

beauty –

The Sun screams!

(Woods, 1990, p.11)

Thank you David Woods, family and friends of the Cultural Awareness Youth Group (CAYG) of Nova Scotia for helping me to see both the beauty and the possibilities inside of me!

Chapter 1: Introduction

This dissertation is an exploration of the experiences and effects of racism on the health and well-being for women community leaders of African ancestry living in Nova Scotia. When I speak of the health and well-being of the women in this dissertation, I am referring to their emotional, spiritual, and physical health and well-being. My primary objectives for this study are to 1) explore the lived experiences of racism[1] for women leaders of African ancestry living in Nova Scotia; 2) examine the effects, particularly on health and well-being, of racism on women leaders of African ancestry; and 3) present recommendations to improve their everyday lives.

The historical reality of the impact of racism continue and is evident in the ongoing negative experiences of African Canadians and African Nova Scotians in the justice, education and social systems. People of African ancestry are subjected to higher rates of incarceration, unemployment, difficulty in accessing advance education, and equitable health care (Codjoe, 2001; James, 2011; The African Canadian Legal Clinic Report, 2015; Wortley & Owusu-Bempah, 2011). The history of people of Africa ancestry living in Canada is very rich, particularly in Nova Scotia which has the highest population of Indigenous[2] Black Nova Scotians. The origin of this population is traced to the early 17th century (Pachai, 2007).

Though the very first Africans, such as Mathieu Da Costa, who came to Nova Scotia and Canada, were free people, after 1628, Africans coming into Canada were enslaved. Mathieu Da Costa worked as an interpreter for Mi'kmaq and French Traders in Nova Scotia (Grant, 1980;

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[1] By experiences of racism I mean how the women themselves understood, felt, perceived, responded to racism and am distinguishing it from the racist acts, attitudes, behaviors, prejudices, of others which are not explicitly described nor elaborated by the study participants. Rather, it was how they experienced racism, and the effects of that experience that is described in their interviews.

[2] I use the term Indigenous to refer to the first Black people that settled in Nova Scotia and have been here since the 17th century. Some dating back as far as eight or more generations.

Pachai, 1997; Torczyner, 1997; Walker, 1976, 1985). After this reporting, there was no record of Black Canadian inhabitants until 1628, when a young boy from Madagascar was sold into slavery to a Quebec resident and given the name Olivier LeJeune (Torczyner, 1997).

Many Blacks came to Canada as slaves and indentured servants (Cooper, 2006; Pachai, 1987). As slavery was legal in British North America, Black slaves were brought to Nova Scotia through the Atlantic Slave Trade and other means, for close to two and a half centuries (Hamilton, 1994; Pachai, 1987). In the Maritime colonies, and Lower and Upper Canada, African Canadians laboured as slaves in one capacity or another for whites[3]. Blacks were held in bondage by the Acadians, and the New England planters who arrived in the Maritimes after the expulsion of the Acadians. Thus, the Acadian slaves and their planter brethren would form the first Black collective of Nova Scotians and Maritimers (Hamilton, 1994; Pachai, 1987).

However, in 1783, the Black population in Nova Scotia would experience a dramatic increase with the arrival of 3,500 free Black Loyalists who sided with the British during the American Revolutionary War, and 1,500 enslaved Blacks owned by White Loyalists (Cooper, 2006; Walker, 1976). The free Black Loyalists were promised full citizenship by the British, but that promised was dishonoured. Free Blacks found themselves reduced to chattel, and some were even kidnapped and sold into slavery in the West Indies, or the American South (Cooper, 2006; Walker, 1977). Due to this condition, 1,200 Black Loyalists chose to leave Nova Scotia in 1792 (Cooper, 2006; Walker, 1976). They went to Sierra Leone in West Africa. Enslaved Blacks owned by white Loyalists continued in their status as slaves (Walker, 1997; Whitfield, 2006).

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[3] For the purpose of this dissertation Blacks will be capitalized when referring to Black people and white will not be capitalized when referring to white people. This is to give voice to Black people and to denounce the oppression they have historically experienced by being minimized.

The Jamaican Maroon cohort was added to the African Nova Scotian population in 1796 when approximately 600 Jamaican Maroons were exiled to Canada as a result of the Second Maroon War that the Maroon fought against the British in the island of Jamaica (Calliste, 1991; Grant, 1980; Hamilton, 1994; Pachai, 1990; Walker 1976, 1985). The Maroons were free African Jamaicans who challenged slavery by escaping from it and establishing their own communities, away from slavery and plantation life (Calliste, 1991; Grant, 1980; Hamilton, 1994; Pachai, 1990; Walker 1976, 1985). Finding Nova Scotia not to their liking, due to the harsh, cold, climate, the majority of Maroon families eventually left Nova Scotia and resettled in Sierra Leone (Calliste, 1991; Grant, 1980; Hamilton, 1994; Pachai, 1990; Walker 1976, 1985).

The Nova Scotian Black population was further augmented by 2000 so-called Black Refugees from the Chesapeake Region. Like their free Black Loyalist fellows these Black Refugees, former slaves, had sided with the British during the War of 1812 (Walker, 1997; Whitfield, 2006). With the end of the War, the British transported the stated number to Nova Scotia. Free Black Refugees, and Free Black Loyalists, now lived side by side with African Nova Scotians who were enslaved (Walker, 1997; Whitfield, 2006).

Chattel, disenfranchised Blacks in Nova Scotia faced severe social and political proscriptions. They could not vote, were denied education, except in sub-standard segregated schools, and endured curfew laws known as the "sundown laws" (Cooper, 2006, Whitfield, 2006). They were even not wanted in the province by members of the political elite. Lord Dalhousie, governor of Nova Scotia at the time of the arrival of the Black Refugees, spoke disparagingly about Black people, and urged the Refugees to return to the United States, beg forgiveness of their former owners, and return to slavery (Hamilton, 1998b, 2014; Whitfield,

2006). Blacks were seen as chattel. Slavery itself was not abolished in Canada until 1833 by the Emancipation Act emanating from the British parliament (Pachai, 1987).

After the abolition of slavery, the Nova Scotia legislation passed an act to deny the entry of Blacks from the West Indies to the province (Backhouse, 1991). As the century wore on, and Canada confederated in 1867, Black immigration to Canada was denied (Backhouse, 1991). The first Prime Minister of a Confederated Canada specifically named Blacks as people he did not wish to see migrate to Canada (Backhouse, 1991).

At the same time, the coal mines and the steel plants of Cape Breton needed workers, and many of the bosses were not averse to taking Black labour (Calliste, 1993). In fact, industry executives had the belief that because Black men had dark skin they could withstand the heat emanating from the coke ovens of the steel plants (Calliste, 1993). As a result, a few hundred Black men from the Caribbean and the United States were recruited to work in these industries in Cape Breton between 1880 and 1940 (Calliste, 1993). Their female partners (wives) came with or followed them. Thus began another phase of Black migration to Nova Scotia and the building of Black communities.

As Canada embarked on "peopling the West," persons of African descent were "deemed unsuitable" for migration to Canada by provincial and federal politicians, and members of the business elite (Mathieu, 2010). From Nova Scotia to British Columbia, voices were raised about Black migration to Canada. In the early 20th century, as African Americans heard about good farming land in the Canadian Prairies, and the desire of the government was "sturdy farmers," they left Oklahoma and other Plains states in order to emigrate to Canada (Mathieu, 2010). However, hundreds were turned back at the border at Manitoba. The medical officer at Emerson, Manitoba, for example, stated that Blacks were not accustomed to cold, harsh winters, and

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denied them entry as a result of this belief. (Krauter & Davis, 1978). The Canadian government further embarked on a campaign in the United States to discourage African Americans from migrating to Canada (Mathieu, 2010).

However, a few hundred Black immigrants did make it to the Edmonton region. But not before the Edmonton Board of Trade, and the Imperial Order of the Daughters of Empire, circulated a petition calling on the federal government (then called the Dominion Government) to stop Black migration to the West, and to deport the Blacks who had made it to Alberta (Mathieu, 2010). The hysteria against Black migration to Canada, resulted in the Laurier government in 1910 passing an order-in-council banning Black or "Negro" migration to Canada (Mathieu, 2010). Though other racialized groups like the Chinese and Indians or South Asians, faced discriminatory immigration policies, it was the first time that the federal government passed a restrictive immigration legislation aimed at a specific racialized ethnic group (Mathieu, 2010). However, there are always exceptions to the "White only" rule. Between 1910 and 1945 there was limited immigration of Blacks to Canada, however, as white's financial situation increased, so did their desire to have Black servants.

The post Second World War era ushered in an economic boom. Mainstream Canadian households with excess income could now afford household help. The demand exceeded the supply. This resulted in the Canadian government instituting the Domestic Scheme (Calliste, 1989; Silvera, 1989). Under this initiative hundreds of Black Caribbean women were allowed into Canada to work as domestics in affluent white households (Calliste, 1989; Silvera, 1989). These women had to be single and could not have had children. Their status was to be that of worker, not immigrant with permanent resident status (Calliste, 1989; Silvera, 1989). Not only

was this specific immigration policy racialized, it was also gendered (Calliste, 1989; Silvera, 1989).

Canada's "White Only" immigration policy would continue until 1962, when the Diefenbaker government liberalized the immigration laws by removing the racist "White Only" policy (Sheppard, 1997; Mathieu, 2010). If the government of Canada, pursued racist immigration policies in order to deny Blacks entry to the country, it begs the question of what then was the plight of the Indigenous Blacks already living in Canada, in a province such as Nova Scotia. The simply answer is that African Nova Scotians faced and lived lives of segregation in almost all aspects of their lives—health care, education, public services, and employment training and opportunities. In short, they experienced social and economic disadvantage (Brand, 1991).

Segregation itself was also residential and thus resulted in the development of forty-eight distinct geographic Black communities throughout the province[4]. Communities such as Beechville, Birchtown, Cherry Brooke/Lakeloon, North Preston, Shelburne, and Whitney Pier, to name a few (WADE, 2000). Although they lived in small, organized communities Blacks did not receive equitable employment, health care, education or opportunities for advancement (Frost-Smardz, 2007; Whitfield, 2006). These new settlers endured many hardships, including myriad broken promises of land grants, employment, food and provisions.

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[4] The following is a list of the 48 historical African Nova Scotian communities that were settled: Acaciaville, Africville, Aldershot, Amherst, Antigonish, Beechville, Birchtown, Cambridge, Cherry Brook, Cobequid Road, Conway, Danvers, Dartmouth, Digby, East Preston, Gibson Woods, Glace Bay, Granville Ferry, Greenville, Halifax, Hammonds Plains, Hassett, Inglewood, Jordantown, Kentville, Lake Loon, LeQuille, Lincolnville, Liverpool, Lucasville, Maroon Hill, Middleton, Monastery, Mulgrave, New Glasgow, New Waterford, North Preston, Shelburne, Southville, Springhill, Sunnyville, Sydney, Three Miles Plains, Trenton, Truro, Upper Big Tracadie, Weymouth Falls, Yarmouth Town (Office of African Nova Scotian Affairs, 2015).

Despite their strength and resiliency, they experienced a racism that persists to this day. Indeed, segregation and discrimination permeate many facets of their lives. As mentioned, these hardships forced some Black settlers to board one of the fifteen ships sailing from the shores of Nova Scotia en route to Freetown Sierra Leone, in West Africa, on January 15th, 1792 (Walker, 1976). Many descendants of Sierra Leone's Creole ethnic group, now living in Nova Scotia, are descendants of these early African Nova Scotian settlers.

Thus many Indigenous African Nova Scotians today have a family history that dates back more than 300 years. Individuals have either been born in Nova Scotia or are descended from parent(s) who are three-or-more-generation African Nova Scotian. African Nova Scotians are the largest (20,790) racially visible group in Nova Scotia. In 2011, they constituted almost half of the province's total racially visible population of 2.3% (National Household Survey, 2011). African Nova Scotians, born in Nova Scotia constitute 80.7% of the racially visible Black population and of that percentage, 77.7% are three-or-more generations Nova Scotians, while, 6.7% were born in other provinces and territories (Office of African Nova Scotian Affairs, 2015).

In this dissertation, the term 'Indigenous African Nova Scotian' is used to describe individuals from the historical African Nova Scotian communities. 'African Canadian' is used for individuals who were born in Canada or are living in other provinces. The term 'African American' is used to identify anyone born in or connected to the United States. 'African' is used to define those who were born on the continent of Africa in one of the many countries, and 'Caribbean' defines those who were born in a Caribbean country. When referring collectively to the women in the study, I will use the term women of African ancestry or African Nova Scotian women, meaning individuals who are identified as being Black or of African ancestry, living in

Nova Scotia. The study cohort consists of women from the African diaspora[5] who are from different places around the world and are now living in Nova Scotia. Further, when reference is made in the dissertation to a person or group of people who are of African ancestry and Black the terms 'African ancestry' and/or 'Black' may be used interchangeably.

1.1 African Nova Scotian Women

There is on-going scholarly interest in the unique experiences of African Nova Scotian women and their realities of resistance and survival (Beagan & Etowa, 2011; Enang, 1999; Este & Bernard, 2006; Etwoa et al., 2007a, b, c; Etowa, 2005)[6]. Many have grown up with the oral tradition of stories being told to them about strong African Nova Scotian women, such as Rose Fortune (the first Black police woman in Nova Scotia); and Viola Desmond (a Black hair dresser) who refused to be removed from the white section of a movie theatre to the Blacks-only seating section in the balcony, and went to prison because of it. More recent are the stories of the late Daurene Lewis (the first Black female mayor in Canada and a descendant of Rose Fortune); Corrine Sparks (the first Black female judge in Canada); and others whose struggle of resistance and survival have not been told. Through the oral traditions of storytelling, spoken word, poetry, film, vignettes, song, gospel music and a strong connection to the Church, African Nova Scotians have shared their history, but there is limited empirical research that examines the day-to-day lived experience of African Nova Scotian women or women of African ancestry living in Nova Scotia.

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[5] The diaspora refers to people of African ancestry who are now dispersed and living in different parts of the world such as: Nova Scotia, Canada, England, countries in the Caribbean, countries in Africa, and the United States but are collectively part of the African Diaspora.

[6] There are very few researchers that are writing about African Nova Scotian women or women of African ancestry living in Nova Scotia, therefore there are a limited number of references to research about women of African ancestry living in Nova Scotia.

Existing research on the marginalization of Black women indicates that this population is more likely to live in poverty, and experience homelessness and disparities in health, than their white counterparts (Utsey, et al., 2007, Williams & Sternthal, 2010). Researchers have studied the disparities of health based on race, ethnicity, gender, and class (see Canadian Nurses Association, 2005; Denton & Walters, 1999; Dunn & Dyck, 2000; Frank & Mustard, 1995, Kinnon, 1999; Lillie-Blanton & Laveist, 1996; Sarto, 2005, Utsey, et al., 2007; WHO, 2001).

Previous research, in Nova Scotia, has examined Black nurses in the health care system (Etowa, 2005), the childbirth experiences of African Nova Scotian women (Enang, 1999), older African Nova Scotian women and menopause (Etowa et al., 2005), and racism, violence and the health of African Canadians in Calgary, Toronto, and Halifax (James et al., 2010). However, there is limited scholarship that captures and explores the effects of racism in-depth in relation to the health and well-being of women of African ancestry living in Nova Scotia.

1.2 The Dissertation

As a research assistant, I was involved in the Racism Violence and Health Project between 2003 to its conclusion in 2008. My involvement dates back prior to the start of my PhD. The RVH Project, a study investigating African Canadian experiences of the intersection of race, violence and health, was a five-year action research project, funded by Canadian Institutes of Health Research: Institute of Gender and Health. Data was collected in Halifax, Nova Scotia, Calgary, Alberta and Toronto, Ontario from 2003-2008 (Racism Violence and Health Project, n.d.). I took part in the collection and analysis of the Halifax, Nova Scotia data. Upon completion of the data collection I became a Community Advisory Member to the study. As the Nova Scotia data was not fully explored by the study investigators, an opportunity was presented to pursue

my interest in exploring more fully the experiences and effects of racism for women leaders of African ancestry living in Nova Scotia. I sought and received permission to use the data.

1.2.1 Rationale for the Study

There is a paucity of research on African Nova Scotian women, and on women community leaders[7]. Although the qualitative data from the RVH Project has been analyzed as a whole to contribute to empirical findings and knowledge of African Canadians, as stated above, an in-depth exploration of the interviews from women community leaders of African ancestry living in Nova Scotia has not been conducted.

In addition, as an African Nova Scotian woman I was interested in developing and exploring a deeper understanding of the experiences and effects of racism for women of African ancestry in Nova Scotia. The RVH data identified forty community leaders, which included a subset of twenty women of African ancestry. As an African Nova Scotian woman, I felt a responsibility to contribute to the body of research examining racism and health and well-being in Nova Scotia, Canada, relevant to people of African ancestry.

1.2.2 Research Statement

In this research, I explore the experiences and effects of racism on the health and well-being of women community leaders of African ancestry. An exploratory study's purpose is to explore the data unencumbered by a priori research questions which would give direction to the emerging analysis (Streb, 2010). Racism impacts all aspects of an individuals' life, including health and well-being, educational opportunities and occupational options (Bernard, 2004). I

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[7] I use the term women community leaders of African ancestry, hereafter termed women leaders, as these women are leaders in the collective community of people of African ancestry, as well as leaders in the broader community. I do not want to minimize their leadership to just people of African ancestry. The women play influential leadership roles in their day to day interactions with others regardless of race, ethnicity, gender, class and sexual orientation.

expected the women interviewed might discuss these. Within these multiple areas affected by racism I chose to specifically explore the effects on health and well-being. Since I was interested in analysing the interview transcripts of women, I wondered whether the women would speak of any gendered aspects of racism or its effects and remained open to that possibility. Therefore, a gender exploration is built in to this research although it may not be as explicit. In addition, I was interested in any practices the women community leaders of African ancestry were using to minimise or move beyond the effects of racism. As stated previously, my specific objectives then, within the fluidity of an exploratory study, were to 1) explore the lived experiences of racism for women leaders of African ancestry living in Nova Scotia; 2) examine the effects, particularly on health and well-being, of racism on women leaders of African ancestry; and 3) present recommendations to improve their everyday lives.

1.2.3 Scope of the Research

Although the scope of this study was limited to twenty interviews collected for another study, the use of grounded theory methods and theoretical sampling techniques permitted more extensive reach than might be inferred by this limitation. Through in-depth analysis of the transcripts, and the use of grounded theory, I was able to develop a deeper understanding of the women's experiences of racism through a storyline of surviving. In the original study, recruitment of participants followed purposive sampling techniques. That is, people of African ancestry who were living in Nova Scotia and had varied experience with racism through their employment and community roles were recruited to the study to participate in the in-depth qualitative interviews. In the use of this data as a secondary source, concepts emerging from the analysis of two interviews were followed by purposively selecting the interviews to analyze next. The next interviews were examined based on there being a high likelihood of those concepts

being present to support the storyline that was developing. The fact that I was involved in the collection of data on the original study was an advantage in this process. Full detail of how theoretical sampling and saturation was achieved are outlined in Chapter four.

The reach of any qualitative research is, of course, limited by the data set being analyzed. In this research, the findings apply only to the twenty women community leaders of African ancestry living in Nova Scotia. However, other researchers may transfer the findings to other studies with similar contexts. As required for the transferability of study conclusions to other studies, the findings that emerged in this dissertation are rich and grounded in context, the demographics of study participants are thoroughly detailed, and the research sufficiently detailed so as to be replicated with other participant groups (Ulin, Robinson, & Tolley, 2005).

1.2.4 The Significance of the Study

This dissertation is of significance for a number of reasons. First, it will contribute to a growing, although still scant, body of knowledge about African Nova Scotian women, as demonstrated in the literature review chapter. When reviewing the literature that informs this research project, I found evident gaps in relation to both experiences of racism and its effect on the health and well-being of women of African ancestry. Second, the analysis departs from the a priori thematic approach, used in the original research, expanding upon and adding to those findings using an exploratory approach with a grounded theory analysis. Emergent categories and concepts are fully grounded in the data, from which new research questions and hypotheses can be constructed for future research. Third, the research will inform policy and practice.

Practices for addressing and moving beyond the lived experience of everyday racism and its effects were discussed by the study participants, and together with recommendations for policy, both health and education, will be outlined. The findings of this research can be used by

people of African ancestry, health practitioners, and health policy makers to improve the health and well-being of people of African ancestry. It will provide new information about the effects of racism and ways in which some women leaders of African ancestry are surviving racism.

1.2.5 Theoretical Lens

In the original RVH research project, Critical Race Theory, Afrocentrism and Anti-Racism theories were used. My interest for this dissertation was to focus on the experience, and the effects of racism on the health and well-being of women of African ancestry living in Nova Scotia. Of the three theories used in the original study, it was Critical Race Theory that centered race and racism. I added Black Feminist Thought for its focus on the experiences of Black women. These two theories permitted me to pursue my research questions. I used both as a lens in developing the objectives for this research, reading, and analyzing the interviews.

Critical Race Theory centers race and racism and recognizes them as endemic in North America. Addressing the experiences of people of African ancestry, Critical Race Theory provides a critique of liberalism, including such liberal notions as colour blindness, meritocracy and neutrality; challenges ahistoricism, i.e. the exclusion of the history of people of African ancestry and their contributions to society; and argues that white people will support changes in systems as long as they benefit from them and do not lose any of their social, political or economic power (Delgado & Stefancic, 2001, 2012; Gillborn, 2006, 2009; Ladson-Billings, 1998, 2000; Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2002, 2009).

In the exploration of racism on health and well-being, women's voices and lived experiences with racism, and its effects, resonate. While a focus on Black women's lived experiences is critical in both understanding and challenging their oppression, it is important that

we not assume there is only one Black woman's experience. African Nova Scotian women may be Caribbean, American, born on the continent of Africa, or third-to-eighth generation African Nova Scotian. I acknowledge the complexity of Black women's experiences based on multiple social locations and pay attention to the differences and similarities among different social groups. Black Feminist Thought provides the tool to do so.

Black Feminist Thought has challenged the masculine bias in studies of Black experiences and the 'race' bias in feminist theory (Bernard, 1996). Challenging the biases in both traditions (Afrocentric Theory and Feminist Theory), Collins (1990) argues, "The struggle for an Afrocentric feminist consciousness requires embracing both an Afrocentric world view and a feminist sensibility, and using both to forge a self-defined standpoint" (p. 28). In developing her argument, Collins (1990, 2000a) examines the impact of the various intersecting oppressions and the pressure of sexual politics Black women endure. She further reasons that a framework is needed that emphasises and conceptualizes the links between race, class and gender as systems of oppression (Collins, 1990, 2000a).

Black Feminist Thought and Critical Race Theory are used in this research to investigate and acknowledge the historic, economic and social disparities that exist for Black women and in doing so acknowledge and draw attention to the lived experiences of racism for Black women. This research clearly explores the effects of racism on the health and well-being of women of African ancestry living in Nova Scotia. Black Feminist Thought and Critical Race Theory are ideal frameworks for this research.

1.3 Location of Self in the Research

This dissertation is the juncture of a number of different strands, both personal and professional. The topic reflects my own personal lived experiences of race, gender, and class

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discrimination. I am an eighth-generation African Nova Scotian woman (See Appendix A) who is a descendant of two historical African Nova Scotian communities: Beechville my father's birthplace, and Cherry Brook where my mother was born. I have many family members and friends who have been victimized because of their race, gender, class and sexual orientation. I presently teach in the School of Health and Human Performance at Dalhousie University, in Nova Scotia. One of my primary professional goals is to educate about race discrimination and other forms of oppression, and their effects, on individual health and well-being.

The opportunity as a research assistant and later an advisory member of the Racism, Violence and Health Project provided a platform for becoming further exposed in a more systematic way to the experience of women community leaders of African ancestry. During the original RVH research I was a facilitator of three of the Black community forums in Halifax, Nova Scotia, that examined racism, violence and health in the Black community, organized by the RVH project, my interest in exploring this critical topic was heightened. The chance to witness and hear the anguish and suffering of many of the participants– men, women and youth– dealing with racism in Nova Scotia left me with an indescribable pain. Each experience resonated something I could connect to and that spoke to the lack of services available to support racist victimization and oppression. Services that could help individuals in "healing" from the pain of racism.

In the Racism Violence and Health project community forums it became apparent from sharing, speaking with and listening to Blacks in the diaspora and others connected to the Black family that many continue to face experiences of racism and, consequently suffer emotionally, physically, and mentally. Many feel helpless and alone, due to the limited services available to address this need. As a woman of African ancestry living in Nova Scotia, I can speak about my

personal, lived experiences of racism. Taking care to ensure my experience does not dominate the research, I will not only present the lived experiences and voices of women community leaders of African ancestry, but will include my voice, separately as reflections as I listen to their experiences. Reflective memos were used to not confuse my experience and voice with the experiences and voices of the women.

1.4 Organization of the Thesis

I have begun this chapter with a very brief history of people of African ancestry living in Nova Scotia and an explanation of the various terms that will be used in this dissertation. I present the number of waves of migrations to this province and migrants' perseverance and determination to survive including the plight of women of African ancestry living in Nova Scotia. I introduce the dissertation, including the rationale, scope and significance of the research, and provide a preview of theories used to examine the data.

In chapter two, I review the related literature and argue for the need for more research that explores race and racism in relation to health and well-being, particularly to African Nova Scotian and African Canadian women. In chapter three, I present an in-depth discussion of Critical Race Theory and Black Feminist Thought in relation to this research. In chapter four, I describe the data and the use of Grounded Theory methodology as developed by Charmaz (2006) and Strauss and Corbin (1990). I outline the process of concept and category emergence, and locate the storyline or main category through which all other concepts and categories are narrated. In chapter five the research findings present the lived experiences of the women in this study. This chapter also presents a detailed examination of the central emerging concepts of the study and how they contribute to a greater understanding of health and wellness among Black women in Nova Scotia. The challenges women faced, how they dealt with them on a daily basis

and the tools they used to survive are also presented in this chapter. Using a storyline-surviving (Grounded Theory) and counter-stories[8] (Critical Race Theory and Black Feminist Thought) the women's experiences are shared. Chapter six provides a discussion of recommendations for policy and interventions. Finally, chapter seven, the conclusion argues for the need for more research that analyses the disparities that exist in health-care delivery that are due, predominately, to discrimination based primarily on race, and secondarily on gender and class. Although this chapter also discusses the limitations of the research, this investigation will show that racism has a negative impact on people's health and well-being. The evidence is in the women's stories.

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[8] Counter-stories for the purpose of this research are stories told by non-white populations that refute or challenge stories told by the dominant white, patriarchal discourse. The stories shared by the women are of survival-the women do not see themselves as victims but as people of strength and resiliency. It's a positive story that provides an idea of what happened in the past, where they are presently and how they are moving forward.

Chapter 2: Literature Review

There is much literature that provides both a theoretical and empirical backdrop for this research. Topics covered range from the social construction of racism, to Critical Race Theory, Black Feminist Thought, intersectionality, the limits of essentialism, and the need for public policy[9] as it relates to the issue of racism, Black women and health outcomes. A number of bibliographic databases were searched. They include: PubMed (National Centre for Biotechnology Information, n.d.), Ebsco (EBSCOhost, n.d.), ProQuest (ProQuest, n.d.), and Cinahl[10] (EBSCOhealth, n.d). It is notable that when using the search terms Race/ism, oppression, discrimination, women, woman, womyn, health and wellbeing, Black/African, Canada (and the provinces and territories independently), only identified 98 references. They included newspaper articles, magazine articles, peer reviewed articles, books or dissertations. In a closer examination, of these 98 references, I noted that fifteen were newspaper and magazine articles, seventeen were peer reviewed articles with references to the U.S., twenty-six were thesis/dissertations based on U.S. research, and thirty-seven were peer reviewed articles with reference to Canada. Of the thirty-seven, peer-review articles that made references to Canada, five made references to Nova Scotia, and three were thesis/dissertations based on Canadian research.

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[9] This dissertation looks at race and gender as social determinants of health for women of African ancestry, recognizing the impact of racism and gender oppression on the health status of this population. Raphael (2004, 2009) outlines the impact of the social determinants of health, which encompass the economic, social and personal consequences on the individual and their family if their basic health needs are not met.

[10] PubMed is health (biomedical, health, life sciences, behavioral sciences, chemical sciences and bioengineering) database that comprises over 24 million references from science journals and online books. Ebsco provides access to many databases such as: Academic Search Premier, History and Life, Gender Studies. ProQuest provides access to databases such as: Canadian Periodicals Research Index, Design and Applied Arts Index, and Linguistic and Language Behavior Abstracts, and CINAHL provides a collection of full text, peer reviewed articles for nursing and allied health professions found in more than 610 journals.

The literature on the experiences of African Canadian women continues to grow, but there is limited Canadian literature that is specific to the "everyday"[11] experiences of African Nova Scotian women. In particular, little research has been conducted by or about Black women, in relation to their health and well-being (Beagan & Etowa, 2009; Etowa, Keddy, Egbeyemi & Eghan, 2007a; Etowa, Bernard, Oyinsan, & Clow, 2007b; Etowa, Wiens, Bernard & Clow, 2007c; Flynn, 2008; Henry, 1993; Jackson & Naidoo, 2012; Small & Thornhill, 2008).

Research has been conducted and continues to be explored in other parts of Canada that examines the lived experience of women of African ancestry in the Diaspora. This research includes areas such as the social determinants of health (Dunn & Dyck, 2000), Black/White racial disparities and inequities in health (Hankivsky, 2011; Lebrun & Laveist, 2011), racial identities, race, gender, class etc. (Black & Veenestra, 2011; Veenestra & Patteson, 2015; Veenestra, 2009, 2011a, b), and an examination of how Black women manage depression, anxiety and stress (Jackson, n.d). Although there is an increase in research across Canada that can contribute to this research, there is limited research specific to the African Nova Scotian lived experience of racism.

Henry (1993) and Mullings (2004) state that people of African ancestry in Canada, from academic and other backgrounds, have been speaking out for many years, but their voices have been pushed to the margins. They also note that scholars of African ancestry, who are doing research in Canada, are not often read or cited. In fact, scholars tend to emphasize the research of Euro/Anglo-Canadians, British or white Americans (Henry, 1993; Mullings, 2004). The

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[11] For this dissertation everyday racism is used based on Essed (1991) definition in which "everyday" references the various systems (education, health, law, social services, government institutions etc.) that people of African ancestry use and their exposure to negative macro and micro aggressions of racism and the accumulated effect of this exposure on them.

Euro/Anglo scholarship is often dominant and is treated subsequently as normative. As African scholars work is not seen as normative they struggle to have their work seen as legitimate. Etowa et al. (2007a, b, c), states the importance of having research and data that is relevant to Canada and the Canadian experience. In this way, comparisons could be made to other countries.

I used the same bibliographic databases and search terms (race/ism, oppression, discrimination, women, woman, womyn, health and wellbeing, Black/African) literature for the United States as I did for the Canadian literature. In doing so, I found more than 400,000 U.S. newspaper and peer-reviewed articles, books and dissertation, an absolute and comparative wealth of research. The extensive literature in the U.S. that examines the experiences of African American women is astounding. I referenced the literature from the United States, but my interest was primarily in how women of African ancestry, who are living in Nova Scotia, are surviving racism. I use the American literature to make comparisons and contrasts to what is taking place in Nova Scotia in relation to race, racism and health and well-being for women of African ancestry. Consistently the United States is actively engaged in population public health research that tracks statistics based on race, ethnicity and gender; Canada is premature in this area.

In this chapter, I introduce the social construction of race as defined in the literature reviewed. I also present a discussion of the everyday experiences of racism and gender oppression of African Canadians and African Nova Scotian in general. Further, I present an exploration on how these factors impact the health of African Canadian and African Nova Scotian women. Finally I present the strategies used by Black women when they are faced with everyday experiences of racism.

As indicated I tried to primarily draw on African Canadian literature. However, some of the African Canadian literature reviewed, depended on African American literature and research to support their findings as a result of the limited research in Canada relevant to people of African ancestry. Most of the research examining racism and health is American (Brondolo et al., 2008; Byng, 2012; Collins & Williams, 1999; Williams, 2012; Wyatt et al., 2003). This does not mean it has no relevance for African Canadians. Though there are similarities and differences between African Canadians and African Americans it is still important to determine where Canadian research differs and therefore to conduct Canadian research that pertains to people of African ancestry. I referred to the African American literature as it related to this research. I used work by Bernard (2000); Crawley (1998); Etowa, et al. (2007a,b,c) and other Canadian/Nova Scotian researchers, as I want to emphasize that the literature available in Canada is limited, that it is, therefore important to conduct more research from a Canadian/Nova Scotian perspective. In order to improve the health care system for Black Canadians and Black Nova Scotians, it is important to understand their experiences. I was and remain particularly interested in the health and well-being of women of African ancestry who are living in Nova Scotia and how they are surviving racism. This is an area in the Canadian health care system that is under studied.

When I reference a person or group of people who are African Nova Scotian, I refer to individuals who have a historical connection to the forty-eight African Nova Scotian communities in this province. When I reference a person or group of people who are African American or African Canadian, I will identify them as being born in or connected to either the United States or Canada. If another country or continent of origin is specified, such as the Caribbean or Africa, this will be indicated. Regardless of the place of origin of people of African ancestry, they are categorized based on the way they are classified by "others." It is important to

present the statistics of people of African ancestry as they are not one homogenous group. That is, each group has different experiences with and understandings of racism and discrimination in Nova Scotia and Canada.

2.1 Definition and Social Construction of Race

The U.S. Census lists four distinct races American Indian or Alaskan Native, Asian or Pacific Islander, Black and white. But it, also integrates ethnicity into categories, such as Jewish or Hispanic (MacKay & de la Puente, 1996; Root, 2000). Taylor (2013) stresses the importance of distinguishing between ethnicity and race. He points out that ethnicity is primarily about shared cultural characteristics and blood lines, whereas race is more about appearance and ancestry (Taylor, 2013). The Census of Canada categorizes race/ethnicity under many groups. Some are strictly according to race, others are according to the country of origin of the racial group: Aboriginal (North American Indian, Metis, Inuit (Eskimo), South Asian, Chinese, Black, Filipino, Latin American, Arabic, Southeast Asian, West Asian, Korean, Japanese, multiple visible minority, and visible minority not included elsewhere (Statistic Canada, 2006).

