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Being the Carer in the Household: A Study on the Role of Gender in Care Narratives

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Abstract

The word 'Carer' is mostly associated with a woman and an image that pop up in one's mind while reading its definition. It has been socially constructed that nurturing a child, nursing the sick and caring for the needy are all the responsibilities and works of women. Men rarely engage in such aforementioned activities. The gender role and tasks assigned to the gender are obstacles for the empowerment and development of women. The role of being a carer in a household consumes much time and is energy draining, physically, mentally and emotionally. Sacrifice, tolerance, responsibility and kindness are all the qualities that are mainly associated with the carer's role. Texts like Diane Broeckhoven's *A Day with Mr. Jules* and Mitch Albom's *Tuesdays with Morrie* talk about this issue. The paper deals with the aspects in the gender role that act as hindrances in women's pathway to success. The discussed texts bring in discourse about the division of labour and de-naturalizing the constructed gender roles in the society. The article presents the relationship among gender roles, caregiving and carer's quality of life and it also brings to attention a different aspect of gender studies.

Keywords: Carer, Caregiving, Care Narratives, Gender Role, Illness Narratives, Women, Caretaker, Disability.

Introduction

After the pandemic of Covid-19 the topics like caregiving, professional and informal carers, and palliative care became more significant and prominent. Collaborating with the fields of medical humanities, sociology, literature and medicine, care narratives gained significance. Psychological impacts of the caregiver profession, prerequisites for the job, and opportunities for employment were widely discussed. Readership for care narratives also increased. The role of a carer in a household is multi-faceted and it requires multitasking and a special set of skills such as time management, work-life balance, etc. In care narratives and in the aspects of caregiving, gender has always been considered as one of the important factors to be discussed. The study analyses the relationship between the gender norms and the role of the carer in a family in the contemporary age. It tries to get a clear picture of how women are gendered into becoming the carers of the household. This kind of an analysis is significant in the contemporary scenario, where the gender norms are questioned, deconstructed and the concept of gender itself is being redefined.

Care narratives are descriptions of people's life experiences as carers. It could be personal accounts of life and professional experiences. The genre is relatively new to the Indian readers. Narratives written by the doctors, nurses, family members, close friends and professional caretakers fall under the category of care narratives. One such example is Netherlands author Ellen De Visser's book, *That One Patient* deals with the life experiences of doctors, nurses and paramedics. An AIDS patient, who is ostracized by his own family and society, cares for himself, develops confidence, makes a laudable achievement and this is also an example of a care narrative. They can be non-fictional prose pieces, autobiographies, memoirs, etc. Not only the patients or the sick persons are fighting the disease and illness, along with them, the physicians, carers, and family members are also fighting it. Care narratives highlight the role of the carers in fighting the disease and emphasizing the utility value possessed by them. Care narratives can be categorised as a subgenre of life-writing, narrative nonfiction, autobiographies and memoirs. In India, the genre is relatively new and it is a well-established genre in the west.

The Google English dictionary from Oxford languages defines 'carer' as "a family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person" ("carer" no page). A carer is the person who takes care of another person, usually the children, the sick, the elderly and the disabled. The job of the carer is to look after the caree, meaning the person who is taken care of, not only physically, but also to understand them, provide moral support, fulfil their psychosocial needs and make them feel not alienated but as a part of the household or community.

There are people who can do their own work, but still need a carer. Young children and the elderly can manage on their own, but the effectiveness and quality of life is better for them with a carer. People, who do not like being hospitalized, seek the help of a home nurse for a limited period of time. Home care workers are sought in families, where both the husband and the wife are working. A carer not only nurses the sick and the ill, but also helps the physically disabled people and people with mental disabilities such as Alzheimer and autism. The carers are categorised into two types based on their connection and relationship

with the caree. If they are family, close friends or relative they become family carer also known as informal carers who are not paid for their services. Informal caregivers are individuals voluntarily caring for a relative or a friend facing illness, disability, or any condition requiring particular attention (Schulz 322). The second set of carers is professional carers, who are hired and paid for their caring services. This includes home nurses, midwives, home care workers, nannies and assisted living workers etc. Most of the time, the description of a carer brings only the image of a woman to an Indian mind.

