



Abstract

Drawing on participant observation and interview excerpts collected during a critical ethnography, this article discusses the dilemmas of applying postcolonial feminist assumptions in fieldwork. Applying postcolonial feminist methodological assumptions from a location of racial privilege is not without its problems. Data illustrate the researcher's (un)easiness in facing evidence of personal adherence to Eurocentric power and privilege despite having a desire to be an instrument of social change. This retrospective critical reflection of fieldwork indicates that novice postcolonial feminist researchers need to embrace the destabilizing but inescapable journey of cultural alterity to avoid 'finalizing,' as Arthur Frank puts it, marginalized identities into new forms of colonialist representations. This article reminds qualitative health and nursing researchers that race, gender, and class create multiple tensions and contradictions making the field inherently gendered, political, personal, and public.

Key Words cultural alterity, fieldwork, nursing research, othering, postcolonialism, postcolonial feminism, race relations

The Impact of Race, Gender, and Class in Postcolonial Feminist Fieldwork: A Retrospective Critique of Methodological Dilemmas

LOUISE RACINE

Introduction

As qualitative research enters what Denzin and Lincoln[1] call the eighth moment, ethnography still harbours some controversial areas, such as notions of truth, representation, colonialism, and power.[2] This eighth moment of qualitative research focuses on critical and moral discourses on race, gender, class, ethnicity, and social justice. Research, in turn, becomes a means of social change and represents a call to use reflexivity in decolonizing the production of knowledge.[3] Hill Collins[4] contends that race, gender, and class construct and reproduce differences in the

research process. Hooks[5] emphasizes the double impact of whiteness and maleness in shaping the authoritative discourse of traditional ethnography. Among the dilemmas of research decolonization, issues of race, gender, and class deserve a careful examination. Frank[6] underlines the ethical dimension of dialogical research to avoid finalizing the participants' multiple voices into inescapable essentialist representations.

Despite the major influence of critical, postmodern, and postcolonial theories in advancing qualitative health research, most of the literature that describes issues of race, gender, and social class in ethnographic research originates from the social sciences.[7-12] The persistence of health disparities arising from social inequities remains a major challenge that confronts qualitative health researchers. Sampsel[13] emphasizes that accounting for race, gender, and class in health research can lead to promoting the participants' defined and desired health care services. The complex intersection of race, gender, and social class on the dialogical and dialectical relations between researchers

and participants must be further explored if researchers are to succeed in decolonizing health and nursing research.

This article is derived from my doctoral study. The study received the ethics approval of the University of British Columbia Ethics Board prior to starting the data collection. Participants were informed about their rights as research participants and those who decided to participate signed an informed consent which provided me with their authorization to conduct individual interviews varying from 1 to 2 and a half hours. Also, participants were asked to sign a consent form to allow for participant observations sessions to take place in their homes. Participant observation sessions varied from 3 to 6 hours.

Drawing on data collected during a critical ethnography exploring Haitian-Canadians' ways of caring for aging parents at home, I discuss the dilemmas of decolonizing research in applying postcolonial feminist assumptions in the inquiry process. Postcolonial feminist approaches are congruent with research decolonization, though the application of the methodological assumptions is not without challenges for mainstream health researchers. In this article, I present a retrospective critical analysis of the impact of race, gender, and class in applying postcolonial feminist assumptions with the goal of illustrating the colonialist influences I encountered in the field. In describing my fieldwork experience, my aim is to demonstrate that reflexivity and cultural alterity can be used introspectively to overcome dilemmas related to the application of postcolonial feminist assumptions in health research. Harding supports this reflexive exercise when she says that "no feminist inquirer has not come to understand the inadequacy of some of her or his own earlier practices and beliefs".[14 p25]

Locating the ontological and epistemological underpinnings of the study

Previous studies conducted in the Haitian-Canadian community in Quebec reported that access to health care services is compounded by some major constraints.[15-18] Barriers of language, misunderstanding of Haitian cultural beliefs on health and illness, lack of cultural sensitivity, lack of information on health and home care services, gendering of caring, and institutional racism were found as the factors explaining the underutilization of health services among this population. Bibeau[15] pointed that relations between Haitian-Canadians and mainstream health care professionals are marked by issues of distrust. In their study, Guberman and Maheu[16] reported a pattern of underutilization of home care services among Haitian and Italian-Canadian

family caregivers in Quebec. The underutilization of services would be associated with specific cultural beliefs on aging and caregiving, and with issues of institutionalized racism encountered in some health care facilities. These studies contributed to the identification of problems in the delivery of health care services to Haitian-Canadians, however, the results must be carefully interpreted, since caregiving seems to be defined from a culturally deterministic perspective.

Stuart Hall,[19] a postcolonial theorist, contends that 'culture' cannot be dissociated from 'not culture' due to their reciprocal influences in shaping peoples' experiences of racial, gendered, and classist discrimination. In other words, Hall claims that culture cannot be limited to exploring people's subjective experiences but must encompass an examination of the historic, social, and material conditions within which subjectivities are constructed. Based on Hall's argument, I claim that the experiences of Haitian-Canadians must be studied through an ontological, epistemological, and methodological approach that examines the historical and socio-political context within which caring activities unfold in their everyday lives.[20,21] The following interview excerpts, drawn from this critical ethnography, illustrate Hall's point on 'culture' and 'not culture'. A family caregiver working in a health care facility spoke about racism at his workplace:

One day at work, a woman co-worker told me: "You're just a damned Negro." It doesn't matter since I know that I am a Black man, a 'Negro', and I don't care about it. It doesn't matter if you are Indian or Black because I didn't pick the color of my skin. I had no choice.

A middle-aged woman, juggling many roles as health care practitioner, primary caregiver for her aging parents, and mother of young children reported how racial and gender discrimination operated at work:

When I was working at (name of a clinic), I had a few problems with a healthcare professional and this was extremely difficult. It was almost a disaster. I was very depressed (Silence).

May I ask you the nature of the problem you encountered? Please feel free to answer or not. (Remained silent but she nodded her head for yes).

He said things to me... (Silence)

Can you tell what he said?

He said: "People who come to this clinic are very educated, very educated, and you can't work here." He told me that it was not a matter of being well dressed and nice. He told me: "Do you know what I mean?" He even told me that I was chasing clients away.