It is important to note that in Canada, Black is not broken into other categories, such as Continental African (specific countries), Caribbean (specific Islands), and African Canadian (specific provinces or origins)[12]. Rather, all Blacks are categorized under one group. The National Household Survey breaks some country origins into more detail, but this is still limited. Yet their experiences of Blacks within the Canadian context differ, depending on their historical connection to this country. The categorizations in the Census of Canada further demonstrates how complicated and socially constructed race is.

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[12] Census Canada in using the category of Black does not distinguish between the differences and experiences of people of African ancestry living in Canada or Nova Scotia. Blacks are not a homogenous group.

The development of the categorization of humans into racial groups that are based on phenotype and biology dates back as far as the 16th century. In this century, scientists went to a great deal of trouble to argue that race was a biological phenomenon (Byng, 2012; Thompson & Neville, 1999). It must be pointed out that in the 16th century most of the renowned scientists were white and male. According to Lopez (1995), during the slave era of the 16th through to the 18th centuries, a newborn child was determined to be either enslaved or free, depending on the status of his or her mother. That is, the maternal line determined the child's status. Despite the raping and plundering, of slaves by white masters, that took place on slave plantations, children born of these rapes were considered Black and slaves. Also, Black women were treated as slave breeders (Bush, 2010; Higginbotham, 1992). Race and freedom were distinguished and determined by phenotype, which included hair texture, skin-tone, and the width of the nose (Lopez, 1995; Thompson & Neville, 1999). These same visible markers are used today to categorize race.

There is limited consistent historical exploration of how the categories of race were developed and how one's race is often seen as influencing the categorization of another's race, or how one race is the race all others are compared and contrasted to. Byng (2012), Lopez (1995), and Root (2000) indicate that, historically, social classifications played a key role in how people were divided, based on skin tone, facial features, cranial size, and hair texture. This classification of race can differ, depending on where people live and how race is defined. The example provided by Root (2000) is that individuals can be Black in the U.S., but considered white in Brazil. Racial formation theory (Omni & Winant, 1994) clearly demonstrates how the construction of race changes, based on politics and the unequal distribution of resources among racial groups.

Root (2000) and Lopez (1995) clearly articulate that the construction of race is not biological but social. Nevertheless, biological reasoning is still attached to race, using biology as the legitimation for the social construction of race. The example Root provides, to further explain this point, is the adoption of children by people of different races. Root (2000) indicated that while adopted children do not inherit the race of their adoptive parents, through socialization processes they are likely to adopt or develop their social norms and cultural practices. Biological children inherit the parents "race" and are often influenced by their parent(s) cultural practices (Root, 2000). Society regulates or disciplines, and attributes value and power based on race, hence making the construction of race real in its effects (Root, 2000). The method that has been used to divide Blacks and whites, particularly in North America, separates race according to both biological and the social interpretation and valuation of these "differences". The so called biological differences are used as a way to create the notion of difference between Black and white people and thus to subsequently accrue value. In using a system of race classification, "social scientists have been able to analyze why, for example, 60% of all female heads of households are Black, while only 18% are white, or that 50% of the prison inmate population is Black and 35% is white" (Root, 2000 p. s629). However, you cannot separate the biological and the social, as they are intertwined.

Byng (2012) is in agreement with Lopez (1995). He points out that the transformation of race from being biologically to socially constructed has political meaning and power attached to it. Certain ethnic and racialized groups can move along the race continuum regardless of their birth ethnic or racial identity, based on the positive or negative social and political influence. Byng (2012) further indicates how racial identities are political commodities that are used to justify the social policy and practices that are directly connected to racialized individuals. The

Census of Canada has been a key player, in this aspect of race, in the manner in which it classifies and allocates resources based on such aspects as race, population growth and geographic locations. Every day, people of African ancestry experience the ramifications of these social definitions.

2.2 Experiences of Everyday Racism

Racism has been defined in many ways. Defining racism is important to the development of effective practices and policies to deal with it. Miles (1989) definition of racism is useful for understanding the "everyday racism," that is based on phenotypes, which is the conceived superiority of one sociocultural group over another. Fredrickson (2002) and Mills (1997) suggest that racism is an ideology that has been informed by political and economic interests and society is a hierarchical construct where certain racial, ethnic or cultural group hold privilege and economic power. "White privilege," refers to the taken for granted privileges that are accorded on a daily basis, to whites simply because of the colour of their skin (McIntosh, 1988). It provides most people who are white with the ability to daily interact within public and social systems that are designed to support them, such as education, justice and health. It means their "whiteness" is invisible. Multiple levels of racism exist. And the various forms of racism, institutional and systemic, are often connected to socioeconomic levels and skin color (Beagan, Etowa & Bernard, 2012; Etowa et al., 2007a,b,c), as dictated by the political and economic power of whites. Despite the intellectual ability, required skills, and need, for Blacks to work, interact, and participate in education, justice, and health care, overt, and covert experiences of racism deters and limits their involvement.

In examining the literature that is relevant to the everyday experiences of racism of African Canadians and African Nova Scotians, I found that scholars, such as Beagan and Etowa

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(2009), Brand (1994), Essed (1991), Jackson and Naidoo (2012), Jones and Shorter-Gooden (2003), Mogadime (2008), indicate the need for ongoing research in this area. Essed (1991) coined the term "everyday racism" to disclose the everyday impact of racism on the lives of Black people in the Netherlands. Although Essed's (1991) research was conducted in the Netherlands, the theoretical insights have been applied to American and Canadian based research. In my study I was particularly interested in how this everyday racism impacts the health and well-being of women of African ancestry living in Nova Scotia. In defining "everyday," Essed (1991) speaks to how individuals interact and relate in the various complex systems in which we daily socialize. Every day, people of African ancestry can be exposed to the negative practices of racism and this accumulates over time. The insidiousness of racism is present in socialized behaviors and attitudes. Indeed, some may not realize they are experiencing racism and dismiss it until someone points it out or until it presents itself through stress and other related illnesses. In Canada, racism is often practiced in a covert manner. For example, an individual may meet and sometimes exceed the requirements for a job, but they may not be granted an interview because of their name or the community in which they live, or someone may apply for a vacant apartment, only to find it rented once they arrive for a viewing. But, it can be difficult to detect or name this type of racism and it is often dismissed (Jackson & Naidoo 2012).

Nevertheless, it is easy for most Blacks to comprehend and articulate the lived experiences of racism. They experience it daily, in many social structures and interactions. How one speaks and to whom depends in part on safety. People themselves may take for granted certain elements that need to be questioned. Research participants in some studies expressed how everyday racism affected them in all aspects of their lives (Beagan, Etowa & Bernard 2012;

Etowa et al., 2007 a, b, c). Some of the participants in a study by Beagan et al. (2012) reported their experiences of racism included being stared at by strangers, being ignored or treated as invisible, and being insulted. Gee, Walsermann, and Brondolo et al. (2012) found that, by the age of three, many children can distinguish between one another based on race; they recognize the differences but do not understand the meaning and politics of race and racism.

Essed (1991) argues that Black people develop an acute awareness of daily and historical racism through the oral tradition of storytelling and other forms of communication within the Black community. They tend to see that skin is different colors among people but they don't attach value or presume one is superior or inferior based on appearance at this time. Gee et al (2012), and Byng (2012) suggest the detrimental effects of daily exposure to discrimination and racial inequity were present as far back as the slave era and have continued on through, segregation, civil rights movements, and the Tuskegee syphilis study[13]. Due to their historical and multigenerational trauma, people of African ancestry are inherently aware of the daily implications of their race (Degruy, 2005). hooks (2003), talks about how Black people experience psychological terrorism when their stories of racism are dismissed or when their protests against racism are silenced.

Racialized individuals are constantly on guard because of their almost daily exposure to racism or because of their heightened awareness of oppression, discrimination, and the potential for violence and imprisonment. This continuous awareness creates perpetual tension in individuals. Hall and Fields (2012, 2013), Pierce (1995), and Sue et al., (2008) describes these everyday experiences as micro-aggression. Micro-aggression is defined as small acts of covert

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[13] Tuskegee syphilis study took place from 1932-1972 when doctors, other health care practitioners and public officials did not allow 399 Black men in Alabama, treatment or access to doctors that could have cured them of syphilis. Many men died painful deaths, became permanently blind, mentally ill and some passed the disease onto their children. The men did not know they were part of an "experiment" Brandt (1978).

and/or overt racism. If an individual experiences this type of racism daily, it slowly takes its toll on them (Hall & Fields, 2012, 2013; Pierce, 1995; Sue et al., 2008). Beagan and Etowa (2009) argue that economically privileged, heterosexual white men seldom experience daily exposure to racism or discrimination, which include feeling unwelcomed, ignored, or insulted. Yet, Blacks are always vigilant about how their behaviors and actions may be interpreted (Mullings & Mullings-Lewis, 2013).

This form of hyper-vigilance has detrimental effects on people of African ancestry. The body and mind is never at rest when it is in a hyper-vigilant state. Although a singular experience may appear to be miniscule, a build-up of negative experiences can have an injurious effect. Everyday racism becomes tormenting; it wears people down. By some this defeat may then be manifested in depression, hypertension, high blood pressure, over eating, and other negative impacts. hooks (2003) indicates how daily exposure to racism can result in psychological implosion. The response to micro-aggression may even manifest itself in excessive physical activities (working out) that can be harmful.

Essed (1991) and Byng (2012) argue that micro inequalities are specific practices that are used in conjunction with the macro structures of inequality. Inequality at the micro level is where individuals learn about racism and begin to discriminate against others or experience discrimination because of their perceived differences: the colour of their skin or the texture of their hair. In reference to racism, Byng (2012) summarizes micro structures as being where we see "which race identities are valorized and which races are denigrated" (p. 709). Everyday racism is often experienced not only on an individual level, but also on an institutional or macro level. It is evident in every day social institutions or systems such as education, justice and

health. In examining racism, Essed (1991) and Byng (2012) indicate the relevancy of being aware of how the macro (structural) and micro inequities interact within social "systems."

Byng discusses another level of racism–the meso-social level. This refers to the use of public discourse and social media to perpetuate taken-for-granted normative assumptions of images and discursive content in order to create ideas of truth about Black people (Byng, 2012). It is in these social systems that the meso-social level exists (Byng, 2012). This form of communication can be precarious as there is seldom a filter or "other storying" to refute the images or messages.

Macro inequalities, as defined by Essed (1991) and Byng (2012), refer to the structural inequalities that exist and have been repeatedly practiced over a long period of time. These inequalities exist in the legislation and policy development that have a daily impact on people of African ancestry and on other ethnic groups. These inequalities also affect the lives of women, low income communities, and lesbian, gay, bisexual, transgender, queer, and other marginalized populations. The Japanese internment camps are an example of the macro inequalities presented by Byng (2012). Yet another example is seen in the changes in the requirements for visa applications, after September 11, 2001. For some populations, oppressive segregation laws still existed even into the 1990's. These included mandated residential schools for Aboriginals or segregated schools for Blacks in the United States, Canada and Nova Scotia. Also, there has been a history of patriarchy that has determined the manner in which women were treated if they did not conform to the "gender norm" (Butler, 1988).

The macro, micro and meso inequalities that exist are, in part, the results of misuses of the power that is often placed in the hands of dominant white groups. This is not to say that all white people exert power over Black people. But white economically privileged men control

many of the existing systems and, therefore, the prevalence of systemic racism is often perpetuated, knowingly or unknowingly. Essed (1991) cautions about the integration of a power gained because of one's biological and cultural attributes. She asserts that this type of power, when exerted through everyday practices, can have a psychological impact on people of African ancestry. In other words in a racist society there is no neutral interpretation. In this way the so called biological differences are always interpreted socially. Just as the body in general always is. Matsuda et al. (1993) states that, in examining the origins of racism, critical race methodology argues that racism is often well disguised in the rhetoric of shared "normative" values and "neutral" principles and practices. Critical Race Theorists (Crenshaw, 2010; Delgado & Stefancic, 2001, 2012; Trevino et al., 2008) argue that by not acknowledging race and racism as being connected to skin colour, "colour blind" racism and post racialism continues to create oppressive living conditions for people of colour. Crenshaw (1995) extends Critical Race Theory to include the intersectionality of gender and race and, thus recognizes that women's experiences of race and racism can differ from those of men.

2.3 Gendered-Racism

Gender is a complex term. It is often mistakenly used interchangeably with sex, but both have very different meanings. Researchers Alex, Wiklund, Lundman, Christianson and Hammerstrom (2012) facilitated a medical faculty focus group to discuss the dichotomous view of sex and gender. The results of the discussion did not arrive at a simple operational definition of the two concepts; rather, it reiterated the complexity of sex and gender. The concept of sex was discussed in terms of "sex as biology, sex as classification, sex as fluid and changeable" (Alex et al., 2012 p. 3). The concept of gender was discussed as "gender as a multiplicity of power-related constructions, sex and gender as interwoven" (Alex et al., 2012 p.4). In addition,

gender and sex are historically and culturally specific and are also connected to the meanings and values of social relation. The conclusion of the study is that if sex and gender are not accurately defined or used, this can create confusion and misinterpretation of the "facts" and realities around gender and sex terms (Alex et al., 2012).

Fausto-Sterling (2005) provide a definition of gender and sex that maintains that gender is socially constructed. She notes that many of the attributes that are assigned to "males" and "females" are ascribed by society and include behaviors, values and relative power. She further states that sex refers to biological characteristics, such as body size and shape, genitalia or role in terms of reproductive capacity. Many researchers (Alcoff, 2000; Fausto-Sterling, 1992; Collins, 1990, 2000a, 2013; Juster & Lupien, n.d; Krieger, 2001) stress that for a more comprehensive understanding of the depth of sex and gender it is important to examine the intersection of gender with other social identities, including those based on i.e. race, culture, education, power inequities, biology and social environments. Butler (1999) notes there is a resistance to acknowledging the difficulty in determining a simplistic definition of gender. She presents numerous ways in which gender is fluid and, changeable, and she challenges the social codes for masculinity and femininity (Butler, 1999).

Diaz-Granados and Stewart (2007), draw attention to the importance of applying a sex-and-gender lens to health research. Identifying these gaps can improve health research and reduce the inequities that currently exist within health policies and systems. This is equally important when gender intersects with other social inequities, such as race, ability, and income. Individual experiences are shaped in the context of the opportunities in society or the lack thereof. In examining gender oppression for African Canadian and African Nova Scotian women, it is necessary to consider other factors, such as historical era, place, education,

community, power and privilege or the lack thereof that exist within individual situations. Henry (1993) argues that the complexity of Black women's lives is rarely examined in relation to resistance and power or to the ways they have power. When Black women became involved with the broader women's movement, the Black women brought an incisive analysis that included both race and gender to the struggle against patriarchy. However, Black women did not want to be seen as victims, nor did they see themselves as such, rather they were survivors (Collins, 1990). Mullings (2004) indicates that current feminist research does not effectively serve women who fall outside of "white Canadian mainstream reality" (p.137). I would argue there has been some advancement in this area, as there are key areas of interest that affect all women such as reproductive and childcare rights, violence against women, poverty, and others.

Women of African ancestry within North America still find that they are not valued as much as Black men are (Cooper, 2000; Crawford, 2007; Massaquoi 2007). Black women continue to struggle to have their contributions validated. They still face challenges based on their race, gender and stereotypes such as the "Hottentot Venus" exhibit of Saartjie Baartman, an African woman whose body parts were put on display to sexualize African women, and the "mammy", and "jezebel" roles assigned to them (Collins, 1990, 2000a; Mogadime, 2008). Collins (2000a, b) and hooks (1981, 1988, 1989, 1993) argue that African American women often face undue pressure "to keep it together" for the sake of their communities and families, as they are often the primary caregiver in households. Existing research on the marginalization of Black women confirms that Black women are more likely to live in poverty or to experience homelessness and loss of employment than white women (Utsey, et al., 2007).

The complexities of the intersectionality, of being Black and female, often challenge how Black women are perceived and received. Black women continue to fight the negative

representations of being "loud," "dominating," and dependent on welfare or social services (Henry, 1993). Crawford (2007) points out how Black women are often asked to self-identify according to either their race or their gender: "which side are you on?" They are placed in an untenable position of being asked to choose. Regardless of the choice, they may be treated suspiciously. Black feminists recognize that, sometimes, Black women's experiences are similar to those of Black men. Similarly, their experiences sometimes resemble those of white women and sometimes may not resemble those of either group (Collins, 1990, 2000a; Cooper, 2000; hooks, 1984; Mogadime, 2008). Black women are constantly trying to find their identity and to fit into a system(s); one(s) that does (do) not recognize their race, culture and even gender. Black women face daily assaults on their spirits (Essed, 1991; Williams, 2002). To further understand intersectionality in Black women's lives, it must be examined in the context of their lived experiences and how they perceive themselves as a Black woman or a woman who is Black (Jordan-Zachery, 2007).

hooks (1984, 2000) recognizes the dichotomous position that Black women face and the distinct separation that can exist between Black men and Black women and white women and Black women. Crawford (2007) argues for examining race and gender through a singular lens. She reiterates the complexity of the intersection of Black women's identity and the position they are sometimes placed in, where they must choose gender over race, or race over gender, but not both at the same time. The question still arises as to whether both Black men and white women are willing to take action and share their positions of power and privilege equally with Black women. Black men and white women have specific power that Black women aren't always privy to. Black men have gender power and privilege, and white women have the privilege of race (Crawford, 2007). Black women are in a unique position of living and seeing reality from the

worlds of both race and gender, and sometimes from both the subordinate and dominant matrix (Henry, 1993). hooks (1984) references the ability to look "both from the outside in and the inside out. We focused our attention on the center as well as the margins" (1984, p. ix). Black women tend to understand and navigate these domains, but not without making larger sacrifices.

Another precarious position in which Black women can find themselves in, occurs when they face violence that is perpetuated by Black men (Flynn & Crawford 1998). Flynn and Crawford (1998) found that Black women are reluctant to report any cases of violence committed against them by Black men because of how Black men are unfairly treated in the criminal justice system. Black men are often depicted as being violent, unemployed, pimps, and criminals (Bahdi, 2003; Tanovich, 2004). Further, because of the stereotypes and labels that exist about Black women, they are deterred from reporting violent offences fearing they won't be protected by law enforcement. These feelings of insecurity and denial of protections and opportunities spill over into economic aspects of Black women's lives.

Black women are often unable to secure the requisite higher education or employment that provide economic stability because of racism- and gender-based discrimination they face (Collins, 1994; Mogadime, 2008). Black women and women of African ancestry are forced to be employed in what is known as "days' work" because of these circumstances. In fact, African Nova Scotian, African Canadian and other women of African ancestry, who immigrated to Nova Scotia and other parts of Canada, were often employed as domestic workers, cleaning homes and caring for the children of white middle-to-upper class families (Calliste, 1993; Mullings, 2004). Small and Thornhill (2008) indicate other ways in which Black women were confined to menial labour, such as working in laundries and factories. These positions of economic and social powerlessness, have and continue to make it difficult for women of African ancestry to break

free of these stereotypical roles white society has assigned to them (Carty, 1994; Mullings, 2004; Small & Thornhill, 2008). In Canada, there continues to be an over representation of women of African ancestry in cleaning jobs, clerical positions, hospitality, and entry-level health care positions (Agnew, 1996; Brand, 1994).

Crawford (2007) and Mogadime (2008) acknowledges the effects of the ongoing gendered-racism experienced by women of African ancestry in Canada. Essed (1991) coined the term gendered-racism to identify both racial discrimination and gendered roles. Crawford (2007) further states that Black women must continue to fight against discrimination, oppression and the stereotypes that jeopardize their health and well-being (Crawford, 2007). King (2005), argues that women who are socially excluded based on multiple jeopardy (i.e. Black, woman, LGBTQ, (dis)Abled) may be more vulnerable to oppression and discrimination than white women. She coined the term Ethgender to describe social status based on ethnicity and gender (King, 2005). Etowa et al. (2007a, b, c) builds on other Nova Scotian researchers (Crawley, 1998; Edmonds, 2001; Fraser & Reddick, 1997) and point out that health practitioners and researchers are not in tune with the needs of African Nova Scotian women and their families in terms of health and well-being. Some health practitioners and researchers may use biomedical definitions and models that do not reflect how Black women manage their own health care and, thus, assign particular disease classification to Black women (Etowa et al., 2007c). Health practitioners are encouraged to use a socioecological model that takes into consideration the creative use of community, Church, spirituality, family and extended family in health care.

Through experiences of gender discrimination and racism, women of African ancestry living in North America, develop a unique way of knowing about how to exist within a gendered race society (Collins, 1990, 2000a, 2013; hooks, 1984, 1989, 2000; Mogadime, 2008). Despite

the activist roles many Black women assume, politically, socially and spiritually, within their families and communities, the dominant society dismisses their work as not being political (Collins, 1990; Gilkes, 1988; Mullings, 2004). The experiences and challenges Black women face when subsumed under the general categories of women, visible minorities, women of colour or Black, based on the needs and policies of an organization, can sometimes minimize their situation (Flynn, 2008; Henry, 1993; Mogadime, 2008). For example, employment equity policies may benefit women but not Black women equally (Mogadime, 2008).

Employers who hire white women still meet employment equity guidelines and are seen as equal opportunity agencies. Mogadime (2008) points out differential treatment of white female teachers compared to a Black female teacher who were looking for career advancement in administration. Mogadime (2008), poignantly stated how a white male principal was willing to mentor white female teachers but restricted the advancement of the Black teacher, however, all three women participated in the same principal's course. Some Black women believe they have developed a distinctive ability to not express their fears, weaknesses and insecurities because this would consume them and make them ineffective. Black women feel the need to protect themselves and their families (Mullings & Mullings-Lewis, 2013). Nevertheless, this arguably has negative health implications for them (Davis, 1998; Wallace, 1979).

2.4 The Impact of Racism and Gender Discrimination on Health and Well-being

The social construction of race and gender has relevancy in North America for studying health and well-being. Amaratunga, Stanton, and Clow (2002), the Canadian Nurses Association, (2005), Etowa et al (2007 a, b, c), Williams (2012) and others, explain how race and gender affect a number of health determinants, including income, housing, education, and access to health care. Researchers in the United States cite race as an explanation for illness, incarceration

and socio-economic marginalization. Cooper and Cooper (1986) hypothesize that being Black in the U.S. is stressful, it suppresses the immune system, thus indicating the direct impact of race on the health and well-being of Black individuals. In Canada, by contrast, there is limited tracking of individuals based on race, or ethnicity in health statistics and the Canadian Census. In both countries, there are similarities and difference in experiences of historical racism. For this reason, I believe it is necessary to examine the Canadian and Nova Scotian experience.

Racial categorization in the U.S. has made it possible to examine the differences in the occurrences of many diseases, based on race. This information is relevant when exploring how racism is intricately connected to health and well-being. Lopez (1995) stresses that the construction of race is central in the everyday experiences of people of African ancestry. Seldom do people of colour find absolute reprieve from race and racism in either Canada or the U.S. In the U.S., research has tracked morbidity rates, by certain diseases, by race, such as cancer, diabetes, asthma, and strokes (Adler & Rehkopf, 2008; Fein, 1995; Gee & Ford, 2011; Williams & Collins, 1995). The results of the epidemiological research that statistically tracks the health and well-being of African Americans (in this case), in comparison to white Americans, creates questions around the implications of race. Epidemiology points to how social context, such as oppressive life conditions and poverty, shapes disease. It tells us that disease is not an isolated physical phenomenon that occurs by happenstance or bad luck. In the United States Adler and Rehkopf (2008), Gee and Ford (2011), Fein (1995), and Williams and Collins (1995), further indicates that Black people are more likely than white people to die from tuberculosis, HIV/AIDS and diabetes. I would question why there is a difference in these death rates, as have other social scientists (Cooper, Rotimi, & Ward, 1999; Douglas, 1995; Enang, 2002; Leigh, Jimenez, & National Institutes of Health, 2004; Root 2000). Since disease is biological, why is

there a higher prevalence of certain diseases among Blacks than among whites? This emphasizes the relevance of examining race in health research and why racial classification and categorization are used as means to divide or explain social conditions. Social experiences based on race often do differ, and this, is reflected in the epidemiological data on the relationship between disease and race. Through a closer exploration of the impact of racism on health, strategies and tools can be developed to support both racialized individuals and health professionals.

In examining historical trauma and the continued daily exposure to racism, sociologists are able to determine the domino effect of racism and discrimination on the social determinants of health education. Health education, in relation to race, looks at the historical trauma of enslavement and the every-day experiences of racism as factors in health outcomes and incorporates these into instruction. Veenstra (2009) examines the daily impact of the racism and discrimination on the health of people of African ancestry that occur in social institutions. He further points out that this "wear and tear of experiences" is detrimental to people of African ancestry's health. Etowa et al. (2007a, b, c), Henry (2015), and Mogadime (2008) maintain that women experience systemic racism and discrimination on both individual and institutional bases. The experiences of racism and discrimination they refer to is felt on an individual basis and also within the family and the community (Etwoa, et al., 2007a, c).

It is argued that racialized individuals are more willing and comfortable when using facilities in which they see themselves represented in the staff (Enang, 1999, McGibbon & Etowa, 2009; Etowa et al., 2007a, b, c). Enang's (1999) research reiterates the importance of culture sensitivity and training in health practitioners. Bernard, (2002), Etowa et al., (2007a, b, c), Krieger (2003), McGibbon and Etowa (2009), and Sharif, Dar and Amaratunga, (2000), identified the

under-representation of people of African ancestry in the health care profession. They also point to the systemic racism that pervades health and social policy, the systemic racism and sexism that exists at various entry points to health services and the lack of cultural safety in staff.

Flynn's (2008) research reveals that few Black nurses were practicing in Canada from the 1950s to the early 1970s. She found no record of Black nurses being actively employed in the health care sector prior to 1950 (Flynn, 2008). Each of these factors may further impact the health care experience of people of African ancestry. In Nova Scotia, the number of Black health care practitioners is not proportionate to the number of Blacks living in this province. According to a recent Capital District Health survey (2010), 1.5% of district employees identified as Black whereas 3.5% of the people living in the district are Black.

Participants discussed in the literature refer to the emotional pain they felt when they detected an unwelcoming attitude in a predominantly white health care institution (Enang, 1999, Etowa et al., 2007a, c; McGibbon & Etowa, 2009). These experiences have resulted in some racialized individuals turning to family members and friends as opposed to professional health care providers, for support and information (Atwell, 2001; Crawley, 1998; Downey, 1999). Many women internalize the expectations placed on them, which are to be strong and able to effectively cope, regardless of their situation (Henry, 2015; Schreiber, Stern, & Wilson, 2000).

The present impact of racism and gender discrimination on the health and well-being of African Canadian women and African Nova Scotian women cannot be understood if it is separated from the historical context of how this racism has been shaped. If the intention is to understand Black women's experiences of racism and gender discrimination, then it is impossible to separate race and gender when studying the lives of these women (Shorter-Gooden, 2004). Cooper (2000) and Gilroy (2003) indicate that, in any analysis of Black identity,

it is important to consider the race-and-gender-based patriarchal structures and other collective and supplementary power relations. Black women in particular, are short changed and pressured from many sides. These factors have serious health impacts.

Many Black women do not take the necessary time to see to their own health needs through regular exercise, proper sleep and nutrition because of the pressures of family and community generally placed on them (Bialeschki & Henderson, 1986; Hamilton, 1998a; LaFrance & Stoppard, 2006; Shaw, 1985). These behaviours and lifestyle factors can significantly affect the health status of some women of African ancestry. Women have been socialized as the caregivers of families and often sacrifice their own health for that of their children (LaFrance & Stoppard, 2006). Most men are socialized as the financial provider of the family. The literature indicates that many Black women, with such diseases as breast cancer, are diagnosed in the later stages of the disease when they first seek care. This is because they are unable to maintain a system of regular check-ups, such as routine pap smears, breast exams or mammograms (Amaratunga, Stanton, & Clow, 2002) because of the demands of family and community. Beauboeuf-Lafontant (2007), Collins (2000a), Etowa et al. (2005), Hamilton (1998a), hooks, (1981, 1993) and Schreiber et al. (2000) argue that Black women often face undue pressure "to keep it together", and that this results in the "strong-Black-women" syndrome.

The image and expectations of the strong Black women continues to pressure them to take on increasingly burdensome responsibilities, such as caring for family and community members, passing on values and traditions, and always being available (hooks, 1993; Etowa, et al., 2005; Etowa et al., 2007a; Jackson & Naidoo, 2012). And if these women are not able to project the image of the Strong Black Woman, this pressure can cause distress and depression. Indeed, it can be difficult to diagnose some of the health conditions of Black women because of their ability to

mask their pain and disregard their own needs by turning their focus to the care of others (Beauboef-Lafontant, 2007, hooks, 1993). Etowa et al. (2007a, b, c) states that the Black women in her study acknowledge the barriers they face. They also note that as strong Black woman, they are expected to get up, go around the barrier and start again, regardless of being-Black and a woman. Bernard (2001) indicates that Black women suffer from the "double jeopardy" of being Black and female, both of which can have detrimental effects on their health and well-being.

The internalization of racism or gender discrimination increases the stress level of Black women, which in-turn contributes to depression. Research by Beagan, Etowa and Bernard (2012), Etowa et al., (2007a, c), LaFrance and Stoppard (2006) and Mogadime (2008) indicates that women incur discriminatory experiences at work, within their family and in their personal lives that contribute to their stress and depression. Beagan, Etowa and Bernard (2012) present a case in which, on several occasions, a participant from their research, who was employed at a workplace for 25 years, had to witness the advancement of the white woman she had trained. Mogadime's (2008) study narrates the ongoing struggle and fight of one Black female teacher to be seen and treated as the leader she was and not relegated to advancing the careers of white female teachers. This repeated systemic racism and race discrimination resulted in the Black woman becoming clinically depressed (Beagan, Etowa & Bernard, 2012). In Etowa et al. (2007a), Black women described the stress caused by their worrying about the racism and discrimination their children and grandchildren may face and the pressure of taking care of their husbands and themselves. These factors combined to cause some to feel depressed. This kind of stress has a potentially significant impact on mental and physical health and well-being.

Beagan, Etowa and Bernard (2012) indicate that, due to the ongoing experiences of racism, some Black women in their study began to not try as hard for a promotion at work

because they were tired of being passed over. One participant began to develop low self-esteem in regards to herself and her race. Other women, in an earlier study by Beagan, Etowa and Bernard (2012), believed that their increasingly poor health was directly linked to racism. These women suffered conditions such as hyper tension, high blood pressure, stressed-induced over eating, and low energy. A closer examination of systemic racism would lead to a deeper understanding of the impact of white privilege on people of African ancestry; it would reveal how these factors influence all aspects of the lives of people of African ancestry (education, health, the law) (Bell, 1992; Cleaver, 1997).

The Jackson Heart Study (Sempos, Bild, & Manolio 1999; Taylor et al., 2005), focused on African Americans in Jackson Mississippi. The data from this study showed that, five Black women die, from heart disease for every two white women. It also indicated that three Black men die from heart disease for every two white men (Sempos, Bild, & Manolio 1999; Taylor et al., 2005). According to Ding, Diez, Nieto et al. (2003), when compared to European Americans, many African Americans tend to have lower levels of education, income and physical-activity, factors that can affect their health. Similarly, women of African ancestry living in Nova Scotia also tend to have lower levels of education, income and participate in physical activity relative to women of European ancestry (James, 2012). Of course, the evidence just shared may not represent the exact same experience of African Canadian women. Nevertheless, it describes health conditions that have generally been shown to disproportionately affect Black women.

Sarto (2004) reports that African American women die more often from cardiovascular disease than do women of any other racialized group, which can be connected to race related stress, high blood pressure, diabetes and other chronic health conditions caused by racism. Black women experience a higher level of health disparities, which directly impact their health and

well-being and those of their families. Some of these conditions may be directly associated with being economically and socially marginalized. Research also indicates that most Blacks experience a longer wait time for treatment and that this can exacerbate health conditions (Enang 1999; Etowa et al., 2007a).

In addition to cardiovascular diseases, other diseases in which the ratio of Blacks to whites in the United States differ include diabetes, mellitus, cerebrovascular diseases, cancer, HIV/AIDS, Lupus, renal transplants and sarcoidosis (Amaratunga, Stanton, & Clow, 2002; Canadian Nurses Association, 2005; Denton & Walters, 1999; Dunn & Dyck, 2000; Frank & Mustard, 1995; Lillie-Blanton & Laveist, 1996; Sarto, 2005, Utsey, et al., 2007; WHO, 2001). Overall, these studies point to particular factors of race, gender, class, and sexual orientation that directly affect the health and well-being of women of African ancestry. Several studies, such as the Evans County Study, (Johnson, Heineman, Heiss, Hames, & Tyroler, 1986), Meharry- Hopkins Study, (Gelber et al.,1997), and The American Jackson Heart Study (Sempos, Bild, & Manolio 1999; Taylor et al., 2005) found health disparities between African and European Americans across a range of socioeconomic backgrounds. This led to the conclusion that other factors, such as stress, residual socio-economic status or biological differences, must account for the disparities the study discovered (Kaufmann, Cooper, McGee, 1997; Thomas et al., 1997).

Collins (2004) argues that,

> [U]nder models that view race as primary and gender as secondary, higher rates of some cancers among African Americans than among whites would be seen as an important issue for African Americans because Black people, as a group, are harmed by these racial differentials. But cancers do not affect men and women in the same way. This is because

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the vast majority of men will never get breast cancer and it is impossible for African

American women to get prostate cancer… (p. 10).

Collins (2004) indicates that if the political cancer agenda does not include women, then more

than 50% of the African American population is not being taken into consideration.

