

De-anonymised book review

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Chronic Illness in a Pakistani Labour Diaspora

Kaveri Qureshi

Durham, North Carolina: Carolina Academic Press

2019

ISBN 978-1-61163-832-5

\$44.00 pb

pp. 298

Outside a prefabricated building, three young men stand together wearing neatly tied dressing gowns. Through this captivating cover image, Kaveri Qureshi invites us into the lives in which we become immersed in *Chronic Illness in a Pakistani Labour Diaspora*. We learn that these three friends are flour mill workers recovering in an East London hospital in the 1960s, following work-related respiratory illness. Qureshi's personal engagement soon becomes apparent, as she describes the close friendship that developed between herself and the daughter of one of these men. "Fragments of his life history" (p.5) passed from father to daughter, and lead us into this highly readable account of post-war Pakistani immigrants living in Britain. Bringing to life otherwise faceless discourses, Qureshi offers meticulously gathered insights into "the struggle of living and getting by with chronic illness" (p. 7), situated in structures of class, race and gender.

Qureshi describes the book as "an ethnography of how social history is recollected in ordinary life by the people who lived it or descended from it" (p. 235). She synthesised several years' research based in East London, spanning 2005 – 2014, from a starting point in doctoral research examining the epidemic of physical chronic illness affecting Pakistanis in Britain. She extended this within a study on marital instability in British Pakistani families. Her aim was to examine "how chronic illness is shaped

by social experience and the moral and material transformations that illness entails” (p. 48). She primarily relied on interviews “with or about 63 Pakistani adults” (p. 48), emphasising those living with multiple conditions and those caring for them. Qureshi describes a variety of participatory activities, including volunteering in health-related community groups, for the identification of participants and ways to “live as closely as possible with” them (p. 51).

The arguments of the book are organised into three parts. Qureshi borrows Livingston’s notion of “moral imagination” - ways of envisioning a morally better or worse world than the one we live in - proposing that each of three parts “maps” onto the moral imagination triggered by chronic illness. In the first part, ‘Beyond Health Beliefs’, Qureshi explores explanations of chronic illness that draw on demands of labour, traditional diet and family tensions. In the second part, ‘Disposable Bodies’, she examines material effects of chronic illness compounded by the physical toll of hard work, job loss when factories closed, and “battling” with the social security system in an era of benefits’ reduction. Finally, in ‘Morality and Ethics’, she explores life’s hoped-for versus experienced trajectories, existential questions and moral quandaries. She carefully demonstrates the multifaceted ethic of *sabar*, a mode of enduring suffering through “patient forbearance” (p. 185), and achieving its recognition by others, before concluding with the transformation of suffering through narratives of divine premonitions.

At times, I found the connection with the concept of moral imagination opaque. I would have liked elaboration on how this adds to the central argument, or how Qureshi’s findings expand previous applications. Part 3 most clearly demonstrates the moral imagination within reiterative narrations as a way of dealing with chronic illness and mortality. Qureshi also draws on insights from Mattingly’s long-term study of African-American families caring for children with significant illnesses and disabilities. Particularly apparent are Mattingly’s notions of “moral re-orientation” and “narrative re-envisioning” (2014, p.205), as she illuminates how people develop a moral stance allowing them to see beyond the fragility of chronic illness, remaking hope despite “the long haul of the everyday” (p.199). Expanding on parallels, briefly acknowledged, with other religious and cultural traditions could have enhanced the consideration of performativity of practices and possibilities for “moral becoming” (p. 236) when living with chronic illness.

These minor observations do not detract from many strengths of the book, grounded in Qureshi’s extensive engagement with the community. I found this to be vividly apparent in a story of one family who named a goldfish after her: “the lone white fish swimming around with all the orange goldfish”

(p. 51). Although Qureshi includes a brief discussion on the “messiness of categories of difference” when undertaking research (p. 52), I would have liked more reflection on her own influence in the co-construction and analysis of the narratives, particularly as she points out change in her positionality from “an unmarried, young female researcher to an older woman married into a Pakistani family” (p. 53), becoming more fluent in Urdu and Punjabi. Her attention to participants’ own use of language deepens a sense of connection. She includes original phrases with careful explanations, allowing appreciation of terms without direct Anglophone parallels, for example *hikmet* – “a multi-layered term implying that something was meant to happen by divine intent” (p. 219).

Although specific to an East London community, Qureshi’s work offers broader insights into navigation of social networks of support that evolve from historical circumstances of migrants’ arrival, and “can help with understanding patterns in the production of distress and disease” (p. 241). Qureshi elevates these insights beyond struggles to particular strivings for personal, family and community coping with chronic illness in “dislocated” ways of living. The highly accessible content will appeal to a range of audiences within and beyond an academic base in Anthropology, Sociology, Human Geography and Public Health. I would particularly recommend this book to students and professionals in community health and social care.

Reference

Mattingly, C. (2014). *Moral laboratories: Family peril and the struggle for a good life*. Univ of California Press.