

# Knowledgeshare

## Review

### Researching 'Race' and Ethnicity. Methods, knowledge and power

Yasmin Gunaratnam

Sage: London, ISBN: 0-7619-7286-2, 2003, 196 pp

'Race' and 'ethnicity' are terms widely used in social science and professional discourse as well as in popular, everyday language. However, their significance remains an area of contention for social scientists and researchers, and the debate around their use continues to question the validity of such discursive and political categorisations. Social scientists have argued that ethnic identification based on fixed and immutable categories is undesirable, socially and analytically, and that ethnicity should be understood as culturally and historically contingent, variable and negotiable. However, while at the abstract, theoretical level this critique of racial and ethnic categorisation is now well known, in empirical research the racialised categorisation of participants persists. In her introduction Gunaratnam describes the text as a book about methodology, the production of knowledge and the politics of doing research on 'race'/ethnicity and their interrelations with other forms of social difference. It is a book, however, which fundamentally challenges conventional approaches to researching 'race' and ethnicity.

Gunaratnam argues that as qualitative researchers we need to challenge and transform socially embedded racial and ethnic categories, by simultaneously working with and against these categories in what she calls a 'doubled' research practice. She suggests that research is a discursive practice, through which identities are produced and it is at these micro-sites that we can begin to deconstruct undesirable classifications. Gunaratnam's approach is inherently anti-essentialist, as it allows a shift in focus away from the traditional idea of the ethnic 'identity' or essence (which often determines research agendas), and allows the inclusion of different attributes which are potentially diverse and shifting. She therefore proposes the use of post-structuralist critiques to produce more complex insights into the production of social experience.

The book explores these ideas under three headings. The first part: 'Thinking through knowledge, methods and power' provides a context to the debates throughout the book by discussing the 'problems' and tensions

in researching 'race'. In the second part: 'Debates and dilemmas in "interracial" research', Gunaratnam draws on the historical debates around 'race-of-interviewer-effects' in quantitative research, as well as debates about 'ethnic matching' in qualitative research. This part of the book focuses on the problematisation of racialised research participants and the corresponding dynamics of the research interaction. The final part of the book: 'The doings and undoings of "race" – researching lived experience', focuses on key methodological, epistemological and ethical considerations of researching difference. Using examples from her own empirical research in palliative care, Gunaratnam discusses processes of analysing and interpreting research accounts which include accounts of 'race' and ethnicity. This part also examines spatial dimensions of social research interactions and includes a discussion of the use of multi-sited research in exploring the production of racialised experiences at a wider level.

This is a thought-provoking and challenging book which demonstrates the fractured and fluid nature of difference and power in the research process. Importantly, it offers a guide to the ways in which research can be effectively and productively used in challenging the status quo. Gunaratnam succeeds in delivering a comprehensive and sophisticated resource for researchers, lecturers and practitioners who are keen to challenge embedded constructions of 'race' and ethnicity at an empirical level.

**Nicky Hudson**

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## Conference report

### Critical Link 4: Fourth International Conference on Interpreting in the Community

The Critical Link ([www.criticallink.org](http://www.criticallink.org)) international conference began in 1995 and was hosted in Toronto, Canada, with the generous sponsorship of the Canadian government. The subsequent two conferences in 1998 and 2001 were also held in Canada. The 2007 conference will take place in Sydney, Australia, but the most recent was held in May this year in Stockholm.

The purpose of the conference is to exchange information and knowledge, to discuss recent and

ongoing research, and to share practical experiences in developing good practice in the field of community interpreting which is broadly known in the UK as public service interpreting. The theme of the Stockholm conference was 'Professionalisation of interpreting in the community'. The event took place in the Aula Magna of Stockholm University. Well over 300 delegates from all over Europe, Canada, the USA, Australia, and even from Malaysia, Japan, South Africa and New Zealand, came together for four days of hard work and wonderful Swedish hospitality.

In his plenary address Professor Franz Pöchhacker of the University of Vienna spoke of convergence in interpreting studies. His talk focused on research and its role in the process of professionalisation, and explored the kinship among various domains of interpreting, from an historical, conceptual, and socio-academic point of view. He took as his starting point the fact that we commonly distinguish between branches of public service interpreting by institutional setting, but that these frequently overlap for the interpreter. He spoke of the conceptual continuum that links conference interpreting to liaison interpreting and public service interpreting. This is also true, to some extent, within public service interpreting in terms of the overlap between specialisms. For example, working for the coroner involves both medical and legal knowledge.

The British team representing the National Register of Public Service Interpreters took part in a panel discussion and spoke on the Register's structure, access, and its new interactive database of interpreters, recently developed for their website. The National Register is the regulatory body for spoken language interpreting in the United Kingdom (The Council for the Advancement of Communication with Deaf People (CACDP, [www.CACDP.org.uk](http://www.CACDP.org.uk)) being the one for signed languages) and shared the platform with a representative of the Swedish National Register to present their experiences, over 15 years, of the establishment, maintenance and development of such a body.

