

The Multiple Meanings of Familialism

Francesca Polletta

LEVITSKY, SANDRA R. *Caring for Our Own: Why There Is No Political Demand for New American Social Welfare Rights*. New York: Oxford University Press, 2014.

The notion that families should care for their own seems straightforward in its meaning. I suggest that it may not be. Building on the argument advanced in Sandra Levitsky's Caring for Our Own, and especially its focus on the discursive shaping of rights consciousness, I draw attention to three discourses that may be responsible for how the caregivers quoted in the book understand family responsibility. One is an American discourse about the limits of government; one is a therapeutic discourse that is enacted in the support groups from which the book's respondents mainly come; and one is a nativist discourse that pits the American-born against newcomers. I argue that these discourses inflect the meaning of family responsibility in distinctive ways.

As I was reading Sandra Levitsky's *Caring for Our Own*, an acquaintance posted a touching newspaper story on Facebook. The story was about a poet who had won a MacArthur genius grant and decided to spend the half-million dollars she received, not on herself, but on paying for exhausted caregivers to take a vacation. One of those caregivers was profiled in the story: a woman whose two teenage sons both had severe autism. Thanks to the poet's largesse, the woman enjoyed a blissful week by herself in Maine, fishing, kayaking, and watching TV. A year and a half had passed since the vacation, and during that time, one of the woman's sons had been hospitalized repeatedly and the other had dropped out of school. But the mother did not complain to the reporter that she had not had another vacation since then, or that she did not have enough help, or that there must have been better options than hospitalizing a kid with autism. Instead, she said that since her vacation, the heaviness she had always felt in her chest had not returned.

My Facebook friend posted the story with the comment, "some people are awesome." Before I began reading *Caring for Our Own*, that is the way I would have read the story: as a heartwarming tale of generosity, empathy, and personal fortitude. Now I read it instead as a story about an ungenerous state and burdens that should not have to be borne alone. The story's message—that if you are a caregiver, you should hope for an extraordinary act of personal generosity from someone who has won a once-in-a-lifetime grant to get a week of respite—now seems sadly ironic.

One of Levitsky's signal contributions is to make clear how simultaneously commonsensical and strange is the notion that family, and only family, is responsible for the care of its members. An ideology of familialism persists in the face of

Francesca Polletta is a Professor of Sociology at the University of California, Irvine. E-mail: Polletta@edu. She thanks panelists in the 2015 ASA Author Meets Critics session on *Caring for Our Own*, and especially Sandra Levitsky, for stimulating some of the ideas that she takes up here.

social changes that have put more and more people in the position of the caregiver in the story. The aging of the population and the fact that hospitals release patients “quicker and sicker” than they once did have put more people in need of care, and of longer-term care. Caregivers often have little support and serious troubles. They experience financial loss, mental exhaustion, and physical decline. The problem of inadequate support for caregivers has become more severe. It has become more widespread. And it is a problem that cuts across class, affecting not only the poor, but also those with the political resources to demand a change in policy. So why have caregivers not mobilized? Why have Americans not demanded support for caregivers as a right?

It is extraordinarily difficult to talk about the limits to people’s political imaginations without seeming to charge them with false consciousness. *Caring for Our Own* does so masterfully. It points to the ways in which people’s legal consciousness is shaped, not only by the laws that are woven seamlessly into their daily lives, but also by the images they have of existing policies. People imagine the government acting in ways that go beyond current policies—but, most of the time, not too far beyond those policies. They think with the discursive materials provided by existing institutions. As a result, they tend to envision government support truly as a last resort.

The argument is a compelling one. It helps to make sense of the ways that US caregivers talk about family, care, obligation, and rights. And it goes some distance in moving studies of legal consciousness beyond what people say and do about law to the sources of the schemas shaping that consciousness (Silbey 2005). In fact, it invites us to go even further, by subjecting the ideology of familialism to the same scrutiny that the book devotes to efforts to move beyond that ideology.

Although the injunction to care for one’s own seems straightforward, I argue that, depending on where you stand, it can be understood as completely consonant with state intervention rather than as at odds with it, and can be understood in ways that have more to do with racial solidarity than biological ties. Recognizing these multiple meanings of family responsibility requires paying close attention to the overlapping but distinct political cultural contexts in which caregivers think about family, rights, obligation, and the state. Doing so, in turn, offers us an even stronger analytical purchase on when people do and do not imagine alternatives to the existing.