The belief that care-giving is a role that is solely designated and meant for women has been passed down through generations. Because it has been passed on for generations that a carer is always a woman. The gender role constituted for a woman includes being the carer of the family and household. The mother cares for the child, the wife cares for her husband and the daughter-in-law cares for her father-in-law and the cycle goes on. Gender plays a pivotal role in our healthcare system and family setup. Being a female caregiver has been found to be associated with a heavier burden and more burnout (Salama et al no page). The paper talks about the possibility that being the carer can be an obstacle to their progress and achievement. Being a carer is very difficult, as it needs physical and emotional preparation. It is highly time consuming and heavily energy draining. The role of a carer varies with the carees. Caring for infants and children differs from caring for the elderly people. Carers of people with mental health problems and the disabled require special set of skills. In Indian setup, a woman is naturally expected to fulfil this role in a family. Caregiving is more frequent among women than men (Gerain 3).

Diane Broeckhoven is a Belgian author who writes primarily in Dutch. Her book, *De buitenkant van Meneer Jules* (The Outside of Mr. Jules) was translated into seventeen languages and it tells the story of a wife accepting husband's death with the help of an autistic boy. A single mother's troubles in bringing up an autistic child and a woman's life revolving around caring for the man are told in a parallel manner. Broeckhoven is a master at conjuring up atmospheres, in a subtle but accurate language.

Caring for the Caree: A Gender Role

Carer is an umbrella term. Men can also be carers, but in a traditional Indian family setup, they are always the women. The rare occasions when men take up the role of the carer are during the absence or unavailability of women. It is a stereotype that men lack the characteristics of a passionate carer and for women, it comes naturally by birth. From the words of Beauvoir, “One is not born a woman, but becomes one” (267) if one becomes a woman, then is there a possibility to ‘unbecome’ a woman? If woman is a constructed gender entity, then it can be deconstructed. The gender roles are forced upon the female by the patriarchal society in order to exert its power on women’s bodies and minds. In order to understand the gender roles of women and men, one has to understand the differences between the two before accepting or rejecting them.

‘The Angel in the House’ is a nineteenth century poem written by Coventry Patmore that reemphasizes the idea that women are angels who look after the households. The poem lists all the essential qualities and characteristic traits, which should be possessed by all women to identify themselves with the feminine gender. Woolf rejects the claims made in the poem, saying that a man cannot dictate how a woman should be. In her essay, ‘Professions for Women’, she says:

She was intensely sympathetic. She was utterly unselfish. She sacrificed herself daily. In short, she was so constituted that she never had a mind or a wish of her own, but preferred to sympathize always with the minds and wishes of others... It was she who bothered me and wasted my time and so tormented me that at last I killed her (64).

The angel is the symbol for the internalised standard of desirable womanhood. In order to be liberated as a free thinking soul in this contemporary society, women have to break themselves free from the clutches of gender imposed on them by the patriarchy. It has been carefully naturalized in both men and women that men are the rational thinkers while women are creatures of sentiment. “The woman has been socialized and trained to believe that these are what make her truly feminine” (Nayar, *Contemporary* 121). Carer role of a woman is focussed around her motherhood and child bearing ability. She cares for the child from

its infant stage and thus even after becoming an adult, if one gets sick, they need the caring of a mother. Eventually, the woman is forced to become the carer. “Patriarchal society attributes particular values to the woman’s body and the woman assimilates these values” (Nayar, *Contemporary* 139). The gender role of a woman is repeatedly constructed on the basis that they are selfless and sacrificing. They are weak and need to be protected by men. Women can only be free, at least if she can make her own decisions regarding her body being a part of the reproduction. In other words, to bear a child or not, has to be her decision in the first place. Society’s perception regarding women who are not mothers are believed to be or represented as incomplete and lacking, needs to be changed.