Johnson and Hall (1994), Lillie-Blanton, Martinez, Taylor and Robinson (1993), and

Robinson (1985) examined the impact of race, income and social support on existing disparities

in the health and well-being of persons of African ancestry in the United States. Through their

research, it has been evident that there is a strong need to continue to emphasize the importance

of the effects of race and ethnicity as a "defining component of one's social environment"

(Lillie-Blanton & LaVeist, 1996 p. 90) in order to reduce health disparities. Clark, Anderson,

Clark, and Williams (1999), Krieger, Rowley, Herman, Avery, and Phillips (1993), Landrine,

Klonoff, Gibbs, Manning and Lund (1995), demonstrate the psychological and physical impact

that race and gender discrimination can have on an individual. Ong et al. (2009) adopt a stress-

proliferation framework to examine the relationship between chronic discrimination and

psychological distress. Research has proven that discrimination does have a direct connection to

illness based on a number of factors such as social environment, income, race and ethnicity.

As previously argued, the everyday experiences of racism and gendered-racism has a

direct impact on the health and well-being of people of African descent. Extensive literature in

the U.S. supports this finding but there is limited research in Canada. Clark, Anderson, Clark,

Williams (1999), Henry (2015), Kreiger, Rowley, Herman, Avery and Phillips (1993), and

Landrine, Klonoff, Gibbs, Manning, and Lund (1995) show evidence to support the

psychological and physical impact experienced by women who are victims of racism and

gendered-racism. Similarly, Gee, Walserman and Brondolo et al. (2012) indicate that regular

experiences of stress related to discrimination can effect blood pressure, heart rate and other somatic reactions. In Beagan and Etowa (2009), some of the women indicated they could not escape racism; they experienced it in everything, even in watching television or reading the newspaper. Although these women may not have been directly affected by their use of multi-media, they found themselves to be on guard for racist or sexist comments or stories. Harrell (2000) identified a number of race-related stressors. One included the impact of indirect, collective experiences and observations of racist actions. These various experiences are historical and personal.

Collectively, people of African ancestry have a shared history of oppression and discrimination. Individually, Blacks experience overt and/or covert racism every-day (Essed, 1991). Some are even the results of racist and sexist actions of friends, family members and strangers who share the same racial or even gender identity. All of them can have a residual effect. The buildup of these occurrences can have a negative psychological, physical and emotional impact. Essed (1991) indicates that these accumulated experiences have serious health implications.

Kisley, Terashima and Langille (2008) compared rates of certain diseases in African Nova Scotian communities with those of similar white communities. In examining the experiences of immigrants or first-generation African Canadians, James and Lloyd (2006) indicate that the experiences of these groups may differ from that of historical or multi-generation African Canadians.

Black women are confronted with racism and oppression from positions of both race and gender (Henry, 2015; Shorter-Gooden, 2004). Massaquoi (2007) argues that, in order to survive, Black women must resist racial oppression every day, and most often focus on basic survival and

therefore it is not possible for them to separate racism from sexism, or to minimize racism over sexism, classism or heterosexism. Point being, that many Black women do not have the invested time required, to stop to ask themselves, if the experience was racist or sexist. As a result of slavery, segregation, Jim Crow Laws in the 1960's, and colonization, Black women were not treated as ladies but as Black, despite their social class. Historically, society has separated race from gender, in order to protect white women. However, race is most often used to contest power between social categories (Higginbotham, 1992). This speaks to the complexity of research examining both race and gender, it is difficult to demonstrate how the two different systems of oppression intersect, therefore they must be examined simultaneously (Jordan-Zachery, 2007). Being a Black woman is complex. Black women's self-perceptions are often based on the social constructs of race and gender and how others perceive them. Every day, Black women face challenges in coping in a society in which racism and gender discrimination pervade because of these complexities. Nevertheless, in order to exist in such a society, they must develop effective coping strategies. They adjust to protect themselves and to survive through effective coping strategies to deal with experiences of everyday racism.

2.5 Addressing Everyday Experiences of Racism

Black women continue to struggle to find ways to deal with racism/gender discrimination and to live productive lives. It has been well documented oppression compromises health and well-being particularly if the oppressed person is left untreated. Stress is a cognitive, biological, and behavioural response to negative experiences of powerlessness, and marginalization or emotions, such as anger. Coping strategies must be developed to deal with stress (Lazarus & Folkman, 1984). In research that examines how African Americans cope with race-related stress, the results indicate that many primarily use two strategies: social support (external) and religious

supports (internal) (Christian, Al Mateen, Webb, & Donatelli, 2000, Neighbors, 1997; Taylor,

Hardison, Chatters, & Riley, 2001; Shorter-Gooden, 2004).

External supports frequently entail talking to family or extended family members about

some of the challenges being faced. Shorter-Gooden (2004) outlines internal resources to include

faith, standing on others' shoulders and valuing oneself. The Church and spirituality play a

central role in the coping strategies of people of African ancestry who face everyday racism,

particularly women (Beagan & Etowa, 2011; Beagan, Etowa & Bernard, 2012; Broman, 1991;

Christian et al., 2000; Etowa, 2007a, c; Shorter-Gooden 2004).

The Church is said to be the heart and pulse of most Black communities (Boyd, 1976;

Este & Bernard, 2006). The Church was one of the first buildings said to have been erected in

Black communities (Boyd, 1976; Pachai, 1989; Winks, 1997). The Church, spirituality, and

religion provided strength and shelter to the people of African ancestry when they were enslaved.

These faith factors continue to play an important socio-political role in most Black communities

that continue to fight against social justices (Bannerjee & Pyles, 2004, Hamilton, 1998b; Lewis-

Coles & Constantine, 2006). Hamilton (1998b), points out that church is where many women

learn to be social justice activist. Utsey et al (2007) indicate that spirituality is a key source of

strength that helps African Americans deal with the challenges of mental health and other health

issues. The connection to spirituality provides a protective covering that is difficult to explain.

The desire and felt need for protection results in most people of African ancestry praying every

day and sometimes more than once a day (Chatters & Taylor, 1989).

Spirituality plays a key role in connecting people to each other and to the community. A

shared sense of connectivity exists through spirituality. It is a connectivity, in which community

members are activated to help and support each other (Beagan & Etowa, 2011; Etowa, 2007a;

Mattis & Jagers, 2001; Mogadime, 1998, 2000). This deep connection to spirituality, to family, to the extended family and to the community enhances the health and well-being of people of African ancestry. It provides a source of mediation against race-related stress, and it strengthens people of African ancestry psychologically, physically, mentally and emotionally (Beagan, Etowa, Bernard, 2012; Etowa, 2007a; Mogadime, 1998, 2000). Beagan, Etowa and Bernard (2012), Hamilton (1998a, b), and Mattis (2002) find that the Church and spirituality provide a place for the women to develop a further understanding of the world around them, it is a place where they are transformed and find strength. Schreiber et al., (2000) suggest that women use prayer and their faith in God to manage stress and negative health conditions. Etowa (2007a) indicates that faith and the Church provide a retreat for these women, an opportunity to go off and pray. The role of the Church is pivotal for many people of African ancestry. Yet the literature rarely addresses this as an effective method that can be used by health care professionals aimed at improving the health and well-being of many people of African ancestry (Bender 2005, Bernard-Fisher 2001, Constantine et al. 2000, Copeland 2000, Taylor et al. 2000).

Mogadime (1998) and Shorter-Gooden (2004) notes that Black women find strength in acknowledging upon whose shoulders they stand upon. The historical trauma of people of African ancestry is a constant reminder of the sacrifices many have made. Many lost their freedom and lives in their struggle for justice and equality. These sacrifices are a reminder of the strength of the ancestors of people of African ancestry, of the hardships and the costs they endured in their quest for freedom. It is also a reminder that, in order to prosper, others need to stand on their shoulders (Mogadime, 1998; Shorter-Gooden, 2004). Mogadime (1998, 2000), indicates the importance of "othermothering", taking care of the community and the communities children to insure survival of their communities.

Smyth and Yarandi (1996), identify other coping strategies that help with race related stress: active coping, which entails taking action to change the situation; avoidance of the situation or trying to push it out of one's mind; and completely detaching oneself from the situation, such as pretending nothing happened. Similarly, women in Shorter-Gooden's (2004) research identified role flexing, avoiding, and standing up and fighting back as ways of dealing with racism and sexism. People use role flexing as a normative disguise when they want to appear more accepting to the dominant group, such as whites, heterosexuals, men, and white women. Wilson and Miller (2002) note that African American gay and bisexual men often use role flexing to fit in with the dominant heterosexual group. However, in agreement with Wilson and Miller's (2002) study of African American gay and bisexual men who sought to fit in with dominate heterosexual men, it was found that some Black women masqueraded-role flexing by changing their dress, how they spoke and overall presentation of self, so as to fit in with a dominant white society.

According to Shorter-Gooden (2004) others talked about completely avoiding the situation or leaving a situation wherein they may have felt uncomfortable. Yet, some did engage in verbal challenges as a means of fighting back (Shorter-Gooden, 2004). It was important for some women to project an image of being strong (Etowa et al., 2005; Jackson & Naidoo, 2012). Most Black women defined being strong as an inherent trait. Many Black women did not show their emotions, or pain or dwell on the racism and discrimination they experienced. They used this strategy to cope and to distract themselves from these situations (Jackson & Naidoo, 2012). Many Black women felt, that if they appeared to be dwelling on a situation, then this was a sign of weakness. These strategies seemed helpful for some of the women; nevertheless, if they remained in a constant state of denial, then these strategies could have become dangerous and

damaging (hooks, 1993; Schreiber, 1998). Some negative coping strategies used to numb the pain of racism and discrimination included self-medication through drugs and alcohol, over eating, excessive spending, and over exercising (Slopen, Williams, Fitzmaurice, Gilman, 2011).

Other methods of coping included thinking about family, children, and the strength of ancestors. In Etowa et al.'s (2007a) research on depression, some of the Black women expressed appreciation for the way family would be there to support them, to fill the "gap," and do what was necessary when they were unable to. In another study, some of the women became involved in activities or in helping other people as a diversion from their own situation (Schreiber et al, 2000). Jackson and Naidoo, (2012) found that women became very effective listeners and confidants. And although some may not have shared their own pain, they felt it was important to let other people share theirs. Being able to listen to others helped them mask their own pain (Jackson & Naidoo, 2012). Various women's organizations have emerged, including the Canadian Congress for Black women, which was developed to provide support around rights, image, and well-being, to Black women and their families, as a means to bring about equality (Small & Thornhill, 2008). The African United Baptist Association provides a vehicle for dialogue and action around racism and sexism, through various women organizations (Hamilton, 1998).

The evidence points to the importance of health professions taking some responsibility for developing strategies, frameworks, and supports for racialized populations. Cultural safety frameworks are an example of a resource that has been developed and can be implemented. Cultural safety frameworks acknowledge the variance in how individuals deal with the positive or negative situations that arise that are based on their culture, race, gender and identity (Davis-Murdoch, 2005; Seeleman, Suurmond & Stronks, 2009). These materials can be developed in

partnership with Black women, the Black community, and the Churches. Health practitioners need to develop an awareness of their own preferences and mannerisms. The adoption of a culturally safe framework can reduce the anxiety level of members of racialized populations when they are presenting race-related symptoms of stress to health care providers (Etowa et al., 2007 a, b, c; Etowa, 2007). There is still much research required that develop effective coping strategies and frameworks to support Black women who are dealing with gendered-racism. There is a need for ongoing, culturally appropriate interventions, a need to diversify the health care workforce, and a need to acknowledge the historical pain Black women continue to experience.

2.6 Summary

There is substantial literature that examines the health and well-being of people of African ancestry in the United States, but the research, on this topic, in Canada and, more specifically, Nova Scotia, is limited. Researchers indicate the importance of developing studies that more closely examine race, gender and class in relation to the social determinants of health. Research must look critically at racism and gender discrimination. Byng (2012) argues that knowledge developed from the historical background of individuals can effectively contribute to the development of policies and other political agendas that pertain to equity. Issues of race and gender need to be further examined from a macro, meso and micro perspective, with a focus on power and privilege.

It is imperative that race and gender are not ignored and that racism is centralized in race-related research; Critical Race Theory demands that. Crenshaw, 1991, extended Critical Race Theory to include other oppressions, such as gender. In any research that examines race, it is necessary to demonstrate how race is politically and socially reconstructed. Black Feminist Thought brings to the analysis, the lived experiences of Black women and it assures the voices of

Black women are heard. The literature review focused on Critical Race Theory and Black Feminist Thought. Examining literature that presented the everyday experiences of racism and gender discrimination of African Canadian and African Nova Scotian women provides an impetus for this research. I am especially interested in how Black women in the Racism Violence and Health study are surviving racism and the impact it continues to have on their health and well-being.

Studies demonstrated that everyday racism resulted in increased blood pressure, Type II diabetes, cardiovascular illness, and hypertension. Throughout the literature reviewed, studies presented several coping strategies for surviving racism that were used by women of African ancestry. Turning to spirituality and Church as a coping strategy was a constant in several research studies. Other strategies included role flexing, talking and listening to/with other individuals experiencing similar situations, avoiding the situation and, in some cases, standing up and fighting back. Some of the strategies suggested could be implemented by health practitioners and incorporated into policies and procedures to improve the health and well-being of women of African ancestry. Etowa et al., 2007 (a, b, c), Hamilton (1998a), and Henry (1993) argues for the importance of Black Canadian scholars taking up the torch and doing research that gives voice to Canada's Black communities. I argue for the importance of the voice of African Nova Scotians and for the research. This research will support and contribute to Black Canadian scholarship.

Chapter 3: Critical Race Theory and Black Feminist Thought

This chapter presents a theoretical framework for the study of women leaders of African ancestry and their lived experiences of racism. It outlines the limitations of practical and theoretical approaches to the topic of racism as they pertain to impact on the health and well-being of women of African ancestry. I outline some of the more prevalent approaches to this issue. I provide an overview of Critical Race Theory, its historical origins, some of the tenets relevant to this research, and its limited capacity to analyze Black women's lives and health. A key objective of this thesis is to examine how a person's racial identity, affects their social experience (Aylward, 1999; Crenshaw, Gotanda, Peller & Thomas, 1995; Gillborn, 2006). Critical Race Theory acknowledges that multiple oppressions exist, but race mediates how the oppression is performed. Despite its focus on race, its application to do an analysis of the impact of racism on the health and well-being of women of African ancestry is relevant. Critical Race Theory does shed light on other dramatic social and psychological effects of racism. It is useful for this research as it centers race and racism and does not adopt a colour-blind lens.

As a Black woman, I acknowledge the important intersection of both race and gender in my identity. As other Black feminists have done, I will argue that in order to address a Black women's complex identity, both race and gender must be addressed to the extent that is possible (Collins, 1990, 1998, 2000a; Crosby, 1992; hooks, 1984, 1988, 1990, 1993, 2000; Lorde, 1984). Finally, I conclude with a framework that uses Critical Race Theory to illustrate the effectiveness of an approach that analyzes the intersection of race, and gender, using both this theory (Delgado & Stefancic, 200, 2012; Gillborn, 2009; Ladson-Billings, 1998; Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2009) and Black Feminist Thought (Collins, 1990, 1998, 2000; Crosby, 1992; hooks, 1990; Lorde, 1984) from the point of view of

how race, racism and gender contribute to the oppression, powerlessness and negative impact on the health and well-being of women of African ancestry.

The original Racism, Violence and Health research project did not explicitly examine race and gender, although questions were asked about "how do women and men experience racism differently?" The analysis of how women experience racism differently than men is beyond the scope of this research. The participants in the interviews I used for this dissertation, focused their answers primarily on racism and did not always make specific reference to gender and class discrimination. I argue as have other feminists, that race and gender cannot be separated (Collins, 1990, 2000; hooks, 1984; King, 2005; Lorde, 1984) but I also recognize as does King (2005), Lykes (1983), Millar (1988), and Mullings (2004) that experiences of oppression faced by Black women may not always be perceived as sexism because they are so intricately intertwined. Essed (1991) and Crawford (2007) refer to gendered-racism to capture the idea of how inseparable the experiences of sexism and racism are for Black women. In some instances the women may not have been aware they were being discriminated against because of their race and gender. I would argue this is the case in this research, the women may not have always been aware of they were being discriminated based on their gender or race because the two are so intertwined. Millar (1988) and Lykes (1993) in their study indicate that Black women reported more experiences of discrimination based on race than based on gender.

I am using CRT as an analytic framework to understand disparities and inequities in Black women's health and well-being. As a result, it presents an analysis of their stories through the lens of Critical Race Theory (Delgado & Stefancic, 2001, 2012; Gillborn, 2009; Ladson-Billings, 1998; Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2009) and Black Feminist Thought (Collins, 1990, 1998, 2000a; Crosby, 1992; hooks,

1990; Lorde, 1984). Both these theories keep in perspective the historical and social influences on the psychological and emotional experiences of these women.

While a focus on Black women's stories is critical to both understanding and challenging their oppression, it is important that we not assume they all have the same experiences. Rather, the experiences of this racialized group are complex and multiple. This also points to the need to recognize both the differences and similarities between and among different social groups.

3.1 Critical Race Theory and its Historical Origins

Critical Race Theory (Crenshaw, Gotanda, Peller & Thomas, 1995; Delgado & Stefancic, 2001, 2012) centers race and racism. It recognizes and emphasize the power and privilege that the white race has in contributing positively/negatively to individuals' lives. The reconstruction of race is also evident in the systems and structures used to protect and provide justice, such as the legal system. Lopez (1995) and Critical Race Theorists see the law as reinforcing the social construction of race and the "permanence of racism" (Aylward, 1999; Crenshaw, Gotanda, Peller & Thomas, 1995; Delgado & Stefancic, 2001, 2012; Gillborn, 2006). Not only does Lopez (1995) examine how the law continues to perpetuate race and racism, he also sheds light on how race is determined and defined in the social and political context. He further argues how fluid race is and that it can change, according to historical and social constructs (Lopez, 1995). For example, historically, when ethnic groups such as Italians or Jews, were being insulted, they were called Black, as a pejorative. This is evidence of the fluidity of the social and historical construction of race and racism.

Critical Race Theory examines these inequities and their impact on individuals and their life chances. Critical Race Theory acknowledges "[w]hiteness" and avoids mainstream "othering" practices in which Blacks are only seen in relation to white normativity. The work of

hooks (1990) is consistent with this aspect of the theory; she has advocated that Black people move from the margins to the center. Research exist on Black people by non-Black scholars, but there is comparatively little research about Black people by Black scholars.

Matsuda et al. (1993) states that, in examining the origins of racism, critical race methodology argues that racism is often well disguised in the rhetoric of shared "normative" values and "neutral" principles and practices. Critical Race Theorists (Crenshaw, 2010; Delgado & Stefancic, 2001, 2012; Trevino et al., 2008) argue that by not acknowledging race and racism as being connected to skin colour, "colour blind" racism and post racialism continues to create oppressive living conditions for people of colour. Crenshaw (1995) extends Critical Race Theory to include the intersectionality of gender and race and, thus recognizes that women's experiences of race and racism can differ from those of men.

Critical Race Theory originated in the Critical Legal Studies Movement, that first emerged in the United States in the late 1970s within groups of "neo-Marxist intellectuals, former New Left activists, [and] ex-counter-culturalists" who regarded American society as oppressive (Crenshaw et al., 1995, pp. xviii). These groups of students, practitioners, and teachers did not see the law as being separate from the political realm that controlled the decision-making power in society. They opposed the legal oppression that existed within American society, at the time, and sought to reveal how legal injustices had become social norms. Critical Legal Studies were developed to challenge the power and privilege that had failed to recognize the inequalities that existed within the legal system or within society in general. Critical Legal Studies primary purpose was to make transparent that law is not neutral, every case may have a different answer and the rights of individuals need to be taken into consideration in every legal case (Delgado & Stefancic, 2012). After several law conferences on

the topic, Critical Legal Studies developed into its own movement. Crenshaw et al. (1995) state that it "established itself as a politically, philosophically, and methodologically eclectic but intellectually sophisticated and ideologically left movement in legal academia" (p. xviii). Like-minded, mostly white, male, legal scholars, students, and leftists began to join this movement, which had a direct effect on law schools and legal institutions. Curriculum was introduced that more closely examined the inequities in law, and student advocate groups for equal justice began to organize.

In the late 1980s, an increase occurred in the registration of scholars of colour and of women (of all races) at Critical Legal Studies conferences. Subsequently, the national conferences in 1986 and 1987 spurred the deconstruction of Critical Legal Studies by feminist scholars and scholars of colour whereby they more closely examined its inadequacy in addressing racism and sexism within the institution of law (Crenshaw et al., 1995). The transformation of Critical Legal Studies continued in subsequent conferences. This provided the impetus for the examination of inequality, based on race and gender, by members of the post-Civil Rights Movement (Crenshaw et al., 1995).

Critical Race Theory emerged in the United States in the late 1980s and early 1990s as theorists worked to understand the impact of racialization on legal practice (Crenshaw et al., 1995). Opinions on the beginnings of Critical Race Theory vary. While some attribute its development to the students at several prestigious law schools across the United States who demanded that courses more closely examine racism and the law, others claim it was the result of a workshop at a 1989 Critical Legal Studies conference on racial politics in America, organized by Kimberlé Crenshaw, Neil Gotanda, and Stephanie Phillips. Still others claim it was the resignation of Derrick Bell, an African American, from Harvard Law School who resigned

because Harvard failed to hire Black women, that spurred the development of Critical Race Theory (Crenshaw et al., 1995; Delgado, 2009). The emergence of Critical Race Theory reflected the unrest in the legal academies and institutions, at the time, that recognized inequities based on race. Generally, however, Derrick Bell, and Alan Freeman (a European American) are credited with the initial development of Critical Race Theory (Delgado & Stefancic, 2001). In addition to Richard Delgado and Jean Stefancic (2001, 2012), other contributors to the theory include: Kimberlé Crenshaw (1995); Neil Gotanda (1991); Angela Harris (1990); Charles Lawrence (1987); Mari Matsuda (1987); and Patricia Williams (1989).

Critical Race Theory attempts to "see" why and how racism has persisted (Closson, 2010). The ongoing development of Critical Race Theory was stimulated by progressive thinkers, such as Derrick Bell, who felt frustrated and lost after the decline of the Civil Rights Movement, particularly because the law still did not protect and support people of colour (Delgado, 1995; Delgado & Stefancic, 2001, 2012). The failed promises of equality subsequent to the Civil Rights Movement made the presence of power and privilege based on whiteness more evident (Crenshaw et al., 1995; Delgado & Stefancic, 2005). Many Black Americans felt these promises were not kept, including access to equal education, employment, health care, and fair treatment under the law (Crenshaw et al., 1995).

People of colour have been victimized by unfair treatment under the law and by treatment that uses the theory of colour-blind neutrality to insist that everyone is "equal" and that race is not a factor in measuring an individual's life chances. Despite the tempered advancements of the Civil Rights Movement, the activism of African Americans during the 1960s served as a model for other marginalized groups in North America. Similar to the United States, Canada had laws that served to oppress people of African ancestry due to the manner in which these laws were

applied and/or written. The lack of equality throughout Canada in the 1960's mirrored that in the United States (Aylward, 1999). Other racialized and marginalized individuals, such as women and members of the lesbian, gay, bi-sexual, transgendered, and queer (LGBTQ) communities, were also actively engaged in equality movements. Arguably, feminist theory (Suffrage Movement 1800's) preceded CRT. These theories have helped bring to the forefront the experiences of marginalized groups. This research confirms that, similar to the influence of the Civil Rights Movement, scholars of diverse ethnic backgrounds (including Aboriginal, Latino, and Asian academics), sexual orientations (LGBTQ), and women have developed and expanded on similar theories that use the principles of Critical Race Theory to address specific policies and rights, including sovereignty and land claims (Delgado & Stefancic, 2001, 2012).

While Critical Race Theory did not include women in its earlier writings, it has begun to examine the intersection of oppressions based on i.e. race, gender, class, and (dis)Ability, and is attempting to be more inclusive of people with multiple identities (Crenshaw, 1989, 1991). Crenshaw (1989) was the earliest Critical Race theorists to examine these multiple intersections when addressing social inequality and oppression, specifically for women of colour. Crenshaw et al. (1995) recognized that the distribution of power was unequal and that it depended on the background and political needs of members of the judicial system (law schools and the courts). Most members of the judicial system before 1960 were white, economically privileged men. Although Critical Legal Studies was effective in exposing the imbalances of power that existed in the law, it did not specify how "race" and "racialized" practices were embedded within these power relationships (Becker, 2000; Delgado & Stefancic, 2001, 2012; Essed, 2002).

Crenshaw (1992) indicates a number of ways in which the concept of this type of intersection has been used for theoretical and political purposes. She references the high profile

sexual harassment case of *Clarence Thomas vs. Anita Hill*, in 1992. This case demonstrates the significance of race and gender. This alleged harassment was committed against a Black woman by a Black man. An expansion of Critical Race Theory emphasizes the importance of recognizing the complexity of social identity and extending beyond race to include other intersecting identities such as gender and sexual orientation.

The naming of whiteness and its privilege forces a closer examination of issues in health, education, politics, and the law, as they relate to people of African ancestry (Bell, 1992; Cleaver, 1997). It allows this group to dismantle the very systemic racist institutions that render them second-class citizens. I argue that the lived experience of racism has a serious impact on the health and well-being of racialized individuals. Historically people of European ancestry have the benefit of seeing themselves represented in all aspects of society. Not only have whites been well represented but they have historically controlled many of the institutions (health, education, justice, and politics).

There are several basic tenets of Critical Race Theory (Capper, 2015; Horsford, 2010) they include but are not limited to: (1) "permanence" of racism: racism is embedded consciously and unconsciously in North American way of life (Bell, 1992; Delgado & Stefanic, 2001, 2012; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Tate, 1997); (2) counter-storytelling and majoritarian narratives: a method used to tell the story of people of African ancestry and dispel those stories told by dominant (white) populations (Delgado, 1995; Delgado & Stefanic, 2001, 2012; Ladson-Billings & Tate, 1995; Ladson Billings, 1998; Matsuda, 1995); (3) critique of liberalism: does not support liberal ideology of colorblindness, meritocracy, and that the law is impartial (Crenshaw, 1988; Delgado & Stefanic, 2001, 2012; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Tate, 1997); (4) ahistoricism: which excludes a historical account of the

contributions to society by people of African ancestry (Crenshaw, 1988; Delgado & Stefanic, 2001, 2012; Ladson-Billings & Tate, 1995; Ladson-Billings, 1998; Tate, 1997); (5) interest convergence: people of African ancestry receive the same opportunities to advance so long as those opportunities are available and meet the needs of those of European ancestry (Bell, 1992, 2004; Delgado & Stefanic, 2001, 2012; Ladson-Billings, 1998); (6) whiteness as property: whiteness is seen as normative and the race with the most rights to property and belonging, all other races are compared to being white (Harris, 1995; Ladson-Billings, 1998; Ladson-Billings & Tate, 1995) and; (7) intersectionality: considers race and how it intersects with other identities and differences (gender, sexual orientation, poverty, etc.) (Crenshaw, 1991; Delgado & Stefanci, 2001, 2012). For the purpose of this research I focus on five key tenets of Critical Race Theory: (1) the permanence of racism and the need to center race and racism; (2) that storying Black people's lives is important; (3) that a critique of liberalism is necessary (Delgado & Stefancic, 2001, 2012; Gillborn, 2009; Ladson-Billings, 1998; Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2009); (4) ahistoricism, which is the exclusion in history of the contributions to society by people of African ancestry; and (5) interest convergence (Delgado & Stefancic, 2001; Gillborn, 2006, 2009; Ladson-Billings, 1998, 2000; Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2002, 2009).

     3.1.1 Centering Race. Critical Race Theory centers race in its analysis. It uses the first-hand experiences of people of African ancestry and statistics (number of convictions of Blacks, income levels, unemployment rates, access to housing and health care) to develop a deeper understanding of the unstated assumption of white privilege. White privilege, as defined by Dei, Karumanchery, and Karumanchery-Luik (2004), refers to the invisibility of power and social advantage that are associated with whiteness. Kovel argues that "those in positions of power and

dominance are "privileged" in their ability to disregard, obfuscate and downplay the realities of oppression that circumscribe the lives of the marginalized" (Kovel 1988, as cited in Dei, Karumanchery, and Karumanchery-Luik, 2004, p. 82).

Critical Race Theory provides a framework within which individuals can more closely examine racism and its impact on them. As such, this theory recognizes the existence and impact of internal racism (racism against the self or others of the same racialized group) and external racism (the impact of racism by non-racialized individuals on racialized individuals). Yosso and Solórzano (2005) state, "in examining the origins of racism, critical race methodology finds that racism is often well disguised in the rhetoric of shared normative values and neutral principles and practices" (p. 6). Unacknowledged and hidden forms of racism can cause racialized populations to question whether their experiences of racism are imaginary or real (Marrs, 1997).

3.1.2 Experiential Knowledge: Stories and Counter-Stories. Critical Race Theory emphasizes experiential knowledge, which provides an additional tool for analyzing the lived experiences of women and the impact of racism on their health and well-being. Effective uses of experiential knowledge may counter the dominant beliefs of the white Westerner about racialized individuals and help mitigate the impact of racism. Through the counter-storytelling of their lived experiences, the women in the Racism Violence Health project challenged the dominant knowledge that rendered them invisible. Brown (2007), Brown and Augusta-Scott (2007), and White (2001) argue that people's stories often reveal how they internalize their oppression and challenge the dominant and oppressive discourses that shape both their identity and the identity of their race. The counter-stories Black women tell show how their lives have been shaped by their lived experiences within a racist society. As Scott (1992) would suggest, we need to recognize that these counter-stories are both interpretations and in need of interpretation so that

we can avoid essentializing experiences. Acknowledging the social context in which their counter-stories are put together, helps to create a politically challenging and more complex understanding of the kind of oppression Black women face that often has a negative impact on their health. The counter-stories of the women challenge the majoritarian narratives that have told the history of people of African ancestry for hundreds of years. The importance of the counter-stories of the women, ensures that present and future generations will know the resilience, strength and fortitude of people of African ancestry.

 3.1.3 Critique of Liberalism. Among the many challenges Blacks face, when they speak of the pain racism imposes on them, is the dismissal of the legitimacy of their lived realities and the consequent failure of government to introduce policies and programs that help counter racism. Racialized individuals often hear statements such as "I don't see colour," or "Perhaps you are just being too sensitive." These statements reinforce the fact that the impact of racism on its victim is minimized as are the negative consequences of a socially constructed racialization (Dei, Karumanchery & Karumanchery-Luik, 2004; Dei, 1995; Gillborn, 2006). Critical Race Theory serves to challenge the notions of neutrality, gender identity, and the colour-blindness that pervades society. This theory helps illustrate the danger of hiding behind liberal democratic ideologies that do not challenge institutional racism (Warner, 2006). The failures of colour-blind and neutral policies are evident within our education system, for example, where schools with higher populations of Black children tend to have limited resources and lower teacher expectations. As stated in the Black Learners Advisory Committee (BLAC) Report (1994), "low teacher expectations [of Black children] is one of the greatest barriers Black learners in Nova Scotia and North America as a whole face" (p. 23). This is true despite public mandates for equal education (BLAC, 1994).

3.1.4 Racism as Endemic. Racism can also be found within the public health care system. Race is a significant determinant of access to adequate healthcare services. Few African Nova Scotian communities have easy access to or feel welcomed in healthcare centers or by medical practitioners because of their-geographic isolation or distance from medical centers and the lack of racial representation among healthcare providers. In 1994, the BLAC Report indicated there were fewer than five African Nova Scotian medical doctors from historical African Nova Scotian communities (and none listed as Black women) working in the province and, therefore, in a position to have an impact on African Nova Scotians' access to healthcare (BLAC, 1994). Perhaps most importantly, few Blacks see themselves represented in the healthcare system, and therefore, disengage from its service, self-diagnose, or do not seek treatment (Lillie-Blanton & Laveist, 1996; Randall, 2008; WHO, 2001).

The African Nova Scotian community experiences covert and overt racism on a daily basis. This exclusion is evident in the education, government, political, health and justice systems where being white is privileged. Ongoing verbal assaults, stereotyping, and negative imaging of people of African ancestry is a part of the Nova Scotian culture. The documentation of the injustice and historical treatment of people of African ancestry in Nova Scotia is in its infancy but well known stories such as the story of Africville depicts the lived racism of Blacks in Nova Scotia (Africville Genealogy Society).

3.2 Limitations of Critical Race Theory

Although Critical Race Theory can be an effective tool for analyzing the impact of racism on the health and well-being of African Nova Scotian women, it has its limitations. In the United States, Critical Race Theory is usually connected to the experience of racism and the law. It originated as a result of the stalled Civil Rights Movement and racism and the law. Delgado and

Stefancic (2012), acknowledges this limitation and have looked at different ways to apply CRT as a movement. I argue that, while Canada's proportion of Blacks is smaller than that of the United States, there is evidence that Blacks in Canada experience racism in many ways that are similar to and as damaging as the racism experienced by African Americans (Aylward, 1999; Bernard, 2000; Cooper, 2000; Dei, Karumanchery, Karumanchery-Luik, 2004; Etowa et al., 2007 a, b, c; James et al., 2010). A critique of CRT is that it focused primarily on race and ignored other identities.

> Racism is an infectious disease and one of its most insidious symptoms is internalized racism among community members who come to believe what they see and hear every day. From the outside in and the inside out—individuals, families, communities, Canadian society and the world experience the dis-ease of oppression (Lloyd & Chapman-Nyaho, 2002 p.5).

Other researchers write about the historical, psychological, and emotional impact of racism in Canada (see Aylward, 1999; Dei, 1996; Dei & Calliste, 2000a,b; Dei, Karumanchery, Karumanchery-Luik, 2004; James et al., 2010; Lee, 2005; Massaquoi & Wane, 2007; Mensah, 2002; Mullings, 2004; Pachai, 2007; Saney, 1998; Tatum, 1997; Walcott, 2003; Warner, 2006; Winks, 1997). For instance, Aylward (1999) discusses the impact of the racial segregation laws in Canada that were similar to the "Jim Crow" laws in the United States. In Canada, such laws segregated African Canadians, denied them services, and excluded them from some institutions. Dei, Karumanchery and Karumanchery-Luik, (2004) reference the psychological distress that children, youth, adults, and parents face every day that they find themselves in places of isolation and rejection at work, school or in their communities.