These two short interview excerpts show that race, gender, and social class cannot be isolated from the broader historical, cultural, and sociopolitical context, within which living in a racialized and gendered world influence Haitian-Canadian's ways of caring. In both instances, participants worked in health care facilities. The socio-cultural context of the workplace influences Haitian Canadian caregivers' perceptions of mainstream's health care services and health practitioners.[22] As a methodology, critical ethnography challenges ideologies that may impinge on the access and the utilization of health care services by racialized groups. Informed by a postcolonial feminist approach, critical ethnographers explore health phenomena with methodologies that examine racism, sexism, and classism as an interlocking oppressive system that shapes people's experiences of health, illness, and access to health services. Allen, Chapman, Francis and O'Connor[23 p227] mention:

Critical ethnography delves beneath the surface to examine the power relations and influences affecting phenomena by using field methods to identify not only culture, the consciousness or the lived experiences of others, but also exposing the political, social, and material disempowerment of individuals and disadvantages groups in order to elicit change.

Anderson underlines the importance of examining how "specific oppressions at specific sites" influence nursing research.[24 p12] Carspecken argues that critical ethnographers deal with "the nature of social structure, power, culture, and human agency to refine social theory".[25 p3] According to Thomas critical ethnography represents "the reflexive process of choosing between conceptual alternatives and making value-laden judgments of meaning and method to challenge research, policy, and other forms of human activity".[26 p4] In other words, critical ethnography reveals dominant ideologies that drive the agendas of dominant groups to challenge the status quo and bring about changes.[27,28] In health and nursing research, critical ethnography crosses the boundaries of objectivity and neutrality in exploring health issues that intersect with race, gender, and class to shape people's experiences of health and illness. In drawing on postcolonial feminist approaches to guide critical ethnography, researchers illuminate subjectivities that would otherwise be silenced through the use of positivist and postpositivist paradigms. Denzin and Giardina point out that critical qualitative research generates "transformative knowledge that challenges prevailing forms of inequities, poverty, human oppression, and injustice".[29 p15]

Finally, the choice of postcolonial feminism as a theoretical

approach to guide a study draws on the ontological and epistemological strengths of postcolonialism and Black feminism.[30] Black and postcolonial feminism focus on the interlocking nature of oppression arising from racism, sexism, classism, and other forms of discrimination that may affect racialized men's and women's health and access to health care. Before discussing postcolonial 'feminisms,' I will delineate the central tenets of postcolonialism and its ontological and epistemological assumptions.

Theoretical framework: postcolonialism and postcolonial feminism

As a paradigm of inquiry, postcolonialism reflects the multidisciplinary influences of political science, cultural studies, sociology, literature, anthropology, and linguistics. Paradigms of inquiry are social constructions that cannot be seen as being either true or false, good or bad, because they are inherently human constructions. Guba and Lincoln state that "no construction is, or can be, incontrovertibly right... any particular construction must rely on persuasiveness and utility rather than proof in arguing their positions".[31 p108] Postcolonialism transcends the collective efforts of non-Western and Western scholars to critically analyze the colonial aftermath and challenge the hegemony of Western science.[32] The word 'postcolonial' does not mean the end of the colonizing process per se. Quayson[33] explains:

To understand this process [postcolonializing], it is necessary to disentangle the term, "postcolonial," from its implicit dimension of chronological supersession, that aspect of its prefix, which suggests that the colonial stage has been surpassed and left behind. It is important to highlight instead a notion of the term as a process of coming-into-being and of struggle against [italics added] colonialism and its after-effects. In this respect the prefix would be fused with the sense invoked by "anti." [p9]

Inspired by poststructuralism, Said[34] refers to the word Orientalism to express the hegemonic school of thought that governs Western science and the stereotypes that such science generates about non-Western peoples. Fanon[35] describes how colonialism and psychiatry contributed to reinforce the French colonial system in dehumanizing Algerians and judging them as needing to be subjugated. Bhabha underlines that postcolonialism represents a perspective that "enables the authentication of histories of exploitation and the evolution of strategies of resistance".[32 p6] Quayson[33] argues that the central feature of postcolonialism is to deconstruct ideologies that create the material effects of subjugation. Finally, Quayson[33] contends that postcolonialism is a process that addresses social inequalities in a world marked

by the interlocking influence of neocolonial forces, such as globalization, transnationalism, and neoliberalism.

For other postcolonial theorists, postcolonialism represents a process that serves to deconstruct the hegemony of Western science to decolonize non-Western knowledge.[36,37] Postcolonialism is also a practice of political resistance and identity affirmation used to counteract oppression and subjugation.[38] Furthermore, Quayson[33] contends that postcolonialism cannot be conceptualized as a single and universal theory, but as an umbrella of ontological and epistemological assumptions used to allow the disenfranchised knowledge of colonized populations to be heard and acknowledged. As such, in using postcolonial approaches, researchers make visible the exclusionary effects of race and class on health disparities that arise from social inequities.

Defining postcolonial ‘feminisms’

Farganis[39] proposes that feminist theory and method challenge the traditional view of science by critiquing the notion of an objective, clearly discernible reality that can be understood through processes of rationality and deductive reasoning. Because race, gender, and class are context-related factors, they can hardly be universalized into predictive and prescriptive theories without the risk of committing theoretical imposition.[40] Drawing from Schutte,[41] I refer to postcolonial ‘feminisms’ in its plural form to indicate the multiple voices and locations from which postcolonial feminist scholars speak. Inspired by Anderson,[42-43] Reimer, Kirkham, and Anderson,[44] Meleis and Im,[45] and Smith[46] postcolonial feminism may be defined as a critical perspective aimed at addressing health issues stemming from social inequalities that have an impact on the health of non-Western populations. According to Denzin and Lincoln[47] the term ‘critical’ refers to an array of interpretive paradigms like feminism, Marxism, poststructuralism, postmodernism, and postcolonialism. Critical paradigms are rooted in a materialist and critical realist ontology that supports the idea that racial, gendered, and social discriminations occur in the everyday lives of racialized groups.[48]

A postcolonial feminist epistemology not only focuses on patriarchy as a source of oppression, but that also examines how social inequalities are inscribed within a historical, political, social, cultural, and economic context that influences health and health care delivery. This underlines why issues of race, gender, and class are important to explore in health and nursing research. Discrimination

within the health care system is acknowledged to exist and to be socially constructed along the lines of race, gender, and class. Postcolonial ‘feminisms’ disrupt the relations of ruling that silence the culturally different voices by allowing for the integration of subjugated knowledge into health and nursing theories. Finally, postcolonial feminist researchers try to equalize the power asymmetry with participants to foster the development of transformative knowledge and avoid the pitfalls of cultural essentialism.[22]