Needless to say, at a conference of this type, a variety of official languages was being used, and interpreted for. Simultaneous interpreting in the booths was provided between English and Swedish. Simultaneous interpreting from the front of the auditorium was provided in British Sign, American Sign, and Swedish Sign. As a user of only spoken languages, I found it fascinating to observe the three signed languages being used simultaneously, and to note how completely different they are. During breaks it was also interesting and in some ways comforting to find that the challenges, difficulties, and needs of the two groups of interpreters are very much the same.

The general tenor of papers fell into three very broad categories: the need for adequate training of interpreters; the need for adequate training of service

providers who work with interpreters; and the need to develop professional regulation and standards among interpreters.

At past conferences it has been noticeable that a significantly larger proportion of progress in both research and practical application was being made in the sphere of legal interpreting than any other. This year, there was a far stronger presence of speakers concerning themselves with the broad area of health and social care. It seems that in the past the sphere of legal interpreting has been given more political and governmental support, internationally, than the thornier and more complex area, some would say, of healthcare and social issues.

Over the four-day conference, four papers per session were presented in each of four parallel strands. Add to that over 40 poster presentations, and you can see that it was not possible, even though the National Register team made a point of not listening to the same lectures as each other, to do more than scratch the surface. I can only say that Proceedings will be published by John Benjamins.

Sessions that caught my attention included a paper by Eric Hertog and Jan van Grucht, entitled 'Ceci n'est pas un stéthoscope: developing a diagnostic instrument for assessing language mediation needs in Belgian hospitals'. The title says it all, and Professor Hertog is happy to be approached for copies of his paper (email: [erik.hertog@lessius-ho.be](mailto:erik.hertog@lessius-ho.be)). Although this is currently written in Dutch it is in the process of being translated. The instrument had been validated both in Antwerp and in another hospital. Helen Tebble, of Deakin University in Melbourne, Australia, presented a paper on discourse analysis and its relevance to ethical performance in medical interpreting. In Australia, ethical standards of professional interpreting include standards for competence, impartiality and accuracy. There is no scope for advocacy. This was a major research project on medical interpreting. By being more conscious of the uses of discourse semantics and lexico-grammar in the attitudinal and evaluated language used by physicians, medical interpreters can rise to the standards of the ethics of their profession.

Roberta Favaron and Raffaella Merlini of the Università di Trieste, Italy, had conducted the first part of a longer study of interpreting in speech and language therapy settings among Italian-speaking patients in Australia. They paid particular attention to shifts in footing and divergent renditions within these interactions, and showed, to me at any rate, the need for further work and consideration of the training implications raised by their findings.

Helen Watts of London City University, School of Oriental and African Studies, and Praxis Community Projects, called her presentation: 'Work-based learning for interpreters: fit for award, fit for practice, fit for purpose'. In such a skills-based profession, workplace

learning and experience are as vital as academic knowledge, and she discussed how interpreter trainers can learn from employers when designing courses. City University has recently developed a foundation degree in public sector interpreting. These degrees are a new UK government initiative funded through higher education funding streams, and incorporate academic and practice-based learning.

Christopher Stone, from the Centre for Deaf Studies in Bristol, UK, focused on a different aspect of communication across language and culture. His examination of the opinions and professional outlook of deaf people working as translators/interpreters on the TV news provided data that allowed comparison between the ideal and actual output of interpreters. This in turn gave an opportunity to analyse decisions, and identified differences between the deaf interpreters, who are members of the target language community, and hearing interpreters who are not.

Mary McDéviitt of the Edinburgh and East of Scotland Deaf Society brought us a thought-provoking presentation about the need to integrate quality assurance methods into working practices. She emphasised that in order to obtain ‘professionalisation of interpreting in the community’, professional standards must be agreed, accepted, and adhered to by all. She looked at the expectations that service provider, interpreter, and consumer, both deaf and hearing, bring to the quality assurance process, as well as their responsibilities and benefits within it.

Diana Abraham of the Ontario Ministry of Citizenship, Canada, spoke about political commitment. I had always thought that Canada was streets ahead of the UK on this point, and in many ways it is. The problem, as always, is that there is no public policy to govern the practice of interpreters and ensure the provision of funding that will support interpreter training and service delivery. The result of this is that some very worthwhile and successful programmes – for example for the prevention of violence against women – are put at risk. If the government changes, and the individual champion is no longer in place, such services are often put out to commercial tender with loss of control over standards. This leads to a fragmented professional field in respect of the interpreters’ view of their role, and of agreed standards and accreditation. This has led, in the specific programme used as an example, to testing taking place only in English, not in both languages as was previously done, and there being no quality assurance systems in place.

Conclusions for practice in UK are that we have a long road ahead of us, especially in terms of interpreting in health and social care. We need to develop:

- public policy that will provide continuity of nationally consistent standards

- national provision of accredited training for interpreters, trainers and service providers
- more research, leading to better practice, throughout the sector
- more research into language mediation needs in all our institutional settings.

