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## Intercultural Negotiations Over a Newborn: The Case of Persians in the United Kingdom

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### Introduction

The focus of studies on immigrant families in the UK has been on the intergroup partnering relationships of those who arrived in the country *en masse* since the 1950s, following the colonial era and world wars (Benson 1981; Young 1995). Previous studies in the UK have focused on South Asians (see a volume of Global Network edited by Shaw and Charsley 2006a, b; Becher 2008; Charsley 2013) and black immigrants of African or American descent (see Pasura 2008; Phoenix and Owen 2000), most likely because they constitute much higher numbers of immigrants and are more visible. The Persian immigrants<sup>1</sup> in the UK are relatively few and, therefore, they have been under-represented in the literature. However, the unique history of immigration and cultural characteristics of these people make research on their family practices valuable. More especially, their religious background (i.e. Shia Islam) differs from what the majority of Muslim communities in the UK (i.e. Sunnis) adhere to. We know very little

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about the conditions of their family lives, in general; or about their intercultural partnering relationships, in particular.

This chapter is based on research that investigated partnering relationships across cultures, involving Persian immigrants to the UK and non-Persians. The study examined intercultural partnering practices to derive a clearer picture of the intersection of cultural differences such as gender, religion, language, life course, and generation that shape partnering practices in multicultural societies. I interviewed 36 Persians who had experienced at least one partnering relationship with a member of a non-Persian social group. In the following paragraphs I unpack the intersection of generation, religion, and gender in matters related to a newborn highlighted by most participants. I first explore the theoretical and methodological background of the chapter. This chapter is based on a critical account of the reflexive modernization theory. An intersectional analysis of negotiations over the main challenges participants faced at the birth of a child are provided next. I argue that religion is the most significant factor that shapes practices such as choosing a name, baptizing, and circumcising a newborn. These negotiations are intergenerational, so I indicate that grandparental interventions were challenging in these unions. At the end of the chapter I return to the broader question of how these relationships may operate under the conditions of detraditionalization and individualization, the two main components of reflexive modernization theory. In this sense, I consider Smart and Shipman's (2004) argument that traditions are subject to change and alteration, but the process of negotiations regarding traditional practices and values and their readjustment is occurring across generations.

## Theoretical Background

This research was driven by the reflexive modernization theory that has been the salient grand theory most discussed in the existing British literature on sociologies of families and relationships (for the original theoretical discussion see Giddens 1991, 1992; Beck 1992; Beck and Beck-Gernsheim 1995, 2002, 2014; Beck et al. 1994, 2003; Beck-Gernsheim 2002). I adopt a critical approach toward the theory's two

core notions of individualization and detraditionalization. My approach is based on earlier critiques that tradition remains distinctively important in defining people's everyday lives (Smart and Shipman 2004; Gross 2005; Smart 2007), and individuals' biographies are still extensively bound by economic and socio-political structures (Jamieson 1998, 1999). Most critiques do not entirely reject all claims of reflexive modernization; however, they argue that it exaggerates the extent of social change in late modernity. Nevertheless, the theory provides important sociological ideas, such as indicating the way in which people negotiate their family and personal relationships, which should not be divorced from the field.

Criticizing reflexive modernization theory, Smart and Shipman (2004), who investigated marital obligations within minority Irish, Indian, and Pakistani communities in the UK, suggest that the traditional values of immigrant families in the UK operate through constant negotiation and adjustment. Furthermore, they point out that, because of the immigration experience and geographical boundaries, the traditions of immigrant families may have different extents of significance. Hence, they argue that the members of immigrant families may embrace some traditions while breaking others. Nevertheless, Smart and Shipman (2004) conclude that immigrants are committed to both holding onto their traditions and alert them. They argue that this manner must be perceived regarding generational relationships, and as a process of negotiation and change across immigrant cohorts. Thus, they suggest that the culture, context, and complexity of the social group under observation must be considered. I find this perspective of the reflexive modernization useful in analysing the practices related to the newborns in our study.

