

Explorations on Culture and Caregiving¹

Thank you so much for inviting me to share these humble explorations of some of the tensions around culture and caregiving. To talk about culture is a difficult task, but I hope to be able to share with you a few sociological frameworks that can allow for a critical and more effective engagement with culture and the politics of care.

My main argument is twofold. First, Culture is a powerful idea, which cannot be understood without paying close attention to historical developments, and second, culture has important material and political dimensions. Indeed, the idea of culture shapes the Canadian state’s sense of itself as a multicultural society, and it is experienced by all of us, as a lived reality in our everyday life. Second, culture is a multilayered idea. In this talk, I will limit myself to two dimensions of culture, and I would like to invite you to think with me through these ideas and their potential and their shortcomings for understanding and responding to a person’s lived reality.

I do not have any conflict of interest to declare.

¹ This scrip is not intended for academic audiences or for publication, but as a general exposition of key concepts for a general audience of practitioners, community members and the larger community. The author does not claim to raise any original questions or present any original concepts here, but to offer a general framework that may serve to guide some of the discussions for the event. Most ideas cited here have been discussed by authors from different disciplines. The author has added footnotes for citations. Please ontact the author if you need further clarification about the resources cited (cristian.rangel@utoronto.ca).

Medical anthropologist, Arthur Kleinman, has maintained that acts of care are moral acts by their very nature. For him, caring moves the caregiver from the self to an encounter with the suffering vulnerable other, and by so doing caring provides an opportunity for the expansion of the self. For him, this is not to say that caring is an easy task. Caring requires a great deal of sacrifice in terms of time, energy, finances, and it takes a toll on the personhood and body itself of the caregiver. He suggests that in a way, the very bodies of the caregiver and the cared for, seem to entangle and produce a profound transformation of both individuals' sense of self.² But the entanglements of the people in relationships of care do not occur in a vacuum, and this is my central interest here as a sociologist.

Relationships of care are profoundly embedded in larger networks of relationships with others. These are the relationships with families and friends, and the relationships of reciprocity within communities and the larger society. Individuals are also in an ongoing relationship with the state, and the political, economic and cultural institutions that shape society. This means that relationships of care are shaped by our surrounding human relationships, but also by relationships between people and **non-human** institutions, such as the state and the myriad of institutional arrangements, including the economy, the law and support systems, which facilitate or hinder the ways in which people live, love and care for each other.

These institutional arrangements are of paramount importance because the formal institutions of the state and civil society regulate people's rights and the means through which we access social goods and resources for care, such as the health care system, and other social services.

² See Arthur Kleinman. 2012. *The Lancet*, 380: 1550-1551.

But then there is another less tangible, and yet pervasive institution that equally mediates people’s relationships to one another and societal resources because **it determines the very meaning of all relationships**, and the ways in which we express care and belonging, **to this we tend to refer as culture**, and we use this expression “**culture**”, loosely and at large to define all sorts of phenomena in social life. Indeed, in common speech, culture becomes a shortcut to explain to ourselves and to others our very sense of self, and what we consider special or different about our personal lives, our communities, **and our most cherished commitments and moral ideals. Culture, indeed, shapes how we care in our relationships, the institutions of our societies, and the material world itself.**³

In a country like Canada, which defines itself as a multicultural society, it seems to be a truism to say that culture is a social good. Government policies and discourse state that cultural diversity is an important value to be fostered in Canadian society. In its website the Canadian government states

In 1971, Canada was the first country in the world to adopt multiculturalism as an official policy. By so doing, Canada affirmed the value and dignity of all Canadian citizens regardless of their racial or ethnic origins, their language, or their religious affiliation. The 1971 Multiculturalism Policy of Canada also confirmed the rights of Aboriginal peoples and the status of Canada’s two official languages.

³ This is a fundamental sociological concept. For more on it, please see Peter Berger. 1963. Invitation to Sociology: A Humanistic Perspective, Anchor Books, NY.

Canadian multiculturalism is fundamental to our belief that all citizens are equal.

Multiculturalism ensures that all citizens can keep their identities, can take pride in their ancestry and have a sense of belonging. Acceptance gives Canadians a feeling of security and self-confidence, making them more open to, and accepting of, diverse cultures. The Canadian experience has shown that multiculturalism encourages racial and ethnic harmony and cross-cultural understanding.

