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Social Capital, Narratives of Fragmentation, and Schizophrenia: An Ethnographic Exploration of Factors Shaping African-Caribbeans' Social Capital and Mental Health in a North London Community

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Abstract

Recent research studies have proposed the concept of social capital—broadly defined as social networks, community cohesion, and participation—as a social risk factor for health disparities and the high rates of schizophrenia among individuals of Caribbean heritage in England. However, many of the existing studies lack sociohistorical contexts and do not capture the experiential dimensions of individuals' social capital. This paper adds to the debate by examining the mechanisms and sociocultural processes that shape the understandings and experiences of social capital in a sample of British African-Caribbeans. Drawing on ethnographic and survey data collected over 2 years in a North London community, the paper focuses on participants' every day experiences and the stories they tell about their community and social fragmentation. These stories suggest that social changes and historical forces interact to affect the social capital and emotional well-being of local African-Caribbean residents. I argue that my participants' collective narratives about their social environment contribute to the emotional tone of the community, and create added stressors that may impact their mental health.

Keywords

Social capital; Schizophrenia; Narratives; Social fragmentation; African-Caribbeans

Introduction

Research studies over the last four decades have reported consistently high rates of schizophrenia among first and second-generation African-Caribbeans¹ in England, which is estimated to be up to 9 times higher than the general British population (Fearon et al. 2006). Epidemiological studies have ruled out biological factors for the elevated rates of the illness in this group, and turned instead to social explanations, exploring the role of risk factors

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¹The term African-Caribbean is used to describe people of African descent from the Caribbean.

such as immigration, racism, urbanicity (living in an urban environment), and lack of social capital—the latter is an umbrella term that refers to social networks, collective actions, and resources (Boydell et al. 2001, 2003; McKenzie et al. 2002; Van Os et al. 2003; Cantor-Graae and Selten 2005; McKenzie 2008). Despite their association with schizophrenia, these risk factors remain cryptic. More importantly, the processes by which sociohistorical contexts help to cultivate, mediate, or hinder the impacts of these factors on individuals' mental health are poorly understood.

Focusing on the concept of social capital as a risk factor for schizophrenia, I examine how social changes and historical factors interlink to affect British African-Caribbeans' social capital and emotional well-being. Through participants' narratives, I illustrate how members of an African-Caribbean community in North London use an account of social fragmentation—what scholars would call a lack of or limited social capital—as a contextual framework to conceptualize and make sense of their high rates of schizophrenia. I argue that my participants' narratives about their social environment create add stressors that influences their mental health. We can understand this as the affective dimension of social capital and its lack.

Schizophrenia, Social Capital, and African-Caribbeans

Epidemiological and psychiatric studies provide mounting evidence of the role of sociocultural and environmental factors in the incidence and course of schizophrenia. These findings build on earlier work that documented relationships between immigration processes, social ecology, and rates of psychiatric disorders. In his pioneering work conducted in the 1930s, Ødegaard (1932) observed that Norwegian immigrants in Minnesota had higher psychiatric admission rates for schizophrenia compared to individuals born in the USA. Since Ødegaard's study, other researchers have reported higher incidence of psychiatric disorders among varied immigrant groups across different countries (Cantor-Graae and Selten 2005; Selten et al. 1997, 2007; Bresnahan et al. 2007). More recently, British studies have suggested that children of immigrants might be at increased risks of mental illness, noting that second-generation African-Caribbeans have higher rates of schizophrenia than their parents (Harrison et al. 1988). Farris and Dunham (1939) added to the debate on the role of social factors in the onset of schizophrenia with their groundbreaking study that showed higher than expected rates of first admissions for schizophrenia in inner-city Chicago compared to rural areas. Their study led to the conclusion that urban environments characterized by the stress of social isolation and fragmentation (social disintegration) pose a risk factor for schizophrenia.

These findings have been replicated by studies in different sociocultural settings. Several British and European studies have shown that certain social risk factors increase one's risk of developing schizophrenia. These include migration prior to age 15 regardless of one's country of origin (Veling et al. 2011), living in an urban and socially deprived area (Harrison et al. 2001, Pedersen and Mortensen 2001, 2006; Van Os et al. 2003), and being a member of a minority group (Halpern and Nazroo 2000; Boydell et al. 2001, 2003; Veling et al. 2006, 2008). These studies suggest that increased risks for schizophrenia among immigrant groups cannot be attributed to selection bias or to membership in a specific cultural/ethnic

group. Rather, they point to sociocultural determinants of psychotic experiences (Cantor-Graee 2007).

To better understand the relationship between sociocultural factors and schizophrenia, some researchers have offered the concept of “social capital” as a mechanism through which the social environment influences individuals’ mental health (McKenzie et al. 2002, 2008; Kirkbride et al. 2007, 2008; Schneider et al. 2009). Social capital is a complex, multi-dimensional concept that has gained currency in over the past few decades in the social sciences (Portes 2000; McKenzie et al. 2002; Weiss 2012). Broadly defined, social capital is described as social networks and support, high levels of interpersonal relations, trust, social cohesion, community involvement, and a sense of community (Kawachi et al. 1997; Putnam 2000; Lin 2001). Because of its multidimensional aspects and broad nature, the definitions, theoretical conceptualizations, and measures of social capital vary based on the study design and the social phenomenon being investigated (Portes 2000; Sampson et al. 1997; Drukker et al. 2006; Weiss 2012). The varied definitions and measures of social capital indicate the complexity of the term, as well as the difficulties in operationalizing it and conducting cross-study comparisons (ibid).