**Jan Cambridge**

*Chair of the National Register of Public Service Interpreters*

## Resources

### Ethnicity Training Network

The Ethnicity Training Network offers information and skills for staff and service users on health and ethnicity, with special focus on disability. The network aims to increase training on ethnicity and health for service providers; share knowledge and skills between service providers, service users and family carers; help to improve professional courses for health and social care staff; support people to deliver government policies to people from ethnic minority groups; and create connections between trainers, services and training organisations.

Currently the network is establishing a database of interested people and making links between different service providers. It intends to hold training events, conferences and workshops for health providers, service users and family carers.

If you are a trainer, want to become one or need training, please contact us at the following address: Dr Hala Abuateya or Miss Catherine Bennett, Centre for Research in Primary Care, School of Medicine, University of Leeds, 71–75 Clarendon Road, Leeds LS2 9PL, UK. Tel: +44 (0)113 343 6903; fax: +44 (0)113 343 4836; email: [medcben@leeds.ac.uk](mailto:medcben@leeds.ac.uk).

### Mental health helpline for the Chinese community

The Chinese Mental Health Association ([www.cmha.org.uk](http://www.cmha.org.uk)) is a registered charity dedicated to serving the Chinese community in the UK. The association is actively involved in providing direct services for the Chinese community; assisting with access to mainstream services for users and carers; representing Chinese mental health issues in public forums; and promoting mental health education in the UK Chinese community.

The Chinese Mental Health Association now has a helpline: Wah Sum Helpline, tel: +44 (0)845 122 8660 (local rate). This is the first mental health helpline

dedicated to serving the Chinese community nationwide. It is a confidential helpline run by trained bilingual workers and volunteers. Through this helpline the association offers emotional support, information and advice to callers. The helpline is open from 10 am to 8 pm, Monday to Friday.

## Diversity webwatch

### APoGI Accessible Publishing of Genetic Information [www.chime.ucl.ac.uk/APoGI](http://www.chime.ucl.ac.uk/APoGI)

The APoGI site is a product of the Clinical and Applied Bioinformatics Unit, a collaboration between the Community Genetics Programme in the Department of Primary Care and Population Sciences, Royal Free and University College, London Schools of Medicine, and the Health Informatics Group of the Centre for Health Informatics and Multi-professional Education, University College, London. The site aims to provide health professionals with guidance about the blood disorders sickle cell and thalassaemia.

The site provides model patient information sheets on 'Why should I be tested for sickle cell and thalassaemia?', and a sample poster for display in general practitioners' (GPs') surgeries. Under the heading 'Carriers' information', the site provides an information card (one paragraph), and information sheet (one side) and an information booklet (12 sides) on each main gene variant for either the alpha- or beta-globin genes. This covers more common gene variants such as sickle cell and beta-thalassaemia, but also rarer variants such as delta-beta-thalassaemia and haemoglobin O-Arab.

Of particular interest to health professionals such as GPs, midwives and health visitors will be the printable information sheets for instances where both members of a couple are carriers. This part of the site is set up so that the viewer can specify one of 14 carrier states, and then check the combination with any other of the 14 carrier states and against being a non-carrier. This

then permits over 200 combinations to be explained in further information sheets. These information sheets carry pictorial representations of the genetic possibilities for each combination. However, what the life of someone with a major haemoglobin disorder such as haemoglobin sickle cell disease or sickle beta-thalassaemia is like is a social question, related to experiences of poverty, racism and discrimination, and the information sheets recognise this to some extent by frequently stating that the clinical severity is difficult to predict. For instances where there is the possibility of having a child with a severe haemoglobin disorder, there is further advice, in the form of a printable 17-page booklet, on the pattern of inheritance and the types of clinical complications associated with the condition. There are also sections on prenatal diagnosis, including chorionic villus sampling and fetal blood sampling. Finally, there is a section on other newer developments such as pre-implantation genetic diagnosis.

The site will become more relevant to health professionals as the NHS Screening Committee implements the new neonatal and antenatal screening programmes for sickle cell and thalassaemia, from 2004 onwards.

### Public health observatories [www.pho.org.uk](http://www.pho.org.uk)

The London Public Health Observatory has the national lead role for health inequality data, and has a significant number of linked pages dealing with ethnic health issues which transcend the London region. Other observatories have also collated data relevant to diversity for their own region, and in some cases, notably the North West Public Health Observatory, are an excellent starting point for many other valuable resources, again of more than regional or local interest.

The national network of Public Health Observatories can be accessed via the gateway site: [www.pho.org.uk](http://www.pho.org.uk).

Knowledgeshare welcomes the following contributions:

- short accounts/evaluations of specific initiatives to improve practice or education in health and social care
- reviews of books, websites, games or other resources that can inform practice or education
- information about assessment tools and their applications
- conference reports
- other information that may inform the development of health and social care practice.

All contributions for this section should be sent to Lorraine Culley, email [lac@dmu.ac.uk](mailto:lac@dmu.ac.uk)