Postcolonial ‘feminisms’ strengthen health and nursing research endeavours by not isolating gender as the unique source of people’s (and women’s) oppression. Rather, postcolonial feminist approaches unmask the interlocking oppressive effects of race, gender, and social class. In other words, postcolonial feminist approaches unpack the cultural, historical, social, and economic factors that intersect to shape different oppressive contexts that affect health and well-being. These contexts must be apprehended from the participants’ standpoints instead of the researcher’s perspective. This brings me to discuss postcolonial feminist methodological assumptions and to illustrate how these assumptions were applied in a context of an unrecognized instance of White defensiveness during my fieldwork. White defensiveness is an ideological blindness that precludes White people from seeing ‘white’ as a color that confers racial, gendered, and socioeconomic privileges.[49]

Application of postcolonial feminist methodological assumptions in fieldwork

The first methodological assumption involves critiquing the practices of the dominant culture by relying on marginalized knowledge. In articulating this assumption, the goal is to make known the marginalized knowledge of the racialized groups. This assumption is also derived from the concept of cultural safety that implies a need to move beyond cultural theories to examine the beliefs and stereotypes by which nursing practice and research “diminishes, demeans, or disempowers the cultural identity and well-being of an individual.[50 p453] The application of this methodological assumption in the field requires that, as a researcher and as a member of the dominant ethnic group, I became conscious of my own racial, gendered, and classist biases while acknowledging that I speak from a position of racial and social privilege.

The second methodological assumption involves exploring how dominant ideologies shape the delivery and accessibility of health care services and how they have an impact on peoples’ everyday lives. Smith[46] contends that dominant

ideologies represent invisible relations of ruling enacted to serve the interests of the elite. In my fieldwork, the application of this methodological assumption allowed Haitian-Canadian family caregivers to express and share their lived experiences as caregivers and their needs for health care services. The research process was meant to reach participants located on the margins of knowledge production. Nevertheless, the application of postcolonial feminist methodological assumptions is not without its problems, especially in a context of unrecognized White defensiveness. I now turn to describe how introspection exposes personal inconsistencies and tensions between my ontological and epistemological ideals of egalitarian relationships with participants and instances of colonialist influences. Colonialist influences explain my uneasiness in facing evidence of personal adherence to Eurocentric power and racial privilege despite my desire to be an instrument of social change through the use of postcolonial feminist approaches.

Impact of social class

I first confronted issues of social class during the participant observations and interview sessions. I strived to apply postcolonial feminist assumptions when becoming immersed in the natural setting and my goal was to grasp the depth of participants' lived experiences of caring for aging relatives at home. Reciprocity, trust, and self-disclosure are mandatory for collecting data. Oakley emphasizes that, "there is no intimacy without reciprocity".[51 p49] Still, field relations operate at a more complex level and researchers must understand how social class works in the field and how it can influence the research process.

Fifteen participant observation sessions were carried out in Haitian-Canadian caregivers' homes, with the length of each session varying from three to six hours. Participants' informed consent was obtained prior to conducting the interviews and before the participant observation sessions. The length of each session was negotiated with the family caregiver, depending on their availability. In three of the participants' homes, I took part in activities such as assisting in meal preparation, setting up the table, serving dishes, folding clothes or playing with the children. In many instances, I felt like I was a member of the family and that I could share with participants in an egalitarian way. In some of the participant observation sessions, it was impossible to equalize power relations. Wolf[52] suggests that feminist researchers must be committed to establishing egalitarian relations with participants while remaining realistic about attaining the goal. In other words, to achieve the same level of trust and

reciprocity that I shared with some of the participants, would have been unrealistic for all 16 primary caregivers and their families.

Interviewing also represented a complex process, where I had to develop personal communication skills, especially when attenuating asymmetric relationships with participants, to elicit dialogical exchanges.[53] Interestingly, Kvale and Brinkmann[54] contend that the conversation in a research interview is not a reciprocal communication between two equal partners, because of the asymmetry of power. In my case, the issue of class came into play in the interview process and was tied to nationalism. For instance, at the beginning of my fieldwork, I did not talk about my cultural background or about aspects of my personal life (e.g., family, studies, or projects) and played down the issue of Quebec's nationalism. The issue of Quebec's independence became a major element that I encountered during fieldwork. It became difficult to interact with participants because of some questions I did not want to answer, especially in regards to my opinion about Quebec's independence or secession. After a couple of weeks in the field, I needed to re-assess my attitudes as a means to equalize power and enhance trust. I invested myself in disclosing who I was, and openly talked about my family origins, my social background, and my commitment in caring for a close family member. As opposed to the women caregivers, the men were more prone to ask questions about my political allegiance. When the participants wanted to know whether or not I was a 'separatist' (a term used by some participants to designate members of the Parti Québécois), I answered that I was torn by my multiple identities as a member of a minority group within a majority (as a Canadian) and as a member of a majority group[55] (as a Quebecer). As a researcher, I found that my political location influenced the participants' willingness to share their lived experiences. In the following interview excerpt, Robert (a pseudonym) spoke about the previous Quebec referendum and its impact on his relations at work with his co-workers:

Participant: I remember the last referendum, when the Quebecers, I mean the Parti Québécois, lost its referendum. I was in the locker room and some co-workers were also there. They were throwing injurious things at me. They said: "They [Haitian-Canadians] don't know how to run their country and they come here to tell us how to run our country?" They also said: "And they [Haitian-Canadians] don't work, they're on social welfare." I said: "It's not true, it's not true. I work."

Interviewer: Yes (Listening)

Participant: Because they [Haitian-Canadians] feel

really diminished, they feel low. People who say these things they don't know Haitians.

A woman, who immigrated to Canada 40 years ago, described how she felt hurt by the words of a politician who attributed the referendum's defeat to money and ethnic votes. She reported that younger Haitian-Canadians are less concerned about the political debate since they are torn between the Haitian identity and the Canada/Quebec identity. She said:

It's not their reality. They feel trapped between the tree and the bark, between Haitian identity and Quebec identity. They came to Canada to live in peace, to enhance their living conditions, and for their children to get a better education, and to enjoy political freedom and safety. They are not interested. I mean they don't feel concerned about this issue of sovereignty. It belongs to the past and we must focus on the future. It's your fight, not ours.