People of African ancestry may share similar experiences of racism, but there are differences among and between social groups. To analyze the impact of racism and gender identity on African Nova Scotian women, each experience must be understood as not being influenced by only race or gender identity. Many writers have critiqued Critical Race Theory for its need to probe more deeply into the complexity of intersecting identities such as i.e. gender, class and (dis)Ability (Nash, 2008). These factors need to be acknowledged as they relate to the social tensions within the discourse of race. A pivotal critique of the theory is that it does not effectively address the issues of oppressive social locations within the dominant society and how they intersect with race and gender. Nevertheless, the notion of gendered-racism as an illustration of intersectional theory effectively addresses this issue.

Although we may all be identified by our African ancestry, our identities will differ for many reasons including when and how we arrived in Canada. As an African Nova Scotian woman, my own identity, experiences, and social location may differ from that of a Caribbean, other African Nova Scotians, or first-generation African Canadian. Presently, Canada's "Black population is composed mainly of immigrants with 58% of the total population having settled in Canada in the past 30-40 years" (Lawson, Smith, Chen, Parsons, & Scott, 2002, p.46). African Nova Scotians are among the remaining 42% of the population that have resided in Canada longer than new immigrants. "Canadian Blackness" is very complex because of this diversity of racialized populations (Clarke, 1997). The experience of racism may differ in impact and intensity, depending, for instance, on the intersection of social locations such as i.e. gender, (dis)Ability, sexual orientation, class, and one's life history.

Proponents of Black Feminist Thought criticize Critical Race Theory because it fails to distinguish between the experiences of Black men and Black women. This virtually erases

women's gendered experience, differences in social power, and the impact on them of both racism and sexism (Collins, 2000a, 2000b; Crenshaw, 1991; hooks, 1981, 1988; Massaquoi, 2007). Most literature on Critical Race Theory does not specifically reference the experiences of Black women. Rather, it uses language such as "people of colour, Black people, African Americans" to speak to the experiences of *all* Blacks (Aylward, 1999; Delgado, 1990; Delgado & Stefancic, 2001, 2012). This renders gender invisible when combatting colour-blindness.

3.3 Black Feminist Thought and its Historical Origins

Black Feminist Thought is a theoretical approach that developed out of two movements in the 1960s: the Civil Rights Movement, which is believed to have primarily advanced the rights of Black men and the Feminist Movement, which is considered to have focused on advancing the rights of white women. The third wave of feminism include Black Feminist Thought. The second wave-was pretty exclusionary of Black women's experience, but many of the battles fought were important to all women in particular around abortion, reproductive rights, violence against women, sexual abuse. Black women felt the Civil Rights Movement did not fairly represent them as women and that the Feminist Movement did not recognize them as Black women, particularly in terms of the issues they faced (Collins, 1990, 2000a; hooks, 1984; Lorde, 1984; Mullings, 2004).

In examining Black Feminist Thought, I will focus on three early influential scholars: Audre Lorde (1984), Patricia Hill Collins (1994, 2000), and bell hooks (1984, 2000). Audre Lorde (1984), was a pioneer and builder of the framework for Black Feminist Thought. Lorde (1984) was examining intersectionality as a Black Lesbian and talked about her experiences of racism, sexism and discrimination based on her sexual orientation before Crenshaw (1989) made reference to intersectionality in Critical Race Theory. Crenshaw (1989) was influenced by the

work of Audre Lorde (1984). Lordes' (1984) work although, thirty years old is relevant for this research as it demonstrates the historical genealogical movement of Black Feminist Thought and the inclusion of intersectionality in Critical Race Theory. However, Lordes' (1984) work, does not adequately reflect the current women's movement. I also reference the work of more recent Black feminist thinkers, including April Few (2007), Tracey Reynolds (2002) and Kristina Rolin (2009).

The category "Black women" can be restrictive whether viewed as socially constructed or essentialized. Although viewing race through a social-constructionist lens often more overtly politicizes it, the definition of race may be as restricted as the essentialist view is. The social construct of race can be just as embedded and reified as are essentialist constructs in which Black women "just are," thus reflecting an ahistorical, naturalized perspective. Both naturalization through essentialism and the social-constructionist approach to categorizing Black women can limit and constrict the potential Black women have to the alternative and less oppressive lives they seek. Thus, the determinist and limiting views of race and gender, within essentialist and social-constructionist approaches, need to be avoided. As the category "Black women" involves the intersection of both race and gender, it is important to fully investigate both of these social categories.

Thomas Jones, Witherspoon, and Speight (2008), argue for the complexity of studying African Americans [Canadians]. They indicate that Essed recognizes that African American women's oppression is determined by a "racist perception of gender roles" (p.307). Any research that does not examine both, race and gender would be incomplete (Thomas Jones, Witherspoon, & Speight, 2008). A constructionist perspective sees the knowledge that is developed through individual experiences as having been based on or derived from the shared experiences of these

individuals' relationships (Charmaz, 2006). Exploring Black women's health through both Critical Race Theory and Black Feminist Thought allows a researcher to avoid the limitations of essentializing race and gender identity, while acknowledging and valuing aspects of the racialized and gendered experiences. It is important to challenge the restrictive and prejudicial constructions of race and gender, while deciding which aspects of these social constructs to accept. It is necessary to include both race and gender as they intersect and cannot be separated. Black women have offered major insights and significant contributions to the social, micro, macro and meso levels for advancing the rights of women, more specifically Black women. As indicated by Fuss (1989), it can be difficult to separate essentialism from social constructionism. And when the latter views all Black women as the same, it can be as limiting as essentialism.

The Feminist Movement of the late 1960s and early 1970s strived for the emancipation of women (McCann & Kim, 2003). Although Feminist Movements took place in the late 18th century and early 19th centuries, the radical feminism of the latter period demanded an examination of the injustices women experienced under the patriarchal rule that existed in the spheres of politics, economics, education, and society in general. This Feminist Movement was primarily organized by well-educated, white, middle-class women (Freeman, 1973). Many Black women felt that neither the Civil Rights Movement nor the Feminist Movement politicized their agenda. Although both were pivotal in that they publically addressed the notions of oppression, power, privilege, race, and gender, they also recognized the intersecting and interlocking aspects of these various social locations. Black Feminist Thought, as both a theory and a movement, effectively articulates the experiences of Black women.

It is important to point out that Black women activists existed well before the contemporary, Black Feminist Thought, these strong activist included women such as: Sojourner

Truth, Harriett Tubman, Frances E.W. Harper, Ida B. Wells Barnett, Mary Church Terrell, Anna Julia Cooper, May McLeod Bethune and many others known and unknown (Collins, 2000; The Combahee River Collective, 1982). These women were well aware of their struggle to survive based on their race and sexual identity (The Combahee River Collective, 1982) a concept that later becomes defined as intersectionality.

The concept of intersectionality is central to Black Feminist Thought (Collins, 1994, 2000a; Crenshaw, 1989, 1991). By the late 1980's, a focus on difference and diversity among women replaced the previous emphasis in the idea that all Black women have shared experiences of oppression. This constrained notion of "similarity" often erased differences among women's experiences and social position in the social world and, hence, falsely universalized the experiences of white, middle–class women to those of all women. While the shift to diversity in the second wave of the women's movement began with attention being placed on class and sexual orientation, the idea of "race" as a determining factor of oppression became central as Black women's involvement in the women's movement grew. Black Feminist Thought emphasized intersectionality, as Black women were marginalized and oppressed by both race and gender.

Crenshaw (1995) suggests that "the intersectional experience is greater than the sum of racism and sexism. Any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black [people] are subordinated" (Crenshaw, 1995, p. 26). She was talking about the intersection of social locations in relation to racism. Crenshaw et al. (1995) continue to advance the study of Critical Race Theory, but state that one facet of identity cannot be prioritized over another.

3.3.1 Interpretive Frameworks. Experiential knowledge is valuable in capturing the lived experiences of African Nova Scotian women. While Critical Race Theory places an emphasis on this, a Black feminist lens offers a richer analysis of the role of intersection of race and gender in women's lives. Critical Race Theory's primary concern is race, while Black Feminist Thought places its lens on gender. Both theories explain the relevance of using story-telling and counter-stories in their methodology. Both theories aim to move people of African ancestry from the social margins to the center. hooks (1988) places an emphasis on the importance of preventing the appropriation of oppressed voices. She argues that not doing so can result in the stifling or prevention of self-expression and self-determination.

In addition, I argue that the oppressed may be guarded when sharing their stories with 'outsiders' who may be neither Black nor female. hooks (1984, 1989) cautions against using dominant cultural approaches that fail to give credence to the voices of the oppressed. Rather, she notes that viewing them as not important or nonexistent results in writing about them from the essentialist framework of "existing images and ways of knowing" (p. 14). She cautions that the privileged should not view marginalized populations as sharing one universal experience, reality, or perspective. Ladson-Billings (1998) points out that "naming one's own reality" helps a person of colour protect him or herself from the pain caused by [w]hite oppression" (p. 13). It gives power to a voice and enables it to challenge the dominant discourse. Through their voices, racialized individuals become visible and make it possible to change reality. Dei, Karumanchery, and Karumanchery-Luik (2004) argue the need to seek an understanding of the "internalization of pain, the repression of suffering, the suppression of the unspeakable—these are all natural and normal responses to violation, oppression and trauma" (p.31).

Brown (2012) outlines the tension that exists in postmodern feminisms' efforts to avoid essentializing "between questioning the authority of the experience of the oppressed while valuing the knowledge and experience of those oppressed" (p. 3). Like others, Brown critique of standpoint theory is that experience can be treated as uncontestable authoritative truth and subsequently, often essentialized. Rather than seen as arising from within particular, historical, social and political contexts. I agree that those who are considered oppressed need to have their experiences valued and centered if we are to understand, resist and change that oppression. As argued by DuBois, due to a double consciousness, marginalized populations have an ability to be able to live and see things from the perspective of the dominant members of society (Dickson, 1992). They also have the ability to live and see things from their various social locations (Collins, 1989, 1990, 2000a; Harding, 2004; Nielson, 1990; Smith, 1993). This perspective is a result of their repercussions of their experiences with race, gender, and class discrimination.

Black Feminist Thought challenges the masculine bias that pervades studies of the Black experience; it also addresses the "race" bias in feminist theory (Bernard, 1996). Noting these biases in both Africentric and feminist theory, Collins (2006) argues "that the struggle for an Afri-centric feminist consciousness requires embracing both an Afri-centric world view and a feminist sensibility and using both to forge a self-defined standpoint" (p. 10-11). Collins (1990, 2000a) suggests that the following are key elements of an Africentric feminist standpoint: (a) concrete experiences as the criteria for meaning; (b) dialogue as a means of assessing knowledge claims; and (c) research that encompasses the ethics of caring and accountability, and the consideration of race, gender identity, sexual orientation, and class. In developing her argument, Collins (1990, 2000a, b) examines the impact of intersecting oppressions and the pressure of sexual politics that Black women endure. She describes how ignoring gender, or conflating men

and women's lives, often works to the disadvantage of Black women. Often women's experiences are assumed to be the same as men's and are, thus, rendered invisible. Further, Collins points to the need for a framework that emphasizes and conceptualizes the links between race, gender, and class as systems of oppression (Collins, 1990, 2000a, b).

It is important to reflect on how society is, not by nature, white, male-dominated, and patrilineal. It is social and political and not natural. It is also one wherein women exit in the face of the dominant force. An analysis of Black women's lives must include race, gender, and class, as these are the dominant interlocking social constructs. hooks (1988), argues–that " sex, race and class, and not sex alone, determine the nature of a female's identity, status, and circumstance, the degree to which she will or will not be dominated, [and] the extent to which she will have the power to dominate" (p. 22). hooks (1984, 1988, 2000) further argues that, in order to work towards a feminist revolution, the ways in which race, gender, and class, divide us must be acknowledged. The colonization of Black people must be part of the interpretation of Black Feminist Thought. In turn, the historical consequences of the body of modernist Eurocentric notions of race, of which was mainly the work of white, male scholars, silenced the voices of the oppressed. The histories of Blacks, became understood in the ways dictated by Eurocentric historians. Collins (2000b) argues that there is a need for safe spaces where those who have been marginalised can freely express themselves at a distance from dominant rule.

3.3.2 Epistemological Approaches. According to Collins (2000a), "[r]eclaiming [historical] Black feminist intellectual traditions involves much more than developing Black feminist analysis using standard epistemological criteria, it also involves challenging the very terms of intellectual discourse itself" (p. 15). This suggests that Black intellectual work does not take place only within academic institutions and that Black women who may lack formal

education also have intellectual gifts in their ability to bring important information forward in the stories they recount. Many white Western women are more at ease when fighting against patriarchal domination than they are when confronting other forms of domination, including racism (Lorde, 1984). Lorde (1984) stresses that we must fight against patriarchal domination in different ways "for the Masters tools will never dismantle the master's house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change" (p. 112).

Historically, Black women have been relegated to the shadows of Black men and white women, a condition that continues to this day. While Black male preachers in the U.S. are heard; Black women preachers are considered irrelevant (hooks, 1984). Similarly, when hook (1984, 2000) reflects on the white supremacy that existed during the Women's Movement, she notes that, early on, some white women did not want to be in the presence of Black women but wanted to maintain power over them. These types of exclusions have made it difficult for Black women to find their voices and to write confidently about their experiences.

hooks (1988) argues, "Given the politics of domination race, sex, and class exploitation the tendency in this society is to place more value on what white people are writing about [B]lack people, or non-white people rather than what we are writing about ourselves" (p. 43). Nevertheless, these two groups have begun to work collectively to advance the cause of all women. But, as indicated by Lorde (1984), it cannot be assumed that all women suffer the same plight. Lorde (1984) continues to discuss the many different tools of patriarchy that continue to be used against women and by women, albeit unknowingly. Lorde (1984) argues that as long as there is any difference between us, one of us must assume the inferior role as a result of the historical dynamics of power and privilege. While Lorde (1984) has argued this, this idea has

shifted; white women and Black women emphasize the importance of valuing differences and not attributing differences to race only. While Black feminists continue to be voices of intellectual activism for Black women (Collins, 2013), feminist research challenges the power dynamics that exists in the production of scientific knowledge (Rolin, 2009). The race of Black women will always be present in any struggles, as will their socio-economic status and sexual orientation. As a result, there is a need for Black women to apply a theory that speaks to their own existence.

For many of the struggles for equality, Black women have been seen as outsiders often because of their race, gender, and class. Quite often, the Black woman is the maid, nanny, lover, mother, sister, and wife. Seldom does she take the time to attend to her own needs. However, race continues to be the dividing factor among women. As Lorde (1984) indicates, we have been taught to handle differences in three ways to: "ignore it, and if that is not possible, copy it if we think it is dominant, or destroy it if we think it is subordinate" (p. 115). In some instances this coping mechanism for Black women is still applied. The consequence for Black women is that they find themselves either ignored and/or relegated to subordinate positions. From among all racial and gender groups, Black women are among the most underpaid (Lorde, 1984).

Although society may have changed women and Black women, in particular, still find themselves in subordinate roles where they continue to experience racism and sexism. Tatum (2000), examines power relationships as dominants and subordinates and indicates the control the dominant group has in assigning roles and devaluing subordinate roles. For example, Tatum (2000) indicates Blacks are seen as not intelligent enough and women are seen as not emotionally stable. McKenzie-Mohr and Lafrance (2010), argue that the challenges women face give meaning to their experiences and the need to develop counter-stories which challenge

dominant or master narratives, which are often damaging and harmful to marginalized and oppressed groups, Black Feminist Thought does this for Black women (McKenzie-Mohr & Lafrance, 2010). As indicated by McKenzie-Mohr and Lafrance (2010), although it is challenging to articulate, support and give meaning to women's stories, it is still necessary to create those spaces. I argue that Black Feminist Thought is a catalyst to validating the strength of Black women and their lived experiences in this research.

3.3.3 Significance for Empowerment. Black women experience victimization at the hands of many. Black women have endured and survived physical, emotional, and psychological abuse at the hands of colonial masters, white men, white women, Black men and other Black women. Lorde (1984), hooks (1984, 2000), and Collins (1990, 2000a) have used poetry, writing, lectures, and speeches to breathe life, purpose, and a sense of relevancy into the lives of Black women. hooks (1988, p.3) argues that Black Feminism Thought "expose[s] the false reality–," of Black women and urges for them, " to reclaim and recover ourselves." hooks (1988) states that her essays are rooted "in personal reflection in thinking feminist and thinking [B]lack" (p. 3).

Through identifying race, gender identity, sexual orientation, and class as interlocking systems of oppression, Black Feminist Thought enables us to reconceptualise the way in which domination and resistance are experienced in social relationships and to reveal new ways of understanding them (Collins, 1990, 2000a). This has the potential to be an empowering process as it enables oppressed groups to define their own realities (Bernard, 1996). This process will always involve both dominant and repressed forms of knowledge. This means that Black women use a tension between resisting and complying to white-dominant views of power and privilege and Black-centred views of oppression in processing their own lived experiences. Centring their lived experiences of racism and sexism gives voice to their realities.

Finding one's voice, which was once silenced and, for some continue to be silent, is no

small feat. Collins (1990, 2000a, b), hooks (1984, 2000), and Lorde (1984) all indicate that there

are few women writing and publishing about and for women of colour. Collins (1990, 2000a,b,

2013), hooks (1984, 2000), and Lorde (1994) report that they have been questioned by white

women about why they are writing these books when few Black women will read them and few

white women will buy them. But for these women of change, their writing is not only intended

for others, it is also a means of self-healing. These women continue to be central to current

feminist thought. Lorde (1984) eloquently reflects on why she hesitates to declare herself a

writer. Her fear comes from not being recognized as a writer because she is Black and a woman:

> Part of my self was still held captive by domineering forces of history, of familial life that
>
> had charted a map of silence, of right speech. I had not completely let go of the fear of
>
> saying the wrong thing of being punished. Somewhere in the deep recesses of my mind, I
>
> believed I could avoid both responsibility and punishment if I did not declare myself a
>
> writer (p. 8).

Similar to Lorde (1984), many women are afraid to speak out against race, gender, and class

discrimination, or homophobia for fear of remaining on the "outside." Lorde (1984) identifies as

a Black-feminist lesbian and speaks to how these social constructs keep her on the "outside,"

even among Black women.

Feminists, both Black and white, have made many sacrifices, however, so that women

can move, with a liberated voice, from the position of outsider to insider. Women must find their

voice and a way to "talk back" (hooks, 1984; Lorde, 1984) as an expression of moving forward.

Through Black women sharing their stories and experiences, orally and in writing, a wave of

transformation and awakening occurs. Collins (1990), hooks (1981, 1984, 2000), and Lorde

(1984) all reflect on the influence their works have had in helping many Black and white women "find their voices" and better understand the experience of Black women. Lorde (1984) argues that where one moves from being object to subject, there is an active self-transformation and a rite of passage. "Only as subjects can we speak. As objects we remain voiceless—our beings defined and interpreted by others" (hooks, 1988, p. 12). Mama (1995), Carby (1999), Lewis (2000), Reynolds (2002), and Collins (2013), all argue for the continued need for Black women to document their lived experiences in whatever form of genre they choose (music, poetry, theatre) to insure the Black voice is not appropriated by others.

hooks (1993), Etowa et al. (2005), and Beauboef-Lafontant (2007), argue that the image of "the Strong Black woman" has made it difficult for this group to articulate their needs for help. Beauboef-Lafontant (2007) describes the expectation society places on Black woman. She notes that they are expected to be able to "carry-on" despite the challenges they face in sexism and racism. This expectation affects their ability to name these injustices.

hooks (1981) and Collins (1990, 2000a) are credited with developing Black feminist standpoint theories that take into account the historical positions of these women as slaves, "jezebels," "mules," and property to be used in whatever way white women and men, in general, choose. Collins (2000a, b) argues that some Black women have certain perspectives that arise out of shared experiences, along with a different relation to knowledge production that gives rise to a uniquely Black feminist standpoint. hooks (1984), notes that:

> [M]uch feminist theory emerges from privileged (white) women who live in the centre, whose perspectives on reality rarely include knowledge and awareness of the lives of women and men who live in the margin. As a consequence, feminist theory lacks

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wholeness, lacks the broad analysis that could encompass a variety of human experiences (p. iii).

Brown (2011), argues that some anti-oppressive discourses, including feminism, "now center[s] on a number of key concepts, including differences, which is most often articulated in terms of race, gender, and class" (p. 6). Black women's lived realities based on their race, gender, class, sexual orientation for example have contributed significantly in the development and implementation of intersectionality. Through the works of Collins (1990, 2000a, 2013), hooks (1984, 2000), and Lorde (1984), white feminists have developed a better understanding of the power of race and become stronger allies in the feminist movement. The important concept of intersectionality that influenced the latter part of the second wave Feminist Movement and characterizes the third. The second wave of the women's movement was not homogenous. There were clear distinctions for example between Radical, Liberal, and Socialist/Marxist feminisms. In the socialist/Marxist approaches the focus was on the intersection of gender and class. Subsequently, Queer feminists made it clear that they were being excluded as did Black Feminists followed by those fighting Ableism. Together, the shift in a more inclusive women's movement was evidenced by a focus on intersectionality, which was introduced initially by Black women's realities. hooks (1988) argues for the importance of women collectively ending their silence and speaking in a combined liberated voice. She furthers argues that "feminist thinkers engaged in radically reworking the vision of the central tenets of feminist thought must continually emphasize the importance of sex, race, and class as factors which *together* determine the social construction of [woman]" (p. 23).

A Black feminist standpoint lends clarity to the significance of the vision that women of

colour bring to understanding power as it relates to oppression and the oppressor. Because of their unique historical experience, that includes enslavement they are able to address their oppression in ways that allow them to regain power and control of their lives (Collins, 1990).

3.4 Limitations of Black Feminist Thought

Both Critical Race Theory and Black Feminist Thought can potentially be viewed as essentialist. This is problematic. Feminist theory already clearly examines gender and class. It has joined forces with post-modernism to "confront issues of inclusion, exclusion, diversity essentialism and the foundation of what has been considered knowledge" (Brown 2012). Some writers criticize the standpoint approach of in the second wave of the women's movement and early Black Feminist Thought for essentializing and inadvertently reifying oppressive aspects of social categories and in some instances fracturing the community of feminist theorists. They note that this approach is one that explores how a focus on "sameness" has resulted in most social groups being integrated within analyses of the privileged, white, European, male, heterosexual experience and notes that this is problematic. Black scholars believe that Black Feminist Thought effectively articulates the experience of Black women. Along with postmodern feminists (Brown, 1994, 2012; Nicholson, 1990), Black Feminist Thought recognizes the tendency to homogenize social groups by erasing the differences among them. Health researchers (Enang, 1999; James et al., 2010; LaFrance, 2009; McGibbon & Etowa, 2009; WHO, 2001) precisely stress the importance of race, gender, class and sexual orientation in any analysis of health and well-being. Black Feminist Thought, may not address the needs of all Black women, as it comes from an American context. It may not adequately examine the various experiences of Black women in reference to their place or origin, such as: African, Canadian, Caribbean, and mixed ancestry.

Lafrance (2009), for example, describes how women use narratives to heal from depression and how they find a sense of relief about "having a name for their experience" (p. 77). The women she cites also offered examples of how they were misunderstood or marginalized. She concludes that having a shared experience has helped many women who suffer from debilitating depression. It is equally important that Black women be afforded the opportunity to examine their marginalization based on race and gender and how these factors affect their health and well-being. According to hooks (1984, 1988), radical postmodernism supports the development of unity across race, gender, and class in order to build solidarity. By deconstructing traditional notions of identity, people will no longer be blinded by their social locations nor will they judge others by them.

3.5 Applicability of CRT and Black Feminist Thought

In this research, both Critical Race Theory and Black Feminist Thought are used to analyze the data. By segregating the data on women of African ancestry living in Nova Scotia and examining it through the lenses of these two approaches, this study aims to give space for the women's stories to be heard and to validate their lived experiences of racism. The recognition of multiple identities and their complexity can result in an analysis that gives a more complete picture of these individual lived experiences. Both Critical Race Theory and Black Feminist Thought are effective theories to apply to this research as they utilize similar tenets such as the centering of race and racism, counter-storytelling and they do not support a colorblind ideology.

Critical Race Feminism, an effective theory that is evolved from Critical Legal Studies is still considered a movement that is developing (Cleaver, 1997). Aylward (1999), indicates that Critical Race Feminism looks at the complexity of multiple identities and is more inclusive of global analysis of race and gender. Black Feminist Thought exclusively focuses on the

oppression and liberation of Black women, which is the primary purpose of this research to explore the experiences and effects of racism for women of African ancestry living in Nova Scotia.

3.6 Summary

In this dissertation, I argue and demonstrate that combining Critical Race Theory and Black Feminist Thought which both include intersectionality, can make a significant contribution and are relevant to analyzing the impact of race, gender, and class discrimination on the health and well-being of African Nova Scotian women. The lived experience of people of African ancestry and women is sometimes minimized in research. Racism is socially and historically constructed and the impact of racism is often dismissed in research. Through the research of Dei (1999), Omni and Winant (2003), Tatum (1997), and West (1993), it is evident that a universal definition of race does not exist. Yet, as several researchers unequivocally argue, the colour of one's skin is a primary indicator that determines how Black people are perceived and treated. This suggests that we cannot ignore the impact of race (Collins, 2000a, b; Crawford, 2003, 2007; Dei, Karumanchery, Karumanchery-Luik, 2004; hook, 1990; Massaquoi, 2007; Wane, 2007).

Similarly, women continue to fight for equality under patriarchal rule. The Feminist and Queer Movement have advanced to include Blacks, Latinas, Lesbians, women with (dis)Abilities, low-income women, and single women as the complexity of "one's sense of identity as a woman and one's knowledge of oppression continues to be crucially important for a variety of feminisms" (McCann & Kim, 2003, p. 5). One theory alone cannot address the complexity of multiple identities nor should individuals be forced to fit in one "box".

Critical Race Theory, alone, cannot adequately address Black women's health. However, if this theory (Delgado & Stefancic, 2001, 2012; Gillborn, 2009; Ladson-Billings, 1998;

Matsuda, 2013; Parker & Villalpando, 2007; Solórzano, 1997; Solórzano & Yosso, 2009) is blended with Black Feminist Thought (Collins, 1990, 1998, 2000a; Crosby, 1992; hooks, 1990; Lorde, 1984) the intersection of race and gender in relation to Black women's health can be acknowledged. By using a blend of Critical Race Theory and Black Feminist Thought, I create a space for the women in my research to name themselves, to speak about their experiences from their various social locations, and to analyze their stories. This is considered 'strategic essentialism' a term coined by Spivak (as cited in Chakraborty, 2010); a political tactic that unifies the struggle and experiences of, for example, women of African ancestry. I believe that biological, physiological, and genetic factors often used to define individuals in terms of race and gender are essentialist. I also recognize that social constructs such as race and/or gender are based on specific assumptions about reality, knowledge, and learning that can also be considered essentialist. The blending of Critical Race Theory and Black Feminist Thought will offer a lens that seeks to counter essentialism-based race and/or gender identity; it will also acknowledge how race and gender are socially constructed.

Chapter 4: The Methods: Grounding Critical Race Theory and Black Feminist Thought

This chapter outlines the study design of this dissertation. I analyzed a secondary data set from the RVH Project, a five-year action research project funded by Canadian Institutes of Health Research: Institute of Gender and Health, conducted in three cities in the three provinces: Halifax, Nova Scotia, Calgary, Alberta and Toronto, Ontario from 2003-2008 (Racism Violence and Health Project n.d.). This Project explored how experiences of racism affect the health and well-being of African Canadian individuals, families, and communities in these three major Canadian cities (James et al., 2010; RVH, n.d). The Project focused especially on the experience of violence, including the violence of racism.

4.1 The Racism Violence and Health Project Study

Conducted by Bernard, Este, James, and Benjamin the central objectives of the RVH study was to explore how the experiences of racism affect the health and well-being of individuals, families, and communities in the African Canadian diaspora (Halifax, Toronto, and Calgary); and determine the perceptions of racism-related stress in Caribbean, immigrant African, and Black Canadian communities (James et al., 2010, p. 2).

The study included nine hundred quantitative interviews, 120 in-depth qualitative key-informant and community-member interviews, and three micro-ethnographies with African Canadians from various professional, educational, and economic backgrounds were completed in the three cities (James et al, 2010). Between 2002 and 2006, three community forums were held in each of the three sites. Three hundred of the 900 quantitative interviews, 40 of the 120 in-depth qualitative interviews and one of the three micro-ethnographies were completed in Nova Scotia (James et al., 2010).

The quantitative interview questions were developed based on a series of instruments called the RaLES (Racism and Life Experience Scales), developed by Black psychologist, Shelly

Harrell (James et al., 2010 p. 11). These questions measured the impact of race-related stress. The qualitative interview guide for the 120 participants was based on the analysis of the quantitative data and consisted of questions on the meaning of Black community, on participants' personal experiences of racism, on the impact of racism as violence, on the level of awareness of racism among community members and on the level of understanding of how this population recovers or heals from the experience of racism (James et al., 2010 p. 13).

Participants for the qualitative interviews were recommended by the Community Advisory committee and/or research assistants, and from that recruitment pool, purposively selected based on their experience and expertise as leaders in a certain topic or area (Patton, 1990) from the sectors: health, education, legal system, social services, and the faith communities (James et al., 2010).

4.2 The Use of Secondary Data

Secondary data is defined as pre-existing qualitative or quantitative data collected in one study and used and reanalyzed in another study (Heaton, 2008; Singleton, 1988; Whiteside, Mills & McCalman, 2012). Bishop (2009), Bishop and Neale (2012) and Irwin (2013) indicate that in qualitative data collection, there is an increased interest in the use and reuse of secondary data. When using secondary data, it is important to present the primary researchers procedures of how the data was collected (Irwin, 2013; Singleton, 1988). The interview guide from the original Racism Violence Health research is presented in Appendix B and recruitment letter in Appendix C. I have described above the details of the data collection procedures.

The use of Grounded Theory for secondary data is well supported (Andrews, Higgins, Waring Andrews & Lalor, 2012). Glaser, the co-founder of Grounded Theory, encourages researchers to use secondary data (1963, 2007). In a 2007 publication, he stresses that the type of

data does not matter. What matters is the conceptualization of the data using Grounded Theory. He states that Grounded Theory "is a highly rigorous abstracting methodology which grounds theory in what is going on whatever the data" (2007, p. 21). Grounded Theory can be used to apply new research questions, develop new ideas, determine the validity or challenge existing research, and present a different perspective of the original data. An independent researcher analyzing secondary data brings a new intensive view of the data that an original team member cannot (Glaser, 1963). The rigorous techniques of analyzing the data are still applied.

There are several advantages in using secondary-data: an opportunity is provided to develop new methodological approaches, new concepts and avenues of inquiry can be discovered (Fielding, 2007; Heaton, 2008; Irwin, 2013), and findings from the original study can be expanded (Fielding, 2007; Heaton, 2008; Irwin, 2013; O'Neil, 2000). The use of secondary data can also save time and money, the research process is more transparent, particularly for any publically funded research, there is less likelihood of duplication of similar research, and data is more accessible and available to the public (Bishop, 2009; Fry et al., 2009).

Vulnerable populations (e.g. Aboriginal, those of African ancestry, those with (dis)Abilities) face a disproportionate burden of being researched compared with other populations. The use of secondary data can reduce the burden for these participants (Bishop, 2009; Fielding, 2007; Fry et al., 2009). Research has documented the exploitation, misinterpretation, and misrepresentation of vulnerable populations (Collins, 2000, 2013). Jackson (2002, 2004) argues that vulnerable groups still struggle to accurately define who they are in research, as others continue to define them based on socially constructed notions of race.

This is particularly the case in relation to the African Nova Scotian community which is "over-researched". Many members of the African Nova Scotian community have been approached

by government, university class based projects, and graduate students to participate in surveys, interviews or allow their community to be observed and/or analyzed. Many understand the importance and benefits of research but there is a history of mistrust in marginalized communities based on previous research. Many African Nova Scotian communities recognize the amount of research conducted on Africville and the limited amount of research in print about other challenges, other successes or other African Nova Scotian communities. Some feel they have told their stories several times but have not witnessed the results of the research and some feel they have been misrepresented in the research that has been completed. The use of secondary data protects vulnerable participants from having to retell and relive their experiences.

Yet, the use of data as secondary does not come without problems. Although improvements have been noted in security technology, such as in the storing of data, many researchers are not comfortable with the idea of qualitative data being easily accessible. Concerns over methodology, too, -arise based on the original context in which the data was collected and whether it is a suitable source for the specific objectives proposed in further analysis or for use in other research projects.

Analysis methods used with secondary data are also not without limitations. An example applicable to this research is theoretical sampling, an important component of Grounded Theory (Irwin, 2013). Cited as a limitation by some researchers, I believe it is possible to theoretically sample from secondary data as will be explained later in this chapter. The researcher-participant relationship has been cited as absent in the use of secondary data. The importance of this relationship is that it can add to the context of the research (Irwin, 2013; Parry, 1998; Parry and Mauthner, 2004). However, I point out that the collection of the primary data (interviews, focus groups, and transcription) even in the original study, is seldom undertaken by the principal investigator, who generally is responsible for the overall analysis. Data collection is more often

generated by research assistants and sometimes community members and it is they who have the relationship with participants. As I was involved in the collection and analysis of RVH quantitative and qualitative interviews and was a member of the Community Advisory Team, I was able to call upon my knowledge in the field, derived from my relationship with participants, when analyzing the data as secondary.

Many debates against the use of secondary data evolve around ethics and confidentiality for participants and/or organizations (Bishop, 2009; Parry & Mauthner, 2004). Concerns about confidentiality and anonymity arise around what permissions were given by participants in the original research and their applicability in further analysis (Bishop, 2006). I address these concerns in the ethics session below.

4.3 The Dissertation Research

4.3.1 Purpose of the study. The purpose of this research is to explore, in depth, the effects of the lived experiences of racism, and its effects, particularly health and well-being effects, for women leaders of African ancestry living in Nova Scotia.

