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Editorial

Human Exploitation Is NOT a Joke—So Don't Laugh!

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DEDICATION. This article is dedicated to all my overseas *Kababayans* around the world and to the loving memory of Victoria Guevarra Estacio—you will be missed.

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COMPETING INTERESTS: The author has been actively involved in organizing staged protests and calls for a public apology from the BBC and TAP.

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Abstract

In a previous article, I called for an open discussion and debate on health psychology perspectives on social and political issues relevant to health, in particular the issue concerning racism and the media (Estacio, 2009). In this article, I raise three topics for discussion which the controversial BBC 'Harry and Paul' sketch (un)intentionally exposed to the public domain: (1) racist humour, the media and health; (2) human rights abuses against domestic workers; and (3) third world poverty and labour migration. Its implications on health psychology theory, research and practice are also explored.

Keywords

- *abuse*
- *critical health psychology*
- *domestic worker*
- *exploitation*
- *human rights*
- *media*
- *migration*
- *racism*

It was a bright and sunny day. Mr Lovelock was standing outside his house and was greeted by the postman. Mr Lovelock appeared to be watching some kind of spectacle.

In his front lawn was a man named Clive. Still in his pyjamas, Clive was found sitting on a chair while a young girl gyrates in front of him in a lascivious manner. Clive seemed depressed.

Curious, the postman asked, 'what's going on here?'

'Not a lot I'm afraid', replied Mr Lovelock. 'Our chums up the road wanted to see if we can mate their Filipino maid with our Northerner—but he's not having any of it.'

The girl walked seductively in front of Clive, touched his hair and caressed his arm. 'So sexy...' she said.

'C'mon Clive, mount her!' shouted Mr Lovelock.

Clive remained unmoved.

Mr Lovelock called the girl and shouted, 'You, you, present your rear!'

The girl then obediently tapped her hips and wiggled in front of Clive.

Clive stared intently at her bottom.

Pleased with Clive's response, Mr Lovelock muttered, 'something might be happening ... that looks promising ...'

Clive then slowly stood up but then walked away in the opposite direction.

'Oh bugger!' exclaimed Mr Lovelock.

'Can I go back in Mr Lovelock?' asked Clive.

'Oh all right then, you useless bloody Northerner,' replied Mr Lovelock.

Mr Lovelock led Clive back into the house. He then instructed the girl, 'you, you, go home! Scram!'

The girl walked towards the pavement looking upset.

The postman then looked at her in a leering way and followed her. After catching up with her, the postman whispered something in her ear and they walked off together.

ON 26 SEPTEMBER 2008, the British Broadcasting Corporation (BBC) aired this clip as part of the comedy series 'Harry and Paul'. It was seen by more than 3 million viewers in the UK and was later posted on YouTube, which generated over 160,000

hits worldwide.¹ Outraged members of the Filipino community demanded a public apology from the BBC and the producers of the show, Tiger Aspect Productions (TAP) for inciting stereotyped racial discrimination, vulgarity and violation of the domestic workers' human rights (Philippine Foundation, personal communication, 8 October 2008). An online petition was launched and protests were staged by Filipino groups and their supporters. Members of the Philippine government, including the Congress, Senate and the Philippine Embassy in the UK, also issued similar demands to the BBC and TAP. On 17 October 2008, TAP chief executive Andrew Zein publicly apologized before members of the Filipino community who joined the silent protest in London.² BBC director general Mark Thompson also issued a letter of apology to Philippine Ambassador, to the UK Edgardo Espiritu, for the offence caused by the 'Harry and Paul' sketch.

As some may say, 'it is just a joke'—so why this reaction? Simple: because it is NOT a joke; it is a matter of dignity and human rights. The 'Harry and Paul' clip touched on some of the most appalling forms of human rights exploitation—issues that are too sensitive and life-threatening—that it should NEVER be accepted as a laughing matter in a civilized society.

Previously, I called for an open discussion and debate on health psychology perspectives on social and political issues relevant to health, in particular the issue concerning racism and the media (Estacio, 2009). In this article, I propose to raise three topics for discussion which the 'Harry and Paul' sketch (un)intentionally exposed to the public domain: (1) racist humour, the media and health; (2) human rights abuses against domestic workers; and (3) third world poverty and labour migration. Each will be discussed in turn in the succeeding sections and its potential implications on health psychology theory, research and practice will be explored.

Racist humour, the media and health

It is well established that racism contributes to ill-health among migrants, ethnic minority groups and indigenous peoples (Nairn, Pega, McCreanor, Rankine, & Barnes, 2006). Everyday experiences of discrimination have been shown to contribute to stress among ethnic minorities, which could potentially lead to chronic illnesses (Gee, Spencer, Chen, & Takeuchi, 2007). Strong associations between racial discrimination and common mental health problems

have also been reported (Bhui et al., 2005; Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006; Schulz et al., 2006). Interpersonal racism and perceived racism in the wider society were shown to increase the risk of developing psychiatric disorders, even after controlling for factors such as gender, age, socioeconomic status (Karlson, Nazroo, McKenzie, Bhui, & Weich, 2005), acculturative stress, family cohesion, poverty, self-rated health, chronic physical conditions and social desirability (Gee, Spencer, Chen, Yip, & Takeuchi, 2007).