Research studies have shown that different aspects of social capital correlate to rates of schizophrenia. Using civic engagement (voter turnout) and social fragmentation (i.e., disintegration of family and social systems) as measures of social capital, Kirkbride et al. (2007) showed a link between social capital and schizophrenia and other non-affective psychosis. They demonstrated that higher level of civic engagement and ethnic segregation, independent of age, sex, ethnicity, deprivation, and population density, were associated with up to a 5 % reduction in schizophrenia rates. The authors argued that social capital may operate as a positive factor by moderating social stress. In the case of British African-Caribbeans, their high rates of schizophrenia may be explained by their limited access to some dimensions of social capital.

The British based Aetiology and Ethnicity in Schizophrenia and other Psychosis (AESOP) multisite study, which is one of the largest epidemiological studies on ethnicity and schizophrenia, further linked social capital to schizophrenia (Fearon et al. 2006). The study implicated the role of family and community support in the high incidence of schizophrenia among African-Caribbeans in Britain. They showed that parental separation and loss before the age of 16 were strongly associated with the onset of schizophrenia (Morgan et al. 2007). Other studies have demonstrated the relationship between the “ethnic density” effect to disparities in schizophrenia cases among African-Caribbeans (Halpern and Nazroo 2000; Boydell et al. 2001, 2003; Whitley et al. 2006). They showed that African-Caribbeans living in mostly white neighborhoods have higher rates of schizophrenia. This phenomenon is attributed to lower levels of social support and social isolation that African-Caribbeans may experience in these neighborhoods. Accumulative evidence from these various studies suggests that high levels of social disorganization and fragmentation are detrimental to individuals’ mental health.

The construct of social capital in mental health studies builds on the diathesis-stress model, which postulates that biological vulnerability interacts with the environment and life

stressors to trigger poor physical health and mental illnesses, including schizophrenia (Rosenthal 1970; Walker, Diforio, and Logan 1997). Components of social capital such as the presence of a strong interpersonal support system, (e.g., reciprocal friendships and family support), access to social resources, (e.g., employment opportunities), and engagement in social activities, (e.g., participation in social groups), help to mitigate the effect of social stress, and thus reduce vulnerabilities to psychopathology. These aspects of social capital may protect individuals as well as a given group from chronic and acute stress associated with social ills, such as social alienation and disempowerment (Campbell and McLean 2002; Almedom 2005; Whitley and McKenzie 2005; Kirkbride et al. 2007). As a multidimensional construct, social capital has the potential to integrate individual and ecological characteristics, and facilitate understandings of the impacts of social ties on mental health at different levels (Schneider et al. 2009).

However, many studies on social capital and health studies are limited by their designs and methodologies (Almedom 2005; Whitley and McKenzie 2005). Specifically, they have been criticized for simplifying the notion of social capital. These studies are quantitative in nature and are based on large epidemiological and census data, which consist of pre-defined statistical variables. They tend to overlook structural factors such as gender, race, and social dynamics that may hinder a group's access to and ability to maintain social capital (Reynolds 2004). While these quantitative studies are useful in studying some dimensions of social capital in systematic ways, they fail to capture the social contexts that form social capital such as the role of power and history, and the experiential dimensions of social capital (Popay 2000; Almedom 2005).

In response to these limitations, researchers have called for interdisciplinary and mixed method studies that include ethnographic analyses of social capital (Rose 2000; Almedom 2005; Whitley and McKenzie 2005; Schneider et al. 2009). They noted that qualitative and participatory research are needed to fully examine the social and cognitive elements of social capital. In doing so, researchers and policy makers will have access to the nuances, contexts, and meanings associated with social capital. Currently, ethnographic studies of social capital are scarce, limiting our understandings of the various components of social capital.

British African-Caribbeans and Social Capital

African-Caribbeans in England have been depicted in studies and media reports as having low or "weak" social capital (Reynolds 2004). Some researchers have challenged the conclusion that African-Caribbeans have "weak" social capital, noting that many of the studies fail to assess varied dimensions of social capital and structural factors that influence the level of "social goods" available to ethnic minority and deprived groups. For example, Campbell and McLean (2002) suggested in their study on social capital, ethnicity, and health inequalities in a South London African-Caribbean community that race and racism constrain access and utilization of social capital in ethnic minority communities. They also noted that social capital studies often underestimate culturally specific ways of developing and using social resources within and outside the family systems (Campbell and McLean 2002; Reynolds 2004).

In this paper, I address some of these limitations and provide qualitative data that elucidate the dynamics, meanings, and experiences of social capital in a North London African-Caribbean community. For the purpose of this paper, I view social capital as encompassing sociohistorical, structural factors, social networks, and values such as trust and reciprocity. I give primacy to participants' narratives of what I will call social capital, and focus on their experiences and discussions about community resources, cohesion, and social fragmentation.

