The ETEMIC perspective - a new way of understanding vulnerability of Gypsy/Travelling communities

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Vulnerability......

• Comes from the Latin ‘vuln’ which means wound or ‘vulnare’ meaning to wound.

• Notion of harm, danger of threat (Hewitt-Taylor and Heaslip 2012) which could be either physical or psychological.

• Shepard and Mahon (2002) argue that vulnerability is an overarching concept which contributes to, and results from a range of personal, family, societal and political factors.

• Vulnerability is caused by a combination of medical, psychological, social and cultural factors (Appleton 1994).

• Thus it can be argued that vulnerability has to be considered holistically and contextually.
Etic/Emic Debate

**Etic**

- Susceptibility to & **possibility of harm**
- Externally evaluated/judged description by someone else, normative, dichotomous, homogeneous.
- Quantitative measures of health, biomedical, says nothing about what the person might be experiencing.

**Emic**

- **State of being threatened & feeling/fear of harm**
- Internally judged, description of the experience of being/feeling vulnerable.
- Qualitative & holistic
- Silent in health care literature

Spiers (2000: 716)
Etic Perspectives of Vulnerability of Gypsies and Travellers......

• Inclusion Health (Aspinall 2014) identify Gypsy/Travellers as a vulnerable community. Evidence within the UK that the Gypsy/Travelling community experiences poorer physical health than that of the general population (Goward et al. 2006), as well as internationally (Földes and Covaci 2012; Cook et al. 2013c, 2013a).

• A study by Parry et al. (2007) identified that Gypsies/Travellers reported poorer health status over the preceding year than their age, sex matched counterparts, and were significantly more likely to have a long-term illness, health problems or disability.

• Research by Goward et al. (2006) and Parry et al. (2007) both identify that the Gypsy/Travelling community experience poorer mental health than the general population (3x more likely to have anxiety and 2x more likely to be depressed. There are also a higher number of miscarriages, still births and neonatal deaths.

• Despite this, access to healthcare is poor, as Cemlyn (2000b) identify difficulties Accessing Services, and only 69% were permanently registered with a GP (Peters et al. 2009).
This Study.....

It was inspired by the work of Todres and Galvin (2005).

The study consisted of two phases

- a breadth phase of narrative interviews to help delineate the phenomenon of interest
- a depth phase utilising the descriptive phenomenological method proposed by Giorgi (2009)
Emic Perspective of Vulnerability of the Gypsy/Travelling Community (Heaslip 2014)

Emic Perspective of Vulnerability – Breadth Phase

- A feeling of vulnerability created by the potential or actual lack of physical travelling experience.
- Fear of the future and declining physical health.
- Being an outsider; this experience of vulnerability contained two similar but distinct variants.
  - Insider identity
  - Perception of others outside the Gypsy/Travelling community
- Vulnerability connected to the ambiguities of their historical, cultural and geographical identity.

Emic Perspective of Vulnerability – Depth Phase

- Vulnerability due to feeling defined and homogenised in a particular way
- Vulnerability of feeling pressurised to conform to live a particular way
- Vulnerability of feeling split in one’s identity
- Vulnerability due to feeling a loss of one’s heritage
- Vulnerability of feeling discriminated, persecuted, and threatened
- Vulnerability of powerlessness
What this study adds.....

• An insight into the previously unknown and invisible emic perspective of vulnerability, expanding upon the previous work of Spiers (2000).

• However in exploring vulnerability, there are limitations to perceiving it either from an etic or emic perspective. In professional literature, there has been an over-reliance on examining and identifying vulnerable populations or groups (focussing upon the etic) and yet in doing so valuable information regarding the lived experience (emic) is missed. In contrast, exclusively focussing upon the emic experience of vulnerability could limit understanding of the wider community vulnerability.

• Therefore I believe we can only truly vulnerability through a fusion between both the etic and emic perspectives. A new perspective which I refer to as the Etemic.
- Mechanism to identify populations at risk of ill health
- Mechanism, to identify social groups in need of protection
- Consequence of social interaction, influenced by social values
- Vehicle for personal growth
- Shifting experience
- Existential experience

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(Heaslip 2014)
In conclusion....

• This fusion between the reductionist and humanistic perspective I believe is what is truly needed if services provided are to be effective in addressing the needs of the Gypsy/Travelling community, in reducing the social inequalities

• This approach enables cultural cohesion which accepts, empowers and values the Gypsy/Travelling community.

• For practitioners working with the Etemic perspective would enable them to practice in a culturally competent way.
Questions......

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