Let me briefly rehearse the argument of *Caring for Our Own*, highlighting its contributions to law and society scholarship as well as the study of protest and politics. Then I build on the argument to identify three institutional discourses that may be shaping how the caregivers in the book think about family and family responsibility.

THE ARGUMENT

To the question of why people do not demand governmental support for the care work they do, *Caring for Our Own* offers two answers, one simple and one complex. The simple answer is that a pervasive ideology of familialism makes the

idea of government involvement in long-term care unthinkable. “What rights do family caregivers have?” an interviewee repeats with befuddlement the question Levitsky had posed her. “My god. You got me. What *rights*?” (112). One cares for one’s own, no matter what the illness is, no matter whether family members are always best equipped to care for the ill person, and no matter the consequences for the caregivers’ finances, career, emotional well-being, and physical health. Care giving is simply an extension of one’s familial role. It is what you do as a daughter or a wife. The idea of the state doing it is unfamiliar and unappealing.

The more complex answer to the question of why Americans do not demand support begins with the fact that caregivers in some circumstances *do* recognize that they deserve support. Their sense of entitlement is hard-won. Using careful comparisons of people at various points in the trajectory of their care giving, Levitsky describes a process of politicization. When people begin giving care, she finds, they do so within the firm boundaries of a familial ideology. But as caregivers come into contact with social workers, support groups, and other caregivers, and as their situations of care giving become increasingly strained, they begin to see the chinks in the ideology. They come to see their care giving as more than an extension of their familial role. They adopt a care-giving identity and start to recognize that the care they provide benefits society rather than only their ill relative. They come to see injustice in their situation. They even imagine a government role in ameliorating that situation. But the role they imagine for the government is curious.

To be sure, they do not have many models of government programs that could provide chronic care. European models seem strange to them and social insurance programs like Medicare seem to mean relinquishing responsibility for one’s ill relative altogether. Instead, caregivers take a program that is familiar to them, Medicaid, and imagine reforming it so that they would receive help even though they are not poor. Now Medicaid is an odd choice on which to pin your hopes. Medicaid is often stigmatized. It is seen as government aid for the undeserving poor. But it is also seen as providing help for those in dire straits. This image allows caregivers to imagine Medicaid providing them help while still retaining the primacy of family responsibility.

These caregivers thus articulate a sense of entitlement. But note its source. Caregivers’ consciousness of what is due to them comes from their ideas about a familiar policy, Medicaid. This is what distinguishes the perspective in *Caring for Our Own* from that of a number of studies of legal consciousness (described, inter alia, by Silbey 2005). Like other scholars of legal consciousness, Levitsky wants to know why, as she puts it, “people acquiesce to a legal system that promises equal treatment, but that systematically reproduces inequality” (11). The hegemonic power of the law lies in everyday life, these scholars have argued. It lies in the norms that are threaded through our daily activities, such as paying our bills on time, and respecting a neighbor’s property, and driving on the right side of the road. The legal origins of these norms are so distant that compliance seems a matter of habit, neighborliness, or prudence, not legal obligation. Law and its limits are effectively naturalized.

For these scholars, everyday life thus replaces the state as the privileged site for capturing law’s power. But Levitsky departs from this perspective, arguing that people’s legal imaginations *are* shaped by the state; specifically by the state policies

with which they are familiar. Certainly, policies create practical constraints and opportunities. However, they also create cultural resources. They are good to think with, as Levi-Strauss would say. People do not abandon their beliefs in an ideology of familialism as they begin to imagine government support; rather, through a process of what Levitsky calls “discursive integration,” they draw on the model of Medicaid to render care as a personal responsibility congruent with care as a public responsibility.

Now, some caregivers go further in challenging the dominant ideology of familialism, Levitsky argues. This happens when they find themselves struggling to hold onto the positive side of two cultural categories. Caregivers want to see themselves as deserving citizens as well as dutiful family members, and this leads some to a *counterhegemonic* discursive integration. The government, they say, has a responsibility to provide care to people who have paid into the system. They do not adopt the model of Medicare wholesale because that kind of intervention seems like surrendering the care of one’s own to the government. However, they do adopt part of the logic of Medicare: that since they have paid into the system through their taxes, they should be able to draw on that reserve now. They transpose the logic of social insurance to Medicaid’s logic of help in the last resort, and in that process, they “reimagin[e] the social organization of care” (18).