As caregivers spend periods of time caring for patients every day, their daily activities are limited, and they have limited time to attend their own needs (Liu et al 442). In her book about empowering women, *Moment of Lift*, Gates presents how the gender imbalance and discrimination affects women regarding unpaid work. She states:

For women who spend all their hours doing unpaid work, the chores of the day kill the dreams of a lifetime. In India, women spend 6 hours a day doing unpaid work, while men spend less than 1. This means that, on average, women do seven more years more of unpaid work than men over their lifetimes. That’s about the time it takes to complete a bachelor’s and a master degree (110).

Care as Labour/Work vs. Affectionate Knowledge of ‘Loved One’

A carer can care for a stranger as his or her profession and at the same time, a carer can care for his or her loved ones, family member or friend out of their affection towards them. Occasionally, a carer can be both. A wife may care for her loving husband out of affection; but, when he consumes too much of her time, when she has to lose her personal time off, she considers her caring for her husband as a kind of mechanical job, which she does half-heartedly without any involvement. Eventually, he will accuse that his wife is being unfaithful to him saying that she is not serving him properly and is only interested

in his money. Then, it becomes a long struggle and the outcome is unknown. Sometimes, religion also plays a role in this. All traditional Christian wedding vows contain the line 'In sickness and in health'. The husband holds her answerable and responsible by the vow.

Ethics of Care vs. Justice

There are times when people have to be institutionalized for better care and assisted living. It is a tough decision to make and gender plays an important role there. "Institutional care, long regarded as impersonal and distant, is redefined in Dyer's account, where with their affectionate knowledge of her mother's temperament, the staff of the care home remain attentive and caring" (Nayar, *Alzheimer's* 109). When her mother is taken care of by nurses and professional carers, Lindbergh says, "She did not want care, and my insistence seemed a betrayal" (85). When a person enters into a carer-caree relationship, other relationships are bound to cease. Caring for dementia and Alzheimer patients is challenging. Burakoff records:

Jack (her husband) resented me leaving him in her care (Althea, a home care worker)... It was a relief being able to go shopping, or occasionally spend an afternoon playing bridge... I had to pay a price for my hours off! When I returned after a few hours, he lambasts me for leaving him alone with that "bitch" as he calls Althea (38).

Here, the husband is angry with his wife, for leaving him in the care of a home care worker. He calls the worker, bitch. So both the carers blamed here are women. Women in the family are the hidden victims as they are being exploited. Being a spouse appears to be a risk factor and caring for a man appears to be more demanding than for a woman (Gerain 7). People who love and care for the ill, will suffer the most, because caring can even make people to hate the person they are caring. It causes disruption in the family and obviously someone has to become the victim. Another reason for the distancing between couples is lack of intimacy. While males continue to view their spouses as wives, females perceived their husbands as child-like, which led to a decreased interest in emotional and sexual intimacy (Chen et al 12). When one sheds one's role as wife/husband

and takes up the role of the carer, he or she tends to see the loved one as a mere disease, a non-living but alive entity and not a complete person, they were once. Depersonalization describes the detached response in the relationship to the person being cared for (Gerain 2). They start to live with the disease and it erodes the relationship they share with the caree. "Let us proceed to a form of care that is not based on the capacities of a loved one or even on the memories of such capacities" (Held 25).

When time passes, one comes to an impasse, where you realise you can't do it anymore. The survival of the relationship is put into question. Accounts of burden, both physical and emotional are borne by the primary carer in the family is a woman. It is not dumping or abandoning, but understanding what is greater common good. Women are driven "to the point of constant unhappiness at home" (Gillies no page). There is a compelling need for a change in how prevalent gender roles are being represented in popular art forms like literature, movies, the media, etc.

In India, every time a child or a young adult commits a mistake, the father lashes their anger on the mother only, blaming them for the undisciplined manner of the child. They forget that the father is also equally responsible for the behaviour of the child. He subtly escapes the blame and the woman becomes the victim, as usual. This stereotype has gone into the next phase that even when the child performs poorly in studies and exams, that is also to be blamed on the mother. Pre-constructed gender roles are experienced by both men and women. In India, there is reluctance and hesitation in accepting the term house-husband, because in our country, it is the duty of the man to go for a job and feed the family. He is the typical breadwinner of the family, and going for work is considered as one of the essential characteristic traits of a gentleman. When the sex and gender differences in caregiving burden was studied, it reported higher burden among females. Female caregivers are found to report poorer physical health and more emotional distress due to caregiving compared to their male counterparts (Chen 3).