Numerous studies have shown that the media can contribute to the marginalization and stigmatization of social groups through the way they are being portrayed (Nairn et al., 2006).

The representation of women among ethnic minority and cultural groups is particularly worrying. In a content analysis of 31 pornographic websites that depicted scenes of rape and torture of women, nearly half of the sites portrayed Asian women as the rape victim (Gossett & Bryne, 2002). It was also argued by Littlefield (2008) that the overabundance of portrayals of African American women as promiscuous sexual objects in popular culture poses serious misrepresentations and distortions of race, womanhood and sexuality. Unfortunately, as Littlefield (2008) pointed out, this remains unchallenged by minority groups and society in general and that the media had become a system of 'racialization' that depicts ethnic minority and cultural groups in a disadvantaged position.

The media's role in shaping social representations cannot be underestimated and concerns have been raised on how the media can potentially enhance or undermine our shared experiences of health and well-being (Hodgetts & Chamberlain, 2006a). The objectification of women as sex toys through the media is not a joke considering its potential risks to the health and safety of these women. Women from minority groups in particular face a double-jeopardy; that while women in general tend to experience sexual harassment more than men, women from ethnic minority groups are being targeted more than others (Berdahl & Moore, 2006). Figures also show that under-reporting of sexual abuse and rape among women from ethnic groups is far worse than their non-ethnic counterparts. For example, for every one white woman who reports rape, at least five other white women do not report theirs; but for every one African American woman who reports rape, at least 15 others do not report theirs (Hart & Rennison, 2003).

Racism is a sensitive matter and using humour through the media to provoke racist discourse is

inexcusably shameful. Humour is a social endeavour that reflects shared representations of our social schema. Communicating racist humour through the media poses serious implications on inter-racial relationships that can harm individuals and communities from both ends. As Lockyer and Pickering (2008, p. 809) argued:

Humour is far from trivial—it is integral to social relationships and social interaction. It may be taken in certain contexts as light-hearted banter, but in other contexts, it can injure people's social standing, or cut deeply into relationships and interaction between people within and across different social groups ... humour is not set dramatically in opposition to seriousness, not least because it can have serious implications and repercussions. Some forms of humour, as for example those involving sexist assumptions about gender roles and identities, are far from inconsequential.

An agenda for 'ethical humour' in the media is thus called for. 'Sexism, racism, homophobia, and other kinds of prejudice and bigotry', as Lockyer and Pickering (2008, pp. 817–818) argued, 'are not exonerated by their appearance in comic discourse ... but may be more effectively communicated, disseminated, and reinforced by being articulated under the wraps of comedy.' Indeed, it is a form of 'comic malice' (p. 811) as they called it. Ethics and aesthetics should lie at the heart of humour portrayed through the media and must recognize how such portrayals may *permit* and *legitimize* racist insults in society (Lockyer & Pickering, 2008).

Human rights abuses against domestic workers

The second issue concerning the controversial 'Harry and Paul' clip relates to its insensitive depiction and trivialization of human rights exploitation faced by migrant domestic workers. According to Home Office figures, over 86,000 domestic worker visas were issued for entry in the UK between 2002 and 2006 (Kalayaan & Oxfam, 2008). While migrant domestic workers are entitled to employment rights such as minimum wage and time off, the UK-based charity Kalayaan, which works for the welfare of migrant domestic workers, revealed that migrant domestic workers in the UK are being subjected to various forms of abuse and maltreatment, akin to slavery and bonded labour (Kalayaan & Oxfam, 2008). Kalayaan's database showed that out of the 312 users of their service, 26 per cent reported

physical abuse such as being slapped, kicked, beaten and spat at by their employers, sometimes even by their employer's children. Nearly three-quarters reported *psychological abuse*, such as being insulted, threatened and shouted at. Many also suffered from *poor living conditions*: 61 per cent did not have their own room, 43 per cent did not have their own bed, 70 per cent were not given meal breaks nor time off and 62 per cent were not allowed to go outside the house. At least 10 per cent also reported *sexual abuse*, a figure that is potentially higher considering the problem with under-reporting as discussed earlier. Many domestic workers were paid as little as 50 pence per hour and were made to work up to 16 hours a day (Kalayaan & Oxfam, 2008).