African-Caribbeans in Great Britain

The colonial ties of African-Caribbeans to Great Britain and their mass immigration in the 1950s set the contexts for understanding their experiences of social capital. Although African-Caribbeans have a long historical presence in the United Kingdom (Fryer 1993), mass migration of Caribbeans to Britain began in 1948, with the arrival of the Empire Windrush ship that brought to British shores a group of 492 Jamaicans. After World War II, high rates of unemployment in the Caribbean, Britain's open-door immigration policies, and its need for cheap labor to reconstruct war-ravaged England, led to massive immigration of Caribbeans to the United Kingdom until it was progressively curtailed in the 1960s (Foner 1978; Pilkington 2003). Currently, individuals of Caribbean descent constitute 1.1 percent of the British population (Office of National Statistics). Of the African-Caribbean population living in Britain, Jamaicans are by far the largest subgroup.

Britain's hostile environment shattered African-Caribbeans' expectations of life in the United Kingdom. For Caribbean immigrants from the former colonies who thought of Britain as their "mother country" and who viewed themselves as citizens of the British Empire, their unwelcomed reception to England undermined their self-perceptions. This was also striking because of the explicit contradictions between cultural signals suggesting acceptance of Caribbeans, and yet persistent cultural attitudes promoting white English supremacy.

Hostility toward the new immigrants took several forms; and their impacts are still discernible today. Two examples of racism against African-Caribbean immigrants were employment and housing discrimination. Discrimination against Caribbeans in the area of job recruitment, training, and promotion was widespread and persistent (Foner 1977, 1978, Pilkington 2005; Gilroy 2007). These policies have had long-term impacts on the socio-economic development of the Caribbean community, since they confined the first generation of African-Caribbean to poverty. Housing policies also had significant effects on the formation of Caribbean communities throughout London. African-Caribbean immigrants were segregated to the most deprived, war ravaged neighborhoods, underachieving school districts, and lower social strata of British society (Field and Haikin 1971). Paul Gilroy's 2007 photo documentary of Caribbeans' experiences in England exhibits the poor living conditions of the newly arrived immigrants, with pictures of black men living in makeshift shelters made with wartime tents, a family of six living in a small, single room, and a young man with his suitcases reading the sign: "rooms to let, no colored men" posted on a door of a boarding-house. These housing policies contributed to the current housing landscape of

African-Caribbeans who continue to reside in substandard houses, in decaying inner city areas.

Portes and Rumbaut (2001) argued that not all immigrant groups follow a linear social trajectory and experience upward social mobility. Instead, their social development and that of their descendents are contingent upon the sociohistorical contexts of their migration and the reception they receive in the host country. Social factors such as the group's racial status, public policies toward them, and resources available in the communities in which they settle shape their pathways of assimilation, socioeconomic development, and emotional well-being. British reception and policies toward African-Caribbean immigrants significantly curtailed their social development, and segregated them to the peripheries of British socioeconomic and political spheres. The impacts of these socio-historical factors are far-reaching and are still visible today in every social indicator, from educational achievement, to employment, infant mortality rates, levels of social capital, and mental health.

The Research Context

This study is based on 2 years of ethnographic fieldwork from 2006 to 2008 in Tottenham, London. During my fieldwork, I immersed myself in the world of African-Caribbeans in Tottenham and other parts of London. I lived in Tottenham and actively participated in various social, religious, political, and community activities in the African-Caribbean community. My data come from participant observations, informal conversations, semi-structured interviews, survey data, as well as my personal reflections as an African-Caribbean researcher of Haitian descent living in the United States. My Caribbean background facilitated my connection to participants. Nevertheless, I was still an American-educated foreigner with different perspectives who needed to earn the trust of my participants, learn their worldviews, and experience their sociocultural and political environment.

The participants of this study consist of first- and second-generation men and women of African-Caribbean heritage, whom I recruited and interviewed, as well as those with whom I interacted informally throughout the study. The formal participants (sample A) were 62 women of African-Caribbean descent. The study focused on women because data about British African-Caribbean women and schizophrenia are scarce. Moreover, the focus on women enabled greater access to information about family systems, community practices, and networks. As a female researcher, it was also easier for me to relate to the participants and to access their social networks. The participants were divided into three separate groups: patients diagnosed with schizophrenia spectrum disorders, relatives of patients, and community members. (see Fig. 1).

In total, I conducted 164 audiotaped interviews. The participants were recruited directly through various advertisement sources, organizations, community events, and snowball sampling. From my Sample (A) of 62 participants, I extrapolated a non-representative, convenience subsample (Sample B) of 21 participants. (see Fig. 2). I conducted person-centered and semi-structured interviews with participants in Sample B. These are people whom I met with many times over an extended period ranging from several weeks to over a

year. While I interacted with individuals from various backgrounds during my research, my core participants were mostly educated with some college experience, British-born, second-generation African-Caribbeans.