The analysis is also informed by the idea of intersectionality and the assumption that the intersection of generation as a source of cultural differences, as well as gender and religion, can shape the practices related to a newborn. The core idea of the intersectional approach is that centring feminist scholarship and wider practices on one category, such as gender, produces a simplistic and overgeneralized understanding of inequalities, discriminations, and/or oppressions against women. Thus, in response, a multidimensional analysis of axes of social division was suggested. The theory argues ways that different categories of social divisions operate in parallel and reinforce each other (Andersen 2005). These categories

inform each other and may produce different meanings in different contexts, circumstances, or historical moments (see Smooth 2010; Risman 2004). The concept of intersectionality offers a richer and more complex understanding of social divisions than approaches that focus on one form of social differences per study. Arguably, the one-category approach fails to capture the reality of life and thus cannot truly grasp how multiple sources of difference may produce both advantages and disadvantages for a certain group of people at the same time. Through this theory's lens, it is possible to understand the importance of and investigate the interplay of categories of differences in the construction of practices related to a newborn.

## Methodology

I interviewed 36 Persians who had experienced at least one partnering relationship with those who they considered as non-Persians. Because my goal was to obtain deeper insights into the construction of intercultural partnering practices, I used qualitative interviewing. I conducted semi-structured interviews as this method could allow me to guide the interview process and ask relevant questions that were conceptually related to the objectives of the research while remaining flexible in listening to the participants' narratives about their partnering experiences. It could be argued that semi-structured interviewing gave participants the freedom to explain their personal experiences and understandings of their practices and to talk about what was important to them.

In line with my analytical approach, my sampling strategy was theoretically informed and was based on components of Persian cultural identity, including gender and religion. The primary reason for theoretical sampling was to select participants who would provide data that would help to advance theoretical propositions. In this sense, the range of interviewees selected was adequate to the type of social explanation I aimed to develop.

It is evidenced that the number of Persian women in the UK is about one-third the number of Persian men (see Spellman 2004 and Kyambi 2005). This ratio is represented in my sample size. The women who

agreed to participate, made important contributions about their experiences and the average length of the interviews with the women was 100 minutes (about 20 minutes longer than the average length of the interviews with the men). Thus, not only does the number empirically reflect the gender ratio of the target population; it is adequate in the context of qualitative research in order to theoretically represent the overall target population.

Religion was assumed to be a major cultural component that could be significant to shaping people's lives. However, conceptualizing the extent of religious attachment is complicated. Religiosity can be multidimensional and its dimensions can interact in numerous ways. Moreover, religiosity can vary across one's life course. Many scholars have attempted to conceptualize and measure types or modes of religiosity—for recent conceptual developments, see Whitehouse (2002) and Atkinson and Whitehouse (2011), who provide socio-political and cross-cultural analyses of religiosity. Considering these dimensions, an individual could be a believer but not practice; on the other hand, an individual could practice, but have little sense of connectedness to the religion or feel strongly about it. My interest was investigating the ways that various partnering practices could be informed and shaped by religious teachings. In this sense, I chose three categories of religiosity to examine in the study: (1) religious participants who were practicing; (2) non-religious participants who self-identified as non-believers but were born into Shia families, and (3) partially religious participants, those who were in between, most of whom believed in the core ideas of Shiaism but did not practice most of the religious rituals.

My sampling strategy was to recruit equal numbers of these three categories of religiosity to obtain a clear picture of the influence of religion on partnering practices. Although religious participants were one-third of my sample, all the non-religious and partially religious participants had something to say about religious practices. They talked about the influence of religious values and teachings on their partnering experiences and provide reasons as to why they did not observe certain rituals. In this sense, religion did play a part in shaping their partnering practices at least to some extent.

## Intersectional Analysis of Data

It could be argued that cultures advocate certain rituals upon the birth of a child. Some do not have tangible consequences and/or require long-term commitments. In the case of this research, the intercultural partners did not usually oppose these rituals strongly. For instance, there is an Islamic tradition of saying *Shahadatain* (the two testimonials that declares ‘There is no god but Allah and Muhammad is the messenger of Allah’) in an infant’s ear. This performance did not raise a major objection among the couples studied, because according to the participants it did not cost anything, or have tangible consequences. However, some cultural practices upon the birth of a child do have physical and/or long-term implications. Three of them were subject to massive negotiations between the couples and their relatives in this study. These include the naming, baptizing, and circumcising of a child, which will be explained below.