Mutual respect helps develop common attitudes. New Canadians, no less than other Canadians, respect the political and legal process, and want to address issues by legal and constitutional means.

Through multiculturalism, Canada recognizes the potential of all Canadians, encouraging them to integrate into their society and take an active part in its social, cultural, economic and political affairs.⁴

This statement makes it clear that **Culture is indeed a powerful idea that shapes the very conception of what it means to be Canadian.** Culture is a powerful idea, not just because it is stated as an official and ever-encompassing state policy, but because it is an **aspirational goal—that is, a goal that can never be truly and objectively accomplished.** Indeed, the shortcomings in achieving bilingualism throughout the Canadian territory, and the structural failures in the integration of aboriginal peoples into the economy and the state are just two self-evident examples of how difficult such a goal can be. The objective here is not to evaluate or critique the advances of the Canadian state in accomplishing a form of working multiculturalism, **but to**

⁴ <http://www.cic.gc.ca/english/multiculturalism/citizenship.asp> (accessed on May 14th 2014)

draw attention to the power of such a concept and the central place of culture in the official Canadian social imaginary. I want to draw attention to the fact that culture, and the people and institutions that define culture exercise very real forms of power and have the capacity to determine belonging.

It becomes then essential to define what I mean by culture. I will do so in a simplified way and for the purposes of this talk, I will define culture in its two main dimensions, which I will be allocating as **Culture with a Capital C and culture with a lower case C.**⁵

To begin with Culture with a Capital C:

Our discussion on multiculturalism reveals that culture is an integrative force in the Canadian nation-building project. Culture with Capital C is a civilizing force that attempts to smooth out the rough edges of differences, Capital C Culture aims for a stylized and purified version of languages and other social practices from food to social intercourse. All cultures in the world exhibit one form or another of this stylized Capital C culture. **In its most simplified form, Capital C Culture offers an aspirational vision of a cosmopolitan society where multilingual, ethnically and dietarily diverse individuals live and work together.**⁶

⁵ This idea comes from Anthropology and several authors have drawn from this distinction to engage with arguments about culture. See Schultz, Emily A., and Robert H. Lavenda. *Cultural Anthropology A Perspective on the Human Condition*. 7th ed. New York: Oxford UP. And for a detailed account on culture in medicine see Lawrence Kirmayer’s 2011 piece at *Journal of Medicine and Philosophy* 36: 410-423.

⁶ Again, this is a simplification of this complex concept. For more on it, please see Norbert Elias. 2000. *The Civilizing Process: Sociogenetic and Psychogenetic Investigations*. Willey-Blackwell.

In the West, Culture with Capital C privileges specialized scientific and legal language and the rough edges of differences are usually defined as emotional and irrational—which are very often associated with non-Western, unscientific values and practices. **Culture with Capital C is reflected in high cultural expressions, such as the fine arts, which in a country like Canada, are usually of European origin.** It is also reflected in the rituals codified in the rule of law as represented in the political apparatus of the country and the constitution, which is of British origin—and to a lesser extent French origin. Canadian political framework is a byproduct of our colonial past.

The point is that despite our best collective efforts to promote multiculturalism, and for instance cultural equality, the values of the colonial past have been carried out into the present.⁷

Let me explain:

A direct outcome of our history is a stratification or gradation of desirable cultural characteristics for new Canadians. **Language skills and educational certifications, for example, have a privileged value for economic and social integration. These two characteristics are inherently cultural, and as such, they produce a hierarchy of social desirability and higher economic, social and political returns for those who possess such characteristics.**

Unsurprisingly, in practical terms, English and French language and educational certifications that bear the stamp of approval of Anglo-American and French traditions are

⁷ In line with here a long tradition is post-colonial studies. For more on colonialism, exclusion and violence see works by Franz Fanon and his critics. For more nuanced approaches see Edward Said.

considerable sources of social capital that can be easily converted into economic capitals in the form of employment opportunities and full participation in public and cultural life.

