

View Point

The Cultural Logic of Care: An Anthropological Synthesis of Gender Socialization, Symbolic Realities, and the Informal Caregiving Landscape

Running Title: The Cultural Logic of Care

Tamanna Kumari^{1*}, Abhik Ghosh¹, Lakshay Jaglan²

Author Affiliations

¹ Department of Anthropology, Panjab University, Chandigarh, India.

² Department of Anthropology, Institute of Translational Health Sciences, Rayat Bahra University, Mohali, Punjab, India.

Corresponding Author: Tamanna Kumari, Department of Anthropology, Panjab University, Chandigarh, India.

Email: tamanadogra2001@gmail.com

Abstract

Caregiving is an essential human activity that goes beyond biological necessity. It is a challenging "symbolic reality" that is created by the interaction of structural healthcare constraints, gender socialisation, and cultural values. This viewpoint examines how caregiving is perceived around the world by incorporating recent anthropological and sociological research. This study explores an argument that caregiving is an ethnomedical activity influenced by deeply embedded cultural logics by looking at a variety of notions, such as the "supernormal" construction of dementia in indigenous tribes and the "invisible" labour of surrogate nursing in low-to-middle-income countries (LMICs). It also examines the symbolic and emotional aspects of caring, such as "chronic sorrow," the relevance of food in rituals, and the influence of cultural values like filial piety and familism. The synthesis comes to the conclusion that health policy has to adopt a person-centred approach that takes into consideration the cultural and psychological complexities of the caregiving relationship, rather than a utilitarian perspective of informal carers.

Keywords: Anthropology of caregiving, Chronic sorrow, Cultural construction of illness, Familism, Filial piety, Gender socialization, Informal care, Medical pluralism.

Introduction

Anthropology offers a critical perspective for comprehending the variety of problems present in the ways that modern people take care of one another. The anthropology of caregiving uncovers a range of behaviours, perceptions, and emotions that are firmly anchored in a society's common beliefs, far from being just a functional or biological duty [1, 2]. Caregiving and the feeling of illness are seen in medical anthropology as socially and linguistically produced phenomena; a diagnosis is not just a biological reality but also a cultural occurrence that activates particular social responsibilities and moral obligations [1, 3].

The term —informal caregivers' definition aligns with the World Health Organization definitions of 'caregivers' [4](p12) and 'informal assistance' [4](p34). It describes any person without formal health training who is not hired by the hospital and is present in the role of "guardian" or "carer" for a patient they know [2].

Caregiving is as old as the human species, according to archaeological records, which show that early modern humans helped members with disabilities to ensure the survival of the group [1]. But in the present day, the cultural logic of care dictates who offers this support and what significance is given to it. Some cultures

may see decline as a shift to a "supernormal" state of spiritual contact, while Western "warfare" metaphors for illness frequently push carers into harsh pharmacological interventions [1, 5]. This viewpoint examines these various cultural contexts, stressing that knowing about the "caregiver" requires an understanding of the social and symbolic environment that develops them.

The following sections illustrate how the caregiving experience is fundamentally influenced by diverse cultural logics, ranging from internal identity to the external clinical environment.

1. Cultural Values and the Construction of Meaning

The caregiver's reaction is determined by how a society defines a disease. The "cultural construction" of cognitive decline stands where this issue is most noticeable. A concept of dementia as a "supernormal" state, when behavioural abnormalities are seen as communication with the supernatural rather than purely clinical symptoms, is suggested by research conducted among some American Indian tribes [5]. The caregiver's experience is drastically changed by this design, which may turn a sense of loss into a function of supporting a holy process. Deeply rooted cultural norms like filial piety and familialism are central to these reactions.

Help-seeking behaviours and the assessment of caregiver burden are greatly influenced by familialism, which is especially common in Asian and Latino cultures and emphasises family felt-obligation and unity [6, 7, 8]. The Confucian-inspired concept of filial piety establishes a moral requirement in many Asian countries, where taking care of one's parents is a customary way to honour and honour elders [6, 9]. These values are multifaceted; studies indicate that "obligation" values frequently have a greater impact on the persistence of caregiving than "family solidarity" values alone [10].