Levitsky’s argument that we should look for challenges to the dominant ideology at points where people are unable to hold onto two valued identities at the same time will be of interest to scholars of protest and politics. When people find it impossible to be both a caregiver and a deserving citizen, say, we should see them imagining alternatives to the status quo not by dreaming them up out of whole cloth but by transposing the logic of one familiar policy to another.

To be sure, even the caregivers who come to believe that the government needs to intervene fail to act on that belief. Indeed, they barely talk about it. This is in part because the social workers who encourage caregivers to develop a sense of their work as having public value *discourage* them from trying to gain public support for that work. Social workers steer caregivers away from political action and even political talk. Levitsky explains that “the social workers that facilitated the support groups in this study viewed their groups not as sites for political consciousness raising, but as tools for changing individual behaviors” (152). The irony is that the social workers and the support groups and workshops are the result of the protest movements of the 1960s and 1970s. However, advocacy groups traded politics for federal dollars. The result was that they were forced to redefine their mandate in a way that decoupled community-based care from political advocacy.

Levitsky’s answer to the question of why people do not mobilize around unmet needs is thus to identify a series of obstacles. An ideology of familialism prevents many from even seeing the government as a potential source of support. Limited policy models make it difficult to think beyond binaries of deserving and undeserving even when people do begin to believe that they deserve some help. And for those who escape the strictures of a familialist ideology to believe that the government must play a role in care giving, the distance between the worlds of social work and advocacy makes unlikely the prospect of their acting politically on that belief.

AN AMERICAN FAMILIALISM

The argument in *Caring for Our Own* is both nuanced and compelling. It is developed through rich interview, focus group, and observational data. It is sharply illuminating of caregivers' struggles to deal with their growing sense that they should not shoulder their difficult burdens alone. The book's insight that people use the discursive resources provided by existing policies to imagine alternatives to the existing is a powerful one.

I would like to pursue that insight further. People operate at the intersection of *multiple* institutional discourses, and their understanding of their own responsibilities and those of the government reflect these discourses. I see at least three such discourses that may be responsible for the distinctive ways in which the caregivers interviewed for this book talk about family and family responsibility, and I speculate that people operating in different settings may talk about those things differently. That speculation leads me to be both more and less sanguine than Levitsky about Americans' capacity to penetrate hegemonic understandings of social welfare rights.

First, the caregivers who are quoted in the book articulate a very American understanding of familialism. In Europe, familialism is associated with governmental policies that provide support to those who care for family members. Forms of support include leave policies, but also cash payments and tax reductions for caregivers. Familialism is absolutely consistent with the right to financial support. A "defamilializing regime," in Esping-Anderson's words, seeks to "unburden the household and diminish individuals' welfare dependence on kinship" (1999, 51). A "familializing" regime, in line with the familialist ideology that Levitsky describes, identifies family members as responsible for care. However, this does not mean that the government should play no role. To the contrary, as Leitner argues, "we can distinguish between welfare regimes that rely on *and actively support* the family as the main source of care provision and welfare regimes that attempt to relieve the family from caring responsibilities" (2003, 357, emphasis in the original).

In Europe, then, the belief that family members are responsible for care is not at odds with a belief in the appropriateness of governmental intervention. Recognizing that the opposition between private and public responsibility for care is neither natural nor universal encourages us to better understand the reasons why the private version of familialism has become the default assumption for Americans confronted with a family member's illness.

A THERAPEUTIC FAMILIALISM

But I also wonder if this is indeed the only familialism that has developed in the United States. Levitsky's caregivers think about the relations between family care and government responsibility in an American context, but also in a *therapeutic* context. Most of Levitsky's respondents are members of self-help support groups. The small number of respondents—thirteen—who are not in such groups were recruited to the study by social workers who identified candidates from their case-loads. Levitsky did not talk to people who were taking care of family members

without contact with social workers. Now what does this mean for her argument? Levitsky speculates plausibly that the people she did not interview were likely to be even less politicized than the people she interviewed. After all, support groups members were dissatisfied enough with their situation that they were willing to obtain help.