Because language skills and education are powerful forms of Cultural Capital, **it is possible to say that Culture with a Capital C serves as the entry door to define Canadian citizenship and belonging.** To be clear, the point is that the Canadian state does not recognize the culture of all people inhabiting the Canadian territory, but only recognizes the cultures of those who it has already defined, or has the capacity to define and name as worthy of Canadian citizenship. By so doing the Canadian state reserves the privilege of conceding membership to people coming from societies, other than mainstream Anglo-French societies, thereby maintaining the power to determine inclusion and exclusion into Canadian society.

An example of how this exclusion plays out in health care can be seen in the struggle for refugees to maintain their health care coverage since 2012. **Refugees are particularly vulnerable because they lack these very sources of capital (such as language and accredited education).** **They are therefore in a low position in the stratification gradient for belonging. Perhaps you can think of some ways that this power of exclusion plays in the communities for which you care.**

Still, Canadian ideological commitment to multiculturalism cannot be underestimated. Despite its limitations, the Canadian multicultural project offers an entry door for a dynamic, **even if constrained diversity**, and the eventual full participation of those who are selected as desirable participants in Canadian public life.

Now we turn to the second dimension of Culture:

Culture, of course, cannot be reduced to the rule of law, fine arts, and to language and education. Culture is both an expansive and malleable term that is used to describe diverse social phenomena. Different authors across the humanities and the social sciences define culture in different ways. In general terms, culture could be defined as a composite of characteristics that aggregate people according to place of origin, ethnic group identification, language shared, religious affiliations, and sets of social rituals, which include everyday activities, such as food preferences and dressing codes, to deeply held convictions and practices around gender and sexual norms and morality.⁸

One could call this manifestation of culture, as culture with a lower case C, not because it is less important, but because it is the form of culture that most commonly captures the ideas that people associate with their personal cultural identity, community building around such identities, and more importantly community mobilization and obligations around a shared history, values and ways of life.

Through shaping people’s values, culture with lower case c organizes people’s everyday lives, and provides people with a sense of personal and collective purpose, as well as dictates their social position and status within their own communities, and their status in the larger society. These values shape people’s understandings of personal relationship, the ways in which they express love, care and commitment, and their orientation towards the past, the present and the future. Cultural communities are rich sites of socialization that nurture relationships. In a way,

⁸ See Andy Bennett. 2005. Culture and Everyday Life. Sage.

cultural communities prepare the individuals for their full engagement with the social and material world and produce emotional attachments to families, communities, and even ideas of belonging to a nation and a state.

In health care settings as well as other social and work environments, cultural competency programs tend to rely on this dimension of culture. It is useful because these cultural cues are, arguably, worn on the body and are visible, for example in a patient’s skin colour and facial features, or in their dress code, demeanor, language and accent. All of these characteristics serve as a shortcut to read a patient’s life history. Based on this cues a health professional can tailor her engagement with the patient to make their interaction effective. Of course, proper cultural competence only starts with these cues and must go further to include the patients’ own viewpoints so care can be provided in a culturally appropriate manner.

But a long history of sociological and anthropological work in medicine has shown that health care settings tend to be spaces where the framings utilized by health experts tend to override the experiences of patients and their families. This is the case because the highly specialized languages and practices of medicine have their own logics, but they also have a momentum and power that can override the social and value concerns of families and patients, and with that their cultural preferences.⁹

⁹ See Taylor (2003). Confronting culture in medicine’s “culture of no culture”. *Academic Medicine*, 78(6): 555-559. See also *Measures of Cultural Competence: Examining Hidden Assumptions* by Zofia Kumas, - Tan, Brenda Beagan, Charlotte Loppie, Anna MacLeod, and Blye Frank. 2007. *Academic Medicine*, 82(6): 548-557.

Indeed, despite the advances to introduce culture as a major dimension of care, Canadian researchers found that all the instruments for teaching and evaluating cultural competence tend to equal culture with race and ethnicity. **By so doing, they posit culture as a thing that other people have, and assume that healthcare workers are European and cultureless, without their own particular culture and arbitrary biases.** Despite the best intentions, cultural competence programs can reproduce forms of discrimination that flatten people’s experiences, and individuals specific needs and sensibilities. Simultaneously, this approach leaves unchallenged the cultural assumptions and practices of medicine (Kumas-Tan, et al., 2007).