Around the world, migrant domestic workers are experiencing some of the worst forms of workplace abuse. Human Rights Watch (2006) provided a compelling account of some of the most atrocious cases of human rights violation against migrant domestic workers in their report, *Swept Under the Rug*. This document provided detailed descriptions of severe physical violence experienced by migrant domestic workers. Here is an extract taken from the report as an example:

twice I lost consciousness as a result of the beatings. The first time it was raining and there was a leak in the house and I forgot to put a bowl out [to catch the water]. She hit me with a mop. The second time, when I washed the clothes, the color ran and the employer hit me. I said I was sorry and that I would return the cost by deducting it from my salary, but she still hit me. She never sent me to see a doctor or to the hospital. Once I was hit by a wooden stick and she hit me until the stick broke. When I woke up late, after 5am, the employer would pour hot water on me, like if I woke up at 6am. (Titi Hasanah, Indonesian domestic worker quoted in Human Rights Watch, 2006, p. 1)

Testimonies of food deprivation were also reported where migrant domestic workers had to go without food for several days, sometimes forcing them to steal food because of starvation. Disturbing cases of sexual harassment and assault were also presented in the report:

when the lady went to drop off the children to the grandmother's house, the man would stay at home ... he raped me many, many times; once a day, every day for three months. He hit me a lot because I didn't want to have sex. I don't know what a condom is, but he used some tissues after

he raped me. (Zakiah, Malaysian domestic worker quoted in Human Rights Watch, 2006, p. 4)

The dominance of employers and the financial pressures and debts that force workers to become more dependent on their employers are relevant factors that need to be considered when analysing the power imbalances in the employer–employee relationship in domestic work. As mentioned earlier, some of these domestic workers experience forced confinement behind closed doors, which can contribute to feelings of helplessness, depression and social isolation leading to perceived and actual barriers that restrict their ability to seek help. As described by Human Rights Watch (2006, p. 4):

in most cases, the victims endured sexual violence because they were unable to escape, felt acute financial pressure to remain in their jobs, or were under threat of greater harm if they did report. Workers who did not denounce their victimizers were often fired and, in the case of migrant domestic workers, immediately repatriated.

As with the case of migrant domestic workers in the Middle East, barriers included severe delays in getting access to interpreters, legal aid or consular assistance (Black, 2008; Manseau, 2006). Many also do not seek the justice they deserve since they fear counter-accusations of witchcraft, theft or adultery, which are punishable by up to 10 years' imprisonment and 60 to 490 lashes (Black, 2008).

There is an exceptional case however of a brave migrant domestic worker who fought for her dignity and human rights after being subjected to traumatic sexual abuse. This girl's name is Sarah Balabagan.

The case of Sarah Balabagan

Sarah was only 15 years old when she travelled to the United Arab Emirates to work as a domestic helper. Several weeks after her arrival, Sarah was jailed without bail for killing her employer, Mohamed Abdullah Baloushi. During the trial, Sarah pleaded that Baloushi repeatedly attempted to rape her and at knife-point, he brutally managed to undertake his vicious act on 19 July 1994. In self-defence, Sarah grabbed the knife from him and stabbed him to his own death. Sarah was sentenced to seven years in prison and was ordered to pay Baloushi's family \$41,000 in *diyah*, or 'blood money' (Tesoro & Lopez, 1996). Sarah's sentence was preceded by the then recent execution of another Filipino domestic worker in Singapore, Flor Conemplacion, and efforts were made to salvage Sarah's

case. However, instead of easing Sarah's sentence, the court convicted her of murder during the retrial and she was therefore sentenced to death (Kalayaan, 1995). Sarah's case attracted significant media and political attention, which provoked widespread protests among Filipinos worldwide. After diplomatic negotiations between Philippine President Fidel V. Ramos and UAE President Sheikh Zayed bin Sultan Al-Nahayan, Sarah's sentence was lowered to one year in jail and 100 lashes. Sarah returned to the Philippines with a hero's homecoming in August 1996. The Government has also set aside \$46,000 for her education and she was offered a job in Malacañang, the presidential palace (Tesoro & Lopez, 1996).

Not all migrant domestic workers however who suffered from abuse and exploitation are able to return to their families. Unlike Sarah, some migrant domestic workers return home in boxes—*as cold, lifeless, and battered bodies*—just like the forgotten case of Elisa Salem.

The case of Elisa Salem

Elisa Salem, a Filipino domestic worker in Jordan, died at the age of 26 after allegedly jumping out of the house of her abusive employer, Majoda Tawfig. Elisa's body was returned to the Philippines on the very same flight that brought Sarah home. Elisa's unsent letters to her family that came along with her dead body revealed her ordeal as she narrated how she was beaten every day, made to crawl on the cemented floor, worked 18 hours a day and was never paid for her labour. She suffered from psychological abuse by being called a prostitute and was made to work around the house with only her underwear on. Elisa's family was not convinced that she committed suicide. When her body was returned to the Philippines, investigators could not determine the cause of Elisa's death because her corpse did not contain her vital organs (Distor, 1996).