The Field Site

While the participants' social networks go beyond the boundaries of their neighborhoods, Tottenham's sociohistorical and structural characteristics shape their access and availability to local community resources. The stories they shared about everyday life in Tottenham also contribute to a meta-narrative about the intense emotional experience of being part of this community. Tottenham is a vibrant, large area consisting of several wards on the east side of the borough of Haringey in North London. The population in Tottenham is extremely diverse, with a concentration of African-Caribbeans and a transient population of immigrants and refugees from Africa, South America, and recently, Eastern Europe. The Index of Multiple Deprivation (IMD), which measures multiple dimensions of relative deprivations in England that include education, employment, income, health, crime rates, and housing services, indicates that several wards in Tottenham rank as the 10 most deprived in the country (Haringey Index of Multiple Deprivation 2010). Tottenham has a large population of psychiatric patients, facilitated by the presence of the borough's only psychiatric hospital along with a vast array of community mental health services serving individuals with severe mental illness. Compared to other boroughs in London, Haringey has higher mental health needs and higher rates of inpatient psychiatric admission for psychotic disorders (London Health Observatory and Working for Wellness 2011).

The widespread socioeconomic deprivations that characterize Tottenham are rooted in the borough's history of economic development and politics, and must be analyzed within this context to fully understand their enduring structural impacts. The borough of Haringey is the 13th most deprived borough in England and the 4th most deprived in London (Haringey Index of Multiple Deprivation 2010). Tottenham has been a working class area with enduring socioeconomic disparities since the early nineteenth century (Webber 1977; Murray 1993). The introduction of several factories and the opening of railways on the east side of the borough, offering cheap fares and connecting the area to the city, attracted large numbers of low-skilled working class and migrant populations. The decline of factory work and other industries in Tottenham over the years, compounded by an increase in population with high levels of needs and government neglect, contribute to a social landscape that is markedly different in composition and character from the rest of the borough (ibid).

While most outsiders view socioeconomic disparities as the most prominent feature of Tottenham, African-Caribbean residents consider inequities (the sense of being treated unfairly and unjustly) to be the principal characteristic that isolates Tottenham and influences the emotional tone of everyday life in the community. To illustrate, in an informal conversation with Maggie,² a social worker of Caribbean heritage and long-time resident of Tottenham, she stated: "Everything is worse here... We have the worse facilities, services, and housing. Even the Tesco supermarket in Seven Sisters is rubbish. To get to the nice

²All the participants' names are pseudonyms.

supermarkets, you have to drive to the other part of town.” Paul, an African-Caribbean psychiatric patient explained the disparities in Tottenham by arguing that it is not a question of lack of money, but rather that the people in charge simply “do not care.”

The limited resources and the image of Tottenham as a “deprived” area influence residents’ views of their community and narratives about social capital—trust, a sense of community cohesion and belonging. I learned early in my fieldwork to anticipate and cope with stereotypes associated with Tottenham. One participant poignantly noted that most people cannot wait to get out of Tottenham, so “why would I choose to live there?” Others gave me stark warnings that sought to deter me from going to Tottenham, let alone live there: “Don’t trust anyone there,” “Watch your back!” “You need a bulletproof vest to go to Tottenham.” Such perceptions are grossly exaggerated. During the course of my fieldwork and living in Tottenham, I was never harmed, although I did feel unsafe at times.

Tottenham does have elevated crime rates. Tottenham’s history of riots, including most recently, the outbreak site for violent riots that gripped London and other parts of England in the summer of 2011, further cemented its reputation as being a place for social unrest. In addition to street crimes, residents also complained that state-sanctioned violence such as police brutality and discriminatory stop and search policies contribute to the quality of social capital in Tottenham. Jared, the teenage grandson of one of my participants, explained this by stating that “nowhere feels safe” in the community and that he is afraid of getting stabbed by a stranger or stopped and searched by the police every time he steps out of his home. Consequently, he has limited his social activities and spent most of his free time at home. Like Jared, my participants maintained that the violence in their community fosters hyper-vigilance, social isolation, and interpersonal distrust.

Despite the poverty and inequalities that exist in Tottenham, it has some niches with tight social networks, engaged citizens, and community activists. During my time in Tottenham, I met individuals who invest their time and money to help disenfranchised youth. I met mothers who organized child care after school, and watched social networks of entrepreneurs, community members, and teachers develop to better serve the community. Moreover, Tottenham residents have great pride and take comfort in its cultural community, rich with history and talents, which also provide sources for the development and access to social capitals. Tottenham boasts a £15million state-of-the-art Cultural Arts Centre, a nationally recognized and award winning leisure centre, and the celebrated Tottenham Carnival. The everyday hustle and bustle of the streets of Tottenham attracts many people who enjoy the area’s culture and ambiance. The main streets of Tottenham are full of life, rhythmic, and colorful in characters and spirits. The fast-paced beat of Tottenham and the convenience of cultural goods that it offers keep attracting new comers and returnees, like Ariel. She explained:

I have considered moving to various parts of England. The one question that always comes to my mind is: are there any black people there?... I went to Norwich on holiday...

When I came back I thought it was quite nice. I would like to live up there... When I talked to myself, I said hang on a minute. You did not see a community. Where

would you buy the hair extension, where would you buy make up for black people, for our skin color...? So, straight away, that brings you back to London...Then I think, as I said to my partner, I said to him that if I move..., I would like to go back to Tottenham.

