

12

‘Faith Moves Mountains’: Meaning-Making and Re-Connection to an Ever Present Past, Following a Heart Attack

Lily Owens, Maxi Priest, and Blaine Robin

Heart health and African Caribbean communities in the UK

A focus on understanding ‘why African Caribbean communities suffer a higher prevalence of certain illnesses compared to white populations’ gained further urgency following the COVID-19 pandemic (Office of National Statistics, 2021). The critical aspect of these health inequalities were starkly exposed not as ‘biologically’ but *socially determined*. This is exceptionally important, because such awareness underlines the significance of social inequalities in determining health outcomes and is consistent with what Michael Marmot has contended for many years, that health inequalities cannot be separated from social determinants and that social factors are at the root of inequalities in health (Marmot and Wilkinson, 2009).

Importantly, questions have arisen around the nature of research studies, particularly around *who* has been *included* in research studies. For example, the British Heart Foundation, in their focus on Black athletes being disproportionately affected by higher sudden cardiac death rates, rightly recognized that related dominant guidelines around the interpretation of electrocardiogram (ECG) findings did not reflect the needs of Black (Black African and African Caribbean) athletes, because guidelines were based on findings in White athletes. Indeed, ‘it became increasingly clear ... that guidelines were not appropriate to guide practice in Black athletes’ (British Heart Foundation, 2021). Importantly, subsequent tailored research focused on Black athletes permitted the development of new international recommendations, markedly improving accuracy around the way ECGs were interpreted in Black athletes, even extending to Black American athletes, and undoubtedly saving lives.

The United Nations Sustainable Development Goals represent ‘a shared blueprint for achieving a better and more sustainable future for all’ (United Nations, 2015). Implemented into law in regions such as Wales via the Well-being of Future Generations (Wales) Act

(2015), there is a recognition that health professionals must be able to address health inequity/social inequalities and develop abilities to collaborate and advocate for health and wellbeing for all (Future Generations Commissioner for Wales, 2024). Indeed, occupational therapists are expected to work at the heart of health equity, recognizing the origins of health inequalities as fundamentally determined by the social determinants of health, which includes recognition of social inequalities (RCOT, 2022).

In line with the above complexities around Black Athletes requiring tailored focused research, it is increasingly recognized that tailored, evidence-based approaches and responses are required to enable the meaningful addressing of ethnic inequalities (The King's Fund, 2023). This is in the context of long-standing evidence that ethnically minoritized communities, including African Caribbean communities, are 'disproportionally affected by deprivation' – a key social determinant of health experiences and outcomes in all communities (The King's Fund, 2023).

Evidence, including ONS data, serves as a powerful reminder that health inequalities are exacerbated by conditions that are preventable, such as cardiovascular disease, and diabetes. In the context of increasing long-term chronic illnesses and their devastating impact on communities, an overstretched National Health Service in the UK and associated economic costs, the focus on reducing health inequalities and largely preventable conditions has never been so urgent (The King's Fund, 2023). Importantly, in order to address the complex interplay of factors driving ethnic inequalities, such as environmental, socio-economic, geographical locations and the conditions in which people live, behaviours related to health, and abilities to access or to take up services, it is imperative that a 'one-size-fits-all' approach is not adopted – instead focusing on tailored evidence-based approaches and policies, that recognize unequal outcomes and specific needs (The King's Fund, 2023).

It is noteworthy that more globally, health inequalities in relation to heart health and Black communities, specifically, have been recognized as an issue of racism and discrimination. Indeed, in the context of Black adults being more than twice as likely to die from cardiovascular disease than White adults, evidence has suggested that 'structural racism'

constitutes a ‘fundamental driver’ of such health differences, as noted by the American Heart Association (Churchwell et al., 2020). The American Occupational Therapy Association (AOTA) too, appears to recognize the impact of racism and discrimination on health inequalities, health access and behaviours, calling on occupational therapists to prescribe to anti-racist working practices as a means to ‘defeat systematic racism in institutional structures’, while continually working towards equity and equality to ‘undo and reverse racism in behavior, thought and environments’ (American Occupational Therapy Association, 2021, p. 4).

Hot spots

As demonstrated in a small way above, it is imperative when working with African Caribbean (and any other racially minoritized) communities to ask whether the guidelines and recommendations we are uniformly using to guide our clinical and professional reasoning and interventions are fit for purpose to the persons we are working with.

Maxi’s faith and health contexts

On a personal level, a heart attack is recognized as a profoundly life-changing event. While the physical aspect of a heart attack is significantly researched and acknowledged, the psychological and spiritual dimensions to this life-changing event are also considered imperative to form a more holistic picture of the person’s experience. This is in the context of studies that have highlighted the traumatic nature of a heart attack, and associations with psychological experiences of anxiety, fear, depression and even post-traumatic stress disorder (Shemesh and Stuber, 2006). Importantly, other studies have shown potentially ‘positive’ ways of coping with such a life-changing event, highlighting resilience and post-traumatic growth (Hefferon et al., 2009), capable of supporting wellbeing and the ability to better adapt to illness.

An increase in spirituality and religiosity, following a life-threatening event have further been associated with higher coping abilities, particularly around related experiences of stress (Graham et al., 2001). In this context, it is important to acknowledge that place, spirituality,

and culture interact to shape experiences not only of illness, but also of health behaviours and recovery.