Elisa's case is not an isolated case of unaccounted deaths among migrant Filipino workers. A report from the Department of Labour and Employment in the Philippines revealed that 1224 bodies of overseas Filipino workers have been repatriated between 1996 and 2001, all of which died from 'unknown circumstances' (Bengwayan, 2001, as cited in Aguinas & Ruiz, 2007). Dead bodies of domestic workers employed in Taiwan and Hong Kong in particular bore deep cuts and bruises (Bengwayan, 2001, as cited in Aguinas & Ruiz, 2007). In Lebanon, it was reported that at least one migrant domestic worker dies each

week—by suicide or by accident—in an attempt to escape from their employers (BBC, 2008).

Despite these figures, migrant workers continue to leave their countries in search of greener pastures elsewhere. In 2007, over a million Filipinos left the country to work overseas (Philippine Overseas Employment Administration, 2007). In the next section, I will discuss the issue of labour migration and its social and economic implications on health and well-being.

Third world poverty and labour migration

There are an estimated 86 million active migrant workers worldwide (ILO, 2004). Migrant workers contribute to the economic and social development of both their origin and destination countries by supplying the demand for labour and increasing the demand for goods and services (ILO, 2008). Migrant communities also help strengthen international ties by promoting transfer of knowledge, skills, technology and capital (UN, 2008). Remittances sent by migrant workers in particular have made significant contributions to the global economy. In 2007, recorded remittance flows were estimated at US\$318 billion, of which US\$240 billion went to developing countries (see Table 1). This figure excluded transmissions through informal channels and thus the actual volume of remittances would be significantly larger (Ratha, Mohapatra, Vijayalakshmi, & Xu, 2007).

Many developing countries rely on remittances sent by migrant workers and are considered the largest source of external financing for some of these countries. Among the top recipients of remittances in 2007 included India (US\$27bn), China (US\$25.7bn), Mexico (US\$25bn) and the Philippines (US\$17bn). In some countries such as Tajikistan and Moldova, migrant workers' remittances accounted for over a third of their GDPs (World Bank, 2008).

The costs of labour migration

While there are economic benefits to be gained from labour migration, the vast emigration of highly skilled workers from developing countries poses serious challenges, especially in crucial sectors such as health care and education (UN, 2008). For example, in small countries such as Grenada and Dominica, 97 per cent of the total number of physicians trained in these countries left in the year 2000 (Docquier & Bhargava, 2006, as cited in the World Bank, 2008). This has grave implications on the country's social and

Table 1. Remittance in-flows (US\$ billion)

	Year						Change 06–07 (%)	Change 02–07 (%)
	2002	2003	2004	2005	2006	2007 ^e		
<i>Developing countries</i>	116	144	161	191	221	240	8	107
East Asia and the Pacific	29	35	39	47	53	58	10	97
Europe and Central Asia	14	17	21	29	35	39	10	175
Latin America and the Caribbean	28	35	41	49	57	60	6	115
Middle-East and North Africa	15	20	23	24	27	28	7	86
South Asia	24	30	29	33	40	44	10	81
Sub-Saharan Africa	5	6	8	9	10	11	5	116
<i>High income OECD countries</i>	53	60	67	68	72	74	3	40
<i>High income non-OECD countries</i>	1	2	3	4	4	4	1	298
<i>Total</i>	170	206	231	263	297	318	7	87

Source: Ratha et al. (2007, p. 1).

economic progress, which can perpetuate a downward spiral of underdevelopment.

The contributions of labour migration to social transformations occurring in both origin and destination countries are also worth examining. While celebration of ethnic diversity and wider understanding of cultural beliefs and traditions can be promoted in the process, the rise of political extremist movements espousing racism and xenophobia is a worrying occurrence in some host nations (ILO, 2004). In England and Wales for example, the British Crime Survey Report estimated 179,000 racially motivated crimes between 2004 and 2005 (Jansson, 2006). The media are also being used to promote racist values and propaganda. In a discourse analysis of the British National Party’s (BNP) website, an extreme right political party in the UK, it was suggested that supporters are being involved in the discursive construction of racism by drawing on post-colonial notions of the ‘Other’ where racist activities advocated in the website were being justified as responses to racism practised by the ‘Other’ (Atton, 2006). The proliferation of racist clips in the media, such as the ‘Harry and Paul’ sketch, reflects some of the racist values that exist in society. Materials broadcasted through the media are not created out of nowhere. Whether it is factual or fictional, the values expressed in these materials will have to come from somewhere within society.