2. Gender Socialization and the Persistence of Informal Labor

Anthropological studies have repeatedly proven that "family care" is often a code word for "female care." Due to lifelong gender socialisation rather than biological destiny, women offer the great majority of informal support worldwide [11, 12]. Girls are socialised from an early age to identify their identity with domesticity and nurture through processes including "canalisation" (directing interests toward particular items) and "verbal appellation" (using gender-coded language) [11].

This "cultural moulding" ensures that men and women relate to the sick in various ways. Women are expected to offer

"expressive" or emotional care, such as personal hygiene, whereas men who take on caring responsibilities typically concentrate on "instrumental" activities, such as money, transportation, and technical medical needs [7, 11]. These duties are also assigned based on birth order in many cultures; for example, it is expected that the eldest daughter or the wife of the eldest son will take on the most responsibility [11]. Significant economic consequences result from this disproportionate load, which frequently keeps women who perform years of unpaid labour in poverty [2, 11].

3. The Ethnomedicine of Nourishment: Food as Care

The symbolic role of food is an aspect of caregiving that is often overlooked in formal medical literature. From an anthropological perspective, food serves as a medium for emotional comfort and social identification [13, 14]. Making "comfort foods" allows caregivers to provide "care-about" rather than just "care-for" while preserving routine [13].

In ethnographic studies of Chinese cancer patients, Food is a key area of negotiation between Western dietary requirements and cultural concepts of "hot" and "cold" qualities [14]. If a patient loses their "ability to eat," caregivers frequently have a deep sense of failure because eating is

associated with both the success of the caregiving relationship and the patient's will to live. Here, the caregiver uses agency and cultural knowledge in the kitchen, which turns into a secondary clinic [13, 14].

4. Emotional Landscapes: Chronic Sorrow and Coping

"Chronic sorrow"—a cyclical, ongoing grief brought on by the ongoing discrepancy between the patient's actual health and the caregiver's ideal life—is frequently the result of providing care for a chronic illness [15]. In contrast to acute grief, which might go away with time, chronic sorrow is irreversible and occasionally made worse by the patient's persistent presence or deteriorating symptoms. This sadness is frequently brought on by social milestones the patient is unable to reach, such marriage or job, according to research conducted in Uganda among carers of patients with schizophrenia [15].

Coping mechanisms have a strong societal component. While some carers use denial or avoidant coping, many rely on prayer, religious coping, and social support from family members [10, 16]. Meta-analyses of ethnic differences show that Minority groups frequently report higher levels of filial responsibility, which can operate as a buffer against depression even when

objective stresses are strong [7, 8]. Additionally, cultural norms affect how caregivers handle the "caregiving process" for dementia patients, underscoring the critical need for mental health services to eliminate cultural discrimination in their provision [9].

5. Structural Vulnerabilities in the Hospital Setting

In many parts of the world, the family "lives" with the patient in the hospital. Due to a chronic nursing shortage, caregivers in public tertiary hospitals in Bangladesh and India provide bedside care around-the-clock [17, 18]. Despite being vital to survival, these caregivers are viewed as "unwelcome but tolerated guests" by the medical establishment [2, 17].

Because carers frequently lack access to restrooms, clean water, or private sleeping spaces, this structural reliance poses serious concerns and necessitates "enduring personal sacrifice" [2, 18]. These caregivers are both a risk and an opportunity from the standpoint of infection control; although their lack of hygiene training may contribute to the spread of infections, they are also the most reliable presence at the patient's bedside and could be trained as partners in care if the system recognised their role [17].

Conclusion

According to the anthropological viewpoint, providing care is a complex "mythic world" that connects social significance and biological necessity. Gendered socialisation, internalised cultural beliefs, and the structural constraints of healthcare systems all influence this position. Informal caregiving has significant financial advantages, but it frequently has a high personal cost, such as long-term grief and physical tiredness [2, 15]. Moving forward, health policy should recognise that family caregiving in India is deeply rooted in cultural values of familial responsibility and collective care. Rather than discouraging family caregiving, policies should support caregivers through culturally sensitive interventions, emotional support, skill-sharing programs, and institutional recognition. An Indian study highlighted that strengthening systems of training, support, and supervision can reduce caregiver stress while improving the positive aspects of caregiving. Thus, family caregiving should be acknowledged as both a cultural strength and a public health responsibility [19].