4.3.2 The Sample. I analyzed 20 of 40 in-depth qualitative community leaders' interviews from the Halifax qualitative data sample. Community leaders were identified by the Community Advisory Team and members of the research team. I purposively selected interviews where women identified as being of African ancestry. The Halifax data sample included women, men and individuals of different racial/ethnic backgrounds and this data was not included in this thesis. The twenty interviews, I selected for my doctoral research were all the women community leaders who identified as of African ancestry. The majority of the twenty participants were between 45-65 years of age. Participants' demographics are described in detail in the findings chapter, chapter five.

4.4 Ethical Considerations

Early in the collection of the data for the original research and in subsequent discussions and meetings with Dr. Wanda Thomas Bernard and other members of the original research team, I expressed an interest in using data from the RVH Project for my dissertation. I met with Dr. Wanda Thomas Bernard during the data compilation phase of my research to obtain a clean (all personal identifying information removed) transcribed file of the 20 in-depth qualitative interviews of community leaders who identified as being of women of African ancestry. I also received a letter dated May 29th, 2013, from the RVH Principal Investigator, Dr. Wanda Thomas Bernard, giving me permission to use the RVH Halifax data (See Appendix D).

Because the RVH data was used as a secondary data source with a new research question, additional to the original Research Ethics Board approval was sought, as required by Dalhousie University's Research Ethics Board policy. I reviewed Article 5.5 (p.62) of the Tri-Council Policy Statement 2 on privacy and confidentiality. In particular, on page 63, the section titled "Application" notes "This policy does not require that researchers seek consent from individuals for the secondary use of non-identifiable information. In the case of the secondary use of identifiable information, researchers must obtain consent in accordance with the applicable laws, unless the researcher satisfies all the requirements in article 5.5" (CIHR, 2010, p. 63).

Based on the original consent form (See Appendix E), participants gave consent for the use of quotations in future reports, presentations, and publications. They were informed that "[t]hese reports, presentations, and publications will contain quotes from the interviews, but we will remove all identifying information from these quotes. Your name will never be attached to a quotation – you will be anonymous. At the end of the interview, I will repeat that completely anonymous direct quotes from the interview may be used in future reports or publications and

confirm your understanding of this." The original consent was sufficient to allow me to conduct this analysis as was approved by the Research Ethics Board at Dalhousie University.

4.5 Data Analysis Methods

Grounded Theory was the methodology used to examine the Racism Violence and Health interviews (Charmaz, 2006; Strauss & Corbin, 1990). When examining the transcripts I used the theories of Critical Race and Black Feminist Theory as a lens. Additionally, I wrote reflective memos to generate data that speaks to my lived experience as an African Nova Scotian woman. I have intertwined my lived experience with the stories of the women in the study.

4.5.1 Grounded Theory. Grounded theory is a qualitative data analysis method that allows researchers to systematically analyze and interpret data. Strauss and Corbin's (1990) Grounded Theory method focuses on the discovery of categories that emerge from the data. The method is somewhat prescriptive. Subsequently, Charmaz (2006), moved away from this prescriptive approach to more flexible guidelines in which categories and concepts, although still emergent are interpreted and constructed from the data. As a novice researcher, I found benefits to the more prescriptive approach. However, I would argue that whether Strauss and Corbin's prescription or Charmaz's flexibility, emergent concepts are socially constructed in either case. I have used a number of techniques and processes from Strauss and Corbin's Grounded Theory method, including open coding, axial coding, selective coding, theoretical sensitivity techniques, and memoing. Although I used those iteratively, I present them here linearly for easier understanding.

4.5.2 Open and Axial coding. Strauss and Corbin (1990) outline several critical steps in developing Grounded Theory. Each step is not dependant on the other being completed in sequence, but all steps must be completed. Charmaz (2006) refers to the steps as being

systematic but flexible guidelines in constructing Grounded Theory. This flexibility allows the imagination to flow and concepts to emerge in the data that otherwise may not have been as evident. In open coding, concepts are developed by splitting apart the data. Splitting apart the data refers to applying tags or labels to the words and phrases based on emerging concepts. All data fragments (words and phrases) are linked to a particular concept in the coding process, removing them from their original context in the data (Coffey & Atkinson, 1996).

In coding data, I carefully examined it for emerging ideas that would become different concepts in the study, and noted their relationships to each other. I read and thought about sections of the transcripts keeping in mind both theories, Critical Race Theory and Black Feminist Thought, and developed concepts that described the experiences, events, and effects noted by the women. For example, with the lens of Critical Race Theory the women talked about feeling invisible, unable to speak, afraid to challenge racist actions or comments. I coded these experiences to the concept, "silence." Excerpts of data were highlighted in different colours to denote the different concepts. These particular effects also connect to Black Feminist Thought, in terms of how the women were experiencing racism. Although the women did not explicitly talk about their gender, some of their experiences were consequences of their gender role, such as the strong Black women's syndrome and being the primary care provider of children, family and community. The complexity of discrimination based on being Black and a women is better understood through the term gendered-racism.

At times, one of the concepts became a category, e.g. "becoming aware," with a cluster of interrelated concepts around it. At other times, a more abstract category was developed from concepts e.g "surviving" (see Appendix F). After open coding and clustering concepts into categories, I began to look at connections between the categories. This process is defined as axial

coding by Strauss and Corbin (1990), and Charmaz (2006). At this point I was engaged in interrelating data in new ways other than that found in the linearity of interview conversations. After the data were thoroughly analyzed and "broken" apart, they were more closely examined. As indicated, this process may happen simultaneously as you open code, and/or be repeated several times throughout the process of data analysis.

4.5.3 Theoretical Sensitivity Techniques and Diagramming. I used a number of questioning and flow chart techniques to further my ideas about the data. By asking a number of questions of the data and writing my observations in the margins, concepts and categories were further developed. Questions helped me to more deeply engage in the data. I asked "so what?" "What else is being said?" "How do these words or phrases connect?" "What do I interpret from this chain of events?"

I also examined and questioned strings of words or phrases that stood out (e.g. the word 'genetic code'). Some of these key phrases became *in vivo* concepts. *In vivo* means the exact words or phrases spoken by the participants to describe their lived experience are used to name concepts (Charmaz, 2006), for example, "numbing," Using *in vivo* concepts is an effective way to give voice to the stories of the women in the study's (Charmaz, 2006).

 Diagrams to think about concepts helped categories to emerge. I explored a concept by using a diagram of concepts, pulling together those that appeared similar or related to each other. Asking "so what", "what's next" and "how is this connected" helped me to grasp relationships between concepts, draw diagrams of the relationships. The clustering of concepts in the diagram led to the development of categories.

4.5.4 Selective Coding: The Story Line. In Grounded Theory, the storyline refers to the core category through which the story that emerges in the research is told, incorporating all

categories and concepts in the process (Strauss & Corbin, 1990). To pinpoint a storyline, I looked closely at the interactions between categories and concepts. Data is constantly being moved around in order to create a solid storyline. The diagrams, mentioned above to assist in conceptualizing the relationship between categories and concepts, also helped in finding the core category that Strauss and Corbin (1990) define as the storyline. The final diagram is presented in Appendix F. The storyline in this research was Surviving. Appendix F shows the storyline at the top and the other categories that emerged in interrelationship beneath it. In grounded theory the storyline of a study is also referred to as a descriptive analytical narrative—the conceptualized story that the women tell (Strauss & Corbin, 1990). As I have used Critical Race Theory, I also refer to the storyline as a counter-story.

Grounded Theory requires the researcher to extend beyond the participants' descriptions and views when interpreting the data (Charmaz, 2006), while remaining sensitive to the research participants. It was challenging for me to think in abstract terms as recommended by Strauss and Corbin (1990). With practice and determination, the storyline, categories, concepts, and abstract terms became more vivid. Creatively using Critical Race Theory and Black Feminist Thought, as lenses, provided the foundation for the emergence of the historical experiences of the women and their lived realities of racism. Selective coding provided the opportunity for me to be more creative and to present an innovative way of looking at different categories, which led to new discoveries. The process of selective coding and categorizing, systematically relating concepts and categories to other concepts and categories, and validating those relationships further refined and developed the core category.

4.5.5 Reflective Memos. On-going memoing throughout the analysis ensured that my own experiences with racism did not cloud my interpretation of the experiences of the women in

the study. Charmaz (2006) suggests that researchers develop their Grounded Theory using their different perspectives that may evolve from past and present connections, as well as their interactions with people and other research methods. As researchers, we bring into our analysis our own experiences and how we see and understand the work (Charmaz, 2006).

Writing down my experiences as reflective memos, helped me more clearly focus on and hear these other women's stories. Although their stories caused me to recall painful memories, I was purposeful in writing about my own experiences and intertwining them with the experiences of the women in the study. This process helped me to apply theoretical sensitivity by ensuring the data was grounded in peer reviewed literature as well as in personal experiences (Charmaz, 2006; Strauss & Corbin, 1990).

4.5.6 Theory. Grounded Theory is used to produce both substantive and formal theory. Both types of theory emerge along with concepts and categories grounded in data. Substantive theory is developed when the study is confined to a specific context or location, whereas formal theory evolves when a research study includes a much broader range and variety of situations (Charmaz, 2006; Strauss & Corbin, 1990). In this dissertation, a substantive theory emerges, about how women community leaders of African ancestry survive the experience and effects of racism in Nova Scotia. A theory can be applied and tested in further research by the same or other researchers (Charmaz, 2006; Strauss & Corbin, 1990).

In summary, Grounded Theory is a very rigorous and time-consuming method that systematically develops new theory through the data. Clearly demonstrating the relationships between core categories and concepts is the basis of Grounded Theory. This is achieved through the continuous analysis of the data, diagramming, memoing, ordering, and thinking of the data in a variety of ways. For this dissertation, not only was it effective to use Grounded Theory but also

applying the lenses of both Critical Race Theory and Black Feminist Thought, forced me to always read and understand the data from the perspectives of the women of African ancestry.

4.6 A Lens of Critical Race Theory and Black Feminist Thought

In analyzing the data I looked at it from a historical, race and gender-identity lens. 'Surviving', 'Silencing', 'Becoming Aware', and 'Remaking the Self' emerged as the key categories in the analysis. By using Critical Race Theory and Black Feminist Thought as a lens I could visualize the lived experiences of racism the women endured because of their race and gender. My analysis of how the women spoke of their lived experiences of gendered-racism includes how they were oppressed (Being Silenced) as well as the tools they used and developed to improve the future (Becoming Aware and Remaking the Self and the Community). I wanted to ensure the voices of the Black women in the study were being heard and to assure their stories were not misinterpreted.

Charmaz (2006) encourages researchers to acknowledge their standpoint and the historical era they bring into any research analysis. hooks and McKinnon (1996) and Collins (1991,1993) posit the importance of recognizing the different racial standpoints and histories that marginalized women of colour. Applying a Critical Race Theory and Black Feminist Thought in the analysis of the interviews brought a level of researcher transparency when interpreting the participant's stories. Applying this lens of transparency forced me to be cognizant of a stereotypical analysis of Black women that is based on race and gender. As an African Nova Scotian woman, I wanted to unpack transparency through reflexivity stereotypical stories or accounts that exist about Black women and make certain that the women's stories were reflected in an honest, caring, open way. Frequently, I found it challenging to not tell my own story because of how often the women's stories resonated with my own experiences.

The Black women leaders in my study presented their lived experiences of racism as central. The lived experiences of the women in this research are presented through stories and counter-stories. The women's stories are often counter-stories to the dominant white discourse that is often presented in research. Surviving as a concept is often paired with 'victim'. That is, it is victims who survive. Yet, these women in the study are not victims. They talk about surviving racism as both a negative and positive experience, but never from the viewpoint of victims. In analyzing the women's transcripts, I found myself wanting to know and wanting to learn more from these phenomenal women. Counter-stories validate the lived experiences of the women in my dissertation. Grounded Theory provided a method through which counter-stories emerged— as the storyline, categories and concepts ensuring that the women's stories were not being misappropriated. It was through their stories that I became more knowledgeable about their oppression and also about the tools they developed. Although Critical Race Theory originated in African American society, it has since been applied in a Canadian context (see Aylward, 1996). Canadian scholars have written books and articles that demonstrate the applicability of Critical Race Theory in the Canadian systems of education, social work, law and many other disciplines. Parker, Deyhle, Villenas and Nebeker, (1998), state:

> Critical race theory not only highlights discrimination through these narratives, but also offers alternative visions, perspectives and policies that are based on placing race (and its partial intersections with other areas of difference, eg. ethnicity, language, gender, sexual orientation, social class) at the center of the remedies for changes in the current power relations in U.S. society (p. 5).

The next chapter presents the analysis of the women's stories using Ground Theory methodology, Critical Race Theory and Black Feminist Thought**.**

Chapter 5: Telling the Stories

The purpose of this study was to explore the effects of the lived experience of racism of women community leaders of African ancestry living in Nova Scotia and its impact on their health and well-being. *Surviving, Silence, Becoming Aware and Remaking Selves and the Community* describe how the women in this study spoke of the effects of their experiences. This chapter does not talk about the incidents of racism, but rather the experience of racism and the effects of racism on women leaders of African ancestry. In this chapter, I introduce my analysis and understanding of the research participants' conversations in the context of the oppression they experienced.

As an African Nova Scotian woman/researcher conducting the analysis, I incorporate my own experiences into the stories I read during the course of this study. I do so by intertwining my own reflections with the women's stories. My voice is reflected in *italics* to distinguish between my words and the words of the women. As an insider, I felt it was important to write about my own experiences. Discussion of categories and subsequent concepts is exemplified with a single quotation. Using a participant's quotation that best illustrates any one category or concept may result in some participants appearing more often in the text.

5.1 The Participants

The 20 women in the study vary in age from 25 to over 65 years. Two are between the ages of 25 and 34, seven are between the ages of 35 and 44, eight are between the ages of 45 and 54, one is between the ages of 55 and 64, one fits into the category of 65 years old, and one woman did not indicate her age. A diverse group, three women were born in the Caribbean, eight identify as Nova Scotian born, six identify as Canadian but did not specify the province of Nova Scotia, however their parents were born in Nova Scotia and hence makes them part of the

Indigenous Nova Scotia cohort, two were born in countries in Africa and one was born in England.

The majority of the women, 14 of them, identified as being three-or-more generation African Nova Scotian or African Canadian, two indicated they had lived in Canada between 25 and 35 years, and four had lived in Canada for less than fifteen years. Eight women had completed master's degrees, five women had completed undergraduate degrees, two had completed college programs, one woman had completed high school, one woman was a doctoral student, and three women had some post-secondary education. Participants were community leaders with seven of them representing the health system, four representing each the education, legal, or social services system, and one representing the faith communities. In this dissertation, the women's names are pseudonyms.

Historically, due to its alienation from the dominant culture, the Black community developed a distinct culture and inter-connection among its members. The women in this research demonstrate this connection in their frequent use of the pronoun "we." This speaks to the connectivity that exists within the Black community, where individuals collectively survive as part of a unit that both functions and malfunctions. Members within the broader African Nova Scotian community have a strong unspoken connection to each other regardless of which smaller, local community they may come from. The participants draw upon the notion of collectivity and community, even when speaking of their experiences as individuals. It is important to not misinterpret this connectivity as though the Black community is homogenous.

Connectivity helps provide a strong sense of collective identity and purpose that maintains a bond with both family and community (Este & Bernard, 2003; Hamilton, 1998a). According to Bettina a participant in this study, "When I'm not doing well, then my community

isn't doing well" [Bettina]. In what follows, I present the stories told by the women leaders in the RVH study transcripts and interpret them using the four main categories and associated concepts that emerged.

5.2 The Storyline

'Surviving' was the storyline that consistently threaded its way through the participant's interviews at both a concrete and an abstract level. Surviving is about remembering the past in order to live in the present and to understand and anticipate a different future. By reflecting on the memories and stories told through the generations, and those imagined for the future, people of African ancestry are able to build on the strengths of their past, present, and future. They do not see themselves as victims. The categories of 'silence,' 'becoming aware,' and 'remaking selves and community' intertwine with 'surviving' in the participant's stories about their experiences of discrimination (Figure 1).
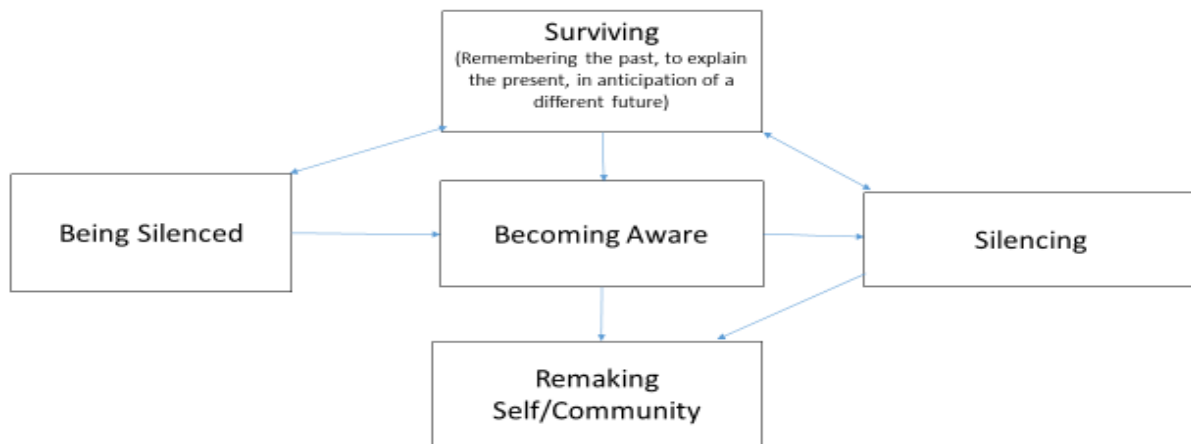

Figure 1. The main categories.

'Silence,' an important aspect of surviving, is described by the women in the study as 1) a means of control by white oppressors; many Blacks could not, and dare not, retaliate. However,

as the women in the study grew in their awareness of what was happening to them, 2) they used silence as protection. 'Becoming Aware,' refers to the awakening that took place for some of the women. Initially, they questioned whether the effects they were experiencing were the result of racism. But as they became more aware, they developed the ability to name racism and its effects, and to recognize and sometimes respond to it. In some cases, they could not respond. Nevertheless, they knew what was affecting their health and well-being, and it was racism. And lastly, 'remaking selves and community,' refers to the rebirth and creation of new experiences and memories that lead to a future that promises to be different from the past and the present. Through knowledge, education, and opportunities, Blacks continue to recreate themselves, individually and collectively, and to improve their situation.

5.3 Surviving

The category of surviving resonated throughout the women's stories. Surviving refers to the women's remembering incidents from the past to explain and understand the present and to anticipate a different future. It is aptly described by Mikala, "We need to take what happened in the past and learn from that to the point that we're going to correct the future and correct it now". This, I have named Surviving. As previously discussed, the history of African Nova Scotians is a very rich one, that has been passed down from one generation to the next, through the oral traditions of storytelling, songs, poetry, drama, film and pictures. African Nova Scotians are taught, at a very young age, about their ancestors' struggles to survive in the barren lands they were accorded in Nova Scotia. The stories are so vivid, they become stamped in memory. Bernice states,

I do think it's passed on generationally. And we come from that history. We could not

have been treated any more violently than we were and that has never been totally healed

or even fully acknowledged so why would we think it's not still with us in some way."

Remembering the sacrifices of our ancestors, of our great-great-great-great-great

grandparents, and of our parents, instils a strong sense of surviving. *In a journey to the slave*

coast of Ghana, West Africa, I was welcomed "home" to the celebration of their 50th year of

independence by these words: "Welcome home to the sons and daughters of our strongest

ancestors." These words brought tears to my eyes as well as to those of many of the African

Nova Scotians who were visiting an African country for the first time. These words spoke of the

warrior survival instincts that existed in our ancestors and that helped them to survive the

middle passage, being enslaved, the escape to freedom, segregation, and the broken promises.

These memories are with us and are a part of who we are. Study participants referred to the

determination, pride, and strength of people of African ancestry as genetic memory and as social

code. Both have been passed on from one generation to the next.

5.3.1 Corporeal Memory. Participants termed as "genetic memory", the stories from

past survival and the tenacious spirit of surviving and being connected to the strength of their

ancestors. While they did not reference actual genetic material, the study participants referred to

how stories that were told over long periods of time get "into the bones and under the skin"

(Schatzki & Natter 1996 p. 4-5).

> It's like we have a genetic memory and we, when we realize it, we come to terms with
>
> what happened to us, it strengthens us, you know. It's like you find it doesn't break you
>
> down, it gives you this internal fortitude [Beverly].

This memory, which Beverly refers to as genetic, gives her the strength to carry on because of the ancestral strength told in counter-stories, that challenge the white dominant discourse that exists even today. The shared experience of racism and its effects, and being Black in Nova Scotia imitates a shared gene. Bernadette indicates our collective history has "been impressed on [us] through our psyche, our unconscious. It's embedded in our sub-consciousness –always there and it replays at times."

A deep-seated resistance is passed on through counter-stories in the memory of people of African ancestry consciously or unconsciously. These lessons and counter-stories became part of the corporeal memory to draw upon when facing overt or covert racism.

5.3.2 Social Code. Ways of behaving, acting and being are derived from the counter-stories that are housed in corporeal memory. The concept of "social codes" is also related to the idea that stories carry a memory of the past and are part of a lifelong socialization process that women of African Nova Scotian ancestry acquire throughout their lifetimes. As Ninika states:

> I guess it's part of that whole processing. There's a specific role, there's a long history of work that Black women have done within the community. Sometimes, you know, you kind of feel that you have to fall into step, like my grandmother or my mother or my great aunt, they all did these great works. So sometimes, you know, it's sort of tradition that you need to follow those steps. But this would have provided me [with the opportunity] to see who I am for what I am and what I was interested in doing.

Ninika was taught by her mother, grandmother and aunt the importance of being a matriarch and caring for her family and her community before all else. Women in her family and community are assigned the heavy responsibility of caring for others. Samantha also attests to making personal sacrifices for the sake of her family. She was taught her family came first.

Black women learn early that they are expected to be strong. The gender role of the women is evident in caring for family members, and community members often at the expense of their own health. Bettina, in agreement with Ninika states;

> I think Black women have gotten to a point, because we're taking care of everybody else's wellness emotionally and physically that we put ourselves on the backburner. It's such an easy thing to do. And we burn ourselves out and don't even realize we're burnt [Ninika].

Social codes, shared in the family and community, instil a sense of Black pride. *I remember being repeatedly told stories, counter-stories, and phrases so as to instil pride and strength in me. They included phrases such as "You have to work twice as hard as the white people;" "Don't ever let someone tell you, you can't;" "You come from a strong people—giving up is not in our vocabulary;" "You're not doing this for yourself, you are doing it for the generation coming behind you." I also find myself always on guard and looking out for the betterment of children of African ancestry both in the community, education system (all levels) and in general.* These phrases, repeated over and over in families and community are social codes that influence behavior and attitudes, and become instilled in memory. For some women, social codes are inspiration and motivation. They are passed on from one generation to the next. The lessons of the past, as told in stories and kept in memory, have been critical for surviving in the present and moving toward the future.

5.3.3 Social Institutional Memory. Stories and their embedded memories are crucial in that they provide comfort, a genealogy of the struggle, and they chronicle the fight against oppression. Stories and memories are stored, produced and reproduced in African Nova Scotian social institutions, including the Church, the family, and celebrations.

5.3.3.1 The Church. The Church is a social institution that creates and reproduces memories that are key to community survival. People of African ancestry go to the Church for healing and strength. The Church is the backbone of most African Nova Scotian communities. It was the first school, police station, and meeting place for social justice, and it continues to be the focus of celebrations. Bettina indicates that;

> Church was a place where – has always been a place for political discourse. The big P stuff and there's always a safe place from civil rights movement to wherever we're at-- today race is on the table.

It was at Church where Bettina learned about the struggles of her ancestors and developed the tools to advocate for the rights of Black people. Remembering and being told counter-stories about segregation, the effects of racism and how to avoid falling into stereotypes about Black people were among the lessons taught at Church.

Bernadette, sees the Church as one of the social institutions where boys are taught to be men and girls are taught to be women. These lessons were sometimes taught through biblical stories, through sermons and skits and later evident in the families with the mothers often as primary caregivers and fathers as providers. "A Church has always been a place in the Black community where education happens where there is trust and a connecting from the Church to the community. So everything starts from the Church" [Alvina]. Many of the women feel that if the children and family develop and remember the values and lessons taught in the Church, they will be protected and therefore, as a family attend church. For Camia,

> The organized church, you know, stood firm for decades upon decades as the moral centre and fabric of our community in terms of impressing upon and building in us a sense of consciousness and a sense of self-respect and a sense of duty to each other in the

community, and a sense of survival that forbade us from engaging in certain kinds of activities.

The warm memories shared by family and extended family members in church continues to keep the Black community united. The memories of church being a place for safety and healing is why many of the women continue to return to the Church as a place of refuge. Bettina, reflects on the fact that she does not know another space quiet and meaningful as the Church for prayer and meditation. These memories is what keeps Bettina returning to Church each week, to maintain this sense of peace. For Bernice, the memories, lessons and counter-stories shared at Church contributed to her sense of identity and spiritual connection. Remembering "what [her] parents, grandparents, sorta have gone through in terms of racism and the communities they come from and connection with Church", she indicates, continues to help her to be strong.

 The Church is able to provide a sense of peace and calming that is found no place else. *My childhood, early adulthood memories from the past and memories I continue to create keep me connected to the church and my family. Recalling on songs sung such as "I Just Can't Give Up Now", "I've Come this Far by Faith", "He's Never Failed me Yet", and "Take Me Back", are some spirituals I draw on for inspiration and strength. It is because of my faith, taught to me when I was a child, that I now turn to as an adult, when I feel I have no place else to go, when I need to be comforted, when I am feeling discouraged, anxious, confused or receive bad news, I go to Church for healing.*

It is in the Church, too, that new memories are made. The importance of the Church to the Black community was no more visible than in the destruction of Africville. The Church was torn down in the middle of the night, while the congregation and community slept. From the emotional trauma experienced by individuals in the community at this abhorrent act arose new

counter-stories and memories repeated now in both African Nova Scotian communities and Churches.

In the Church, memories are produced and reproduced in the sermons delivered by the pastors, in the spirituals sung by the choir, and in the responses and the stories shared by the congregation. The women talked about the Church as being more than just an institution. Community and congregation members go to Church "with a heavy heart …and get healed by the choir as much as by the sermon. Music as a form of release and a form of renewal has been documented through time immemorial as having the capacity to transform your whole spirit" [Camia]. In part, it is the stories told in the spirituals sung by the choirs that heal.

It is at Sunday Church services, and at funerals and weddings where I hear such counter-stories as how the women made bed spreads and pillow cases out of potato sacks in order to survive the harsh winters. It was at the knees of the pastors and the older members of the Church where I learned how to take care of common colds and fevers, how to cook Sunday meals, where I learned the value of history, education and family. It is at Church where I allow myself to "let go and let God". Where I allow a cleansing spirit to wipe away the pain of work and renew my spirit. The historical Black Churches continues to play a pivotal role for people of African ancestry living in Nova Scotia as it is the one institution where you can reflect on the experiences from the past, openly share your experiences of racism and discrimination and it is not questioned. It's the one institution where your experiences are validated and support is provided in order to help you move forward. It's the one institution where so many life lessons are taught and remembered in a sermon or through stories and sometimes presented in plays during special services.

5.3.3.2 Family. Family is very important to the African Nova Scotian community. The women who are part of this study often spoke of family being close, extended and connected. "You know – family – they may try to find support from family members, you know, family groups, Church groups" [Bernadette]. All families played a role for the women when dealing with racism. Through families most times the women were able to offload their emotions and experiences without feeling judged. Family is a social institution where memories are shared, exchanged, and created.

Through the gathering of families, stories and counter-stories are exchanged about the Black family, past, present and hopes for the future. Some learn about the matriarchal role of the Black woman. Samantha, through the stories she remembers being told, interprets the role of the woman in family being connected to slavery "I can't help but feel [racism] has its roots in slavery. Black women having to become matriarchs and having to take on the kind of exterior…And I think it's very sad." In Samantha's experience, the mothers were often the ones most responsible for the health and well-being of their family and community. The expected role of the woman in the family has been passed down through stories told from one woman to another woman. The sacrifices made by the women was sometimes at the expense of their own health and well-being. In reflecting on the stories shared about the role of the women and the effects of the lived experience of racism, Ninika indicates;

> I think about the impact that it [racism] has emotionally on women so that if there's an instance of racism and I have a family, having to process that or having to put whatever that emotional piece is in the backburner to deal with the family and then at some point come back and deal with that – if they ever come back and deal with that.

Through the stories shared Samantha and Ninika have a better understanding of the sacrifices made historically by Black women. It is through the sharing of these stories that some Black women feel they have to live up to the expectation of "the strong Black woman." It is through these counter stories that some of the women learned what their expected role in the family is.

Regardless of the family structure in the communities the women have memories of how the African Nova Scotian communities helped to collectively raise their children. Children could be disciplined by other adults and few questions would be asked.

This is one of my fondest memories growing up in the community of Beechville and Cherry Brooke, being raised collectively by my community. Being told stories by my siblings, cousins, aunts and uncles about the community extended family. My dad passed away when I was fourteen, my mother became a single parent and had to work outside of the home doing days work for white families and waitressing. Many women in the community shared similar stories of their hardships, these stories are passed on to the next generation as a means to encourage them to get their education. Many older members in the Black community were not as fortunate to go on to college or university and in some cases finish high school because of their responsibilities to their immediate families. At the age of 46 mom returned to school and became an insurance broker, she was so proud of her accomplishments as were we as a family and community. When mom was working and studying it was the community family that made sure we ate and did not get into trouble as well as our older siblings. These stories are shared to remind each other of the strength and ability that is in all of us, especially when we work and support each other collectively. The achievement of my mom and my personal achievements, would not have been possible if not for my older brothers and sister and our extended family helping to take care of

the younger children. I think these family stories contribute to who we are as a people and

remind us of our resiliency

> Shiona, shares how important the Black community is for her;
>
> The Black community, for me, is a sense of support, a sense of, it gives me a sense of community, gives me a sense of belonging, of sanity (laugh), family. And it's a sort of place of refuge and a place where I can totally be myself and be comfortable.

As children we were always told that no matter where you go in this world or what may be happening in your life, your family and community will always be there to embrace you. Many of the women in this research shared their stories, to help others deal with racism and sexism. They share how they are continuously on guard for racist or sexist comments but that in their own community and with their family, they were able to let their guard down around these issues. These stories reinforce how important family and the community family is for people of African ancestry. It is through these intimate connections with families that many feel new memories are created, such as those developed through extended family.

> Well, family connection, I think, is the strongest. Having a sense of what my parents and, grandparents, sort of, have gone through in term of experiences of racism and also the communities that they come from [Bernice].

The many counter-stories shared through families provided the women with drive to develop the necessary tools to deal with racism. Through the stories they learn about the hardships of their parents and grandparents and recognize that they may not have been in a position to individually fight against racism, but that collectively there was strength, understanding, and the support they needed. Through their stories and strength they have contributed to a new generation that is moved to action to create a different future. *In reflecting*

on my experience of now raising my family, I wonder if they are as protected from racism as I was. My children are not being raised in a traditional Black community and do not have the extra protection of an extended family, I recognize the power and strength of family to get me through difficult times. For support and "check-in" my immediate family enjoys "Soul Food Sundays" with our mother, siblings and extended family, where we "off load" our challenges including those of racism, sexism and other forms of oppression. We gather at the home of the matriarch in the family. When my grandmothers were alive we would similarly gather at their house. We sit and share stories of the past, present and hopes for a better future, a round a home cooked hot Sunday meal. Our mother and older members of the family will share how they would handle things, the siblings would share, as would the younger nieces and nephews. Some are surprised that the same struggles they are experiencing, existed in the past as well. Challenges of education, employment, overall treatment of Black people is often discussed, in the presence of our multi-racial family. Soul Food Sunday is such a significant part of our family, we easily get lost in the counter-stories and each other for hours. It is at these weekly gatherings that we help our children, nieces and nephews articulate their experiences of discrimination and celebrate any birthdays or accomplishments. Siblings who are away sometimes call on Sundays so they can be a part of the family gathering.

5.3.3.3 Celebrations. Occasions for celebrations are also times when memories for surviving are produced and reproduced. The history of Africville is celebrated now; it is a story that is handed down from one generation to the next. This is an example of the continuation of memories. A new memory is created each time the story of Africville is shared. These stories have been passed down by the men and women who are descendants of Africville. One of the women, Bernadette, recalls the destruction and relocation of Africville, in 1968. White city

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officials came into their community and forcefully uprooted homes and relocated families to public housing in north end of Halifax. Dencil recalls how the community of Africville was replaced with a public park.

> […] they put the dump there. There was all this negative stuff dumped in Africville just so that the City could take ownership of the place. They got ownership and what did they end up doing with the land?! It's a park. Big deal! So they uprooted people, who have been living there for eons, to put up a Park. Empty promises.

The physical, emotional and psychological effects of the relocation of Africville has been passed on from one generation to the next. Some families suffer from historical trauma when they visit or think of Africville. During the destruction of Africville, individuals who were in hospitals or deployed to military responsibilities, returned home to Africville- to discover their home was gone. However, where possible, families try to remain connected and strong despite the efforts of the city to break up the community of Africville. The history of Africville must never be forgotten. Children who are descendants of Africville are reminded, through counter-stories how resilient they are. They would often hear stories about their ancestors fishing, blueberry picking, helping to build each other's homes and the unity that existed in Africville. They would be told about the Church and the role it played in the community as a school and a meeting place and they would be told about the destruction and relocation of Africville as a means to ensure it does not happen to another African Nova Scotian community. The descendants of Africville are keepers of this memory and they do this through an annual celebration, which is held in Africville organized by descendants of Africville.

Celebrating Black History, as discussed by the study participants is an example of maintaining and recreating memories of struggle and oppression. Bonita states:

It's important for them to learn, and it's also important for the other kids to learn about

Black history – about positive things – so they can become more aware and maybe more

tolerant, you know. So education is huge and it's still lacking – still lacking. I think we're

getting there slowly but surely.