Migrant workers and their families also carry the heavy load of emotional burden brought about by labour migration. Broken homes and communities are the hidden costs of labour migration, which are being borne by a generation of children who

have been left behind by their parents who are on the quest for decent work overseas. Mothers and fathers are being separated from their children; husbands are being separated from their wives; happy families are being torn apart. Depression is being felt by those who leave and those who have been left behind; hugs and kisses are being missed; and traditional family holidays are becoming painful reminders of the excruciating emptiness and isolation they are facing. Months, years and for some, even decades, are being counted before that long-awaited reunion finally arrives. For some, these reunions may never happen. Sometimes, it can be too late. Life goes on and death may suddenly pass. Forget about culture shock and racial discrimination—it is the pain of being separated from those you love that is perhaps what hurts migrant workers the most. The loneliness of isolation and separation—it is universal.

Socioeconomic and political influences on labour migration

There are a number of reasons why people migrate. The International Labour Organization listed the following as important factors that influence current trends in labour migration (ILO, 2004, p. 3):

- Poverty, wars, famine and repression;
- Population pressures on scarce natural resources;
- Growing wage or income inequality between poor and rich countries;
- Rapid ageing and labour shortages in a number of countries;
- Accelerating urbanisation;

- Rapidly declining cost of travel and communication;
- Increasing linkages among countries through trade and tourism;
- Denial of human rights in some countries; and the
- Formation of networks established by previous migrants.

Neo-liberal economic policies also have a significant role to play in the surge of migrant workers from developing countries (ILO, 2004). Free trade that undercut domestic markets contributes to job losses in local industries. Structural adjustment programmes imposed in these economies that restrict public spending on social 'safety nets' that help those affected by growing levels of unemployment put the labour market and government support under severe pressure, which encourages workers to move overseas to look for employment opportunities. The irony of it all, as Pangalangan (2008, p. 1) argued, is that:

whenever these wealthy states speak of a globalised economy, they speak so grandly about the mobility of capital and the free, borderless trade of goods. Then suddenly when we speak about the mobility of labour, they suddenly invoke the language of immigration.

In Secretary Ban Ki-moon's address to the Second Global Forum on Migration and Development in Manila on 29 October 2008, it was recognized that the tightening of migration through legislative measures will only worsen the problem with illegal immigration and human trafficking. The ILO (2004) estimated that between 10 to 15 per cent of migrants are in irregular status. These migrant workers are those who face the gravest risks from human exploitation since they are the ones who are most often excluded from labour and social rights (ILO, 2004, 2008). Women and girls in particular who have been recruited illegally for domestic work are the most vulnerable to human trafficking and may be subjected to the worst forms of human rights exploitation and forced slavery (Human Rights Watch, 2006).

The recently proposed points-based system (PBS) among migrant domestic workers in the UK is an example of an immigration policy that can pose real threats to the safety and welfare of migrant workers (Kalayaan & Oxfam, 2008). Under the proposed scheme, domestic workers will be allowed to enter the UK as 'domestic assistants' on a modified business visitor visa. Under these conditions, they will only be allowed to stay for six months, will be unable to change employers and will have no protection

under employment law. These arrangements will inevitably heighten the domestic worker's dependency on the employer and will only worsen the uneven power relation that already exists between employers and domestic workers.

Protecting the rights of migrant workers

Migrant workers are entitled to the same basic human rights as everybody else and measures need to be in place to ensure that these rights are protected. The ILO (2008) emphasized that development gains from migration and the protection of the rights of migrant workers should be inseparable. It is in the best interests of destination countries to protect the rights of migrant workers since unregulated employment and labour conditions will only harm local workers by undercutting pay and working conditions. The first Global Forum on Migration and Development held in Brussels in 2007 raised migrant workers' human rights as a key topic for discussion. The second forum held in Manila the following year pursued this theme with the recognition that the protection of the human rights of migrant workers should be a shared responsibility between countries of origin and countries of destination. The term 'development' used in this forum relates to socioeconomic, cultural and political development that will allow migrant workers and their families to maximize their human potential and capabilities. This is a promising start; it is hoped that concrete actions will follow through.

Implications on health psychology theory, research and practice

I am a health psychologist—what has all this got to do with me? In a recent open-peer commentary in the *Journal of Health Psychology*, Hepworth (2006) discussed the emergence of critical health psychology and how it can contribute to the promotion of public health. *Critical health psychology* (CHP) is one of the four evolving approaches within health psychology that is concerned with 'the analysis of how power, economics and macro-social processes influence health, health care, and social issues, and the study of the implications for the theory and praxis of health work' (Marks, 2002, p. 12).

Recent discussions within the critical health psychology literature called to *widen the scope* of health psychology to encompass micro to macro levels of intervention (Vinck, Oldenburg, & von Lengerke, 2004); to adopt a *pluralistic approach* that utilizes

multiple theoretical perspectives, research strategies, skills and competencies (Marks, 2006); to *avoid methodology* (Chamberlain, 2000); to bring issues of *power and social injustice* to the fore (Campbell & Murray, 2004; Marks, 1996, 2002, 2008; Prilleltensky & Prilleltensky, 2003); and to *act* and utilize our theories and methods to help improve the health of the world's marginalized and dispossessed (Murray & Campbell, 2003). With ethics at its core, CHP can bring promising contributions in understanding health inequities and social injustice and its impact on health and well-being (Hepworth, 2006).