These excerpts illustrate my dilemma, as researcher, and underline the fact that I was seen as the colonizer because of conflicting political issues related to Quebec's place within or outside the Canadian confederation. Nationalism can be seen as an elitist and classist discourse linked to ethnic ideologies. In other words, I was perceived as an educated woman who was also a member of the Quebec nation and as such a member of the dominant ethnic group whose "markers of identity, such as language and religion, are frequently embedded in its official symbolism and legislation".[56 p99] Maclure[57] contends that issues of Quebec's identity are part of the inquiry process and cannot be avoided when doing fieldwork with non-Western populations in Quebec. Similarly, Maclure[57] argues that issues of Canadian nationalism cannot be avoided when working with non-Western populations in other Canadian provinces.

In addition, the women were more interested in knowing about my race and class locations before sharing their experiences of caring for their aging parents. Lewis defines location as pertaining to the "historical, geographical, cultural, psychic, and imaginative boundaries that provide ground for political definition and self-definition".[58 p173] In applying postcolonial feminist assumptions, I conducted the participant observations while sharing some of the domestic tasks with the women caregivers. As an example, I was invited to help a woman prepare a meal. As we prepared the food, she repeatedly said that she was not born into the Port-au-Prince elite or the 'bourgeoisie'. I told her that I was also not a 'bourgeoisie'; however, her expression suggested that she did not believe it. In her schema of representation, I was seen as a member of the bourgeoisie, and a member of the dominant ethnic group, a White Canadian woman

born in Quebec. I was also a member of the academia which enlarged the gap between the classes.

These field experiences demonstrated how my perceived political affiliation, race, and class (as researcher) had an impact on the research process. Fieldwork experiences that occurred in a context of unrecognized White defensiveness represent calls to reflexivity and cultural alterity. Reinharz asserts that "the self we create in the field is a product of the norms of the social setting and the ways in which the 'research subjects' interact with the selves the researcher brings to the field".[59 p3] O'Byrne [60] pushes the idea further, contending that "the postmodern perspective allows the possibility for one researcher to engage simultaneously in both ethnographic and autoethnographic methods".[60 p1388] In disclosing myself, I observed a power shift that stimulated the active participation of participants in describing their political subjugation. This observation tends to support Soni-Sinha's contention that class constructs "hierarchies that reveal multiple and fluid standpoints of different actors".[12 (p515)]

Impact of gender

Lather points out that "the search for ways to operationalize reflexivity in critical inquiry is a journey into uncharted territory".[40 p63] For instance, I noticed my lack of understanding about polygamy. This critical incident heightened my awareness about the impact of gender in the field, as women researchers can be perceived as sexual objects. This phenomenon has also been identified in research among Western populations.[61]

Every researcher harbours preconceived ideas and I did not enter the field *tabula rasa*. My preconceived ideas on sexuality may have influenced my interviewing skills with the Haitian-Canadian men. I experienced difficulties when interviewing men because of the issue of polygamy that I documented in some interviews and in participant observation sessions. To understand men's perspectives and to establish a dialogical exchange with the men participants, I was required to move beyond the limitations of my Western cultural framework. To paraphrase Schutte,[41] I needed to step out of my colonial boots and adjust my Western feminist lens to get Haitian-Canadian men's perspectives on family life.

In an effort to move beyond the limitations of my colonialist lens, I consulted the work of Laguerre[62] a Haitian-American ethnographer, and I asked a man participant with whom I had developed a long-term trusting relationship, to help me understand the issue of polygamy I observed in

some families. On the other hand, I felt uncomfortable when George (pseudonym) discussed the gaps between Haitian and Canadian cultural values as they pertain to 'natural' gendered roles:

Participant: I'll tell you what I can't accept of Quebecers. When the husband or the wife is sick, well they [Quebecers] manage to kick them out of the house! (Claps his hands)

Interviewer: They [Quebecers] put them in nursing homes?

Participant: Yes. They place them and frankly speaking, I dislike it.

Interviewer: Ok. It seems as if they want to get rid of the problem. Is it what you mean?

Participant: It's not good. I don't like this. It's almost as if the person isn't important but I think it's the way of living here.

Interviewer: Way of living?

Participant: Yes. First of all, women weren't liberated here before. In earlier times, women weren't as powerful as they are now. But when they started claiming their rights, then everybody went their own way. And since then, women are independent and challenge men's authority. They're independent. I see it like revenge, women look like enraged animals.

Interviewer: You mean women become like this [enraged animal] when they claim their rights?

Participant: Yes. Exactly.

In adjusting my cultural lens, I realized that marital and family dynamics took different meanings for Haitian-Canadians. My aim was to understand these issues without being judgmental, and to do so, I had to drop the Western veil through which I was looking at the Haitian-Canadian men. Frank cogently points out that "researcher and participant came together in some shared time and space and had diverse effects on each other".[6 p968] Like Manderson, Bennett, and Andajani-Sutjahjo,[11] I felt that the setting (interviews were conducted in the caregivers' homes) had an impact on the dynamics and content of the interviews. Participants were able to voice their concerns actively, but more disturbing was the fact that I observed my uneasiness in interviewing women dressed in traditional African clothes. In fact, I was Othering these women by referring to my Western normative values. During a participant observation session, one woman reported being proud of her African ancestry, which brought me to reflect on the concept of *negritude*. I read some works of Aimé Césaire, a poet born in the Caribbean, who first coined the word *negritude*, and consulted works of Senghor, who conceptualized the concept of *negritude* as a means of self-affirmation for Africans. Senghor writes: "Who would deny that Africans, too, have a certain way of conceiving life and

living it? A certain way of speaking, singing, and dancing; of painting and sculpturing, and even laughing and crying?".[63 p27-8] My uneasiness about interviewing women who were wearing traditional dresses showed how I was locked up in Western cultural values and White defensiveness because I was more comfortable interviewing acculturated women. In doing so, I was unwittingly refuting cultural differences and violating the postcolonial feminist assumptions through which I wanted to explore and understand Haitian-Canadian caregivers' experiences.

Bhabha pointed out that the acknowledgement of cultural diversity does not imply the recognition of cultural differences:

Although there is always an entertainment and encouragement of cultural diversity, there is always also a corresponding containment of it. A transparent norm is constituted, a norm given by the host society or dominant culture, which says "these other cultures are fine, but we must be able to locate them within our own grid". This is what I mean by a creation of cultural diversity and a containment of cultural difference.[64 p208]

Acker, Barry and Esselved[65] and Wolff[52] mention that gender essentialism is a difficult issue to manage in feminist research. I would add that essentialism is a greater pitfall when doing research with non-Western men and women because of the complex interplay between race, gender, and social class. Nevertheless, fieldwork experiences contributed to heighten my awareness that sharing participant's gender did not facilitate my access to women. In that sense, I concur with Edwards[9] who documented her experiences in interviewing Black mothers returning to school in the UK. She mentioned:

The concept of race is formulated in the context of particular economic, social, and political circumstances. Racial differences enter into the consciousness of individuals and groups, and determine conceptions of themselves and others as well as their status in the community.[9 p481-2]

Therefore, the pitfall of essentialism is difficult to escape in feminist research, even with the best intentions. Researchers must be aware of the impact that their gender may have on participants. A researcher's race, gender, and class must be critically assessed to understand the possible impact on the participants' engagement in the inquiry. I now turn to examine the impact of race on the research process.