As people of African ancestry, we do not wait for African Heritage month to celebrate our

history. Through local and national celebrations of African Heritage Month, the history and

contributions of people of African ancestry is becoming better known. Children are leaning

through counter-stories, held in memory, about how their ancestors were scientist, explorers,

historians, doctors, teachers, mathematicians, and inventors. They are learning about Africa as a

continent and the rich kingdoms that existed before slavery. They are learning about colonization

and the exploitation of people of African ancestry. They are learning about the history of Blacks

in Nova Scotia and Canada and their contributions to the development of Canada as a nation.

They are leaning about how racism, sexism and other forms of discrimination continue to be a

part of this history. It is important to reaffirm our history, to ourselves every day, and to counter

the negativity they daily experience.

Without the memories of these stories, passed down through generations, people of

African ancestry would not have survived as a proud and strong people. They would not know

about the struggles and accomplishments of those who have gone before them. The importance

of the lessons learned, that become social codes, that hinge on the counter-stories held in

corporeal memory, as well as from social institutional memory, are only beginning to be written,

as fiction, poetry, and movies. They have traditionally resided in the bodies of individuals,

families, communities, Churches and expressed in celebrations. It is these stories and memories

that the women in the study drew upon, to understand their lived experiences from the point of view of the past, and to look towards change in the future.

5.4 Silence

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A Space of Silence

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This space is for all those who have been silenced and whose stories are not in this research. Now your voices of survival begin, through the women who have participated in this research. Silence, as a category, emerged from the women's stories. Silence in the context of this research included two concepts: *Being silenced* and *Silencing.* In their conversations about being silenced, the women described *not being able to speak* because of the discriminatory attitudes and behaviours towards them*;* they spoke of the *numbness* that had descended on them in the course of being silenced, how this contributed to their inability to respond to discriminatory attitudes and behaviours. On the other hand, the women used silencing as they became aware of having been silenced. They were no longer silenced in reaction to the actions or attitudes of others. Rather, they used silence as a means of silencing their oppressor. Instead of responding to their oppressor, the women remained silent and did not verbally or physically respond. This often frustrated and silenced their oppressor, as the oppressor did not know how to respond. The category of silence then refers to a transition of how the women experienced 'silence' as a form

of oppression and later used 'silence' as a means of liberation. I refer to silencing as a concept under the category of *Becoming Aware*, later in the findings.

5.4.1 Being Silenced. Being silenced happened without the women being aware it was happening. Their voices were muzzled, their responses were stifled, and their presence made invisible or ignored. Some women lost the ability to speak out. Many of the women in the study felt they were treated this way, not only as children in school but sometimes in their professional lives. I have termed this type of being silenced as involuntary silencing. It is an automatic response to racist attitudes and actions inflicted by others. The women could not say or do anything to counter what they were experiencing because fear, lack of confidence, an inability to put into words, to understand what was being said, or what was happening to them, silenced them.

A second type of being silenced was a voluntary silencing, a constrained choice-the dangers of speech. The women in the study described how in certain situations they kept silent because the consequences of speaking were too great. Voluntary silencing occurred in situations of oppressive authority, or simply in the presence of oppressors, as Bernadette describes.

> So you know I feel sometimes, you know, down and out, depressed, you know, and inadequate, and doubtful about myself, especially if I am in a group of mostly White people, I don't know how to act sometimes. I get scared not knowing what to say because I think if I say something, it will offend them because I'm not, you know, I'm not being like – I'm not trying – I'm not conformed to their own ideology of what I should be in society.

Being silenced may occur because people are afraid to point out the racism and discrimination for fear they will lose their jobs or be punished. As Rosella states "The ongoing

pressure to find and maintain employment forces some individuals to be muzzled." I argue that it is very challenging for African Nova Scotians to find gainful employment with which to support themselves and their families. Many Blacks silently suffer through racism and discrimination. Being silent was the only way to guarantee survival in the context of some of the women's experiences. Bettina, tries to encourage people to "name it" if they are being discriminated against and to help others "name it". Naming "it" can create a safe place.

> Help people name when it's institutional racism. Help them name when somebody is personally attacking them because of their race or because of their gender or sexual orientation. Give it some language. And that's a huge level of accountability. Don't be silent, you know, help people create – healing occurs when people are able to create safe spaces. And there has to be safe spaces for people to talk about this and in talking about it [racism], that means naming it [Bettina].

> Few of the women in the study felt they had rights or would be treated fairly if they spoke of the racist and sexist injustices they experienced. Stories of being fired, let go, or abused remind some of the women of their vulnerability and the vulnerability of their children. This fear is heightened by media reports locally, nationally and internationally about the brutality, particularly of young Black men by police. These reports deter people from speaking and hence remain silent.

> Many children are taught, at a young age, that old expression: "*children are to be seen and not heard*." This, too, is a form of voluntary silence. In some instances this silencing was done as a means to keep the children safe from discrimination. One woman in the study reflected on her experience of being silenced as a child, while being taught to act a certain way when she went into town. She expressed the level of comfort she had when living in an all-Black

community and going to an all-Black school. She acknowledged having white teachers, but reflects on the expectations her parents placed on her when she was in town in the company of white people. The children were expected to be quiet and to look perfectly well kept.

Many young Black children are taught early on what is expected of them in the presence of white adults. I would argue that this need to be submissive has been passed down by the adults as a result of their experiences of colonization. It is a form of silencing. Particularly for women. As Black women were often subjected to domestic work in the homes of white middle to upper class families, and the Black women were expected to be seen but not heard. Camia said:

> …but in a sense of the way that you're expected to act, you know, because you're now in the company of white people. That generation, my parent's generation, like they went into town, like, 'Hush, be quiet, wipe that stuff off your face.' You have to, like you know, you have to look like perfect little beings.

To this day some women in this cohort will not go into town unless their hair is combed, their make-up is applied, and their clothing is neatly pressed. I reason that they always feel pressured to present an image of pride and "keeping it together," to not fall victim to the Black stereotypes, the ones some believed about Black women; unkempt, uneducated, welfare mother, and dirty. Being silenced reaches as far as being conscious of not drawing attention to yourself, of becoming invisible. *There have been many times that I have wanted to speak out against different forms of oppression and micro-aggression, but I didn't. As I reflect on why I didn't speak out I think there was a combination of fear, uncertainty, and powerlessness. Although I consider myself to be fairly well educated, in a situation, in 2012, that involved my son, I felt silenced and powerless. I was the only brown face, sitting in a room among five white individuals (some of whom were not as well educated) who were - discussing the fate of my son. I was a ball*

of emotion. I didn't want to be there, and I just wanted the meeting to be over. Although I was given the opportunity to speak I could not, the reminder of the historical treatment of young Black children in school angered and silenced me.

Another participant reflected on a childhood experience of being in a class while the teacher read "To Kill a Mocking Bird." When the "N" word was said, she recalls it feeling like a slap in the face. She felt the eyes of all of her classmates on her and she remembers how there was nothing she could say or do about it. She was intimidated and silenced. Shiona found support from other women who helped her through challenging times. Being silenced by others can be painful, confusing and frustrating. I believe you are left feeling powerless and ashamed.

In many of these situations, the women or the members of their family felt powerless to speak up. Some reflected on whether challenging what they were feeling would help them or hurt them and their family. The manner in which one woman deals with oppression in silence may be different from how other women deal with it. Bettina suggests:

It's racism that we've internalized. As such, we have actively participated in our own destruction. Talk about a great marketing tool by capitalist society to let us kill each other off, even subtly. It's a very subtle silence, a very subtle destruction, a very subtle way of having racism operationalized in our lives.

The women recognize the role of colonization and capitalism in contributing to this demise of the Black community. The invisibility and silencing of the Black community makes it easy for a capitalist society to ignore the pain and destruction, particularly when you live and interact within white dominant institutions. *I have experienced this pain caused by the hands of other people of African ancestry. I would find myself rationalizing was it really happening, was I being challenged or not supported by other people of African ancestry out of jealous, the desire*

to keep me "in my place", a fear of me entering their territory of "expertise". Even though I

had these feelings, I stayed silent, numbed, I never asked nor challenged them but would

question would the experience be different if I were white or if the person who I felt was

oppressive was white. These feelings of inadequacy continue today and make me question

everything I do, personally and professionally. "Am I worthy"? A form of silencing.

Some women talk about the challenges they experience in public institutions, agencies, and organizations. Many expressed that they felt devalued and silenced and that they had difficulty finding ways to fit in. Beverly, when discussing institutional racism, acknowledges the number of barriers, and the challenges that Black people face, at the "starting line." The reality within institutional racism is that Black people know their place and know when to speak and when not to speak.

5.4.2 The Effects of Being Silenced. The women in the study talk about how the shock of experiencing racism for the first, second, tenth, one hundredth time can cause your body to unconsciously respond in so many ways. There is a numbing effect. In reflecting on both the individual and the collective response to racist behaviours and attitudes, Bettina states:

I think it's because we've numbed. It's like, there it is again, but you don't recognize it anymore. You begin to expect the worst and accept the worst, which makes it difficult to move beyond the racism. You are blocked.

This response to being numbed can be associated with temporary paralysis as a result of stress. The body automatically shuts down to protect itself. Some of the women became bed ridden but did not know how to name why they felt depressed or suicidal. The daily exposure to racism make it difficult to name it and deal with it. In some cases they were on auto pilot and moved

monotonously through their day doing only what is "expected" of them. They felt they could not go to the doctor and be diagnosed.

> If I was to go to my doctor and say that, You know, I'm stressed because of incidences of racism. You know, I might be diagnosed as having poor coping styles opposed to – and that may be for a lack of understanding what it is that I'm truly experiencing because that person doesn't experience racism…. it may be perceived as more of a psychological disorder [Ninika].

A diagnosis of a psychological disorder by a physician with no experience of racism, may be a further form of being silenced.

The women in the study talked about how their daily exposure to racism and the effects of being silenced compromised their health and the health of their families. Experiencing these conditions, daily, can cause an individual to become debilitated. Most women in the study experience the offense of racism alone and in silence. While the women did not always articulate their experiences clearly, they do describe their struggle and the impact of racism on their health and well-being, particularly their mental health. This often had health consequences.

> [Some women] would internalize [what had been said] and keep their mouths shut and sort of deal with it in other ways: eating, you know, internalizing it, and getting depressed or having anxiety, you know, which I have experienced [Shiona].

> Some participants said they get to the point where they realize that there is no possible corrective behaviour and have to quit work for the sake of their health and well-being. Alyson talks about how being silenced can create a great deal of internal anger that can result in mental health challenges and cause individuals to withdraw from both work and society. Some women had family members who turned to sex, drugs, and alcohol to mute their pain and anger. Bettina

reflected on her experience of working with individuals who faced racism; she describes racism as "trauma" "[…]. When I think – and I think as someone in the mental health profession and the only way I can describe it is if you are constantly being traumatized--it's post-traumatic stress disorder." Bernice has seen similar results in individuals who were "ripped apart for speaking up… and those who withdrew and did not speak up."

An increased awareness of reactions to racism sometimes resulted in the women in the study being more guarded in sharing their situations with colleagues, friends, family, and health care professionals for fear of not being validated. In many cases, the women continued to suffer in silence, despite the awareness of racism and the symptoms that developed from being silenced. Bettina knows the power of talking and not being silenced; "Sure! Again, I think the biggest way we perpetrate violence [racism] is silence. So if we ignore it, well, it's not going away and what we've done is just disenfranchised somebody else's child. We've wounded them as a community". Bettina is indicating that people of African ancestry can't afford to be silent for the sake of their children and their community.

Many of the women, Bettina, Bernadette, Alvina, Shiona and Camia reflect on chronic pain, depression, anxiety, suicidal thoughts, drug and alcohol abuse, cardiovascular disease, eating disorders, type 2 diabetes, hypertension, and other health conditions they believe were associated with their exposure to racism. Bettina states, "you can't be safe if you're always on guard. And that hypervigilance only leads to mental health issues of depression, anxiety, high blood pressure. Pure mental health issues and pure physical health issues that get manifested in other diseases." The women talked about the emotional pain from the past that their community and families continue to endure. One woman described it as having an impact on her psychologically;

The emotional hurt that comes from racism. The daily experiences of racism I think does

something to you. It feels like, I described it as racial psyche and so every time you have

this encounter that's violence too because it destroys you – slowly destroys you [Alvina].

Bernadette talked about the importance of challenging health policies and demand proper

statistically data to track the health of African Canadians to reduce the number of deaths;

The Health Association of African Canadians have made recommendations in writing for

data collection. We need to know our rates of diabetes, prostate cancer, hypertension,

glaucoma, as well. If you look at African American statistics, we are at extreme risk for

many of these diseases and conditions. We don't even know our rate of sickle-cell in this

province. We don't know that many of us that are walking around carrying the trait and

that we can pass it on and give full-blown sickle-cell to our children. These are things

that are a reality of being overlooked, being systemically ignored, my anger has to be

dealt with [Bernadette].

Bettina who had the most professional experience in this area of the study participants,

talks about the importance of helping women from Nova Scotia name racism. But she stresses

that it is also important to help those who are Black and not from Nova Scotia to be able to name

"it." As indicated previously, there are some women in the study who indicated they did not

experience racism until they came to Nova Scotia and some of these women have contemplated

leaving because of the effects of racism on them and their family. As a recourse they try to

develop a better awareness of racism amongst themselves and their family.

But I mean racism is everywhere. We know that. But it's really bad in Nova Scotia and

everybody – it's funny, you don't realize that when you're from here this is all you know

and you live and you breathe it. But it takes somebody whose from away to come here and say, "Wow, I didn't realize it was as bad as it was" [Nicole].

Cynthia talks about just wanting to pack her bags and leave. She found it really hard to settle in Nova Scotia and does not feel like part of a community, including the historical African Nova Scotian community.

I don't know. I think I'm still struggling – but one thing for sure, I know I'm not comfortable here. And I still don't think I will live here but I have said that for eight years. Yeah, so I find it really hard. I don't feel part of the community [Cynthia].

Bernadette reflects on how challenging it was to access basic services because of the colour of her skin. It was difficult for her to comprehend why she was being treated so differently based on race. Bernadette was financially privileged in her place of birth and did not experience challenges in accessing basic services. She was at equal status with many white people in her country, and was treated equally. In Canada, however, she experienced something that was out of the ordinary for her.

Well, you see, because originally I come from a Black, a predominantly Black country. And when I came across here, you know, my experiences in trying to get myself established in Canada, I had to interact with the people from…who were mostly Caucasian. How they treated me in regards to looking at acquiring employment, to education, to housing, and to accessing services, you know? Things that they say, 'Oh, you're only another nigger,' you know? 'You're not from here. Your accent is different,' you know, and stuff like that. 'You won't fit in here because you're from a different cultural background,' you understand? 'We don't have no place here for you' [Bernadette].

These experiences occurred frequently making it challenging for Bernadette and other women in the study to process what was happening to her and to settle in Nova Scotia. She did not know how to name this new hate.

As a person of African ancestry, I admire the strong sense of self of Black people coming from African and the Caribbean countries. Initially, when they first settled in Nova Scotia, they brought this strong sense of self as a Black people to Nova Scotia. However, each of the women told stories of how they were slowly stripped of this confidence and in some cases became silent. Shiona talks about the position of privilege she had in a country where the majority of the county is Black, approximately 60%. There wasn't a sense of invisibility. However, since being in Nova Scotia she has witnessed a drastic change in herself and in the things she used to enjoy, such as shopping which she does not enjoy as much anymore.

> Just sort of, each year, I think I deal with it differently. I don't know. I get angry, I get frustrated, I sort of start to expect it, which is really unhealthy that you start to look for it. And I start to question myself, as well, if this is racial or if it's cultural or confusion, apprehension, actions, I get anxious, you know. I mean, I think that what used to be pleasurable, like going shopping, has become, has become stressful, and I don't want to go shopping because people follow me around the store [Shiona].

Through becoming aware of the everyday racism in Nova Scotia, Shiona and other study participants have begun to find ways to collectively advocate for change. It is difficult to accept the fact that, for some women, they may feel they still have to stay silent in order to live, survive, and advance.

5.5 Becoming Aware

Over time and experience, the women in the study were able to effectively name and respond to their awakening consciousness of racism and oppression. In part, this awakening was a result of the women reflecting on their physical reactions. Their bodies would send out signals when they were in uncomfortable situations or as they prepared for certain situations such as work, school, and even shopping. Initially, the women could not describe or name what was happening to them. Becoming aware was a result of reflecting on experiences that simultaneously caused the body to react in different ways, such as an instinctive gut reaction, sweating of the palms, clenching of the jaw, a body twitch, a nauseous feeling, being completely debilitated, and experiencing other symptoms. In becoming aware, the women experienced what I suggest were "aha moments". They had become aware of what was happening to them. This was a result of their 1) recognizing the episodes and experience that repeatedly took place over long periods of time; 2) reflecting on what was happening to them; and 3) talking to other women about their emerging understanding of their reactions to these episodes and experiences.

Awareness develops in response to the accumulation of the experiences of being silenced, of incurring the various symptoms and "illnesses" that develop, and of hearing the stories (counter-stories) being exchanged within the community, in the Church, within sister groups, and at other gatherings. People begin to reflect on and develop an awareness of what had caused their silence, their "illness," their inability to respond by sharing the exchanges of the internal and external happenings to the self, and to others, with family, friends, community members and even physicians. The "aha moments" were the result of their insight into the connections between their bodily reactions, their symptoms, and the oppression.

I reflect on my own "aha moments" and I can remember the awakening that happened when I learned about the positive contributions and the history and sacrifices made by people of African ancestry. It was then that I became proud of my dark skin, by full lips, and my thick hair and swore that others must also know their history beyond what was being taught in the public school system. I credited the Cultural Awareness Youth Group of Nova Scotia for the explosion of my awareness. Since that time, I have taken an active role in not being silent but in sharing the stories of my people and in fighting for positive change. The poem at the beginning of this dissertation is part of the awakening that took place for me in 1986. The poem was part of a play that explored the lost identity of a young women of African ancestry, who grew up not proud of who she was because of the negative experiences she encountered. However, through personal self-growth, awareness and exposure to the "Beauty within" by an African griot the "African Queen" became more aware. However, not all women in the study became aware in the same way. One of the ways some women became aware was through consciousness raising.

5.5.1 Consciousness Raising. Similar to the consciousness-raising of the Civil Rights Movement and the Women's Feminist Movement of the 1960s, the women in this study realized that what they were suffering or experiencing, as individuals, was also the case for many others. Collectively these movements advocated for change, rights, equality, freedom, and personship. I maintain that the success of these movements would not have been possible through individual effort only. Although Critical Race Theorists argue that the Civil Rights Movement stalled in advancing the rights of Blacks in the U.S, and Black Women argue about the limitations of the Feminist Movement in regards to Black and other racialized women, I would credit these movements with raising awareness of the plight of Black people and of women generally.

Nicole talks about how studying at university and entering into dialogues with other Black students made her more aware "…you start sharing experiences, and then you start educating yourself …and then you start to put a framework on anti-oppressive practice and then you realize, 'Oh yeah, okay, now this is all making sense. This is what's happening in society.' For Nicole this was an aha moment. *While studying at university several of my colleagues and friends had aha moments. We would sit at the "Black table" in the cafeteria and commiserate over the plight of African Nova Scotian students. We did not feel we had a collective place where we felt comfortable and we felt there were limited resources available for learners of African ancestry. Most of us were alumni of the Cultural Awareness Youth Group (CAYG) of Nova Scotia. We had learned through CAYG how to advocate for our rights. We approached the administration about supporting a Black Student Advising Centre at Dalhousie University. In 1991, the Black Student Advising Centre became a reality, the first one of its kind at a university in Canada.*

Raising an awareness of the lived experience of racism the women in this study endured will help other women know that they are not alone in their suffering. Some of the women in this study have talked with other women and have seen how they are also aware of how they have been treated. One participant alluded to how consciousness-raising begins:

> I may be the only one that's bold enough to stand up but out of those 100 women, or even men, if they happen to be there, by me telling my story if I've come through something, it helps to liberate maybe those 95. Then some of them might realize "Oh my gosh, I didn't know. And if she's done it and come through it, why can't I?" It stirs something in us. And that's why I believe that we need to be more open [Ava].

Some of the women in the study know that they have experienced racism and have not been in an economical, physical or emotional position to challenge it. *The Church is an important site for consciousness raising. My church continues to develop in me a sense of purpose, responsibility, awareness and skills to deal with racism and oppression.* As women have become aware, some have used silence purposefully as a response to racist attitudes and behaviours.

5.5.2 Silencing. In some cases, women spoke of being able to name and effectively respond to their awakened consciousness of racism and oppression. They developed an unspoken language and action. One of those actions was the way the women began to use silencing as opposed to just *being silent*. The women became aware that they were being silenced and chose to use silencing as a protective tool after arriving at the "aha" moment or the moment in which they gained insight. In contrast to being silenced, the women used silencing as a practice of protection to keep themselves and others safe. But first, they had to become aware of how they had been silenced.

Many activists have used the power of silencing. Silencing as a reaction to racism has the ability to send out a different kind of message than does anger. Silencing is resiliency, unity, strength and perseverance. There is so much power in silencing. Using silence as power indicates that the oppressed have made an intellectual choice not to say and/or do anything. The oppressed acknowledge their power in their inaction and silencing leaves the oppressor uncomfortable and uncertain. Silencing may be implemented through a stare, by walking away, by being non-responsive, and sometimes by simply ignoring the comment and continuing on with the conversation. The oppressor is silenced. *I have had the pleasure of seeing this used and in some*

cases have even used it. I find that silencing works particularly well when an individual says or does something in the hope of getting a reaction, and I do nothing.

Ava has also used the power of silencing:

…Sometimes I say nothing, but I do that purposely because sometimes it comes back and it will – that person's going to learn more when they're smacked in the face themselves – when they do it to themselves – than when I do it. …. And then they become all apologetic about what they said. And I let them talk because that's their confession to you. Hey, I'm not going to say, 'Well, don't worry about it blah, blah, blah. I'm glad that you recognize that. And thank you for bringing it to my attention. That's showing me that you obviously must have some respect for you to come forth.' So that's my opportunity for educating at that time. I could become aggressive…it depends on the situation.

Bettina indicated, if you stay silent as an act of silencing and do what is necessary, you will now be in a more secure position to help others. You may have to wait longer, but now you are in a position to bring someone along and the oppressor is not aware of it. Some of the women noted it may take time to make change, but being consistent, committed, and silent is sometimes all it takes. Rosella reflected on the importance of lining up silent supporters, that is 'silencers,' of studying the lay of the land before moving forward on anything. This woman also pointed out that it is important to recognize that change takes time and there may be challenges along the way.

One woman in the study used silencing as a way to deal with a client's desire to not have her provide social services for her because of the colour of her skin.

You can sense when people don't want to deal with you and – but that's okay, because they'll come. I just go about my business and you know what? I've had women that

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didn't want anything to do with me. […] I'm here for you [the client] and if you choose not to want to deal with me, well then you have to deal with whatever – deal with the consequences that come with that, you know, but uh, I can't change who I am because you're afraid of my colour [Ava].

Eventually, the client was willing to accept her services because they realized the agency was not going to give them a different social worker. The woman and her supervisor, made it clear, by not responding to the clients request for a white social worker, that the client was not going to dictate to them. This silencing by the Black woman, supported by her supervisor, resulted in the white woman's acceptance of the service from the Black social worker.

Ava recognized this as the client's problem and not hers and indicates that "we as a race need to let the petty things go, knowing that people may say things out of context: but they're [white people] not talking to me 'cause that's not who I am…". She used silencing. The strength that is achieved when you remember on whose backs and shoulders you stand makes it possible for some to continue the fight for equality and fair treatment. Ava talks about the importance of not giving someone power over you, of the necessity of sometimes using silencing as action. She says that it is important to recognize and know your own strengths of silencing. Through this work and through the stories of these women, others will see how these women use silencing to survive the pain of racism and oppression.

5.6 Remaking Self and the Community

Being silenced, becoming aware of being silenced and the connection with physical and emotional symptoms, and then using silencing of the oppressor as a protective and educational practice led to a gradual "remaking" of some of the women, and through them, their

communities. Remaking refers to a transformation, a new way of looking at the self, reimagining self and the community. 'Remaking' is a political act. It is about taking action for change. In their stories about remaking themselves, some of the women talked about finding the means to make things different and to improve their situation and that of their communities; remaking themselves and the community through supporting each other, through education and through perseverance.

5.6.1 Transformation. Remaking self and the community happens through purposeful choices that are imagined and then created following an awareness of the effects of oppression. Education was a word study participants often used when talking about remaking self and community. In using the term 'education' they are talking about taking control of one's life and the community, taking control as a community and not being silenced and numbed by the oppressive and racist actions of others. It's about reimagining, changing the stories, producing new memories that go beyond surviving racism. It's about looking forward to the future while drawing from the past—survival. One woman talked about how the pulpit should be used to educate Black people about racism, since there is a large audience: "You have the greatest audience. Every Sunday, Black people should be making them aware of how to recognize racism and don't get used to it because we have to unlearn what we've gotten used to" [Shirley].

The women built on their sense of growing awareness and developed the ability to see racism, to name it, and to determine their ability to respond to it. If there is a collective voice, they suggested, then those who have made it their responsibility to combat racism will not feel alone. Rosella talks about how it would be so much more effective if more people would make it their personal mission to fight against racism. Then she asks,"- but at what cost?" She recognizes the detrimental effects that the fight would have on people's health, both physically and

mentally. She recognizes that the effects of being silenced, of holding in the anger caused by racism that can result in high blood pressure and other illnesses. The question remains how one deals with the disabling power of racism and the internal effects and awareness of being silenced. One of the ways Dencil sees it as being possible to heal from this "cancer" of racism is "to come together again as a Black people, as a people as a whole to help our young people get the proper education".

So many of the women noted that it is important to remember what happened in the past. But, they said, we must prepare our young people for a different future; we must find ways to help them develop different tools to combat racism. Both Ava and Cynthia in looking toward the future and creating new memories, questioned whether it is useful to remember and reflect on the past. Counter-stories told over generations are implicitly, if not explicitly, about oppression and racism. Ava wonders, should it be left behind as we go forward?

> [W]e have to re-establish ourselves… it goes back to a knowing and, I think a firm foundation again. And if we understand who we are, then what they say–will it really matter? Because you can't keep me in a box. You see, you tried to keep me in a box 400 years ago, and I still stand, and I really wish our people – if I had any message, that would be the message to our people–we are free. Only we keep ourselves in bondage by thinking, – by using our past and bringing it into the present. But we need to leave it back there, if only to learn to push us forward, not to keep reliving, because then the ones that want to keep us there, they don't have to do any work 'cause we're doing it for them. That's not who we are –[that's] who they say we are.

> However, most of the women considered knowing the past, and listening to counter-stories are important for the ways of behaving, acting, and being, as well as for strategies for the

future. Some women consider them the basis of Black identity. Bernice talked about how educative and socialising it would be if all young Black children were collectively taken some place to learn about their history and how great they are. A foundation could be set up, and they would be given a solid foundation, similar to the movie "Drop Zone".[14] When they have become more aware of racism and how it continues to devastate the African Nova Scotian community, they could acknowledge the responsibility they share for the community. They could continue to strategize ways to make others aware and develop coping skills to fight racism. Camia says:

> I think we're a very inventive people. And I'm very hopeful, I'm very believing in our ability to learn our way out of this maze of, you know, difficulty that we are confronted with in the current times. And I think we don't believe that we can learn our way out of it and take the indigenous knowledge and reinvent ourselves to survive this next leg. And then we're lost. That's what we have to do. We have to re-believe in ourselves.

> *As I reflect on this category and concepts I begin to think of how stories of the past has helped to remake me and my communit(ies). Knowing about the sacrifices and struggles of my ancestors continues to instil in me a strong sense of responsibility and the drive to always do my best. I am reminded of how many of my ancestors, aunts, uncles, parents did not have the choice to go on to higher education. This reality has shaped each degree and professional path that I have chosen. If I develop the knowledge and put myself in a position of influence, my goal is to change the trajectory of others for the better. Through each connection with students of African ancestry I remind them of the past, I remind them of their greatness, as this was not always done to me. I truly believe that as W.E.B DuBois once stated "A person without knowledge of their*

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[14] Drop Zone was a movie produced by John Badham where inner city African American youth who were not doing as well academically and socially were literally picked up by vans in their communities and taken "dropped" to a secluded location and re-educated about the history, struggles and resistance of African Americans.

history is like a tree without roots." For me it is important to know about the past as that shapes

so much of who we are and our possibilities. I know the responsibility connected to my job as an

educator and activist, to support others of African ancestry to achieve their goal. This is not a

responsibility I take lightly, nor one without its own personal sacrifices. I do consider myself to

be one of the "advocates for change".

5.6.2 Advocates for Change. Some of the women have carefully selected their paths of

education and employment so as to help re-make themselves and to re-imagine the community

and Black people in general. They aim to combat the effects of racism and to provide

opportunities for upcoming generations. They chose a path wherein they could make change for

those coming behind them. The women in this research made a conscious choice to become what

I have termed the "keeper of the children" through their various chosen professions.

Some of the women expressed a strong sense of responsibility in terms of helping make

opportunities available to the next generation and to counter the existing stereotypes about Black

people. They acknowledge the fact that many before them were not able to go to school for a

number of reasons: segregation, family responsibilities, having to work, and no transportation.

And although for some, their lives and situations may be tough, the women recognize that it is

not as tough as it was for the generation that preceded them. For many of the women, it has

become possible to achieve a higher education and to complete a first or second degree. Many

did so, conscious of their responsibility and desire to give back and contribute to the remaking of

the Black community. Bettina, talks about her sense of responsibility as part of being a Black

woman;

> But I also think Black women who are in positions, you know, I'm a participant in the
>
> Black middle class. I have a responsibility to make sure I bring along the next person.

When you work in an institution like this, bringing one along is hard work, you know, and you're always identifying the places if you're mindful of your race politic and your community politic to say to my supervisor or to my director, "We need to do more in the Black community about this." Consistently keeping race on the agenda of institutions is exhausting, emotionally hard work, that is you are politically aware and you are using your privilege as a Black middle-class person or a person in a place of privilege, it's exhausting.

One participant, Bernice, talked about the educational experience of her brother and how he was mistreated to the point where he did not finish school in the public school system: "He quit….he could not take the bullying from the other children or the teacher." This young woman came from a household where both parents were educated. For her first degree, she did social work with the intention of helping re-establish children similar to her brother, to provide a sense of respect for them, and to help them enhance their self-esteem. She felt an obligation to help move their paths in a positive direction so that new possibilities could exist. She continued on to another degree in law, again because of how she saw young Black boys being treated. She pursued each of her degrees and occupations in order to help improve the plight of the Black community. She did not do this for personal gain, but to make evident the ability of Black people/women. Her personal reward is her ability to be in a position to socially and legally advocate for individuals like her brother.

…I couldn't respond the way I wanted to when I was younger–I didn't understand it all. So I think that just created this real desire to make sense of that, and then, as I said, having gone through a period where I thought, "Okay, if I didn't have any choice to respond to it personally, it created a drive to really get those tools and try to go out and

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fight it when I could figure it out." So it sort of has remained an obsession for me, especially because I really feel like – especially when I see kids, I just feel like, you know, but for racism…[Bernice].

These women express a strong concern for upcoming generations, and some talk about their own professional and educational choices. For many, their chosen professions of law, social work, and education have given them a position where they can provide direct or indirect support to the young people who looked like them. Many of the other women were re-connected or have remained connected for those same reasons. They saw how the community was under siege, how they had been under siege, and they want to be a part of remaking the community. Many know they have a sense of responsibility to the community and that their education is not for personal advancement but for the overall advancement of the community.

Remaking self and community occur simultaneously. In transforming self, the community is also transformed. *I hope that through this dissertation I am able to contribute to the remaking of my community(ies). Without the sacrifices of some of the women in this study and others who have gone before, the things that I have accomplished would not be possible. I acknowledge those on whose shoulders I stand, and those who have "kept me as one of their children." It was my mother, my family, the community, the church, the "othermothers" that checked on my well-being and encouraged me to continue with my education. Through my education I am able to make a difference in the lives of members of my community, mentor others and help to educate the broader community. I do consider myself to be one of the "keepers of the children."*

The responsibility the women in the study felt towards remaking, reimagining themselves and getting into positions where they could attend to the betterment of others in the community

also extended to the need to play a part in government systems in order to improve the future. "We need to articulate what our needs are without fear. We need to participate in the system" [Samantha]. Samantha, as did many other women in the study, acknowledges the fact that Blacks are a "minority" in Nova Scotia and that change will take a long time. She advocates for the African Nova Scotian community "to exercise as many rights as we can." Bettina talks about the need to make the health care system more accountable to the African Nova Scotian community;

> I work in the health care field, and deal with issues around lack of research, which is about racism, and it's construction about how issues around health and wellness that affect the Black community – high diabetes, heart disease, sickle cell, anything that has a strong common denominator where even though we're only maybe 7-10% of the population, where 100% of that 10% of the population are suffering from these diseases and all we're getting is a menial treatment which are treatments that could be preventative based. And I think the health care system needs to be responsive to that [Bettina]

As the women reflect on their history and on where they have come from, they see education as a vehicle, a mechanism with which to guarantee a more equitable future and a reshaping of the history of Black people. Not all of the women have the fortune of this same viewpoint, but many have put themselves in positions where if they are not in a position to actually change the situation of others, they can nevertheless shepherd them through the system. One woman talks about having worked herself "off the system." In this instance "off the system" refers to social assistance. She set a goal of becoming a teacher and of ensuring that all five of her children went on to higher education so they do not have to experience what she did. This

woman credits the African Nova Scotian community for taking care of her and her children, and she has gone on to a profession that has helped break the circle of poverty, racism, and despair. She became a teacher and continued to further her education. Her hope is to open a health care center aimed at helping the community of people of African ancestry combat the health issues caused by racism.

An important part of remaking the self is reimagining the self. The women in the study understand this well: "we have to be in a position to stand up for ourselves within the context of what the future is going to look like" [Samantha]. The women in this research want to see a different future for their community and their children. They want to see a future where we/they can celebrate the past, the present and the future, a future where they can contribute and not be judged or excluded because of the colour of their skin, a future where new memories produce stories of success. Where stories of survival take precedence.