Other African-Caribbeans opted to live in or return to Tottenham because of its large black population, and its history of being a bastion for black political activism. Moreover, fear of racism is another important factor that has kept many African-Caribbeans in Tottenham and from moving to other parts of the country, outside of the urban areas of Greater London where there are fewer black people (Goulbourne 2002).

In many ways, Tottenham offers its African-Caribbean residents access to rich resources, and other dimensions of social capital. However, structural and other aspects of life in Tottenham undermine the positive impacts of these resources. Widespread disparities in Tottenham affect all aspects of everyday life and function as additional stressors.

Narratives of Loss, Social Fragmentation, Social Capital, and Schizophrenia

Participants often talked about how social inequalities and varied dimensions of social capital—community cohesion, social network and support, and interpersonal trust- or lack thereof affect their quality of life and emotional well-being in Tottenham. However, they also noted how recent social changes in their family structures and community contribute to social fragmentation and increased risks of schizophrenia. At a community event for Black History Month in London, Thema, a Jamaican born first generation African-Caribbean who identified herself as a community activist, talked to a group of African-Caribbeans about some of these changes. She described how her son, who is—“locked up on a schizophrenia ward,”—is like so many other African-Caribbean youths, who have become mentally ill because they have “lost their culture” and live in a “fragmented community.” Over and over again, I heard participants express similar views as Thema.

For many in the Caribbean community, the disintegration of the family unit and extended social networks are understood as the most discernible sign of community fragmentation. When participants talked about family fragmentation, they often referred to their history of colonization and how varied historical factors have shaped the structures and dynamics of Caribbean families. However, recent and rapid social changes over the last few decades have also created further social disintegration and alienation within Caribbean families. In the next excerpt, Erica talks about recent sociohistorical changes that have affected African-Caribbean families and the loss of a cohesive community.

Families have become fragmented in this society. The family structure has broken down. When I was younger, [family] was tighter than it is now today. People are more mobile, moving away from their families. It's causing an effect...What happened was there was a need for people to stay together and unite when they first came here because they knew nobody. But now, people feel or have become adjusted, or become acquainted with the English ways.

In community discussions about social fragmentation, participants attributed the fragmentation, for the most part, to the absence of fathers and the breakdown of the extended

family networks. Isis, a participant of Jamaican heritage in her 50s and mother of a son with schizophrenia explained:

When I'm saying it [community] is fragmented, we can see by what is happening in terms of the family structure. How can you have cohesiveness? or, can you have a whole if you know you come from a single parent family and you don't have any male figure in there? So you have a whole generation of black young men growing up without any fathers in the family. So that's fragmentation within itself...

Although the growing number of single mothers is a nationwide problem in England, the percentage of single-parent families is far greater in the Caribbean community. The latest studies from the Office of National Statistics indicate that the number of children living in single-parent families in Britain has increased by 2 % from 2001 to 2011 (Labour Force Survey-Office for National Statistics 2011). However, most households with single parents are headed by African-Caribbeans (ibid). Sometimes the conversations about Caribbean families among local residents would pit those who assert that disintegration of the family unit leads to community fragmentation against those who argue that such explanation pathologizes the Caribbean family by relying on bourgeois European nuclear family norms and values.

The sentiments of these participants have been corroborated by some researchers who have argued that the perceived inadequacies of African-Caribbean families have served to marginalize them from the realm and discussions of national life and culture by reducing social and political crises to family dysfunctions (Sivanandan 1990; Gilroy 1987, 1993; Littlewood and Lipsedge 1982). Others have noted that the focus on two-parent families delegitimizes other forms of household structures, while ignoring sociohistorical forces, such as immigration and slavery that have ruptured African-Caribbean families (Clarke 1957; Brown et al. 1995; Chamberlain 2006). However, some participants conceded that the escalating number of women left alone to raise children without the active economic and emotional support of the fathers is a growing concern in the community that affects not only the children's psychosocial development, but also the financial security of Caribbean households. In narratives about community fragmentation, few people denied the relationship between family breakdowns and social disconnections, antisocial youth behaviors, and the excessive rates of schizophrenia in the Caribbean community. In radio talk shows, conferences, community events, and everyday discussions, people often connected the relationship between family responsibilities and high rates of single-parent families with an extended list of social problems in the Caribbean community, such as elevated crime and school drop-out rates among African-Caribbeans.

To emphasize, even those who underscore the achievements and strengths of matriarchal Caribbean families usually believe that Caribbean families in Britain have undergone significant structural changes that undermine their ability to cope with everyday stressors in Britain, and to (re)produce cultural values. Isis' life story is representative of a pattern of family systems that she used to shape narratives about family and community fragmentation and high rates of schizophrenia in the community. She explained below how generations of single mothers in her family left a vacuum for role models and any knowledge about good parenting and relationships.

I have enough of this notion that some women can bring up a child by themselves. You don't do it by yourself per se. You kind of do it, but you need other people involved. You do! Whether it's an adopted somebody outside.... You can't teach what you don't know.

I came from a quite positive family, although my family was fragmented. My father was one of those that went off and left my mother... I come from three generations of single-parent women... Even if you have positive images, it's basically the environment that you live in... If you're getting the positive images in the home, but then you are going out into the environment and the positive images are not there, then you either survive or you die, or you fight or you struggle... Because there are lots of friends of mine who have given positive images, but they still have problems with their children within the home. And most families have someone with mental [illness] in the family—most. I was surprised.