Impact of race

During fieldwork, I observed that the process of racialization, or 'racial Othering,' seemed to occur at a very young age

among Haitian-Canadians. I collected the following fieldnotes during a participant observation session conducted at a caregiver's home:

I went downstairs and we both entered her mother's apartment. During my first visit, the room had been quite dark but now it was daytime and I could see a picture of the grandmother when she was a young woman. I felt a presence next to me and I looked down and saw the toddler who was standing besides me. Suddenly, he threw his arms around my hips and hugged me. He wanted me to take him in my arms. I took him in my arms and the young boy put his head on my shoulder. He was holding me tight; his arms around my neck. I caressed his hair and stroked his back while holding him. Then, I whispered to his ear: "I'd like to have a boy like you." He replied: "Yes but I can't change my color."

I was puzzled that a child could speak about racialization as a biological construct at so young an age. Many questions came to mind: Who can teach a five-year-old that his skin colour is not the right one? Had he learned this at kindergarten? Did he hear that when playing outside with the neighbor kids? Was he listening to his parents' conversations? Were his older siblings informing him about it? The formulation of these questions deserves a careful examination. For instance, what did I mean by the words 'it', 'this' and 'that'? What was I trying to silence and for what reasons? This participant observation excerpt illustrates what Roman[49] refers to as an instance of White defensiveness, where I saw myself as being colourness. The upshot of White defensiveness is to obfuscate and erase issues of racial privilege and unequal power relationships, which are associated with privileged locations.

Roman argues that White defensiveness contributes to "white misrecognition of the effects of our own racially privileged locations, that is, the ways in which institutionalized whiteness confers upon whites (both individually and collectively) cultural, political, and economic power".[49 p72] I was negating, as Roman puts it, that White is a colour, while trying to erase the impact of the ideology of Whiteness in inducing, among Haitian-Canadians, a consciousness of racial differences pertaining to Blackness. Fanon explains:

As a schoolboy, I had many occasions to spend whole hours talking about the supposed customs of the savage Senegalese. In what was said, there was a lack of awareness that was at the very least paradoxical. Because the Antillean does not think of himself as a black man; he thinks of himself as an Antillean. The Negro lives in Africa. Subjectively, intellectually, the Antillean conducts himself like a white man. But he is a Negro. That he will learn once he goes to Europe; and when he hears Negroes mentioned he will recognize that the word includes himself as well as

the Senegalese.[66 p148]

Fanon demonstrates that the encounter with Whiteness triggered the consciousness of Blackness among young Antilleans of his generation. Therefore, not surprisingly, the young boy told me about his skin colour since he had met with Whites and knew the binaries of Blackness/Whiteness. For others, encounters with the ideology of Whiteness take place in the health care system where the structural effects of Whiteness are expressed differently, but still exclusionary. In the following interview excerpt, I illustrate how contextual factors relate to a racialized health care system to construct Haitian-Canadian caregivers' experience of caring and influence their use of health care services:

Participant: Anyway, nursing homes aren't prepared. I've visited some nursing homes and I found that ethnic groups have no place there. I don't see them in these places. Perhaps, I've visited the wrong ones but the quality is not the same [as in the home setting]. As well, there are ways of doing things; it's just not the same. I find that if a person is unconscious it's fine since we have no choice. But where people are conscious and they have to go there... In these places, you have to be... Sometimes, even if the person speaks French... but those who don't speak French, they are completely powerless. Those who speak Creole, they're powerless. They can't be understood.

In another interview excerpt, John (pseudonym) reported hardships at his workplace in the health care system where he interacted with some racist co-workers and clients:

Participant: Even at my workplace, I've to endure racial slurs and discrimination. I'm humiliated. At work, some older residents shout at me 'you damned Negro!' 'dirty dog,' and they say that just because I'm a Black man.

Interviewer: They tell you injurious words...

Participant: Oh yes often, often. It is indeed very often, very often. Many times... It makes me sick.

Interviewer: It must be difficult to work in such a place, with such tensions...

Participant: Yes it is. What do you want? They told me such things like: you dirty nigger, dirty dog, tonton macoute. Some people tell me to go back to my country. They say: "Hey tonton macoute, go back to your country!" So do you understand why I keep my older parents at home? I don't want to place them in a nursing home and see them treated like this.

The main idea emerging from these excerpts is that Whiteness is a means of social stratification and racialization in the health care system. Although not new, this result is congruent with issues of institutional racism in the Canadian health care system reported in previous studies in British Columbia and Ontario.[67-70] Whiteness is clearly linked to colonialism

since “it is intrinsically linked to unfolding relations of domination”. [71 p6] Whiteness represents an instrument of social stratification, officially enacted through the politics of multiculturalism, where non-European-Canadians are labeled as ‘visible minorities’ in distinguishing them from Euro-Canadians. Multiculturalism presents race and ethnic differences within a double discourse of inferiority. As such, Whiteness represents a means of colonization, a form of epistemic violence used to promote the interests of the dominant groups while silencing the interests of culturally different ‘Others’.

As seen in previous participant observations and interview excerpts, I documented the encounters that Haitian-Canadian caregivers had with racism and how these influenced their decisions to keep their aging parents at home, as opposed to using respite services or placing them in nursing homes. [21] The common thread of racial ‘Othering’ arises from its colonialist ideology that creates individual, social, and institutional racism. In addition, the extent to which mainstream nurses and other health care practitioners are part of the oppressive system, as exercised in workplaces where institutionalized racism is a relation of ruling, must be accounted for in health care research. Holmes and Gastaldo argue that nursing is a means of governmentality because “nursing practice reflects the state’s modus operandi”. [72 p557] These authors claimed that nurses, far from being powerless, represent a powerful group within the health care system, though they fail to make their own oppression visible because of loyalty to employers, hierarchical relations, and the need to keep the health care system afloat.