These are just some of the consequences of the power of naming that people in positions of power exercise when defining and grouping social formations from above. Thus, we need to be careful when using cultural lenses for putting people into categories.

Now I’m going to talk about yet another aspect of this complex dimension of culture:

Cultures are far from static. Any anchoring that we find in culture for understanding the social worlds of people may become a mobile target over time. The point is that in real everyday life, boundaries of cultural identity are fluid and contested. These boundaries depend in many important ways on who defines what, and when, certain characteristics count in order to belong to a cultural group.¹⁰

To be sure, cultural identities and communities are the sedimentation of enduring historical processes that draw boundaries of membership and exclusion, which over time acquire an aura of

¹⁰ Again, see previously cited literature. Readers may find the works by Edward Said of particular relevance.

naturalness. **But there is nothing natural, unavoidable or static about cultural identities and communities.** But cultural identities are also the result of prolonged inner-group tensions that attempt to establish coherence in terms of normative expectations, values, customs, rituals and preferred ways of life in the midst of individuals’ diverse experiences along the lines of gender, and economic position-**not to mention ethnic cleavages-even amongst what in appearance are homogeneous communities.**¹¹

Thus, while cultures can be safe nurturing spaces, they are also places of tension between tradition and social change. In a multicultural society, like Canada, this cultural tension is multiple and often expresses itself in the form of changes in income structures, the evolving role of women via their participation in public life and the market economy, and the place of sexual minorities in mainstream society. **These tensions place pressure on the taken-for-granted familial and collective obligations, and these tensions manifest blatant inequalities in the objective distribution of material and social resources.** For example, religious affiliation has been shown to offer a valuable source of coping for individuals. However, we know that LGBTQ people are often excluded from traditional religious communities.¹²

Another key issue that is sometimes eclipsed in discussions around culture is the distribution of material resources within cultural and ethnic communities themselves. This is just another way to say that class structure matters in any discussion on the dynamics of social inclusion and

¹¹ See Chandra Mohanty’s revisiting her original article Under Western Eyes in *Signs: Journal of Women in Culture and Society* 2002, vol. 28 (2) at <http://www2.hawaii.edu/~dasgupta/Mohantysigns.pdf> Accessed on May 15th.

¹² Levin, J. S., & Chatters, L. M. (1998). Religion, Health, and Psychological Well-Being in Older Adults Findings from Three National Surveys. *Journal of Aging and Health*, 10(4): 504-531. See for example Hamblin, R., & Gross, A. M. (2013). Role of religious attendance and identity conflict in psychological well-being. *Journal of religion and health*, 52(3): 817-827.

exclusion in cultural, ethnic as well as in national communities.¹³ **To be clear, when we look at communities with pure cultural lenses, we miss issues of objective income inequality as well as class, gender and sexuality structures. This is problematic because we know that income inequality and gender can have a deeper impact on people’s opportunities and the ways in which they understand their place within society than an individual’s sense of cultural heritage and ethnic origin.**¹⁴ The point is that cultural understandings and practices of care cannot be fully understood if we do not take into account objective measures of inequality in terms of rights and in terms of material opportunities available to those that are cared-for and to care-givers.

But this is not to say that culture and ethnicity on the one hand, and income inequality on the other are not connected. They are part of a historical continuum where the allocation of material and political resources have been appropriated and allocated by people in positions of domination along the lines of race, gender, class, as well as age and (dis)ability.

Feminists have shown that the labour of care, which has historically been part of women’s labour has been given less value than participation of men in the labour market. Of course, men are co-participants in relationships of care, but most often, following the old capitalist model, they have been allocated the position of breadwinners. But this model is problematic and do not reflect the current reality. **Men still lag behind women in the provision of non-paid care for their families and communities. That means that women work a shift outside the household as**

¹³ See Benedict Anderson’s *Imagined Communities*. 2006. Verso

¹⁴ There is a long tradition in feminist studies that support this claim. See the work on welfare by scholars such as Julia Adams and Tasleem Padamsee (2001) and Jane Lewis (2001) *The Decline of the Male Breadwinner Model in Social Politics*, 152-179.

members of the market economy and a second shift at home as main caregivers for the family.¹⁵

Women’s participation in the labour market is an undeniable political achievement for gender equality. However, in recent times, the participation of women raising children in the labour market is partially the product of stagnant and even declining household incomes in Canada.