5.7 Summary

A number of categories emerge from my dissertation research using interviews of women in the RVH project: surviving, silence, becoming aware, and remaking selves and community. Each of these categories is interconnected with the others; surviving is a dominant category, the storyline. The women stress how important their historical past is in helping them prepare for and to contribute to a different future for the next generation.

The effects of enslavement and historical colonization are embedded in their "genetic" or corporeal memory and is passed down from one generation to the next through the social codes embedded in storytelling. Many of the stories shared and told happen at Church. The Church continues to be an integral part of surviving racism. It was the first teacher, the first place African Nova Scotians went to for social justice, and continues to be the first place they seek out

for healing. The participants describe the Church as being an extension of their family and one of the few places in which they find refuge. The Church is where many learned about their ancestors, about surviving racism, and about the detrimental effects racism has on their health and well-being.

Some of the women felt silenced and numbed when they experienced racism. Yet, silencing themselves was a protective measure in response. The positive consequences of silencing themselves, was a protective measure in response to the racism. The negative consequences, was the impact on their health internally. Some of the words the women used to describe their sense of being silenced include feeling nauseous, immobile and powerless. Some noted the loss of words when they encountered racism. Being silenced was a category that explained how the women were oppressed; it happened throughout their lives, as children in school and as adults at work and in the broader community. Some of the women did not know how to respond to this gripping power of invisibility out of fear for themselves and/or the larger African Nova Scotian community. But as they became more aware of racism and the influence of silence, some of the women began to use silence as a tool. Silencing allowed the oppressor to sometimes hear their own words and to regret their racist comments or actions. It was during these times the women developed a sense of power and control over racist words or actions.

Each woman experienced racism and sexism differently, depending on her place of birth and length of stay in Nova Scotia. Nevertheless, they shared-commonalties in so many areas, particularly in the impact racism has on their health and well-being. The women talk about the different chronic health ailments they have developed, such as depression, hypertension, high blood pressure, high cholesterol, and unhealthy eating habits. They also talked about the strength of sisterhood, of community and the Church in supporting them through challenging times. The

women began to create a different future by building on the past and living in the present. Through education, information sharing, and supporting the African Nova Scotian community in moving forward and prospering, the women are playing an active role in writing a new story for African Nova Scotians.

The next story will include the historical accomplishments and sacrifices of ancestors of African ancestry. It will include their struggles against racism and their perseverance. It will tell how people of African ancestry, living in Nova Scotia, continue to endure the harsh realities of racism and oppression. And it will include how alive the tenacious spirit of the African people is and also their ability to rise up and prosper in spite of racism. Through these new stories and beginnings, institutional and systemic racism will become more transparent, language and policies will more effectively act and respond to oppression and racism. And people of African ancestry will not feel invisible as they continue to survive racism.

Chapter 6: Discussion

The primary purpose of this study is to contribute to scholarly gendered racism research by examining the impact of racism on Black Nova Scotian women's health and well-being. Through this study, I aim to contribute to the improvement of health promotion policies and interventions as they relate to the racism and sexism experienced by this target group. Part of my research involved accessing and gathering information from the interviews of the 20 women who lived in Halifax and who identified as being of African ancestry. These interviews were collected by Bernard et al., in their research study, "Racism Violence and Health" (2002-2008). This study was both qualitative and quantitative. It documented how the African Canadian population experiences violence and racism in Halifax, Calgary and Toronto (James et al., 2010). It also examined the health impact of violence and racism on this population. The RVH study also included Black men, youth, elders, and individuals who may be of other races and ethnicities but who were connected to people of African ancestry.

In my study, I used Critical Race Theory and Black Feminist Thought to explore everyday experiences of racism of African Nova Scotian women, who are also community leaders. I wanted to determine, through this research, the implications of racism on the health and well-being of this particular group. When I used a Grounded Theory methodology approach, the categories of surviving, silence, becoming aware and remaking self and the community emerged. In this chapter, I summarise the findings presented in chapter five, and interpret them further through both theory and the published literature outlined in chapter two. It is in this further depth of analysis that gender becomes more salient. In addition, I draw attention to the contribution of the literature to this dissertation.

6.1 A Story of Survival

Through the oral traditions of storytelling, study participants recounted how stories of the past helped shape the present and also prepared for the future. The tradition of oral storytelling is often considered a documentation of history (Hamilton, 1998a, b). Certainly, a history of African Nova Scotians emerges from the stories that are told and retold. But among the women in the study, the stories meant much more. Depth, connection, and place resounded in the stories of these women's lives. The women in this research talked about how they are surviving racism. They talk about how they draw on the experiences and strength of their ancestors. Although surviving racism is implicit in the literature, this critical factor does not appear to have been explicitly or extensively examined, in Canada. Examining generational and historical trauma is believed to be very relevant for several populations such as: people of African ancestry (chattel slavery), Aboriginal ancestry (residential schools), and Jewish ancestry (the holocaust). Many of the researchers who have investigated race, racism, and health and well-being indicated the need for further investigation into this critical field, that examines the impact of race and racism on health and well-being (e.g. Barbee, 2002; Degruy, 2005; Etowa et al., 2007a; James et al. 2010; Williams & Williams-Morris, 2010).

When reviewing the interviews of the women who lived in historical African Nova Scotian communities, I found similarities among the stories they shared. And in some respects, the stories shared by women who were not directly from one of the 48 African Nova Scotian communities indicated different experiences. The women who were first- or second- generation African Nova Scotian did not speak of the harsh, historical experiences of racism and oppression that occurred in this province. They talked from a different point of reference, one where class predominated over racism. The stories shared by the women who were not born in Nova Scotia

or Canada, talked about how the longer they stay in Nova Scotia, the more they began to expect mistreatment and sometimes accepted it. They feel they are losing a sense of themselves. There is a paucity of literature that addresses cross-cultural differences within a community, such as that of Black women in Nova Scotia. This study begins to add to that literature.

Stories about surviving racism that are retold across generations become incorporated in memory, are told to new generations and, in the iterations of retelling, "get under the skin and into the bones" (Schatzki & Natter, 1996 p. 4-5). Participants emphasized the passing down of these stories over time and described this as "genetic memory." In this study, this oral history or historical stories are interpreted as corporeal memory, a recognition of the embodied nature of these stories. Corporeal memory is accompanied by what some participants referred to as social codes. These codes are socializing influences that are learned through shared stories. For example, some of the women talked about how their parents would not go into town unless they were fashionably dressed and, as children, how they were taught to not speak unless they were spoken to. Through stories, African Nova Scotians are taught about how life is for Blacks in Nova Scotia; they are provided with a summary of people's attitudes toward Blacks, of how Blacks are expected to behave, and about stereotypes that have been created about Blacks and Black women that continue to exist. There is an increase in the literature about how stories are told across generations, about how they become embodied as corporeal memory and of their socializing influence (Mogadime, 1998, 2005). These stories, told by individuals, become encapsulated, kept, and maintained over time and through societal institutions.

6.2 The Keepers of Memory

Church, family and celebrations are the keepers of memory. They maintain the community's history, socialize the generations, preserve the present, and secure the future. It is,

of course, the role of individuals in these institutions to keep these stories of survival alive and to create and maintain new stories. However, because these stories are told by many individuals, they also take on a community life and role. In the Church, this role falls to the pastors and the congregation; in the family, it falls to parents and grandparents; and in celebrations, ceremonial leaders assume this role. Mogadime (1998, 2005) references the importance of the matrilineal role in maintaining and sharing counter-stories through praise poetry with the communities. Praise poetry is a way to acknowledge the history and meaning of people's names and their contributions to the community. Women of African ancestry, are often the keepers of these memories.

The importance of the Church in African Nova Scotian communities is well documented in the literature. But the literature does not attend to, neither does it address the stories and memories that are reflected, maintained, and created through the Church. The women in the study stated that if it were not for the Church, they would not be able to survive through the week (Beagan, Etowa, & Bernard, 2012). The Church continues to be a solid foundation that offers a place of refuge. In the study, it is through the Church, the family and celebrations that the shared stories develop a sense of knowingness for the community.

Knowingness is the unspoken mutual connection by people of African ancestry. Life, death, victories, and defeats are shared and celebrated, at Church, and with family and extended family. New stories of survival are created through each celebration. Historical and present stories are shared, and new memories are developed. Families and extended families significantly add to this tradition as keepers of memories and as contributors of stories about surviving racism that are told and retold. Similar to Mogadime (2005) research, "knowingness," as a concept, was presented as an unspoken language. This literature addresses the oral tradition,

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but there is limited literature that explicitly examines how these stories contribute to surviving racism.

6.3 Silenced

Understanding the category 'surviving racism' began with the stories the women told about how they were silenced when they were faced with racism. Oppressors used silence as a means of control. Some women talked about being treated as invisible, even though, in some cases, they identified as obese women. In addition, being silenced was often an involuntary response to oppression. The women in the study stated that, when confronted with racism, at times their silence was automatic. That is, it happened without their being aware of it. Yet, they also spoke of voluntarily silencing themselves in other situations albeit in situations without choice. In the literature, Wallace and Bell (1999) noted that people of African ancestry did not feel comfortable or safe when speaking out against the injustices they experienced. Voluntary silencing was not of their choosing.

Building on the work of Spivak (1998), Dotson (2011) recognized the impact of colonization in terms of how it limits people of African ancestry from sharing their stories or from verbally defending themselves or others when they are in situations where they must deal with race and racism. Dotson (2011) refers to silencing in two ways: testimonial quieting and testimonial smothering. The women in my doctoral study experienced both types of silencing. Testimonial quieting refers to not validating Black women's knowledge (Collins, 2000 a, b, Dotson, 2011). In my study, Black female community leaders did not feel that their opinions, thoughts or knowledge were validated. As a result they were silenced, regardless of their academic, political, and social positions. In Dotson's research (2011), testimonial smothering occurs when marginalized populations do not respond or share responses to questions or

situations that resemble micro-aggression. Termed voluntary silencing in my findings, today it is a response to such incidents as subtle racism in the workforce, not being invited for a social gathering, being passed over for promotion, and having one's suggestions not validated. Rather than confront racism in the workplace, many women in the study talked about how they silenced themselves so to retain a job, in other words, their livelihood for both for themselves and for future generations. Most literature refers to how people of African ancestry are mistreated, but there is no discussion or analysis of how Black people use silence as a way to protect themselves. Some of the women in the research were explicit about how they remained silent so as to avoid controversy. For the women in the study being silenced, whether involuntarily or voluntarily, is believed to cause an internal response that manifested itself in depression, stress, anxiety, high blood pressure, poor mental health and other debilitating conditions. There are many health consequences of being silent.

6.4 The Awakening

Over time, the women in the study noticed when their body physically responded to a racist or discriminatory comment or gesture. They noted that their heart began to beat more rapidly, the palms of their hands became sweaty, they felt nauseous, and sometimes they lost the ability to speak and became numb. In some cases, their physical responses were not always the result of something that was actually happening, rather they were a response to a feeling or an anticipation of something they suspected was about to happen. The women talked of becoming aware of their body's responses and of their becoming silent (being silenced) as a reaction to the racism that was either occurring or anticipated. They talked to other women who shared similar experiences and responses, and a consciousness-raising began. The stories that were told and retold began to take on new meaning. These women began to use silence in new ways. Silence

was used as agency and resistance against discrimination. The ethos of Black Feminist Thought became evident. The women were moved from the margins to the centre. They began to use their voices and stories to liberate other Black women and women in general.

6.5 Power and Resistance

Henry (1993, 2015) argued that the complexity of Black women's lives is rarely examined in relation to resistance and power. This research demonstrates Black Nova Scotian women's uses of silencing as both power and resistance. As the women in the study became more aware, they began to use silencing as a mechanism of resistance against racism, rather than being silenced by it. Purposive silencing allowed them to retain their dignity and respect. Indeed, the women in the study stepped beyond being voluntarily silenced; they knowingly used silence to not respond to the kinds of remarks that did not warrant the dignity of a response. Silence used in this way might compel the issuer of a racist remark to reconsider what they had said. This is a novel finding that came directly from the victims of racism who used this subtle method of resisting racism by making the perpetrator aware.

The literature that investigates how women and people of African ancestry experience racism does not explain the use of silencing. This study contributes to the literature by defining the numerous ways in which silence has been used historically and in the present among people of African ancestry. In many instances, the women expressed being in situations where comments, jokes, and/or inappropriate race-based questions were being discussed or asked, and they remained silent. These Black women recognized the power of their self-silencing versus being silenced by others. It is a way to resist and communicate their disapproval of racist and sexist conversation or actions. Strategically, the women would change the topic or remove themselves from the negative environment. The use of silencing as a concept in this research

goes beyond being silenced by others. It includes voluntary, and involuntary silencing, as well as the use of silencing as a strategy of resistance.

In becoming aware of racism and its effects, the women in the study experienced a remaking of the self; these women's remaking was also transposed on their community. In remaking the self and the community, some women purposely chose careers where they became role models (health practitioners, Department of Justice employees, educators), mentors, and leaders for the next generation. It was important for the women to be able to motivate the next generation and for the next generation to have the ability and desire to freely choose their professions. Without Black women as role models, people who look like them, the next generations of Black women's career choices continue to be constrained. The remaking of one generation to the next secures a better future for those not yet born. In addition to silencing as resilience, power and protection, the subject of deliberate professional choices, with an intention to foster more opportunities for the generation that follows, contributes to the literature on 'othermothering'.

The women in this research, through remaking themselves and the community are moving past surviving to thriving. The women did not want to be seen as victims. Through their awareness of racism, the use of silence as advocacy, "othermothering", the power of formal and informal education the women have established themselves as leaders in many professions. As indicated most have a minimum of one university degree and many would be considered middle class. Through their formal and informal education, the women contribute to the thriving of the African diaspora. The generational historical trauma of chattel slavery, the survival of the middle passage, the broken promises of land and employment did not break the spirit of the women. Through their survival and thriving, these women contribute to the next generation of women

leaders and help change the trajectory of limited career paths, often reserved for women of African ancestry.

Previous literature has largely shown that African Canadian women's career paths were confined to menial labour (Agnew, 1996; Brand, 1994; Carty, 1994; Calliste, 1993; Mullings, 2004; Small & Thornhill, 2008), however, through surviving and thriving Black women now contribute, in-spite of gendered racism, in a number of professions. The more often the women in this research study were able to identify racism, the more they became aware of how they could bring about change and become a part of that change by establishing themselves in positions where they could lead, mentor, othermother, and safeguard the children of the community, where they could break free of the previously stereotypical roles that had been assigned to them as a racialized group of Black women.

6.6 Race and Gender—Don't Speak

Some of the participants in the study noted that sometimes they were treated differently by others because of both their race and gender and not merely one factor alone. Different expectations are placed on Black women. They are often trapped in the strong-Black-woman personification. Enang (1999) and Etowa et al. (2005) research identifies personal challenges of Black women during hospital stays and their transition during menopause. The women in her studies indicated they did not receive adequate medication because of the belief they were strong and Black. They did not know how to respond to this treatment, and felt powerless and silent. I suggest that silence, in all its guises, may be a gender-specific approach to racism. Silence as an internalization of anger is often considered a female response. Shorter-Gooden (2004) notes that Black women, as compared to Black men, often used an avoidance technique or keep quiet.

Some of the study participants stressed that their being silenced was a result of their race, while others questioned whether it was because they were women. And it could be gendered-racism.

The women indicated that their lived experiences of discrimination did not resemble those of white women or Black men. The women in my research indicated that Black men do not talk about or share their experiences as willingly as Black women. Rather, they tend to internalize their pain and some act out in violence. The women expressed how Black men were silenced by historical injustices, how they (the women) did not trust the justice system or see it as being equal. This indicates that some people of African ancestry chose silence as a safety mechanism or as a way to claim their own power. Silence has been used as a form of activism for many. In this study, I investigated the case of only Black women and did not draw comparisons to men.

Not only did the women in the study take care of themselves and their children but, in some cases, with their use of silence, they were also looking after Black men. The women in the research told of how if they had experienced physical abuse at the hands of Black men, they chose to remain silent. They did this out of fear for what might happen to these Black men in a system of institutionalised racism, such as that inherent in the justice system. These women used silence as a form of protection for Black men. In a previous study, Flynn and Crawford (1998) indicated that Black women had witnessed unfair treatment towards Black men by the criminal justice system and they wanted to protect them from this type of overt racism. This indicates the complexity of being Black and a woman, which involves protecting all Black people, regardless of the personal cost. In solidarity, race may be placed ahead of gender. The validation and recognition of institutional and systemic racism experienced by people of African ancestry, does not appear to receive equitable advancement in comparison to issues of sexism.

Essed (1991), Henry (2015), Thomas Jones, Speight and Witherspoon (2008), and Shorter-Gooden (2004), all talk about the different experiences of Black women compared to white women, white men and Black men. Gendered-racism, a term coined by Essed (1991), more clearly defines the oppressive experiences of African American women. When referencing the stereotypes of other racialized groups, Essed (1991) indicates that gendered-racism is also applicable in these cases. Racialized populations are depicted in the mass media and print literature in negative images and stereotypes. The images in the literature that show the welfare mother, the prostitute, and mammies as being loud, aggressive and argumentative do not represent the women in this study. The women in this study were conscious of the stereotypes; they intentionally advanced their education and active roles in the community to dispel these myths. Thomas Jones, Speight and Witherspoon (2008) indicate that the challenge with research that examines race and gender is that the two identities have a direct influence on each other and cannot be studied separately. Daily, the women in this study, experienced micro-aggression, but they chose to remain silent and did not indicate whether the oppression was because they were Black or a woman. The findings indicate the different ways in which the women in this study used silence.

6.7 Health and Well-Being

The study participants often described the symptoms and physical effects they experienced, both involuntarily and voluntarily, in relation to various forms of silencing. The stories of the Black women in this study demonstrate how race has a negative effect on health. The stress of surviving, not speaking, remaking self and the community were described to have a long term effect on the women's mental and physical health. The literature indicates that race and racism can have a direct negative effect on the health and well-being of people of African

ancestry (Agnew, 1996; Beagan & Etowa, 2009, 2011; Brand, 1994; Clark, Anderson, Clark & Williams, 1999; Collins, 1990, 2000a; Crawford, 2007; Crawley, 1998; Degruy, 2005; Dobbins & Skillings, 2000; Edmonds, 2001; Essed, 1991; Etowa et al., 2007(a, b); Fraser & Reddick, 1997;Gee, Walsemann, & Brondolo, 2012; Greene, 1995; Greene, 1997; hooks, 2003; James et al., 2010; Jones and Shorter-Gooden, 2003; Jackson and Naidoo, 2012; Lynam & Cowley, 2007; Veenstra, 2009; Wallace & Bell, 1999; Williams & Williams-Morris, 2010).

The women in the study noted that racism and its effects compromised their health and well-being. Some of these women were aware of their physical responses to racism. Their descriptions were similar to those found in Beagan and Etowa's (2009) study, which references the need to be continuously on guard and cognizant of racist innuendos. They identified and associated some of the debilitating conditions caused by racism, such as depression, high blood pressure, poor mental health, diabetes, hyper tension, and anxiety. The women in the study identified the link between silence and the physical, emotional, and social symptoms of illness. In examining the literature, none of the research connected silence to health in this way, when, in fact, surviving racism also means surviving the illnesses that are the result of racism. Williams (1997) noted that illness is often a biological expression of social inequality. He also tells us that, in examining the role of race and health an additive and interactive model that includes other social categories (such as gender, age, family) should be applied. Williams (1997), notes that race is one of the multiple social status categories that have been created by macrosocial factors and racism and that racism is implicated in social inequality (p. 333).

The limited examination or tracking of illnesses in Canada that are based on race can have detrimental health care implications on racialized populations (Lynam & Cowley, 2007). Research has determined that differences exist in some illnesses/conditions between African

American men and women and European men and women. For example, sickle cell is predominantly present in people of African ancestry, BRCA1 and BRCA2, Ashkenazi women are strongly overrepresented in carrying these genes related to breast cancer and ovarian cancer (Brandt-Rauf, Drummond, Conte, 2006; Williams, 1997). Other conditions such as diabetes overrepresented in Canadian Aboriginal populations may be related to nutrition and poverty (Williams, 1997). However, these conditions have not been validated in any medical research because little if any tracking of illnesses based on race is done in Canada. Subsequently, using the Social Determinants of Health, racialized populations are seeking to demonstrate the importance of their identities (Aboriginal, race) (Raphael, 2004, 2009). Many of the women in the study have either suffered in silence or shared their pain only with family and extended family members. Few have sought counselling outside of their Church or family. This continuous cycle of the internalization of racism results in historical trauma (Degruy, 2005). The women expressed the importance of helping others understand when they are being discriminated against because of their race.

Systemic, environmental, and institutional racism are structures of power that limit and restrict opportunities for racialized individuals. These structures of oppression can determine the communities individuals live in, the type of education they receive, their employment opportunities, and their access to and treatment under the health care system (Enang, 1999; McGibbon & Etowa, 2009). The everyday experiences of racism as told and retold by the women in this study is evidence of why few people of African ancestry look for direct support outside their communities. The historical trauma and experiences of racism have given rise to a deeply embedded culture of mistrust.

6.8 Recommendations for Health Promotion Policies and Interventions

One of the objectives of this research was to present recommendations for policies that could improve the health and well-being of African Nova Scotian women. A number of researchers have made suggestions in the literature, some of which I build on here. Other researchers have acknowledged that some health care practitioners are not familiar with the African Nova Scotian community and have called for information that speaks to the diversity of the Nova Scotia population and the specific needs of these populations (Atwell, 2001; Crawley, 1998; Downey, 1999; Enang, 1999; Etowa et al., 2007 a). The study participants also made inferences on this point.

To the best of my knowledge there has been no critical review to determine the level of integration of concepts pertaining to race-related lived experiences in Nova Scotia health policies. There is a need to look at current health policy as it may not address the race-related challenges defined in the literature and augmented through the stories recounted by the women in the study. In order to insure that social and health polices increase awareness of and challenge the impact of racism on health and well-being they should include: 1) introduce mandatory and on-going training, to health practitioners, that demonstrates the impact of racism-related historical trauma on clients of racialized populations; 2) recruit health care practitioners who reflect the racial diversity of the population.; and 3) address how health care professionals deliver treatment to clients from racially and ethnically diverse populations (Davis-Murdoch 2005; Etowa, 2007; Seeleman, Suurmond & Stronks, 2009). This could minimize the feelings of exclusion felt by some from racialized populations (Bernard, 2002; Enang, 1999; Etowa et al., 2007 a, b; Krieger, 2003; McGibbon & Etowa, 2009; Sharif, Dar & Amaratunga, 2000). This recommendation links directly to the perception that Black women's needs are not recognized or

understood, mediated in part by an absence of Black health care providers. Many of the women indicated they do not seek professional health care and would rather speak to a family member, friend or their pastor.

The implementation of health care programs or the introduction of more Black Nova Scotian practitioners directly in African Nova Scotian communities may increase access and reduce some anxieties. Front-line staff that reflect the population being served may make clients feel more at ease as noted by Bernard (2002); Enang (1999); Etowa et al., (2007a,b); Krieger (2003); McGibbon and Etowa (2009); and Sharif, Dar and Amaratunga (2000). An added advantage of this strategy is that offering programs that examine the effects of race, gender, and class on individuals would help normalize their experience and lead to treatment models that directly addresses these issues.

The women in the study talk about the importance of feeling validated by health care professionals when issues of race, racism and gender discrimination are presented. The women's stories indicate the need for people of African ancestry to be allowed the opportunity to have a relationship of caring with their health care providers, ones that values lived experiences and support the integration of those experiences into their care plans. Current conservative medical models do not support such philosophy. In support of this concept Etowa., et al. (2007 a, b, c) also stressed the need for approaches that address the social contexts of health and values the implications of the intersection of i.e. race, gender, and class on the health and well-being of individuals.

Statistical data collected in Canada needs to include questions that allow the determination of prevalence of race, gender, or class discrimination and their impact on health and well-being. Further, medical research needs to focus on the collection of epidemiological

data in order to determine and provide for the health care needs of African Canadians. Ensuring that health surveys such as the Canadian Community Health Survey (CCHS)[15] includes questions that identify race, ethnicity, birth place of origin, religion and perceptions of discrimination will allow us to better understand the association between racism and gender discrimination and health. Other strategies of care, using spiritual leaders could be developed to support the "whole" person. Research in the United States effectively demonstrates the disparities in health with respect to race and racism, and finds that health outcomes are implicated both biologically and socially. The women's stories portray a belief that there is a direct link between health and well-being and race, gender and class. There's a limitation in how health data is being currently collected.

Health care practitioners need to understand the value of community care connections that provide support to people of African ancestry and ensure the integration of this evidence into clinical decision making. These include the Church, community health centres, community day cares, community schools, and seniors programs as vehicles to reach community members in need. Bannerjee and Pyles (2004), Beagan and Etowa (2011), Beagan, Etowa, & Bernard (2012), Broman (1991), Este and Bernard (2006), Etowa (2007), Chatters and Taylor (1989), Christian et al., (2000), Lewis-Coles and Constantine (2006), Mattis and Jagers (2001), Mattis (2002), Schreiber et al., (2000), Shorter-Gooden (2004), and Utsey et al., (2007) mention the role of faith, spirituality, and the Church in helping individuals deal with stress-related illness due to racism. Clients in need tend to turn to these resources first (Atwell, 2001; Crawley, 1998; Christian, Al Mateen, Webb, & Donatelli, 2000; Downey, 1999; Neighbors, 1997; Taylor, Hardison, & Chatters, 1996; Shorter-Gooden, 2004).

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[15] "The central objective of the Canadian Community Health Survey (CCHS) is to gather health-related data at the sub-provincial levels of geography (health region or combined health regions)." (Statistics Canada, 2015)

Previous research has made recommendations to improve the health care of racialized and marginalized populations, but few strategies have been implemented. In order to better meet the needs of Black populations, the health care system must be accountable and take action. Referral information could be made available that relates these communities context specific challenges and needs and references racism-related conditions. It is equally important for clinicians who are not part of a community to understand the context, values, beliefs and preferences of the community they serve and the strategies that have evolved to support coping and healing. The women's stories could be published as case studies for the purpose of educating health care professionals about the impact of racism on health and well-being and strategies for overcoming discrimination. The coping strategies shared by the women in this research could be integrated into care delivery. It's imperative to acknowledge how the women not only survive racism but how they are thriving; which can contribute to develop grassroots resources to support others who experience gendered-racism.

Through various community associations, such as the Health Association of African Canadians; the African Diaspora Association of the Maritimes; the Association of Black Social Workers; and the Black Educators Association of Nova Scotia, education programs could be developed that raise awareness about the connection between the symptoms of and reactions to racism, of which silence is one of them. These programs could be developed in partnership with the above-mentioned associations so that their language, design, and implementation meet the needs of the intended population (Davis-Murdoch, 2005; Etowa, 2007; Seeleman, Suurmond & Stronks, 2009).

As indicated by the women, it is important for them to be able to name racism and sexism. No longer do the women want to be silenced because of their race or gender. They need

programs to better meet their needs as Black women. Gendered-racism, although not explicitly discussed by the women was present in some of their stories. Some of the women talked about how the strong Black women syndrome and the expectation of taking care of family, friends, community and church affects their health and well-being. Black women need to feel like they do not always have to be strong. Black men and others, need to be educated on the impact of the strong Black women syndrome on Black women's health, and recognize the importance of supporting Black women. Teaching clinicians strategies around cultural norms and expectations can improve the health treatment women receive. Recognizing the complexity of race, gender and other multi-identities that may impact ones health and well-being is a necessity for health practitioners.

Programs that address issues of racism and health could be available via an interactive webpage (an audio blog). These programs would include issues of all Blacks (men, women, children, LGBTQ etc.) in order to break the cycle of the absence of Blacks in health care programs. Such programs would allow individuals to share their stories, hear other's stories and learn about the resources and programs that are specifically designed to meet their needs. This is particularly important for racialized individuals who are new immigrants to Nova Scotia or Canada and who have not yet experienced racism. It is necessary for new immigrants to receive information about the history of Nova Scotia and also their rights in relation to health care, education, and justice. Receiving this information from other racialized and supportive individuals/groups will contribute to a more effective understanding of the institutional systems that exist. It was evident to the women in the research that by sharing their stories, a level of consciousness, awareness and sisterhood developed. A domino effect could happen for other women, if they were able to hear the stories of how some women are surviving racism.

Lastly, to reach the general more non-racialized, white, population, programs about racism could be developed and implemented in the public school systems, community colleges, and universities, and through workshops and symposiums. These programs would raise awareness about the ramifications of racist attitudes and behaviours, and they could offer suggestions on how to work more cooperatively, within society as a whole, to address racist and inappropriate behaviours that maybe witnessed by bystanders or inflicted on targeted individuals. The dominant population needs to take responsibility for how they, as individuals, perpetuate racism on a daily basis, how they critically examine institutionalized racism, and how they can work in collaboration with racialized individuals. The intention of these programs would be to build empathy so that individuals could draw on their own experiences to better understand others experiences. For change to occur, everyone must assume a role. Eradicating racism cannot remain the sole responsibility of the oppressed.

6.9 Summary

This chapter presents several ways in which this research contributes new findings to the literature on racism and health outcomes as they relate to African Nova Scotian women. The emergence of the categories *surviving racism, silence (being silenced, and silencing), becoming aware, and remaking of the self and the community* are racism related topics that have not been examined in previous literature. It has been possible to explore how women survive racism through the lived experiences of the women in this study, who are of African ancestry, and who live in Nova Scotia.

The numerous ways in which silence is used presents an innovative way to examine marginalized groups' responses to the discrimination, racism, and oppression they experience. Being silenced and the use of silencing were very important insights in this research. This

analysis presents women's awareness of racism and how they survive it. Silence was a resource these women used to protect themselves, their families, and their communities. The women also used education and career opportunities as weapons against those who oppressed, their oppressors. From these findings, I have also made recommendations to the health care system and suggested some policies and educational processes that might help African Nova Scotians and, by extension, other groups who continue to experience race, gender and class discrimination, in this province. These recommendations will help them thrive and not merely survive.

Chapter 7: Conclusion

My interest in this thesis topic stems from my own experiences of race and gender discrimination and their effects on my health and well-being, and the health and well-being of my community. My involvement in the Racism Violence and Health project, as a research assistant, community advisory board member and facilitator of three community forums, furthered a scholarly interest in a history and experience I share with African Nova Scotian women. Critical Race Theory, Black Feminist Thought, and my experience as a Black woman guided my analysis. In my exploration of the everyday experiences of African Nova Scotian women, I purposively selected from the Racism Violence and Health study 20 qualitative in-depth interviews of women of African ancestry. These women were leaders in the African Nova Scotian community. My interest in including them in the study was to further explore how women of African ancestry survive racism in Nova Scotia. Members of this cohort were the primary caregivers of their families and their communities, and could provide strong insight on this critical issue.

Most of these women (14) identified as being from the 48 historical African Nova Scotian communities. They had more than high school education and several had completed more than one undergraduate or graduate degree. Many talked about the importance of their community and Church in their lives. They recognized that children of African ancestry in Nova Scotia, will continue to experience racism and held grave concerns for their future.

In their interviews, many of these women did not indicate there had not been any drastic changes in their experiences of racism, in Nova Scotia, from childhood to adulthood. All of them indicated how they sometimes experienced feeling invisible, disrespected, undervalued, and irrelevant, all of which they attributed to their race. They often experienced these feelings when in institutions, such as places of employment, education, health, and justice. The limited

advancement in the acknowledgment of racism in Nova Scotia, generally, and in initiatives that aim to deal with it are evident in this analysis.

The women in this study credit the power and strength of their ancestors for making it possible for them to push through tough times. They stand on the shoulders of those who came before them. Their fears and anxieties about racism for themselves, their families and their communities were evident as was the toll it continues to take on their health and well-being. They remarked on white power and privilege and noted how it remains apparent in their lives. They stressed that, for Black women, there is an invisibility that continues to perpetuate the systems of race and gender discrimination. They continue to be passed over or dismissed as if they are not there.

Any analysis on women of African ancestry must take into consideration the complexities of race, gender and other social identities (Collins, 2006; Crenshaw, 1989). Neither 'woman' nor 'race' can be fixed into separate forms. "Race does not exist outside gender, or gender outside race. Racism sustains and rearticulates sexism" (Parker & Lynn, 2002, p. 12). As an example, the "strong Black woman" syndrome continues to plague Black women and makes it difficult for them to seek support during a crisis because they are expected to take on these challenges alone (Collins, 1990, 2000a; Etowa et al., 2005; hooks, 1984, 2000). The intersectionality of race and gender is complex. Without the comparison to Black men it is difficult to take this argument further.

African Nova Scotian women in this study provided an opportunity to explore their lived experiences of racism and the implications of racism on their health and well-being. They came from different educational and socio-economic backgrounds and from different communities; several offered a snapshot of how they are surviving racism. These women's voices

demonstrated ways in which they were dealing with the daily, painful occurrences of discrimination. They told of their coping strategies that helped them to survive and even thrive. They noted how their deep distrust of the educational, social, and judicial systems remains a factor.

The women talked about the subtle daily undercurrent of racism: the daily comments that are made or not made, the stares and unwelcoming environments they encountered. The women noted that there was no safe place where they could have their experiences validated, supported, and acted upon. They often lived in fear of their jobs and of not being able to provide for their families.

7.1 Limitations

As with any research, a number of limitations emerged. The constraint inherent in the use of secondary data was a major factor. The original Racism Violence and Health research did not examine gender as a topic for discussion but gathered data from both men and women treating the data as gender neutral. Also, its primary focus was racism. As a result, many of the questions answered by the women did not specifically address gendered-racism. However, through adopting a gendered-racism analysis, I identified nuances and complexity in women's experiences of gender discrimination and racism. In the original analysis, a comparison between men and women could be made based on data collected. The lack of questions asked about gender, of the Black female community leaders in my study, limits my analysis of gendered-racism.