Discussion

In applying a postcolonial feminist theoretical perspective in my fieldwork, my goal was to decenter the production of knowledge. The data collection was directed towards accessing the silenced knowledge erased by the history of colonial and neocolonial domination. In my fieldwork, two major methodological dilemmas were found. The first dilemma consisted of attenuating the power imbalance between the researcher and the participants, while avoiding theoretical and cultural impositions. The second dilemma was to understand the impact of race, gender, and social class on the research process. Understanding the impact of gender, race, and social class is a pre-requisite for avoiding (re)inscribing hegemonic relations in different ways. [40] By using reflexivity, I was able to articulate fieldwork dilemmas from a perspective of cultural alterity [42] while struggling with issues of personal adherence to Eurocentric power

and racial privilege. Schutte contends that cultural alterity “demands that the other be heard in her difference and that the self give itself the time, the space, and the opportunity to appreciate the stranger without and within”. [42 p55] Minh-ha [73] also addresses the notion of cultural alterity in her discussion on identity and difference. She referred to the blurring of the insider/outsider identity that occurs in the field. I strived to develop what Minh-ha calls a hybrid identity in the sense that I was not quite an outsider and not quite an insider. Minh-ha explained that “she who knows she cannot speak of them without speaking of herself, of history without involving her story, also knows that she cannot make a gesture without activating the to and fro movement of life”. [73 p375] How does cultural alterity relate to the adoption of a hybrid identity where cultural differences are decreased to stimulate a better understanding of the Other? Cultural alterity means that the researcher goes through unsettling experiences in the field. These unsettling experiences open up new ways of seeing participants’ lived experiences and to reconceptualise Otherness from a decentred position. Schutte explains:

The other is that person or experience which makes it possible for the self to recognize its own limited horizons in the light of asymmetrically given relations marked by sexual, social, cultural, and other differences. The other, the foreigner, the stranger, is that person occupying the space of the subaltern in the culturally asymmetrical power relation, but also those elements or dimensions of the self that unsettle or decenter the ego’s dominant, self-enclosed, territorialized identity. [42 p48]

When examining this retrospective critique of my fieldwork, cultural alterity and reflexivity did not appear to fully guide the data collection. Cultural alterity and reflexivity are heuristic means that researchers must use to deconstruct the crystallized Cartesian insider/outsider identity and the researcher/participant dualisms that are experienced in the field. The deconstruction of socially constructed boundaries allows researchers to experience Otherness and the fluidity of identities.

Some fieldwork experiences are useful for describing this notion of cultural alterity, which I refer to as a pre-requisite for understanding Otherness and for establishing dialogical relations with participants. My defining moment happened during my volunteer work at a Haitian food bank. While helping out at the food bank, I became uncomfortable being the only White woman in the place. Some people spoke with me while others ignored me. Although the food bank manager introduced me to newcomers and to new volunteers, typically, I was perceived as an outsider, especially when those around me chose to speak in Creole and I could not

understand the conversations. In any case, one wonders why the volunteers and clients would change their customs simply because one person was unable to speak Creole. Many of the older women who helped out at the food bank spoke Creole exclusively. Before admitting that I was being excluded, I considered the events that were prompting the others to speak Creole. For instance, being addressed in Creole would imply that racial and ethnic differences were less likely to be interfering in my relationship with the participants. At the hairstylist, a participant with whom I had developed a trusting relationship asked me a question in Creole and could not understand why I was taking so long to answer. When she realized that she had spoken to me in Creole, she said, "I forgot you did not speak Creole. I took you for a Haitian".

These fieldwork experiences at the food bank and the hairstylist reveal the development of this hybrid identity. These experiences illustrate instances of cultural alterity where I was no longer perceived as an outsider but as an insider. As Schutte[41] points out, cultural alterity cannot be achieved unless the researcher goes through unsettling experiences where the researcher becomes the culturally different Other.

As the fieldwork unfolded, I noticed that 'being Haitian' was only allowed in restricted areas. In their homes, the participants freely affirmed their Haitian identities, as they would have done if they were living in Haiti. When leaving their homes to go to work or to school, they shifted to the Canadian identity, though the colour of their skin remained an issue that impinged on their cultural and social integration into the mainstream society. Issues of race, gender, and class not only influenced the data collection but remained as contextual factors that likely influenced the access and use of health care services by racialized groups. Furthermore, this retrospective critique of my fieldwork demonstrates that reflexivity and cultural alterity are important skills to develop to apply postcolonial feminist approaches in fieldwork. Working from a postcolonial feminist approach, health care and nursing researchers must be aware that "the doing of the reflexive gaze and listening with the reflexive ear, must change the thinking that is being thought"[74 p386] In fact, developing attitudes of cultural alterity can help the researcher acknowledge the shifting and the multiplicities of identities and allow for the emergence of what Bhabha[32] describes as the 'third space'. Bhabha's third space represents a hybrid site or a site of cultural negotiation where cultural differences are not only accepted but understood. Although cultural alterity does not erase the influence of race, gender, and social class in shaping racialized populations' health, it nevertheless constitutes an ethical and methodological

principle to apply in postcolonial feminist research. Cultural alterity represents a means to avoid representing research participants into new colonialist identities. Used from a postcolonial feminist perspective, cultural alterity enables the researcher to experience Otherness through unsettling experiences that 'displace' dominant cultural, gendered, social, and political identities.

Conclusion

Applying postcolonial feminist epistemological and methodological assumptions in the field does not translate into a linear process, but exemplifies the tensions of fieldwork. Implementing postcolonial feminist assumptions requires researchers to develop self-reflexivity and to experience cultural alterity for decolonizing the research process. In this retrospective critique of a past fieldwork experience, I suggest that cultural alterity represents a means for addressing issues of race, gender, and class that have influenced qualitative health care inquiries. Denzin and Lincoln contend that "the field is inherently political and shaped by multiple ethical and political positions".[1 p9] Fieldwork is not a value-free individualistic experience, since it represents an array of political, public, and personal experiences that are dialogically and dialectically co-constructed by the researcher and the participants. In applying postcolonial feminist assumptions in fieldwork, Western health care researchers must constantly assess and reflect on the impact of their racial, gendered, and socioeconomic positions of privilege on the participants and the inquiry.