For example, according to Kershaw and his research colleagues at University of British Columbia, household income in Canada’s double income families are equivalent to household incomes in the mid seventies when only a fraction of women raising a family were participating in the labour market. This is problematic, not only because it reflects that actual incomes have declined, but because home prices have climbed 76% across Canada, and families now have to cover the extra cost of childcare so women can participate in the labour market to keep afloat. This is what he has called “generation squeezed” a generation that is squeezed financially covering higher cost of basic living and caring for children and other members of the family. This generation is also squeezed for time, as they have no time for dedicated quality personal care and care for their families. **The end result is a crisis of care in Canadian society. For Kershaw, this crisis of care makes it evident that the personal—like having the time to care for one’s family—is fully political.**¹⁶

¹⁵ Again see Lewis (2001)

¹⁶ Paul Kershaw. 2010. Caregiving for identity is political: implications for citizenship theory. *Citizenship Studies* 14(4): 395–410. Below I am citing a long segment of evidence extracted from this piece by Kershaw only for illustrative purposes.

The consequences of the increasing intensification of financial and time scarcity are devastating for families and women from minority groups. As Kershaw points out, it is in the daily activities of caring for one’s family where values, practices and the actual language skills are transmitted.

Working parents and particularly mothers from minority groups feel the time and financial squeeze at a deep existential level. For example in a research piece by Kershaw (2010), a woman shares the complex interplay between the transmission of culture, caring for her family and financial scarcity.

‘Currently’, she explains, ‘my husband and I are taking turns working on different shifts so when I go to work there isn’t much time for my children. For example, when I come back home after evening shift, my children have already went to sleep. In the morning, I have to prepare breakfast, and drive them to school. In that time, I don’t have much time to converse, and teach them Vietnamese.’

Interviewer: How do you feel about not having enough time to communicate with your children?

Natasha: Very sad. Many times I think that I don’t know English, and my children don’t know Vietnamese. I don’t know how my children will be when they grow up. When I want to speak with them, how I will I do it? So I can’t express my thoughts, and feelings. In the future, if they want to confide to me, they won’t know how to express in Vietnamese language. Therefore, I feel very sad when I don’t have enough time for my children (Kershaw, 2010: 404).

This woman’s story underscores the limits that material conditions place on human presence in the provision of care, and in the process of cultural transmission. **Her desire to transmit her**

cultural heritage is one rooted in necessity, not in a narcissistic desire to preserve her language. Hers is an existential anxiety. She is well aware that her social location as a working class immigrant impedes a relation of care with her children that fully account for her values and cultural heritage. Her existential anxiety may represent at least one face of the struggles that people from minority cultures face when trying to adapt to their new reality in Canada.

Canadian Multicultural policies are blind to this very human experience, and this time, exclusion works even within the family setting and it is the direct product of class position. Abstract multicultural policies do not account for the actual material resources that are needed to be able to express one’s sense of identity. To this one must add that Women of minority groups are taxed with special intensity as they feel that it is their role to ensure cultural continuity (Kershaw, 2010).

CONCLUSION

Culture is a powerful idea in the construction of the modern Canadian identity. But it is an idea with inherent dangers, as it may obscure the fact that there is an actual hierarchy of cultural capitals, along the lines of language, education, and gender. **Such hierarchies perpetuate inequalities in the distribution of opportunities for full participation in the economic, political and cultural life of communities and the larger society.**

Cultural identities do exist and they are helpful categories because they provide a starting point for understanding people’s social histories. Indeed, cultural identities are efficient tools for understanding people’s social worlds and may allow us to provide urgent care in a culturally

sensitive manner. **However, when cultural identities get too easily deployed as shortcuts for understanding a person’s world, cultural identities may flatten the lived experiences of real individuals. The problem is that cultural categories may be used at times as rigid boxes, and when we put individuals into a rigid category we may run the risk of missing them as real people, who may be living in the midst of objective economic, social and political inequalities.** In this way, we may miss individuals’ actual care needs, and the complex needs of those for which they are caring.