Though many Caribbean mothers are single mothers, they expect to have extended networks of kin and non-kin who share the responsibilities and duties of child-rearing through practices such as communal child minding (Russell-Brown, Norville, and Griffith 1997). This appears to have changed as Caribbeans settled in the UK. Increasing mobility and migration within England make it difficult to sustain these relationships. Even the Caribbean families I met in London, where grandmothers, other relatives, and non-kin contribute to child rearing and share everyday family responsibilities, it was hard to keep relatives involved. In other cases, relatives and friends move out of Caribbean neighborhoods to pursue education and job opportunities in other parts of Britain. When mothers move, they often lose local support.

More recently, the return migration of older Caribbean immigrants to the Caribbean further breaks the proximate family structure and results in notable absences or less vital roles for parents and grandparents, particularly those of the family matriarchs. Statistics on return migration is limited, but data current available suggest that most return migrants to the Caribbean region have come from the United Kingdom. In fact, the majority of return migrants to Jamaica, nearly 44 %, and 60 % of those who returned to Barbados in 1990 were from the UK (cited in Thomas-Hope 2002).

The return migration, especially the return of elderly Caribbeans to the Caribbean, provides another dimension to the reconfiguration of families. The distance, however, does not imply a complete rupture of emotional and socioeconomic ties among families. In fact, transnational ties among families play important roles in expanding socioeconomic, educational opportunities, and social capital (Goulbourne 2002). However, when parents and grandparents return to the Caribbean, they also leave a significant void in the family that alters family composition and processes of cultural transmission. Traditionally, Caribbean grandparents, especially grandmothers, are a “safety net” for their children, serving as the “nucleus of the family,” connecting relatives through time and space, and providing valuable socio-economic and psychological support (Plaza 2000). Their return poses additional strains to the resources of Caribbean families in England. Nneka, offered below the perspective of a parent who left Britain to return to the Caribbean. She shared her experience

of how this moved affected her family, particularly her daughter, who suffered from a mental breakdown in her absence.

The parents are leaving, and then selling their homes...I think them going back [to the Caribbean] has and will affect the community more than their selling of the houses, to be honest. I think having gone away myself, and left my two children... I don't think it was the right thing to do... I came back because my daughter was very sick, and when I came on a visit one time, I could see that she wasn't coping and that she was unwell... Although we have family here, family has become very distant. So anyway I came back, I had to come to mobilize, to support her, to get her back well I decided to stay because I think that we need to review how we go away. I think that it can lead to quite a breakdown in the support systems that young people have. I do think that. And in fact, I learned now, firsthand.

In addition to these social changes and cultural processes that threaten the cohesion of Caribbean families, poverty makes it harder. In Britain, single-parent families are disproportionately poor (Rowlingson et al. 1998; Garcia and Kazepov 2002), and African-Caribbeans, already being at the bottom of Britain's socioeconomic ladder (Modood et al. 1997), are more vulnerable to living in poverty if they become single mothers. In fact, although African-Caribbean women have had higher rates of employment than their white British counterparts, significant numbers of them experience economic hardship because of the burden of being a single-parent (ibid). Though it is widely accepted that poverty is a consequence of single-parents, some authors also argue that it is one of the causes of single-parenthood by demonstrating through cross-sectional and longitudinal studies that childhood poverty leads to early, single-motherhood (Hobcraft and Kiernan 2001; McKay 2002). Moreover, chronic unemployment, which disproportionately affects African-Caribbean men, poses another serious threat to the social stability and well-being of Caribbean families and, in turn, contributes to reduced access to social capital. The erosion of safety nets in Caribbean families, whether it is financial stability or the support of extended family networks to provide care, social and emotional support, contributes to what the participants perceived as the fragmentation of Caribbean families and community.

Some participants also argued that forces, such as racism and failed expectations, further strained family relationships and their abilities to cope. Here, Catherine, an African-Caribbean woman in her late thirties, argued that individuals, families, and communities respond to racial stress with negative styles of coping that weaken family bonds.

I think when we got here [England], the pressure and stress of family life got difficult for some people. I think that's when the family starts to break down. I think in this country, it has something to do with the way you end up coping as a black person. I come from a family that is quite divided. I don't know about other families but I do know that a family can actually break down as a consequence of the stresses and pressure of living in a white society because everybody does their own thing.... At fourteen years old I discovered that... It is sad but it is true.

Racism, single-parenthood, and immigration processes are elements of various sociocultural changes that participants claimed contribute to the fragmentation of some Caribbean families in England. With depleting socioeconomic, emotional support and resources, many

young African-Caribbeans are left to “fend for themselves” and are becoming more vulnerable to stress and the negative impacts of social oppression, violence, and poverty in their community. Life in Tottenham is inherently stressful for some, especially those who are disadvantaged and at risk of exclusion. The erosion of family and community systems and narratives of fragmentation contribute to a negative emotional tone in the community that accentuates a sense of defeat.