References

1. Denzin NK, Lincoln YS, editors. Introduction: The discipline and practice of qualitative research. In: Denzin NK, Lincoln JR editors. *The Sage handbook of qualitative research*. 3rd ed. Thousand Oaks, London, & New Delhi: Sage, 2005; 1-32.
2. Clifford J. Introduction: partial truths. In: Clifford J, Marcus GE, editors. *Writing culture: the poetics and politics of ethnography*. Berkeley: University of California Press, 1986; 1-26.
3. Diversi M, Finley S. Poverty pimps in the academy: a dialogue about subjectivity, reflexivity, and power in decolonizing production of knowledge. *Cultural Studies—Critical Methodology* 2010;10(1):14-17.
4. Collins PH. Learning from the outsider within: the sociological significance of black feminist thought. *Social Problems* 1986; 33(6):S14-S32.
5. Hooks B. *Talking back. Thinking feminist. Thinking black.*

Boston: South End Press, 1989.

6. Frank AW. What is dialogical research, and why should we do it? *Qualitative Health Research* 2005;15(7):964-74.

7. Bhopal K. Gender, identity and experience: researching marginalised groups. *Womens Stud Int Forum* 2010;33:188-95.

8. Borbasi S, Jackson D, Wilkes L. Fieldwork in nursing research: positionality, practicalities and predicaments. *Journal of Advanced Nursing* 2005;51(5):493-501.

9. Edwards R. Connecting method and epistemology: a White woman interviewing black women. *Womens Studies International Forum* 1990;13(5):477-90.

10. Collins PH. The social construction of black feminist thought. *Signs: Journal of Women in Culture and Society* 1989;14(4):745-73.

11. Manderson L, Bennett E, Andajani-Sutjahto S. The social dynamics of the interview: age, class, and gender. *Qualitative Health Research* 2006;16(10):1317-34.

12. Soni-Sinha U. Dynamics of the 'field': multiple standpoints, narrative and shifting positionality in multisited research. *Qualitative Research* 2008;8(4):515-37.

13. Sampsel GM. Nickel-and-dimed in America. Underserved, understudied, underestimated. *Family and Community Health*, 2006; 30(1S),S4-S14.

14. Harding S. Is there a feminist method? In: Harding S, editor, *Feminism and methodology*. Milton Keynes: Open University Press, 1987, 1-14.

15. Bibeau G. À la fois d'ici et d'ailleurs: Les communautés culturelles du Québec dans leurs rapports aux services sociaux et aux services de santé. In : Groupe interuniversitaire de recherche en anthropologie médicale et en ethnopsychiatrie. Québec: Publications du Québec, 1987

16. Guberman N, Maheu P. Les soins aux personnes âgées dans les familles d'origine italienne et haïtienne. Montréal: Éditions du Remue-Ménage, 1997.

17. Massé R. L'émergence de l'ethnicité haïtienne au Québec [Unpublished PhD dissertation]. Québec, Université Laval. Canada, 1983.

18. Massé R. Culture et santé publique; les contributions de l'anthropologie à la prévention et à la promotion de la santé. Montréal: Gaëtan Morin, 1995.

19. Hall S. Cultural studies: Two paradigms. In Dirks NB, Eley G, Ortner SB, eds. *Culture/power/history: a reader in*

contemporary social theory Princeton: Princeton University Press, 1994; 520-38.

20. Racine L. Haitian Canadians experiences of racism in Quebec: a postcolonial feminist perspective. In: Agnew V, editor. *Racialized migrant women in Canada: essays of health, violence, and equity*. Toronto, Buffalo, London: University of Toronto Press, 2009; 265-94.

21. Racine L. The meaning of home care and caring for aging relatives at home: the Haitian Canadian primary caregivers' perspectives. [Unpublished Ph.D. thesis]. Vancouver: University of British Columbia, 2004.

22. Racine L. Implementing a postcolonial feminist perspective in nursing research related to non-Western populations. *Nursing Inquiry* 2003;10(2):91-102.

23. Allen S, Chapman Y, Francis K, O'Connor M. Examining the methods used for a critical ethnography enquiry. *Contemporary Nurse* 2008;29(2):227-37.

24. Anderson JM. The conundrums of binary categories: critical inquiry through the lens postcolonial feminist humanism. *Canadian Journal of Nursing Research* 2004;36(4):11-16.

25. Carspecken PF. *Critical ethnography in educational research: a theoretical and practical guide*. New York: Routledge, 1996.

26. Thomas J. *Doing critical ethnography: qualitative research methods*. Newbury Park, CA: Sage, 1993.

27. Kincheloe JL, McLaren PL. Rethinking critical theory and qualitative research. In: Denzin NK, Lincoln YS editors. *Handbook of qualitative research* 1st ed. Thousand Oaks, CA: Sage, 1994; 138-55.

28. Madison DS. *Critical ethnography: method, ethics, and performance*. Thousand Oaks, CA: Sage, 2005.

29. Denzin NK, Giardina MD. Introduction. In: Denzin NK & Giardina MD, editors. *Qualitative inquiry and human rights*. Walnut Creek, CA: Left Coast Press, 2010.

30. Anderson JM. Toward a post-colonial feminist methodology in nursing research: exploring the convergence of post-colonial and black feminist scholarship. *Nurse Researcher* 2002;9(3):7-17.

31. Guba EG, Lincoln YS. Competing paradigms in qualitative research. In Denzin NK, Lincoln YS, editors. *Handbook of qualitative research*. 1st ed. Thousand Oaks: Sage, 1994; 105-17.