Declarations

Conflict of Interest

Nil

Funding

Nil

References

1. Barg FK, Keddem S, Shiekman Cohen W, Henderson R. An anthropology of caregiving. In *Multidisciplinary Coordinated Caregiving: Research• Practice• Policy* 2013 Nov 14 (pp. 177-194). New York, NY: Springer New York.
2. Hogan U, Bingley A, Morbey H, Walshe C. The experience of informal caregivers in providing patient care in hospitals in low-and middle-income countries: A qualitative meta-synthesis. *Journal of Health Services Research & Policy*. 2022 Oct;27(4):321-9.
3. Brown PJ, Closser S. Understanding and applying medical anthropology. Routledge; 2016 Jul 1.
4. World Health Organization. A glossary of terms for community health care and services for older persons. WHO; 2004.
5. Henderson JN, Henderson LC. Cultural construction of disease: A "supernormal" construct of dementia in an American Indian tribe. *Journal of cross-cultural gerontology*. 2002 Sep;17(3):197-212.

6. Zarzycki M, Morrison V, Bei E, Seddon D. Cultural and societal motivations for being informal caregivers: a qualitative systematic review and meta-synthesis. *Health psychology review*. 2023 Apr 3;17(2):247-76.
7. Pinquart M, Sörensen S. Ethnic differences in stressors, resources, and psychological outcomes of family caregiving: A meta-analysis. *The Gerontologist*. 2005 Feb 1;45(1):90-106.
8. Dilworth-Anderson P, Gibson BE. The cultural influence of values, norms, meanings, and perceptions in understanding dementia in ethnic minorities. *Alzheimer Disease & Associated Disorders*. 2002 Jan 1;16:S56-63.
9. Bífàrìn O, Kamil-Thomas Z. Understanding the influence of culture on caregiving process for people affected by dementia: an urgent call to end exclusion in mental health service delivery in the United Kingdom: Commentary on “Equity in care and support provision for people affected by dementia: experiences of people from UK South Asian and White British background”. By James et al. *International Psychogeriatrics*. 2024 Jul;36(7):525-8.
10. Knight BG, Sayegh P. Cultural values and caregiving: The updated sociocultural stress and coping model. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2010 Jan 1;65(1):5-13.
11. Brewer L. Gender socialization and the cultural construction of elder caregivers. *Journal of Aging Studies*. 2001 Sep 1;15(3):217-35.
12. Turner HA, Catania JA, Gagnon J. The prevalence of informal caregiving to persons with AIDS in the United States: Caregiver characteristics and their implications. *Social Science & Medicine*. 1994 Jun 1;38(11):1543-52.
13. Locher JL, Yoels WC, Maurer D, Van Ells J. Comfort foods: an exploratory journey into the social and emotional significance of food. *Food & Foodways*. 2005 Oct 1;13(4):273-97.
14. Bell K, Lee J, Ristovski-Slijepcevic S. Perceptions of food and eating among Chinese patients with cancer: findings of an ethnographic study. *Cancer Nursing*. 2009 Mar 1;32(2):118-26.
15. Olwit C, Musisi S, Leshabari S, Sanyu I. Chronic sorrow: lived experiences of caregivers of patients diagnosed with schizophrenia in Butabika Mental Hospital, Kampala, Uganda. *Archives of psychiatric nursing*. 2015 Feb 1;29(1):43-8.

16. Rückholdt M, Toftler GH, Randall S, Buckley T. Coping by family members of critically ill hospitalised patients: An integrative review. *International journal of nursing studies*. 2019 Sep 1;97:40-54.
17. Islam MS, Luby SP, Sultana R, Rimi NA, Zaman RU, Uddin M, Nahar N, Rahman M, Hossain MJ, Gurley ES. Family caregivers in public tertiary care hospitals in Bangladesh: risks and opportunities for infection control. *American journal of infection control*. 2014 Mar 1;42(3):305-10.
18. Bhattacharyya T, Chopra Chatterjee S. Experience of family caregivers of hospitalized older people in Kolkata, India. *The International Journal of Health Planning and Management*. 2020 Jan;35(1):e81-95.
19. Murthy RS. Caregiving and caregivers: Challenges and opportunities in India. *Indian Journal of Social Psychiatry*. 2016 Jan 1;32(1):10-8.