Social Capital, Fragmentation, and Schizophrenia

Participants framed narratives about Tottenham, the Caribbean community, and their own life stories through the lens of fragmentation. They also situated the high rates of schizophrenia among African-Caribbeans in the contexts of social fragmentation and limited social capital. In discussions about schizophrenia, my participants generated several explanatory models and many of them map onto common community interpretations of the illness that have been previously documented. They include a combination of genetic factors, cannabis use, racism, and misdiagnosis. Somewhat surprisingly, the participants did not report religious explanations for schizophrenia. Although many grew up in religious households, most identified as “spiritual” and were not members of a church or a religious group. However, they viewed social fragmentation and the stress of everyday life in Tottenham as the underlying roots of the elevated rates of schizophrenia in their community. Hana, a second-generation African-Caribbean in her early twenties, articulated in the next excerpt the views of many of my participants about the high rates of schizophrenia in the Caribbean community:

I think black people are more likely to be labelled schizophrenia, [sic]... Having said that, I do think there is something about the society... I don't think you can exclude the experience of people... I think there is a social community aspect that might be quite different as well. For example here, it is very isolated society, especially London...

The kind of experience of different community depends really on how resilient you are. For us, I think that is depleting. You find this huge divide between the young and old, the disconnection between generations [and] families are very unstable, extremely unstable... We are living in a community that isn't cohesive enough, and cohesive is about, not only just supporting each other but also have things to back that support-economic support, employment, businesses, and things as a community that you can utilize. Family is very important. [It] is the heartbeat of the community and if the family isn't integrated in the community, there is no community.

Hana noted that while a sense of community, a type of cognitive/affective capital, is important, it is not sufficient. The sentiments expressed above ran through many of my participants' narratives. There is a heightened awareness of social fragmentation and inequity, as well as the knowledge that the mental health problems in the community are inherently intertwined with larger sociohistorical factors and processes, such as socioeconomic inequalities. Although the participants emphasize the importance of the family, the fragmentation of the family cannot be examined in isolation and efforts to

address the mental health crisis in the community must not be limited to fostering social connections or simply family integration. As the participants mourned the social and cultural losses in their community, they also called for greater equality, socioeconomic assimilation and opportunities.

To summarize, I present the following ethnographic encounter that illustrates the contexts and dynamics of social capital in Tottenham, and the ways my participants make sense of the high rates of schizophrenia through the lenses of community fragmentation. On a rainy summer day in 2007, I attended the Tottenham carnival with a participant, Isis. On our way back from the festivities, we passed the Swan, the Caribbean pub on Tottenham High Road, a historic architectural and cultural landmark in the community. Although it has been neglected over the years, transformed into a decrepit building and an establishment with less than desirable reputation, the Swan has remained a central point of socialization and cultural identity for many African-Caribbeans. As we walked by, Isis informed me that a teenage girl was murdered at the Swan the night before. I was shocked and felt the violence was getting close to home, since I frequented the pub on several occasions. We then stopped at a nearby local music store and started talking to the patrons. Soon, the conversation turned to the violence in the community and how many of the young people are “mad and crazy.” To emphasize this point, Isis turned to me and stated: “living in this environment, shooting all over the place, how can our young people not become mentally ill?...I hope you are writing this down, what you see today.” Isis and the other patrons went on to explain how stressful it is to live in this environment—where violence reigns, where the “adults [are] afraid of the young people,” and where they feel alone, unsupported by the police and the larger society.

The shooting of a teenage girl, as with other acts of violence, were not isolated incidents in Tottenham; they had far reaching consequences not just for the victims, but also for the entire community. The men in the music shop were upset about the violence. However, they also talked about how this recent shooting will affect them. They talked about how the continuing violence further threatens their personal safety and reinforces the negative image of Tottenham.

Then, they started to speculate about how the police will use the shooting “as an excuse” to close the Swan. They talked with nostalgia, already mourning the loss of the pub. They took turn sharing how the Swan makes “the best jerk chicken in the area,” how it is a popular site for socialization, and how it is one of the very few remaining Caribbean businesses on the main roads. All of these are signs of social capital in the community that are threatened by the impending pub’s closure.

As it turned out, the patrons’ fear became reality a year later. While some applauded the pub’s closure and view it as part of the “revitalization of the main roads,” others mourned the pub and what it represented for the community. In response to the Swan’s closure, an anonymous writer posted the following online: “I miss this pub... The Swan was the only place that represented the community. When one stands at the Swan today and look around the area, there is nothing for the black community [on] Tottenham High Road.”³

³Available at <http://www.beerintheevening.com/pubs/comments.shtml/17047/>

Conclusion: The Power of Interpretation and Representation

At the beginning of my fieldwork, I struggled to understand the participants' dire outlook on the community and narratives of fragmentation. I was aware that the African-Caribbean community faced serious obstacles, similar to many deprived communities where I lived in New York and Chicago. I read the studies and knew of the statistics. But, I did not *feel* the fragmentation that my participants were talking about. Although I am myself a person of Caribbean heritage, I did not think constantly about community fragmentation as my participants seemed to do. I did not connect with their experiences of social capital in Tottenham. It was still too distant for me.