With regards to the issue concerning racism and the media, critical health psychologists can engage in research that examines how the media can influence the wider determinants of health and its processes and outcomes. As Hodgetts and Chamberlain (2006b, p. 324) argued:

health psychologists need to utilize understandings of mediation as the basis for generating a more complete research agenda on media health for promoting wider public deliberation over social determinants of health, for building civic participation and for cultivating support for initiatives aimed at addressing these concerns ... health psychologists serious about social justice must address the power of the media to identify and frame public concerns and relationships. This involves 'surfacing' and contesting oppressive media narratives through processes of 'conscientization', media advocacy and engagement with civic journalists.

There is also a need to examine critically racist humour and how it operates in society. Humour is a form of social interaction that reflects the social values and representations held in a given time and place. As Lockyer and Pickering (2008, pp. 809–813) expressed:

what is found funny, and why, is spatially and temporally specific. Trying to understand this can tell us much about social identities and values in space and across space and in time and over time ... humour and comedy can easily descend into ridicule and mockery. Who has been chosen as the comic targets of ridicule and mockery and what lies behind these choices need to be seriously investigated if we are to move towards a more sensitive ethical consideration of cultural representations in public forms of humour.

Discourse analysis is a useful research methodology readily available within the psychological literature to examine how language is used in the social

construction of our shared 'social realities' (Parker, 1992; Willig, 1999). Discourse analysis provides the opportunity to deconstruct language as a social tool to help us better understand the nature, purpose, processes and implications of discourse making on the way people think, feel, behave and experience the socially constructed reality. *Foucauldian discourse analysis* (FDA) in particular, can help generate insights into the implications of discourse making on action orientation, positionings, practice and subjectivity and expose the ways in which language is used—and in this case through humour—to legitimate and perpetuate uneven power relations in society (Willig, 2001). In terms of health promotion and community participation, Stephens (2007) argued that the analysis of power relations is particularly important when it comes to understanding shared identities within communities.

Critical health psychologists can also engage in participatory action research (PAR) to help improve the health and well-being of vulnerable communities and to advocate the promotion of social justice. Murray and Campbell's (2003) *call to action* is a recognition that it is not enough to simply state that there is a problem—we need to engage in social action ourselves and become facilitators of change. As Murray and Poland (2006, p. 383, emphases added) argued:

Critical health psychology is not content with merely describing reality, but rather seeks to transform reality. As agents of change, critical health psychologists define themselves not as *scientist-practitioners* but rather as *scholar-activists* ... we challenge oppression in its many forms and we participate in movements for social justice. It is through this broader work that we can expose the impact of social inequities on health and can contribute to the building of a healthier society.

Indeed, we need to move beyond the confines of our academic circles, engage with the wider society and facilitate research that can be used to stimulate action to promote positive social change (Estacio, 2006). While the media can be discriminating, the media too can be used to challenge discrimination. As critical health psychologists, we can work with media analysts and progressive journalists to counter racist values in society by engaging in media dialogue and advocacy. In collaboration with socio-civic organizations such as Kalayaan, we can also facilitate participatory action research type of projects that can help migrant domestic workers to strengthen their personal skills, knowledge and capabilities to enable them to protect and promote their own

human rights. We can also systematically review previous case studies and research on the experiences of migrant workers in general to design psychological interventions that can help them to cope with stress, isolation, separation and depression. We can also examine the impact of immigration policies on the health and welfare of migrant workers and ensure that our research is as publicly available as possible so it can be used to inform and mobilize action if necessary.

There is so much that we can offer as health psychologists. As Marks (2002, p. 15) wrote:

Critical health psychology is concerned with the political nature of all human existence, admits compassion in theory and practice, values freedom of thought and is aware of social interdependence of human beings as actors. The context for study is the whole of society, government and commerce. In particular, it is concerned with the impact of power structures as facilitators or barriers to achieving health ... It focuses on the aspiration of health promotion programmes that claim to be working towards all people taking equal share of life chances, opportunities and resources for health. Through the use of theoretical analysis, critical thinking, social and political action, advocacy, and leadership skills, the critical health psychologist draws attention to issues that warrant reparation and takes action thereon to amend the situation or at least give it a higher profile.

This was my agenda for writing this article. As discussed here, racist humour in the media, human rights exploitation against migrant domestic workers and third world poverty and labour migration, are some of the issues raised in the controversial 'Harry and Paul' clip that warrant discussion, debate and action. As an academic discipline, what are our standpoints and how will we respond? Will we rise to the challenge and participate in social action to address the social injustices discussed here? The health and well-being of millions are at stake. Human exploitation is NOT a joke—I certainly hope nobody is laughing now.