### Naming of a Child

The initial practice that present challenges for the couple studied was naming a newborn. Within these unions, the discussion around naming a child was intensive and could lead to tension, because a child’s name could potentially carry some cultural meanings that concern the parents, grandparents, and their wider family and community members. In this sense, the naming of a child had to be negotiated across generations, and required compromise. According to the data, the participants’ gender identity did not meaningfully affect the ways in which they chose to name their newborns, however, their commitment to the religion shaped their decisions so that negotiations were needed.

The participants sometimes chose two names as the first and middle names, one in Persian, and the other in the native language of the other parent. In other cases, however, partners had to negotiate a resolution. They first had to choose a name that could be pronounced easily by both Persians and those who spoke in the partners’ native language, because it was important for both families that they could pronounce the name of their child. Some said that they chose a Persian name because a foreign

name was a fantasy or luxury for their partners. Some made a safe choice by choosing an interculturally popular name such as Rose or Elizabeth (also related names such as Isabel, Isabella, and Isabelle). Alternatively, names that had good meanings in both languages were chosen. For example, Dara is a given name in both Persian and Irish, and also is mentioned in the Old Testament, or Arman is a Persian derivative of the name Herman in Dutch and English.

For some religious participants, the solution was to find a name that was respected in Abrahamic religions, namely biblical names such as Josef and David, which are known and appreciated in both Islam and Christianity. For those religious participants, whose partners had converted to Islam or already had a Muslim background, Islamic names were agreed on in their Arabic forms, namely those names mentioned in the Quran.

## Infant Baptism

Infant baptism is a Christian tradition which is often performed in order to welcome a baby into their religion. Those participants who had partners with a Christian background often faced the issue of baptism—it appeared to be vital when one partner had a Catholic background. Both partners' level of commitments to their religion were important in negotiating the matter. If the Persian party were religious, their opposition to the idea of baptizing was stronger as they could not stand that their newborn was welcomed to a religion other than their own. To the lesser extent, many argued that they did not do the practice, or they refused their partners' request to baptize their children, because they did not want to force their children into a religion, but preferred that their children decide for themselves what religion, if any, they wanted to follow later in life. Some of the non-religious participants said that they did let their partners baptize their child, because it did not cost them anything, and, as one said 'it was like taking a day off from work and going to a picnic or restaurant' (M10<sup>2</sup>; partially religious—age 53—had two sons).

On the other hand, if the partners' Christian identities were strong, their insistence on performing the practice was stronger. In some cases, a

partner baptized their child without their Persian partner's consent. Some couples did not baptize their children because the religious attachment of both parties was not so strong that they wanted to insist on doing the practice.

More interestingly however, few participants argued that they baptized their first child, but not their later children. This was because of their or their partners' shifting religious identity. Moreover, doing the practice was not all about adhering to their religious beliefs. Sometimes it was essential that the practice being displayed to the wider family and community members. In this sense, the Christian grandparents usually pushed for the ritual to be practiced and displayed. The gender identity of participants does not seem to be an important factor in this regard.

## Circumcision

Circumcision is widely considered a traditional religious practice.<sup>3</sup> Arguably, the decision to circumcise a boy was the hardest decision the partners under observation had to make about a child because it was an irrevocable decision. The decision often required extensive negotiations between parents and grandparents as to if, when and how they would want to do the practice. Almost all participants, regardless of their commitment to religion, had the issue of circumcision lingering in their minds.

Data show that all religious participants circumcised their male children, no matter what their partners' religious backgrounds were. Partners of religious participants either were Muslim before meeting the participants, or had converted to Islam at the time of marriage.<sup>4</sup> In either case, they agreed with their Persian partners that the Islamic tradition of circumcision should be practiced. That said, agreement on the practice was still reached by negotiation and providing justifications to convince their partners that circumcision was a right and beneficial undertaking. Participants' most often mentioned that their justification was the hygienic benefits of circumcision. They argued that it would be easier for a boy to clean a circumcised penis, which then would reduce the risk of him becoming infected later in life. For instance, M31 argued:



My son was circumcised when he was about 22 days old. I had a long argument with my wife over the matter. She was disagreeing, because she believed that he would suffer pain. I told her that the older he gets, the more difficulties he would face. Cleaning himself was another matter; he wouldn't be able to do it right himself. She disagreed, but I insisted and took him to a clinic and had him circumcised. It was very difficult during the first two weeks, 'cos my son did cry a lot from the pain and she kept saying that this was all my fault. I told her not to worry and that he'll be fine. After all the hassle was ended, she told me that I did the right thing. I said to her that our son would suffer a little for two weeks or so, but would be comfortable for the rest of his life. I didn't want to say, we circumcised him because of religious beliefs, just in case that she would pick on it and nag me about my religion, so I just said this way is cleaner and more hygienic. (M31, religious—age 35—had two daughters and a son)