On the contrary, I observed the opposite of fragmentation and became part of a vibrant and active Caribbean community in Tottenham and London. I had a very busy social calendar. Instead of fragmentation, I saw signs of hope and community collaborations. At the end of my first month in field, I wrote the following in my field note:

People complained that there is no social cohesion in the Caribbean community. But, it is really impressive, all these events, workshops, seminars and so on that are taking place for Black History Month...I see a lot of great resources, togetherness, and potentials in the community. I see a lot of people who care enough about their community to organize the various functions, share their skills and knowledge, and participate in these events.

—Field note entry dated October 2006

But as a researcher, I had a privileged view of the community. My status and freedom gave me different insights, access to multiple networks and afforded me a different perspective than many of my participants, who were restricted by time, family responsibilities, and money to become actively involved in various activities in the community. Many of my participants lived in poverty and had first-hand experience of violence, family disintegration, and fragmentation. Some worried at times about not having enough food to eat or pocket money to give to their children to go to school. Some rarely left the borough of Haringey to venture into the city. Their neighborhood is their world and their daily experiences of struggle forge their worldviews and subjective experiences. These factors, coupled by everyday discussions and portrayals of African-Caribbeans as “fragmented” in the media help to create a picture of a “suffering community.”

For many participants, the concept of fragmentation in the community has currency because they feel—rightly—that they disproportionately experience many of the social ills that are widespread in Britain. Moreover, the media, research reports, and community narratives that portray African-Caribbeans as fragmented contribute to a *standard story* or a metanarrative of fragmentation that circulates within the community (Abma 1999). The circulation and repetition of this standard story grants it legitimacy and stability power, which in turn transform it into a cognitive and cultural framework in which personal narratives and experiences are embedded (ibid). The common key words, reports, and narrative structures generated by the participants illustrate their shared participation in this interpretive sociocultural framework.

Lastly is the question of what “work” do the narratives and perceptions of fragmentation perform and how are they related to emotional distress? Despite their seeming social disconnect, participants shared a common narrative of community fragmentation through which they lamented, probed, and raised awareness about the social conditions of African-Caribbeans in England. Their narratives facilitated an examination of various aspects of their community, and generated a discussion of plausible causes of and solutions to their problems. Narratives of fragmentation functioned as calls for mobilization for African-Caribbeans and as rhetorical tools that demand attention to and change in the social conditions of the community. Community leaders and activists capitalized at times on these narratives, and used them to “wake” the community from their social apathy, and shamed them to action. For example, speakers in community events sometimes asked male members of the audience to raise their hands if they “are married and live with their children under the same roof.” Usually, very few men who appear to be well over forty raise their hands, eliciting gasps and shameful glances among participants. The inevitable follow-up question asked *anyone* who knows a black man who is married and living in the same household as his children to raise their hands. Again, there are shameful glances. This is one of the more common tactics whereby organizers seek to arouse an emotional response from an audience they hope to galvanize.

Yet, narratives of fragmentation also perpetuate a cultural and psychological atmosphere of social defeat. They serve as a *site* of construction and reproduction of African-Caribbeans’ psychosocial realities, that of a fragmented community. Scholars investigating the relationship between narrative and self have argued that narrative is a fundamental process and resource that connects multiple selves, and that brings experiences to conscious awareness (Ochs and Capps 1996; Garro et al. 2000; Garro 2001). Narrative is a dynamic process that involves not just a descriptive story, but also *reflections* and *interpretations* of events and experiences (Abma 1999). Participants’ shared experiences and narratives of fragmentation, therefore, constitute cultural schemas that influence how they attend to, interpret, and make meanings of fragmentation. To be part of the social world of my participants is to acquire their emotional and behavioral vocabularies, to learn the grammar of fragmentation they use to organize, assign meanings to, and conjugate their everyday, lived experiences.

As I spent more time in the field, I gradually observed and *experienced* some of the fragmentation that the participants talked about. I grew tired of seeing the same few faces at community activities and hearing the message of desperation “hammered” into audiences repeatedly, but with no concrete plans for action. The effect of discussions about the negative state of the community became powerful. After a while, community fragmentation became an embodied, experience-near concept. Exactly a year later, I wrote the following in a letter:

Last month, I felt irritated and so disappointed with people in the community. I became disenchanted with community activism and shared many of the feelings of hopelessness and apathy that some of the participants have relayed to me. I was tired of hearing the same talks again and again, of watching the disorganization and bickering of many of the community organizations, and got fed up with people

complaining but not doing anything themselves to make things better. I stopped going to events and was feeling depressed, overwhelmed by all the “problems” within the community. Then I realized that this is exactly how some of the participants have been feeling. It really gets tiresome hearing about the “problems” in the community in the news and even from the community organizations. I am glad I am out this phase now. I still have faith in grassroots movements and see them fulfilling a fundamental role in the community, even if they are not perfect. At least, they keep the debate going.

I too began to conjugate my social world as fragmented and experienced the negative emotions associated with living in this environment.

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Samples	Participants	Participant categories
Sample A	All participants (formal and informal)	
Sample B	“Formal” participants (women only) N=62 (162 interviews)	Patients [n= 20]
		Care takers [n=15]
		Community members [n=27]
Sample C	Sub-sample N=21	Patients n [=5]
		Care takers [n=5]
		Community members [n=11]

Fig. 1.
Study samples and participant categories

Fig. 2.
Gender and study participants