Diane Broeckhoven's novel, *A Day with Mr. Jules* (2001), tells us how a woman accepts the death of her husband and her getting along with an autistic boy. Alice, wife of Mr. Jules, takes almost a complete day

to bid farewell to her husband and to accept the fact that he is dead. Only caring for her dead husband has helped her being in charge, to be in control. The caring process acted as a check dam and kept her emotional outbursts at bay. When the carer role gets naturalized and internalized as a part of the gender role, women are afraid to withdraw from it. Alice got irritated by the fact that he is really gone, and hereafter whom she will care. Instead of caring for others, from tomorrow she will become the caree as people will start caring for her. She has been in the place of giving care for years. It has been absorbed into her being and now when she is at the receiving end, and it messes up her system.

David is an autistic boy living with his mom Bea, three floors down in the same apartment. Every day, Mr. Jules will play chess with David. One day, Bea's mother gets hospitalized and it creates a problem. Bea has to care for her ailing mother, but leaving David to other people's care is difficult for her. Thus, David is left to the care of Alice. She prepares herself and tells him that Mr. Jules is dead. David takes the time to process the information, but contrary to her expectation, he reacts in a mature way, which is unusual for a person with autism. The author brings into attention the difficulties faced by carers like Bea. Despite the benefits to the economy and healthcare system, caregiving activities often have detrimental effects on the physical and mental health and quality of life of informal caregivers (Cohen et al 246). Even for spending a few minutes with her hospitalised mother, she needs someone's help. "Ethics of care is focussed on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility" (Held 10). Bea wants to be responsible for both David and her mother, but the situation demands her to choose and prioritize.

Alice, being another carer herself, understands Bea's situation better than anyone, and comes forward to help her. One carer helps another, during difficult situations. Alice agreed to help, even though she herself was in dire need of help. David shows extraordinary patience in Mr. Jules's house. A dead man and his wife in the process of accepting the death, both these things are well within the grasp of his understanding. David felt safe and thereby, Alice too felt safe. When Alice, who is older and wiser than David, cannot be

herself, David took charge. Alice was losing her sanity and at that point of time, David, an autistic child in the absence of his mother, took control of an unfamiliar place. It is ironic that, when the all-capable, perfectly normal people are shattered and in a position to not do anything, people whom we consider abnormal, dependent and unable to do anything on their own, took charge. They completely took the situation in their hands and kept everything under control.

Death of Mr. Jules made Alice behave like a child and in an interesting turn of events, David takes up the role of the adult. He cooks dinner for both and when Alice leaves something left uneaten on her plates, he reprimands her with his look and she obeys him like a child. This role reversal takes place during an important place in the novel and it is beautifully described. Since the death of her husband, Alice was terribly longing for a sound sleep and David gave her the chance to sleep. During times of difficulty, both David and Alice showed their courage and managed the situation on their own. On the other hand, a well capable woman like Bea could not gather enough courage to drive her car that night. She asks Alice whether David can spend the night there. Alice agrees and consoles Bea. Alice goes to sleep hoping for a better tomorrow. When asked about the open ending of the novel in an interview, the author said, "Silences between words are as important as the words themselves. I write a story. The reader can read his own story between those lines" (Diane, *Mistar* 77).

Conclusion

It is imperative to educate and involve men in the caring process in order to promote gender equality and remove the obstacles to women's empowerment and development. This would unburden women at home and allow them to pursue their passion and career. It would also attempt for the abolition of gender norms and roles forced upon them. Irrespective of whether she does the act of caring voluntarily or involuntarily, the role of a caregiver is a deterrent. Even though it has been commonly believed that women make better carers, it does not mean that only they should have to take on this responsibility of carers in the household. Men also need to step up and that change in the scenario will be welcomed.

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