Although it is believed that circumcision is a religious undertaking, it was also widely practiced among partially religious or non-religious participants. This group of participants said that they had mixed feelings about the practice, and could not figure out how they reached their decision at the time. Most of them argued that they did not know if their decision had been based on observing a religious tenet or due to the social pressures on them, so that they concluded it had been based on a mixture of these factors. Some argued that they still did not know the real reason they had agreed to the practice. The following excerpt by M17 (partially religious—age 57—had two sons and a daughter) exemplifies this uncertain position:

M17: Both my sons were circumcised. There was no quarrel about it with my wife either. I mean, I believed it to be the right thing to do. Those days I was perhaps more religious and more Iranian and believed it's better that way. I consulted with one of my relatives who was a university professor and he said that this was optional. We then decided it would be better to circumcise both.

Ali: Now, do you think this was for religious reasons or something else?

M17: Mr. Ali, I don't really know. It was a mixed thing. I still don't know the real reason. At the time, that's how we decided.

According to the data, this group of participants still had to provide some justifications to convince their partners. The most often mentioned

justification by both males and females of partially religious or non-religious participants was again hygienic. Some of the male participants also claimed that they did not like the appearance of an uncircumcised penis, and made their decision on this basis.

The liquid nature of cultural identity of some participants led them to have had their first son circumcised because of their cultural backgrounds, but did not have their later sons circumcised because of their recent cultural position. M10 (partially religious—age 53—had two sons) explains why he and his wife did not have their second son circumcised:

One of my sons was circumcised but the other wasn't. But I didn't have my first son circumcised because of religious beliefs, but rather because of my social background. However, with my second son, I later realized that this wasn't my decision to make. After some time, we realized that we didn't want to circumcise him and put him through the pain that our first son went through simply because of social opinions and things like that. For this, we didn't circumcise our second son. (M10, partially religious—age 53—had two sons)

A number of non-religious participants had sons that had not been circumcised. They either said that they could not bring themselves to have their sons circumcised because it was a hard decision to make, or they could not face it because it would be painful for their sons. They said that they did not even discuss it with their partners. Some of them believed that a modified penis could possibly affect their son's social and private life, and present problems in terms of their son's social acceptance both at school and in their sexual lives. This opinion was based on their own bad experiences. One of the male participants said that because he had had a circumcised penis he had suffered bullying at college before and after sport sessions in the changing room, so he decided not to have his son circumcised.

It could be argued that participants' attitudes towards circumcision were not gender based. There was not a meaningful difference between male and female responses. However, it should be acknowledged that some of the female participants said that they were more considerate about the well-being and health of their sons than their husbands were. Some said that they also were more concerned about the pain their son might

suffer. The account of F24 is an example of non-religious or partially religious female participants:

We didn't circumcise our son. To be honest, at the beginning I didn't care about such a matter. I do remember that I had a very serious discussion with one of my friends over this matter and they had a son too. She was trying to convince me that it was better to circumcise my son, and I was thinking that there was no must what so ever in that. But, when it comes to health and things like that, one may get worried a bit. I was actually thinking about it today, because it seems better to do it earlier. It makes sense. But my husband says 'millions of people in Europe don't do it! Do we come cross any problems?' Anyway, on the other hand, I'm a mother and think that the kid may face a lot of problems and this is not easy at all. I say, I've not experienced manhood to know how it is. When I think about it, if there is anything, one should look after the kid and teach him how to clean himself until he grows. This is then up to him. I'm frankly not a type of person to enter the things as to circumcising is right or wrong. For this reason, for now, I have accepted what my husband says. (F24, non-religious—age 42—had a son)

This quote indicates that convincing a non-Muslim partner to allow circumcision was difficult for those female participants who had a European partner, because their partners had argued that there was nothing wrong with themselves and there was no basis for arguing that the practice was necessary. The only case among those female participants who had a son with a non-Muslim partner but did not negotiate the decision of circumcision was a non-religious female participant who married an American. Arguably, circumcision is a more common practice in the USA than in Europe (see Denniston et al. 2010), and this American husband had himself been circumcised. Thus, the decision of whether to circumcise a boy is also based on partners' own social and sexual experiences.