32. Bhabha K. *The location of culture*. London, UK. New

- York: Routledge, 1994.
33. Quayson A. *Postcolonialism: theory, practice or process?* Cambridge, UK: Polity Press, 2000.
34. Said EW. *Orientalism*. New York: Vintage, 1979.
35. Fanon F. *The wretched of the earth*. New York: Grove Press, 1963.
36. Gandhi L. *Postcolonial theory: a critical introduction*. New York: Columbia University Press, 1998.
37. Tuhiwai Smith L. *Decolonizing methodologies: research and indigenous peoples*. London & New York: Zed Books, 1999.
38. Spivak GC. Can the subaltern speak? In: Nelson C, Grossberg L, editors. *Marxism and the interpretation of culture*. London, UK: Macmillan, 1988; 271-313.
39. Farganis S. Feminism and the reconstruction of social science. In: Jaggar AM, Bordo SR, eds. *Gender, body, knowledge: feminist reconstructions of being and knowing*. New-Brunswick, NJ: Rutgers University Press, 1989; 207-23.
40. Lather P. *Getting smart: feminist research and pedagogy with/in the postmodern*. New York: Routledge, 1991.
41. Schutte O. Cultural alterity: cross-cultural communication in feminist theory in North/South contexts. In: Narayan U, Harding S, editors. *Decentering the center: philosophy for a multicultural, postcolonial, and feminist worlds*. Bloomington. Indianapolis: Indiana University Press, 2000; 47-66.
42. Anderson JM. Writing in subjugated knowledges: towards a transformative agenda in nursing research. *Nursing Inquiry* 2000;7(3):145.
43. Anderson JM. Gender, 'race', poverty, health and discourses of health reform in the context of globalization: a postcolonial feminist perspective in policy research. *Nursing Inquiry* 2000;7(4):220-229.
44. Reimer-Kirkham S, Anderson JM. Postcolonial nursing scholarship: from epistemology to method. *Advances in Nursing Science* 2002;25(1):1-17.
45. Meleis AI, Im EO. Transcending marginalization in knowledge development. *Nursing Inquiry* 1999;6(2):94-102.
46. Smith DE. *The everyday world as problematic: a feminist sociology*. Toronto: University of Toronto Press, 1987.
47. Denzin NK, Lincoln YS, eds. Introduction: the discipline and practice of qualitative research. In: Denzin NK, Lincoln YS, editors. *The Sage handbook of qualitative research*. 2nd ed. Thousand Oaks, CA: Sage, 2000; 1-28.
48. Essed P. *Understanding everyday racism: an interdisciplinary theory*. Newbury Park, CA: Sage, 1991.
49. Roman LG. White is a color! White defensiveness, postmodernism, and anti-racist pedagogy. In: McCarthy C, Crichlow W, editors. *Race, identity, and representation in education*. New York, NY. London, UK: Routledge, 1993; 71-88.
50. Polaschek NR. Cultural safety: a new concept in nursing people of different ethnicities. *Journal of Advanced Nursing* 1998;27 :452-457.
51. Oakley A. Interviewing women: a contradiction in terms. In: Roberts H, editor. *Doing feminist research*. London, UK: Routledge & Paul, 1981; 30-61.
52. Wolf DL. Situating feminist dilemmas in fieldwork. In: Wolf DL, editor. *Feminist dilemmas in fieldwork*. Boulder, CO: Westview Press, 1996; 1-55.
53. Fontana A, Frey JH. Interviewing: the art of science. In: Denzin NK, Lincoln YS, editors. *Handbook of qualitative research*. 1st ed. Thousand Oaks, CA: Sage, 1994; 361-76.
54. Kvale S, Brinkmann S. *InterViews: learning the craft of qualitative research interviewing*. 2nd ed. Los Angeles: Sage, 2009.
55. Eisenberg A. Identity and liberal politics: the problem of minorities within minorities. In: Eisenberg A, Spinner Halev J, editors. *Minorities within minorities, equality rights, and diversity*. Cambridge: Cambridge University Press, 2005; 249-70.
56. Eriksen TH. *Ethnicity & nationalism: anthropological perspectives*. London, UK. Chicago, IL: Pluto Press, 1993.
57. Maclure J. *Quebec identity: the challenge of pluralism*. Montreal, QC. Kingston, ON: McGill Queen's University Press, 2003.
58. Lewis G. *Race, gender, social welfare: encounters in a postcolonial society*. Cambridge, UK: Polity Press, 2000.
59. Reinharz S. *Feminist methods in social research*. New York. Oxford: Oxford University Press, 1992.
60. O'Byrne P. The advantages and disadvantages of mixing methods: an analysis of combining traditional and autoethnographic approaches. *Qualitative Health Research* 2007;17(10):1381-91.
61. Remennick LI. 'Women with a Russian accent' in Israel:

on the gender aspects of immigration. *The European Journal of Womens Studies* 1999;6(4):441-461.

62.Laguerre MS. *American odyssey: Haitians in New York*. Ithaca, NY. London, UK: Cornell University Press, 1984.

63.Senghor LS. *Negritude: a humanism of the twentieth century*. In: Williams P, Chrisman L, editors. *Colonial discourse and postcolonial theory*. New York: Columbia University Press, 1994; 27-35.

64.Bhabha HK. *The third space: interview with Home Bhabha*. In: Rutherford J, eds. *Identity: community, culture, difference*. London, UK: Lawrence & Wishart, 1990; 207-21.

65.Acker J, Barry K, Esselved J. *Objectivity and truth: problems in doing feminist research*. *Womens Studies International Forum* 1983;6(4):423-35.

66.Fanon F. *Black skin, white masks*. New York: Grove Press, 1967.

67.Anderson JM, Reimer Kirkham S. *Constructing nation: the gendering and racializing of the Canadian health care system*. In: Strong-Boag V, Grace S, Eisenberg A, Anderson JM, eds. *Painting the maple: essays on race, gender, and the construction of Canada*. Vancouver: UBC Press, 1998; 242-61.

68.Turritin J, Hagey R, Guruge S, Collins E, Mitchell M. *The experiences of professional nurses who have migrated to Canada: cosmopolitan citizenship or democratic racism?* *International Journal of Nursing Studies* 2002;39(6):655-67.

69.Das Gupta T. *Real nurses and others: racism in nursing*. Halifax, NS. Winnipeg, MB: Ferwood, 2009.

70.Reimer Kirkham S. *The politics of belonging and intercultural health care*. *Western Journal of Nursing Research* 2003;25(7):762-80.

71.Frankenberg R. *The social construction of Whiteness: white women, race matters*. Minneapolis: The University of Minnesota Press, 1993.

72.Holmes D, Gastaldo D. *Nursing as a means of governmentality*. *Journal of Advanced Nursing* 2002;38(6):557-65.

73.Minh-ha TT. *Not you/Like you: post-colonial women and the interlocking questions of identity and difference*. In: Anzaldúa G, editor. *Making face, Making soul = Haciendo caras: Creative and critical perspectives by women of Color*. San Francisco: An Aunt Lute Foundation Book, 1990; 371-5.

74.Davies B, Browne J, Gannon S, Honan E, Laws C, Mueller-

Rockstroh B, et al. *The ambivalent practices of reflexivity*. *Qualitative Inquiry* 2004;10(3):360-89.

Acknowledgement

I acknowledge the financial support of the Canadian NHRDP and other funding received from the Canadian Nurses' Foundation and the University of British Columbia Faculty of Graduate Studies. I am grateful to the Haitian communities of Montreal and Laval for their support, and to the caregivers who welcomed my presence in their homes. Without your support, this study would not have been possible.

Contact Information for Author:

*Louise Racine, RN, Ph.D.
Assistant Professor
University of Saskatchewan
College of Nursing
107 Wiggins Road (St. Andrew's Office 411)
Saskatoon, Saskatchewan, S7N 5E5
Canada
Email: louise.racine@usask.ca*