Most of the women community leaders represented a well-educated and articulate group of African Nova Scotian women, which could be seen as a limitation. Was this cohort a fair representation of women of African ancestry living in Nova Scotia? They discussed the everyday

experiences of racism on their health and well-being but they did not go into great detail about the debilitating effects of racism on their health and well-being. Many of the women in this research talked about the impact of racism on their mental health, with limited reference to other health conditions. It is possible that the dominant social frameworks available to the women who participated in this study offer a limited analysis for connecting health conditions to racism. The women may not have had a medical diagnosis or framework to reference the impact of racism on their health and well-being, but were able to speak of the emotional and psychological drain they experienced. Would the experience be different for other women of African ancestry who may not be as well-educated and/or employed?

Although the interview transcripts provided rich data, I did not have the option to cross check categories with participants or to check the written transcription of the interviews against the audiotape for clarification. To ensure participants' anonymity, someone outside the province who was not connected to the African Nova Scotian community transcribed the transcripts. In analysing the transcripts, there were some inaccurate spellings of some of the historical Black communities and organizations, such as the Council on African Canadian Education (CACE), being recorded as CASE. A familiarity with these organizations and the African Nova Scotian community is an asset I brought to this analysis. Omissions, the misspelling of words, and the misplacement of periods or commas are common errors that can occur in the transcription of interviews (Poland, 1995). And although they appear benign, these mistakes can alter an interviewee's intended meaning. For a researcher, it can be problematic to have a transcriber who is not connected to the research or the African Nova Scotian community and not have the opportunity to check the transcription against the audio file. The original research team place a priority on ensuring the interviews anonymity and sent the audiotapes out of province to be

transcribed. But this could have been solved by having a Nova Scotian transcriber sign a confidentiality agreement.

As argued by Bucholtz (2000), and O'Dell and Willim (2013), there is more to transcripts than the recording of words from audio to print. In transcribing audio, a transcriber can determine what to include or not to include and how certain words and phrases are written. But this can lead to a very different interpretation of the transcripts, compared with the reality of the interview. Interviews should be transcribed verbatim. Additionally, a transcriber's sensory awareness can influence and create a different understanding of the transcript (O'Dell & Willim, 2013). In this case, sensory awareness refers to a transcriber's familiarity with a topic and their personal influence on the transcript, such as determining the spelling of words, the inclusion or exclusion of words, when to use quotes and commas, their own interpretation of the audio file and how they reflect it in words, and the location and time the audio is transcribed. All these can have a sensory influence on the transcript (O'Dell & Willim, 2013).

When a researcher does not have the interview audio files, this causes the investigation to have serious limitations. Listening to the audio tapes would have provided me with a richer analysis of the data, helped me clarify ambiguities, and given me the opportunity to correct transcription errors. It would also have helped me capture the different emotional contexts in the interviews, based on the tone, pauses, and other syntactical nuances that are evident in speech (Poland, 1995). The transcripts I acquired did not come with the field notes nor did they provide any details about where the interviews took place or descriptors about the interview before, during or afterwards, that would have captured nonverbal communication. This information would have added even more richness to the data.

7.2 What Now? The Next Steps

Learning from history, reflecting on the past and exploring the lived experiences of African Nova Scotians, contributes new material to the literature. The women in the Racism Violence and Health study repeatedly talked about both the strength of their ancestors and their own sacrifices, which they made in order to survive in Nova Scotia. They continually spoke about how the next generation will also have to survive racism and about improving opportunities for them.

Despite their lived experience of racism, and the pain and anger the women in this study presented, their sense of hope was still evident. Some of them were the first in their family to have completed high school and gone on to college or university. They discussed their chosen career paths, but they did not go into detail about the personal sacrifices they made while being the keepers of their community. Nevertheless, the passion, love, and need to protect their community resonated throughout the interviews.

This research has demonstrated that there are gaps in the literature, and it presents the need for further research that explores the topic of African Nova Scotians and others of African ancestry and how they are surviving racism. For example, I would like to see further in-depth research that examines the lived experiences of racism of individuals who were born in predominantly Black countries. This is intriguing to me as some of the women in the research talked about how different their experience of racism was, compared to the women born in Nova Scotia or Canada. I want to explore if the length of exposure to racism impacts or affects coping strategies and perception of self, for those born in predominantly Black countries. In addition, a more thorough examination of the impact on and physical responses to racism on individuals' overall health and well-being would contribute to a body of health research that has not yet been fully explored. The development of a community and academic research institute dedicated to

researching intersectionality (race, gender, class, (dis)Ability, LGBTQ, etc.) in collaboration with marginalized populations.

Further research and analysis that build on the work of the Racism Violence and Health Project, which began to look at differences across three cities and three distinct cultures (African, Caribbean, and African Nova Scotians), could provide a better understanding of the similarities and differences experienced among these groups. Presently, Census Canada polls all Blacks under one category when, in fact, our experiences, though similar, can also differ. This dissertation does makes recommendation to ensure general community surveys such as the Canadian Community Health Survey and the Canadian Institute for Health Information[16]includes questions of race, ethnicity, and religion, can help in advocating for change in the health care system based on the needs of different populations. Statistics that are non-specific in discharge abstracts makes it difficult to advocate for change, as change is based on priority.

Another related area of research that would contribute to this body of research would be an examination of how members of the dominant race perceive women of African ancestry who are in positions of power and authority. There has been limited research in Nova Scotia and Canada, as a whole, on people of European ancestry's experience of either working with people of African ancestry or on their perceptions of this racial group. A novel investigation would be one that looks more deeply into the above perceptions of those who identify as of European ancestry. In collaboration with a colleague of European ancestry, I would examine whether this

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[16] "Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health system and the health of Canadians. Our stakeholders use our broad range of health databases, measurements and standards, together with our evidence-based reports and analyses, in their day-to-day decision-making. We protect the privacy of Canadians by ensuring the confidentiality, integrity and availability of our health care information." (https://www.cihi.ca/en/about-cihi).

racial group's experience or perception of people of African ancestry differs for historical African Nova Scotians, Continental Africans, and/or the Black Caribbean population.

The methodologies and theories applied in this research could also apply to other marginalized and racialized groups, such as the immigrant population, person's with (dis)Abilities, and individuals who identify as LGBTQ. Using theories and methods that examine the intersection of i.e. race, gender, class, (dis)Abilities, sexual orientation, and other social identities would provide a more accurate analysis of a person's health and well-being in relation to a white, male, heterosexual, paradigm. I would partner with colleagues presently working with marginalized and racialized groups and draft an outline on the theoretical challenges inherent in studying (with) these groups. More research is needed in how Black men experience and respond to racism. There is some distinction made in the literature on how Black men and Black women are treated in relation to racism, but this was beyond the scope of this research and was not explored in depth. More research is required that examines gendered-racism because race cannot be separated or studied outside of gender.

7.3 Dissemination Plans

I did not expect this research to have the personal impact it did. These women's lived experiences and their sacrifices made it clear to me that I was able to write these words only because of them. It would be an injustice to them and to others who have gone before, if this information were not shared with the intention of improving the lives of people of African ancestry. Knowledge translation, exchange and sharing are a requirement of academia. They are also methods I intend to use to express my thanks to these women for sharing their stories. I want this research to inform policy and practice in institutions of health, education and justice. The women in this study need to be heard and not silenced.

First, I intend to disseminate these findings throughout the African Nova Scotian community. Naturally, I will strive to speak with and in many of the African Nova Scotian Churches and communities and share these women's stories. I intend to use the oral traditions of the African Nova Scotian community so that others may have their own stories validated. I will connect with numerous African/Black-centred organizations and engage in an exchange of these findings with the intention of also hearing other stories that may be similar.

Second, I will present at academic conferences, community forums, and through peer reviewed journals. I will use the various academic and community organizations I am involved in and prepare and distribute short position papers that highlight my findings. I will write a book based on the women stories so that people can develop their own recommendations based on hearing and reading someone's truth. The intent of the book is to bring awareness and advocacy.

To further this research, I will continue to work with racialized populations and seek out like-minded academics for collaboration on similar research. I would work with like-minded colleagues to develop and enhance strategies and tools for people in positions of power and those of European ancestry, to use to speak out against racism in health, education, justice and other social institutions.

Continuous investigation is necessary to advance the importance of race-related research. I will design a surviving racism toolkit that will include strategies presented by the women. In addition, I will develop information sheets for health practitioners outlining symptoms of race and gender related conditions. There is an on-going obligation to continue to do research in the areas of marginalization, such as race, gender, class, and (dis)Abilities. This will assist the various institutions of health, community, justice, and education to better deliver services to a diverse and growing population.

Third, it is my intention to seek direction as to how to communicate with Statistics Canada to stress the significance of race, gender, and class statistics, and the need to not classify all Blacks under the same category. This will increase the availability of relevant resources for work that aims to address the impact of historical trauma. The experiences of first, second, third, eight African Canadian/Nova Scotian differs. Through the lens of Critical Race Theory and Black Feminist Thought, this research presented the importance of listening to and hearing about the lived experiences of the women of African ancestry who live in Nova Scotia and how they are surviving racism. It now remains to work collectively to improve education, justice and health policies for marginalized populations. It is important that the African Nova Scotian women who shared their stories that their voices are heard, and their silence ended. This dissertation provides one way for this to happen. Another way to end the silence, as indicated by Collins (1990), hooks (1994) and Lorde (1984) is to encourage more coverage of the research done by Black women as many have written their stories and deserve to be heard and recognized.

Epilogue

I Found My Voice

I found my voice
Not that I lost it but…
It was silenced because of the truth I
Speak
It was silenced because of the beliefs I
Share
It was silenced because they could silence other
Voices

However, what they did not remember
Is when one strong African voice
Is silenced, another will rise and still
Another will rise

Those voices rise in Word Iz Bond,
Those voices rise in the writings of George Elliott Clark
Those voices rise in the films of Sylvia Hamilton
Those voices rise in the stories of our ancestors
Told over and over again

So what right do I have to allow
My voice to be silenced
What right do I have to give up the struggle of my ancestors?
What right do I have to use the excuse of
A mortgage, a family, an education

I cannot allow my voice to be silenced
When students continue struggle for equality
When students have to prove they can not only speak and write the
Queens English but can speak languages others cannot even pronounce

When students prove they can be single moms, work fulltime, return to school and get a PhD
When students are able to travel thousands of miles
Leave family, children
Familiarity for an education for a better life

I have no business to allow others to silence my voice
I have found my voice and I will continue to use my voice to help others
I will continue to use my voice to speak for those who can't
I will continue to use my voice because I know it can
It will make a difference

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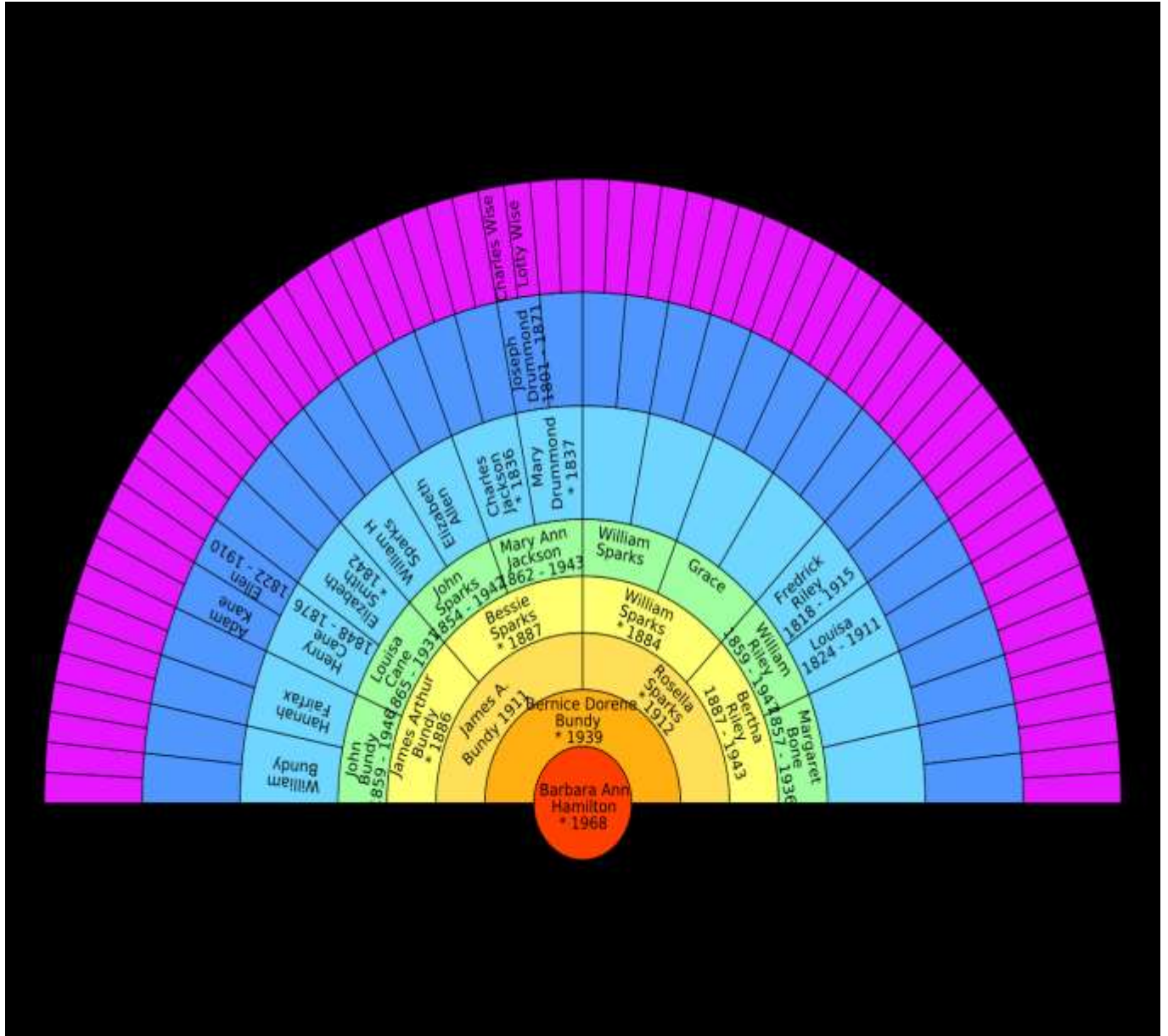
Appendix B : Interview Guide

Original Questions from the Racism Violence and Health Project for Key Informants

BACKGROUND
1.   Please tell me something about your agency – first, what is your mandate?
    Probes: Before the interview, you want to have done some research on the agency –
                brochures, website, etc. At the same time, you want them to answer in their own
                words so you begin to understand where there might be tensions. . . .

                What services do you deliver?

                Who are your clients?

                Sex, age, ethnicity, geographic boundaries, how referred.

                    .
                Who funds the agency?

                How does this funding affect what you can do in terms of addressing issues of
                    racism and violence?

                How does this funding affect what you can do in terms of addressing issues of
                    health and well-being?

2.   What are your job responsibilities within the agency?
    Probes: How are you involved in the management of the agency?

                What front-line work do you do / have you done?

                How did you come to work at this agency?

                Has your role changed during the time you have been here?

COMMUNITY
3.   In our research, we talk about members of "the Black community" – Can you tell me
        about your own understanding of what "the Black community" means?
    Probes: If they say there is no such thing and go no further, ask – Can you talk about
                "Black communities" – plural?

    Probes: Particular ethnicities, origins. . . . Caribbean and African? Canadian Black?
                Particular geographic location within metropolitan area. . . .

                Particular cultural affiliations. . . .

                Particular religious affiliations. . . .

Particular class affiliations. . . .

4.   IF THEY HAVE ENGAGED IN A DISCUSSION OF BLACK COMMUNT(IES)
How have you developed that understanding of "Black community" OR "Black communities" – where does it come from?

5.   IF THEY HAVE NOT ENGAGED IN A DISCUSSION OF COMMUNIT(IES)
In the Community Forums and community meetings for this project, participants often say "The Black community" this or "The Black community" that. . . . There seems to be an assumption that there IS a Black community – Where do you think that is coming from?

      Probes: Particular ethnicities, origins. . . . Caribbean and African? Canadian Black?

                 Particular geographic location within metropolitan area. . . .

                 Particular cultural affiliations. . . .

                 Particular religious affiliations. . . .

                 Particular political affiliations. . . .

6.   [If they haven't already addressed this] Does your agency have a mandate to work with "the Black community"?
                 Calgary: Immigrant community?

7.   IF YES in either# 4 or #1, What does your agency mean by "the Black community"?

      Probes: As above. . . .

8.   How do you think your agency's definition of the "Black community" affects its ability to fulfill its mandate?

9.   How does this definition affect your ability to do your work the way you want to?

      Probes: [If appropriate] How would you prefer that your agency define the "Black community"?

RACISM AS VIOLENCE

10.   As part of our research, we are looking at the impact of violence on the health and well-being of members of the Black community – In your work what do you see in terms of violence and members of the Black community?

       Probes: Physical violence. . . .
                  Emotional violence. . . .

                  Verbal violence. . . .

                  Spiritual violence. . . .

                  State violence. . . .

11.   What do you see in terms of where the violence occurs – or among whom the violence occurs – for example violence within the community – among community members. . . .

       Probes: Violence within families. . . .
                  Violence among community members. . . .

                  Violence with people outside the community. . . .

12.   In our project, we consider racism a form of violence – Based on what you have learned over the years, how do you understand racism as violence?

       Probes: How do you think the historical treatment of Black people in Canada has led to the violence of racism?

                  How does this history affect the everyday experiences of Blacks today?

           a.   How does the mandate of your agency allow you to address racism as violence?

       Probes: If yes, how effectively does this happen?

                  If it doesn't, do you think it should?

13.   What would help your agency [better] address racism as violence?

       Probes: Program mandates and policies
                  Program delivery
                  How programs are funded

Political will

Training for those who deliver services. . . .

How members of the Black community themselves understand these issues. . . .

14.   What would have to happen for those changes to be possible?

Probes: Who would make this happen?

How realistic is this?

15.   Over the last year we conducted a survey with 900 Black Canadians concerning everyday experiences and racism. A great many people who responded to that survey told other Black people that they do not experience racism in their everyday lives – in their everyday interactions with strangers, store clerks, police, co-workers, bank officials, non-Black friends and acquaintances, and so on.

How do you understand what's going on when Black people tell other Black people that they don't experience racism?

Probes: Based on your own work with members of the Black community, how do you think they understand systemic or structural racism?

How do you think social and political activists in the community should work with the fact that many Black people say they don't experience racism?

How do you think we should be working with Black community members around an awareness of racism and the effects of racism on health and well-being?

16.   How did you come to your own understanding of racism – particularly structural or systemic racism?

VIOLENCE IN THE COMMUNITY
17.   Please tell me what you think is happening in the Black community, right now, in terms of violence – you can include anything you think of as violence.
    Probes: Direct experience and witnessing. . . .
    Within the Black communit(ies) . . . .

With police. . . .

In the schools. . . .

Within families. . . .

Vicarious violence through media exposure. . . .

18.   We are interested in Black men's experiences of violence – including racism as violence. Based on your work, how do you think Black men, in particular, experience violence?
   Probes: Experiences as victims of violence/ racism. . . .
   Experiences as perpetrators of violence. . . .

   Experiences resisting violence – being drawn into violence. . . .

   Experiences of being feared – expected to be violent. . . .

19.   We are also interested in Black women's experiences of violence – including racism as violence. Based on your work, how do you think Black women, in particular, experience violence?
   Probes: Experiences as victims of violence/ racism. . . .
   Experiences as perpetrators of violence. . . .

   Experiences resisting violence – being drawn into violence. . . .

   Experiences of being feared – expected to be violent. . . .

20.   We are interested in how experiences of violence – including racism as violence – are different for Black men and Black women. Based on your work, how do you think the experiences of Black men and women are different?

   Probes: If they begin with domestic violence, ask about other differences, e.g.

   Street violence. . . .

   Strangers. . . .

   Community members. . . .

21.   We are especially interested in how Black men come to understand themselves – their masculinity – in a context of racism and violence. How do you think Black men come to develop their sense of self?
   Probes: Family
   Peer groups

   Media stereotypes about Black men. . . .
   Popular culture representations of Black men. . . .

   Legal system response to Black men. . . .

   Education system response to Black men. . . .

Community expectations of Black men. . . .

Religious expectations of Black men. . . .

22.   Some Black men resist the stereotypes about Black masculinity and some get caught in the stereotypes – What do you think is happening here?

   Probes: Family support. . . .
             Social support (peer group, community. . . .)

             Education and/or employment opportunities. . . .

             Involvement in spiritual practice. .

             Residential segregation/ housing

             Drugs and crime

             Involvement with legal system and incarceration

23.   Black youth – male and female – also experience violence directly and witness violence. Can you talk about this?

   Probes: What are the consequences of Black youth's direct experiences of violence? What about the consequences of witnessing violence?

             Being exposed to constant media coverage of violence within Black communities can lead to vicarious traumatization – how is this affecting Black youth?

             What are the different experiences of Black male youth and Black female youth?

             Anything here about BULLYING – ZERO TOLERANCE?

24.   How do you understand the different ways in which Black youth respond to violence – including the violence of racism?

   Probes: IF INDIVIDUAL DIFFERENCE IS EMPHASIZED: What do you think are the systemic or structural issues that influence youth response to violence?

CONNECTIONS RACISM, VIOLENCE, HEALTH – AND HEALING

25.   This research is looking at how experiencing and witnessing violence – including the violence of racism – affects our health and well-being as Black people. How do you understand the connection between racism, violence, and health and well-being?

Probes: Physical consequences of racism-related stress, especially high blood pressure, heart disease, diabetes, addictions. . . .

Effects on the family and family health. . . .

Effects on the community and community health. . . .

26. Many Black people talk about the importance of healing from historical racism and violence as well as current racism and violence. How do you think this healing can begin?

27. Is there anything else you would like to say about racism, violence, health and the Black community?

Racism, Violence and Health Project – KEY INFORMANT INTERVIEWS

Complete after the interview using information gained during the interview and further questions

1. Sex	1. Male	
	2. Female	
2. How old are you?	1. 18-24	
	2. 25-34	
	3. 35-44	
	4. 45-54	
	5. 55-64	
	6. 65+	
3. Where do you work?		
4. Which of the following best describes your workplace?	1. Health system	
	2. Education system	
	3. Legal system	
	4. Social services	
	5. Faith community	
5. What is your position with this workplace?		
6. How long have you worked there?		

7. How long have you worked in this field?	
Where were you born?	
8 If Canada	1. What province?

7. How long have you worked in this field?		
Where were you born?		
8 If Canada	1. What province?	
9. If Canada, were your parents born in Canada?	1. Yes	
	2. No	
10 If NO, can you tell me where your mother was born?		
11 If NO, can you tell me where your father was born?		(Go to Question 11
12 If NOT Canada	1. What country?	
13 If NOT Canada, did you come to Canada as	1. Student	
	2. Immigrant	
	3. Refugee	
	4. Domestic or migrant worker	
	5. Came as a Canadian citizen already	
	6. Other	
14 If NOT Canada, How many years have you lived in Canada?	1.	

15. **If NOT Canada,** Are you a Canadian citizen?	1. Yes		
	2. No		

16. What is your current marital or relationship status? Are you	1. Single		
	2. Married or Common Law		
	3. Separated or divorced		
	4. Widowed		

17. Do you have any children?	1. Yes		
	2. No		

18. **IF YES,** What ages are they?	1.	2.	3.
	4.	5.	6.
	7.	8.	9.
	10.	11.	12.

19 What is the highest level of education you have completed?	1. Less than high school	
	2. High school	
	3. Some post secondary	
	4. Completed college	
	5. Completed undergraduate university	
	6. Completed Masters degree	
	7. Completed Doctoral degree	

Appendix C: Recruitment Letter

Racism, Violence and Health Project

Project Office: Dalhousie University, 6286 South Street, Halifax, Nova Scotia B3H 1T8
902-494-1194 (Telephone) 902-494-1653 (Fax) rvh@dal.ca (E-mail)
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The Racism, Violence and Health Project is working with African Canadian communities to study the impact of violence – including the violence of racism – on their health and well being. It begins from the standpoint of those who have witnessed, experienced, and engaged in violence and who live everyday with the effects of violence on themselves, their families and their communities. It will continue with an emphasis on increasing the capacity of communities, families and individuals to counteract violence and increase well being. It will end with pilot projects that build on what has been learned over the five year period of the project.

In particular, the RVH Project will explore what happens when Black boys grow up surrounded by stereotypes that assume they are 'trouble', that they will eventually find themselves in conflict with the law. We want to know the impact of these stereotypes of Black masculinity on Black girls, women, and elders as well as on boys and men. We want to investigate the consequences of resisting and/or being caught in these stereotypes.

Over a period of five years, African Canadian researchers will be working with African Canadian community members to document experiences of individual, community, and systemic violence. We will be meeting with people in several different communities to discuss our current concerns, develop and implement a survey, and complete in-depth interviews. We will also work closely with nine families over three years, looking deeply at family members' experience of violence, and its effects not only on their health and well being, but that of the their communities and of society in general.

We will hold community forums each year to discuss the issues that arise from different research activities and to explore how to address these issues in concrete ways. Four community-based projects will occur in the final year, projects that will build on the capacity of communities to heal from and work to prevent individual, community, and systemic violence. At least one of the projects will develop Africentric health education materials and workshops that focus on violence, gender, and health.

Throughout the research we will be asking questions such as:

> How do African Canadian boys, girls, men, women, and elders experience violence in their lives?

> How does it affect their health and well-being? How does it affect the health and well being of their families and communities?

> What actions do they already take to counteract the effects of violence in their lives?

What other actions can individuals, families, and communities take that will increase their understanding of the root causes and terrifying effects of violence?

How can we make sure that what we learn directly benefits members of African Canadian communities and has an impact on policy makers, program managers, and frontline workers?

The Canadian Institute of Health Research has granted this project $1.25 million over five years through the Institute of Gender and Health and New Emerging Team program. The research will take place in Halifax, Toronto, and Calgary, and will focus on both indigenous and immigrant African Canadians.

Halifax Team Leader:	Dr. Wanda Thomas Bernard	902-494-1190	wanda.bernard@dal.ca
Halifax Co-Investigator:	Dr. Carol Amaratunga	613-562-5225	camaratu@uottawa.ca
Toronto Co-Investigator:	Dr. Carl James	416-736-2100 ext 20748	cjames@edu.yorku.ca
Alberta Co-Investigator:	Dr. David Este	403-220-7309	deste@ucalgary.ca

In answering the questions included in the Interview, you may remember or begin to think about things that are painful. Here is a list of pastors, counselors, and support groups that may help you explore these issues further:

Family Services Association
Counselling Services
420-1980

Rev. Dr. Lionel Moriah
Cornwallis Street United Baptist Church
462-6276

Rev. Elias Mutale
African United Baptist Association
435-6839; 435-4646

Brian Parris, MSW, RSW, ABSW
Social Worker
424-8199

Althea Tolliver, RSW, ABSW
Social Worker
434-0674

Lana MacLean, MSW, RSW, ABSW
Social Worker
424-7201

Appendix D: Letter of Permission from Dr. Wanda Thomas Bernard

Faculty of Health Professions
May 28, 2013
Catherine Connors,
Director, Research Ethics
6299 South Street, Suite 231
Halifax, NS, B3H 4H6
RE: Ethics project # 2013-2961
Dear Ms. Catherine Connors,

I am writing in support of Ms. Barb Hamilton-Hinch's research ethics application to the REB-**project** # 2013-2961. I understand that there was a request for clarification regarding her use of some of the data from the Racism, Violence and Health Project.

I was the team Leader on the original research project "Racism Violence and Health" (RVH). Ms. Hamilton-Hinch was a member of our research team, serving in the capacity of Research Assistant for several phases of the research. She was also a member of our Community Advisory Committee. In the early phases of this project Ms. Hamilton-Hinch expressed a keen interest in pursuing a PhD and using the data for her dissertation. I was originally Ms. Hamilton-Hinch's PhD supervisor, however, when I went on leave for two years (2011-2013) I felt it was best that I withdraw from her committee. However, I have maintained my commitment and agreement that she could use some of the RVH interview data for her doctoral dissertation.

This letter confirms that I give permission to Ms. Hamilton-Hinch to conduct a secondary analysis of the in-depth qualitative interviews from the original RVH research. Ms. Hamilton-Hinch has access to the interviews that were conducted with African Canadian women in the Halifax sample only. At my discretion, I am able to make data available for researchers to do secondary analysis of questions that were used to solicit information from the participants. She is working only with Halifax data that has not been specifically extrapolated in any of our previously analyzed and published findings. The only requirement for use of the data is that the researcher needs to identify the source of the original research data set as "The Racism Violence and Health Project". The access of the original data set by other researchers follows similar protocol that has been used by researchers that conduct a secondary data analysis.

Ms. Hamilton-Hinch has permission to conduct a secondary analysis and all data has been rendered anonymous prior to her gaining access. She has permission to maintain the cleaned transcripts, Atlas-ti files, coding, queries and analysis that pertains to her specific research. It is requested that data be destroyed and/or kept secured according to the REB guidelines as all original tapes have already been destroyed. It is not necessary for Ms. Hamilton-Hinch to seek permission from me for any publication or use of quotes based on the conduct of a secondary analysis but as indicated previously recognition must be given to the RVH project. In addition, it

is anticipated that we would engage in some joint publications of the findings once her dissertation is completed and successfully defended.

If you have and further questions please do not hesitate to contact me as the Team Leader of the original research.

Sincerely,

_____

Dr. Wanda Thomas Bernard, CM
Professor School of Social Work
Faculty of Health Professions
Dalhousie University, Halifax, NS

Racism Violence and Health Project

DALHOUSIE University

Maritime School of Social Work
Room 234e – A&A Building, Dalhousie University
6299 South Street, Halifax, Nova Scotia B3H 4H6

902-494-1194 (Project telephone)
902-494-1653 (Project fax)
rvh@dal.ca (Project E-mail)

As you may already know, Dr. Wanda Thomas Bernard is Team Leader for a five-year research study that explores African Canadians' experiences of violence (including the violence of racism). The project explores how these experiences affect the health and well-being of individuals, families, and communities. Dr. Carl James from York University, Toronto, and Dr. David Este from the University of Calgary are co-investigators. There are also a number of Research Assistants working with the project in each site. I am one of the research assistants. **Attached to this consent form is a project summary sheet** that outlines our research.

Over the last two years we have held two community forums and several community meetings, we have held a national conference, and administered 300 questionnaires in Halifax. Over 400 members of the Black community talked about their experiences of racism and violence and how those experiences have affected their health and well being and the health and well being of their families and of the community. **Now, we are asking 40 service providers and Black community members to spend 1.5 to 2.0 hours with a Research Assistant to complete an interview.**

I will ask you a series of questions and tape record your answers. **The questions focus on the Black community in Halifax, your understanding of racism as a form of violence, how Black men, women, and youth experience violence in similar and different ways, your understanding of Black masculinity in the context of racism and violence, the connections between racism, violence, and health, and how individuals, families, and communities can heal from racism and violence.** I will also ask questions about your life situation such as age, personal relationships, and national origin.

The project, including this interview, will benefit our community by helping us better understand how racism affects the health and well-being of African Canadian individuals, families, and communities. As a participant in the project you may benefit from a chance to reflect on your own experiences.

There are some risks in participating in this interview. In answering the questions, you may remember or begin to think about things that are painful. On the back of the project summary sheet is a list of pastors, counselors, and support groups that may help you explore these issues further. I want to emphasize that:

- Your participation is completely voluntary and you can decide not to answer a particular question, including the demographic questions, or to stop doing the interview at any time.

- All your responses will be anonymous – your name won't appear anywhere on the transcript of the interview or in our records.

- All your responses will be confidential – as a Research Assistant, I have signed a confidentiality agreement and will not discuss your answers with anyone.

- However, please know that we are required to report any information that would indicate there is the possibility of imminent harm to any individual or group. This would include a direct threat of harm or information concerning a specific intent to harm to any individual or group.

- Also, it is possible we would be compelled to release our records by subpoena and we would have to comply with this request. Since your name is not attached to the interview guide, the sheet with personal information, or the transcript of the interview you will not be identified. Once we have mailed you the feedback report, anything with your name on it will be destroyed. If you would like to have your name removed from the feedback report list, then your name will never appear on any documents. Nevertheless, I could receive a subpoena to appear before the courts on a specific matter and would have to comply with that subpoena.

- If you complete the interview, you will be offered an honorarium of $30.

- The tape recording of the interview will be typed up by someone who does not live in Halifax and the tapes will be erased once the typed version has been checked. A report on the interviews will be written based on an analysis of the information. We will make these reports available in the community at libraries, Churches, and with community organizations. We will also use this information and analysis in other presentations and publications about this research.

- These reports, presentations, and publications will contain quotes from the interviews, but we will remove all identifying information from these quotes. Your name would never be attached to a quotation – they will be anonymous.

- The interview transcripts will be stored in a locked file cabinet for five years, after which they will be destroyed. Only Team Members and key research assistants will have access to this cabinet.

I AM GOING TO READ THE CONSENT FORM WHILE THE TAPE RECORDER IS RECORDING, PLEASE ANSWER YES IF YOU AGREE:

The date is _____. Please answer yes if you agree with this statement: I have read this explanation about the Racism, Violence, and Health research study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this interview. However, I realize that my participation is voluntary and that I am free to withdraw from completing this interview at any time.

At the end of the interview, I will repeat that completely anonymous direct quotes from the interview may be used in future reports or publications and confirm your understanding of this.

_____   Date: _____
  Research Assistant

This is your copy of the consent form. If you have any questions or concerns about this research or the way in which it is being conducted you may contact the Research Team Leader:

Dr. Wanda Thomas Bernard
Director, Maritime School of Social Work, Dalhousie University
6414 Coburg Road, Halifax, Nova Scotia B3H 2A7

phone: 902-494-1190 – fax: 902-494-6709
email: wanda.bernard@dal.ca

Or, you may contact the Dalhousie University Research Office:

Patricia Lindley
Human Research Ethics
Room 337, A&A Building
Dalhousie University
Halifax, NS B3H 4H6

phone: 902-494-1462
e-mail: patricia.lindley@dal.ca

Appendix F: Concept Diagram