Notes

1. To view the 'Harry and Paul' sketch online, please visit: <http://uk.youtube.com/watch?v=bHEHNu6ZQz8>
2. A video clip of Tiger Aspect Production's apology can be viewed at: <http://www.onephilippines.co.uk/videos/taps/Tiger%20Aspect%20Production%20Apology.mpg>

References

- Aguinas, D. R., & Ruiz, N. G. (2007). *Protecting overseas workers: Lessons and cautions from the Philippines*. http://www.migrationpolicy.org/pubs/MigDevInsight_091807.pdf (accessed 28 October 2008).
- Atton, C. (2006). Far-right media on the Internet: Culture, discourse and power. *New Media and Society*, 8, 573–587.
- BBC. (2008). *Lebanon deaths cause alarm*. http://news.bbc.co.uk/2/hi/middle_east/7582410.stm (accessed 25 October 2008).
- Bengwayan, M. A. (2001). When Filipino maids return home in coffins. *New Straits Times*, 7 March. <http://www.encyclopedia.com/doc/1P1-82592078.html>
- Berdahl, J. L., & Moore, C. (2006). Workplace harassment: Double jeopardy for minority women. *Journal of Applied Psychology*, 91, 426–436.
- Bhui, K., Stansfeld, S., McKenzie, K., Karlsen, S., Nazroo, J., & Weich, S. (2005). Racial/ethnic discrimination and common mental disorders among workers: Findings from the EMPERIC study of ethnic minority groups in the United Kingdom. *American Journal of Public Health*, 95, 496–501.
- Black, I. (2008). *Human rights: Saudis treat domestic staff like 'virtual slaves'*. <http://www.guardian.co.uk/world/2008/jul/09/saudi-arabia-humanrights> (accessed 24 October 2008).
- Borrell, L. N., Kiefe, C. I., Williams, D. R., Diez-Roux, A. V., & Gordon-Larsen, P. (2006). Self-reported health, perceived racial discrimination, and skin color in African Americans in the CARDIA study. *Social Science and Medicine*, 63, 1415–1427.
- Campbell, C., & Murray, M. (2004). Community health psychology: Promoting analysis and action for social change. *Journal of Health Psychology*, 9, 187–195.
- Chamberlain, K. (2000). Methodolatry and qualitative health research. *Journal of Health Psychology*, 5, 285–296.
- Distor, E. (1996). *A very sad homecoming*. <http://cpcabrisbane.org/Kasama/1996/V10n3/Homecoming.htm> (accessed 24 October 2008).
- Docquier, F., & Bhargava, A. (2006). The medical brain drain: A new panel data set on physicians' emigration rates (1991–2004), as cited in the World Bank (2008). *Migration and Remittances, Factbook 2008*. <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21352016~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html> (accessed 25 October 2008).
- Estacio, E. V. (2006). Going beyond the rhetoric: The movement of critical health psychology towards social action. *Journal of Health Psychology*, 11, 347–350.
- Estacio, E. V. (2009). Editorial: Media exploitation, racism and health. *Journal of Health Psychology*, 14, 155–157.
- Gee, G. C., Spencer, M. S., Chen, J., & Takeuchi, D. (2007). A nationwide study of discrimination and chronic health conditions among Asian Americans. *American Journal of Public Health*, 97, 1275–1282.