## Discussion

This chapter explore negotiations over newborns to the intercultural unions studied. It considered how generation, religion, and gender intersect in shaping practices related to a newborn. Issues such as naming a

child, infant baptism, and circumcision were of vital importance for the couples in this study and were subject to massive negotiations between intercultural partners and their parents. As discussed, the most important factor in these practices was religious background and the less one was gender identity. This chapter also highlights the intersection of generation as a source of cultural differences in that the grandparents involved intended to pass down their cultural heritages to their intercultural grandchildren through practices such as naming, baptizing, and circumcising a newborn. Their interventions were usually motivated by their commitment to traditional rituals, and more particularly by their religious beliefs. As some participants explained, their parents believed they had certain rights over their grandchildren.

The findings presented here challenge two core notions of reflexive modernization theory as they showcase how different forms of traditions shape people's practices related to a newborn. As mentioned, religious traditions appeared to be a defining factor in these intergenerational undertakings. For religious participants or their parents, the most important aspects of their identity that had to be passed down to their (grand)children were their religious values in the forms of naming, baptizing, or circumcising a child. It appeared from the data that the religious practices were also significant for non-religious or partially religious participants. This was especially so regarding circumcision that was the most difficult and irreversible decision to make. In this sense, some participants conducted bargaining, to convince their partners to perform these practices. For instance, in order to have their sons circumcised they allowed their partners to have their children baptized. This occurred even though neither party in the relationship claimed to be religious. This indicates the importance of displaying these traditional rituals to the wider family and community members for the couple involved.

Although the findings presented here illustrate the significance of religion as a form of traditions that still guides people's family lives and shapes the ways in which they conduct their partnering practices, these religious traditions were negotiated, and subject to change and amendment. Moreover, these kinds of religious expectations caused intergenerational clashes that often required extensive negotiations to resolve. This finding is consistent with Smart and Shipman (2004), who argue that the

detraditionalization theory has exaggerated the process of social change, because traditions remain significant, but they are readjusted and altered through negotiations. Similar to Smart and Shipman's empirical findings and analysis, this research shows that the process of readjusting the traditional is negotiated across generations. These negotiations could be understood through the process of individualization because individuals were constantly defining and redefining their own biographies, according to their current situation. However, the ways in which they made their choices in regard to intergenerational practices was limited by their prescribed traditional values. Considering the above discussion, it could be argued that detraditionalization is in progress and that individuals may not slavishly follow the traditional customs and beliefs; however, some forms of traditions remain distinctive and important in modern societies. Therefore, the significance of traditions as intrinsic features of modern societies must still be considered.

Although, the examples in this research show that the most important factor in negotiating practices related to a newborn was the participants' attachment to their religion, the degree of that attachment was fluid and shifting. This was more apparent in cases when some participants circumcised or baptized their first child, but not their later children. Perhaps such participants had been more religious in the early stages of their partnering, and then had weakened their religiosity over the course of time. Therefore, the timing of the birth of their child in their life course was important. Likewise, the age of participants and the length of time they had spent in the UK directly affected their decisions as to whether or not, and the extent to which, they followed the traditions. Moreover, their decisions were based on their own earlier personal experiences, such as having been subjected to bullying at college or dis/liking the appearance of a circumcised penis explained earlier. These factors could be considered as sources of difference in forthcoming studies.

## Notes

1. By 'Persian', I refer to the research participants' cultural identity rather than their nationality (which may or may not be Iranian) or their ethnic identity.

2. In this chapter, instead of pseudonyms I use the number of the interviewee and M/F to indicate gender. Pseudonyms might confuse a reader who is not familiar with Persian names and cannot distinguish the gender of each participant.
3. This practice is advocated in both Islam and Judaism. In Shia Islam it is widely believed that the practice is mandatory, but it does not make the circumcised person a Muslim, nor is it required to become a Muslim, so the practice cannot be considered as Muslimizing, comparable to christening, or equal to infant baptism.
4. It should be reminded here that it was not possible to verify whether or not they only pretended to change their religion to get the official Iranian marriage certificate, or if they truly became believers.

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