The significance of ‘Rastafari’ in reference to Maxi Priest’s spiritual outlook, mantra and spiritual vibration is now discussed. It is important to note that the everyday implications of such spiritual orientations must be explored within occupational therapy to aid ‘whole’ person understanding. For example, Maxi, as someone who is health conscious, no longer smokes ‘Ganja’ (marijuana/cannabis) due to potential harm to health. Such concerns are not unfounded, as more recently highlighted in studies drawing association between cannabis use and poorer cardiovascular outcomes and heightened risks of cancer, among others (see, for example, Jeffers et al., 2024; Ghasemiesfe et al., 2019). However, Maxi still burns this as incense, in support of Rastafari spiritual faith/ritual practices. It is therefore important that such ‘person-centred’ awareness extends to the social context and historical criminalization of cannabis-related spiritual practices (see, for example, Araujo, 2023).

Questions for our dear readers based on this chapter

1. What three things stood out to you from this chapter?
2. Is there anything you would like to reflect on more deeply? Why?
3. How has this chapter contributed to your thinking and feeling differently?
4. How could this be used to change something about how you clinically reason and/or practise?
5. How can you share your growth journey with someone else or with each other?

Occupational Gift

Caribbean gift to the reader: word cloud of some famous reggae artists



Depicted above (a by no means exhaustive list): Maxi Priest, Bob Marley, Peter Tosh, Bunny Wailer, Desmond Dekker, Gregory Isaacs, Jimmy Cliff, Dennis Brown, Burning Spear, Toots, Sizzla, Marcia Griffiths, Ziggy Marley, Janet Kay, Yellowman, Jacob Miller, Beres Hammond, Freddie McGregor, Horace Andy, Cossone Dodd, John Holt, Ken Boothe, Gregory Isaacs, Shaggy...

According to Maxi Priest, artists like Burning Spear ‘touched people’s heart’ – validating ‘feelings about what your culture has been through ...’ (Maxi Priest recordings)

Acknowledgements

The authors acknowledge the valuable input of Maxi Priest.

References

American Occupational Therapy Association (AOTA). (2021). *AOTA’s Guide to Addressing Racial Discrimination in Occupational Therapy Education*. Bethesda, MD: American Occupational Therapy Association. Available at: <https://www.aota.org/-/media/Corporate/Files/AboutOT/DEI/Guide-Racial-Discrimination.pdf> (accessed: 11 June 2026).

- Araujo, F.N. (2023). Ganja and the laws of men: Cannabis decriminalisation and social (in)justice in Jamaica. *Contemporary Drug Problems*, 50(2): 202–216.
- British Heart Foundation. (2021). How your ethnic background affects your risk of heart and circulatory diseases. Available at: <https://www.bhf.org.uk/what-we-do/our-research/research-successes/risk-factors/ethnicity-and-heart-disease> (accessed: 21 April 2025).
- Churchwell, K., Elkind, M.S.V., Benjamin, R.M., Carson, A.P., Chang, E.K., Lawrence, W., Mills, A., Odom, T.M., Rodriguez, C.J., Rodriguez, F., Sanchez, E., Sharrief, A.Z., Sims, M. and Williams, O. (2020). Call to Action: Structural racism as a fundamental driver of health disparities: A Presidential Advisory from the American Heart Association. *Circulation*, 142(24): e454–e468. doi:10.1161/CIR.0000000000000936.
- Future Generations Commissioner for Wales. (2024). Beyond the present: Long-term thinking to reduce health inequalities. Available at: [https://www.futuregenerations.wales/...](https://www.futuregenerations.wales/) (accessed: 12 March 2024).
- Ghasemiesfe, M., Barrow, B., Leonard, S., Keyhani, S. and Korenstein, D. (2019). Association between marijuana use and risk of cancer: A systematic review and meta-analysis, *JAMA Network Open*, 2(11): e1916318 <https://doi.org/10.1001/jamanetworkopen.2019.16318>.
- Graham, S., Furr, S., Flowers, C. and Burke, M.T. (2001). Religion and spirituality in coping with stress, *Counselling and Values*, 46(1): 2–13.
- Hefferon, K., Grealy, M. and Mutrie, N. (2009). Post-traumatic growth and life-threatening physical illness: A systematic review of the qualitative literature. *British Journal of Health Psychology*, 14(2): 343–378. <https://doi.org/10.1348/135910708X332936>
- Jeffers, A.M., Glantz, S., Byers, A. L., and Keyhani, S. (2024). Association of cannabis use with cardiovascular outcomes among US adults. *Journal of the American Heart Association*, 13(5): 1161.
- Marmot, M. and Wilkinson, R. (2009). *Social Determinants of Health*. Oxford: Oxford University Press
- Office for National Statistics. (2021). Updating ethnic contrasts in deaths involving the coronavirus (COVID-19), England: 24 January 2020 to 31 March 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/24january2020to31march2021> (accessed: 29 September 2022).

- RCOT (Royal College of Occupational Therapy). (2022). Roots of recovery: Occupational therapy at the heart of health equity. Available at: <https://www.rcot.co.uk/support-the-profession/innovation/service-innovation/roots-of-recovery> (accessed: 2 June 2025).
- Shemesh, E. and Stuber, M.L. (2006). Posttraumatic stress disorder in medically ill patients: What is known, what needs to be determined, and why is it important? *CNS Spectrums*, 11(2): 106–117. <https://doi.org/10.1017/S1092852900010646>
- The King's Fund. (2023). *Ethnic inequalities in mortality in England: A complex picture requiring tailored, evidence-based responses*. London: The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/ethnic-inequalities-mortality-england> (accessed: 11 June 2026).
- United Nations. (2015). Transforming our world: the 2030 Agenda for Sustainable Development. Available at: <https://sdgs.un.org/2030agenda> (accessed: 12 March 2024).

© Open University Press