- Gee, G. C., Spencer, M., Chen, J., Yip, T., & Takeuchi, D. T. (2007). The association between self-reported racial discrimination and 12-month DSM-IV mental disorders among Asian Americans nationwide. *Social Science and Medicine*, *64*, 1984–1996.
- Gossett, J. L., & Bryne, S. (2002). 'Click here': A content analysis of Internet rape sites. *Gender and Society*, *16*, 689–709.
- Hart, T. C., & Rennison, C. (2003). *Reporting crime to the police, 1992–2000, special report*. Washington, DC: US Bureau of Justice Statistics.
- Hepworth, J. (2006). The emergence of critical health psychology: Can it contribute to promoting public health? *Journal of Health Psychology*, *11*, 331–341.
- Hodgetts, D., & Chamberlain, K. (2006a). Media and health: A continuing concern for health psychology. *Journal of Health Psychology*, *11*, 171–174.
- Hodgetts, D., & Chamberlain, K. (2006b). Developing a critical media research agenda for health psychology. *Journal of Health Psychology*, *11*, 317–327.
- Human Rights Watch. (2006). *Swept under the rug: Abuses against domestic workers around the world*. http://hrw.org/campaigns/women/2006/domestic_workers/index.htm (accessed 19 October 2008).
- International Labour Organization (ILO). (2004). *Towards a fair deal for migrant workers in the global economy*. ILO Migrant Report 2004 for the 92nd International Labour Conference, Geneva, June.
- International Labour Organization (ILO). (2008). Migration, human rights and development. Background paper on the Global Forum on Migration and Development, Manila, 27–30 October.
- Jansson, K. (2006). *Black and minority ethnic groups' experiences and perceptions of crime, racially motivated crime and the police: Findings from the 2004/05 British Crime Survey: Online report 25/06*. <http://www.homeoffice.gov.uk/rds/pdfs/06/rdsolr2506.pdf> (accessed 19 October 2008).
- Kalayaan. (1995). *Sarah Balabagan, a Filipina domestic worker, has been condemned to death by a court in the United Arab Emirates*. <http://www.hartford-hwp.com/archives/54a/017.html> (accessed 28 October 2008).
- Kalayaan & Oxfam. (2008). *The new bonded labour?* http://www.oxfam.org.uk/resources/ukpoverty/downloads/bonded_labour_full_report.pdf (accessed 24 October 2008).
- Karlson, S., Nazroo, J. Y., McKenzie, K., Bhui, K., & Weich, S. (2005). Racism, psychosis and common mental disorder among ethnic minority in England. *Psychological Medicine*, *35*, 1795–1803.
- Littlefield, M. B. (2008). The media as a system of racialization. *American Behavioral Scientist*, *51*, 675–685.
- Lockyer, S., & Pickering, M. (2008). You must be joking: The sociological critique of humour and comic media. *Sociology Compass*, *2*, 808–820.
- Manseau, G. S. (2006). *Contractual solutions for migrant labourers: The case of domestic workers in the Middle East*. http://www.nottingham.ac.uk/shared/shared_hrlc/pub/HRLC_Commentary_2006/manseau.pdf (accessed 25 October 2008).
- Marks, D. F. (1996). Health psychology in context. *Journal of Health Psychology*, *1*, 7–21.
- Marks, D. F. (2002). Freedom, responsibility and power: Contrasting approaches to health psychology. *Journal of Health Psychology*, *7*, 5–19.
- Marks, D. F. (2006). The case for a pluralist health psychology. *Journal of Health Psychology*, *11*, 367–372.
- Marks, D. F. (2008). The quest for meaningful theory in health psychology. *Journal of Health Psychology*, *13*, 977–981.
- Murray, M., & Campbell, C. (2003). Living in a material world: Reflecting on some assumptions of health psychology. *Journal of Health Psychology*, *8*, 231–236.
- Murray, M., & Poland, B. (2006). Health psychology and social action. *Journal of Health Psychology*, *11*, 379–384.
- Nairn, R., Pega, F., McCreanor, T., Rankine, J., & Barnes, A. (2006). Media, racism, and public health psychology. *Journal of Health Psychology*, *11*, 183–196.
- Pangalangan, R. (2008). *Passion for reason: OFWs: Expatriates with less rights*. <http://opinion.inquirer.net/inquireropinion/columns/view/20081031-169383/OFWs-Expatriates-with-less-rights> (accessed 31 October 2008).
- Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. London: Routledge.
- Philippine Overseas Employment Administration. (2007). *Overseas employment statistics*. <http://www.poea.gov.ph/stats/stats2007.pdf> (accessed 25 October 2008).
- Prilleltensky, I., & Prilleltensky, O. (2003). Towards a critical health psychology practice. *Journal of Health Psychology*, *8*, 197–210.
- Ratha, D., Mohapatra, S., Vijayalakshmi, K. M., & Xu, Z. (2007). *Remittance trends 2007*. Migration Development Brief 3, Development Prospects Group, Migration and remittances team, 29 November.
- Schulz, A., Gravlee, C. C., Williams, D., Israel, B. A., Mentz, G., & Rowe, Z. (2006). Discrimination, symptoms of depression, and self-rated health among African American women in Detroit: Results from a longitudinal analysis. *American Journal of Public Health*, *96*, 1265–1270.
- Stephens, C. (2007). Using social theory to understand participation in community health promotion. *Journal of Health Psychology*, *12*, 949–960.
- Tesoro, J. M., & Lopez, A. (1996). *A nightmare finally ends: Balabagan returns as a symbol of injustice*. <http://www-cgi.cnn.com/ASIANOW/asiaweek/96/0816/nat3.html> (accessed 11 November 2008).

- UN. (2008). *International migration and development: Report of the Secretary-General*. United National General Assembly, 63rd session, 11 August.
- Vinck, J., Oldenburg, B., & von Lengerke, T. (2004). Editorial: Health psychology and public health—bridging the gap. *Journal of Health Psychology*, 9, 5–12.
- Willig, C. (1999). *Applied discourse analysis: Social and psychological interventions*. Buckingham: Open University Press.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Buckingham: Open University Press.
- World Bank. (2008). *Migration and remittances factbook 2008*. <http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDECPROSPECTS/0,,contentMDK:21352016~pagePK:64165401~piPK:64165026~theSitePK:476883,00.html> (accessed 25 October).

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