Is it necessarily true, though, that people who do not come to support groups are less politicized? Self-help and support groups generally hew to the notion that participants' problems are emotional rather than structural: personal rather than political. Certainly, Levitsky makes clear, these support groups do. Facilitators discourage members from connecting their newfound sense of injustice to any kind of political action. That facilitators actually help caregivers to arrive at this sense of injustice in the first place may have to do with the fact that the people who come to the group are especially captives of a familial ideology. Perhaps the people who do not come to the support group eschew such groups precisely because they do not see their main problem as a lack of emotional support but rather as an ungenerous state. In other words, those outside the therapeutic loop may be constrained less by an ideology of familialism than by more structural barriers, such as not having the time for advocacy or not having ties to advocacy groups.

Levitsky sees the distinctly nonpolitical discourse of social workers as posing an obstacle to mobilization after caregivers are already politicized enough to see state intervention as necessary. Social workers and support groups might have provided caregivers with links to advocacy organizations, Levitsky argues, but their determinedly nonpolitical stance prevents them from doing so. The question I am raising, however, is whether support groups' depoliticizing role may also come earlier. Just as Americans have ideas about Medicaid and other policies, they have ideas about "support groups." So I am wondering if the popular understanding of "support" as emotional rather than political or economic may discourage people from joining the groups (and Levitsky's study) who are unwilling to see their problems as only emotional.

I wonder if talking to people outside the ambit of therapeutic support groups might reveal alternatives to the familial ideology that is the default for the caregivers in Levitsky's study. If so, it suggests, again, that we recognize the existence of diverse schemas of family responsibility.

A NATIVIST FAMILIALISM

I want to draw attention to one more discourse that may be inflecting people's understanding of family responsibility. In the two previous sections, I argued that what makes people reluctant to demand state involvement in care giving may be less an ideology of familialism *tout court*, and more a distinctively American and therapeutic understanding of the place of politics in private life. The possibility that Americans who are outside the networks of therapeutic social service and support groups may be more comfortable with a state-supported familialism makes me more optimistic than Levitsky about Americans' capacity to reject the binary of deservingness and undeservingness that structures current policy. Evidence of a

third discourse in caregivers' talk, however, makes me less optimistic about that prospect.

Again, Levitsky argues that some respondents move from a familial ideology to the necessity of a more interventionist government stance as they struggle to join identities of dutiful family member and deserving citizen. They respond to that tension by combining a schema derived from social insurance programs like Medicare and Social Security with the schema derived from Medicaid. They effectively reject the distinction between support for the deserving (social insurance) and the undeserving (means-tested programs).

I want to focus on the latter point. But first, let me say that while it makes sense that the struggle to combine two valued identities would lead to stress and, possibly, to the belief that government should intervene to help, it is not clear to me that that would be a typical pattern. Consider another case where an ideology of familialism seems especially powerful: child care for working parents. We would expect women to, if not mobilize, then certainly believe that government support is warranted when their identities as good mothers come into conflict with their identity as good workers or good professionals. Those identities do come into conflict, and many women, it seems, resolve the tension by privileging being a good mother: dropping out of the workforce if they have the means, having a job rather than a career, or accepting the fact that they will lose jobs in order to care for their families. So is it something about the context of the identity conflict or something about the particular identities in conflict that matters?

More relevant to the line of argument I am pursuing, though, have the caregivers who have come to see care as a right really articulated a counterhegemonic view of the state's role in long-term care? Levitsky notes, but does not discuss at length, that these caregivers want Medicaid for themselves and not for poor people. One woman contrasts her family who, she says, have worked, paid taxes, and "put into the system" with "all the people that were sitting there [who] didn't speak English" (138). "We've chosen to take care of them rather than take care of our own." But "our own" in the last sentence seems to mean more than her family. The woman clarifies: "the people who live here and have contributed and our ancestors who have contributed." Taking care of our own seems to mean taking care of native-born Americans, not immigrants. The entitlement is based on the fact that their "ancestors" have put into the system. Another woman complains, "Our kids, who were born in the United States, their parents and grandparents have all paid taxes, they aren't eligible for anything" (138).

Again, it seems that "family" is understood not only as biological kin but also as ethnic kin. That construction makes sense only in terms of a nativist discourse that imagines a relationship of kinship among those who have been in the United States for more than a generation. Levitsky does draw attention to the anti-immigrant strain in caregivers' talk, but I want to argue that these caregivers are not unsettling the deserving/undeserving binary, and the policy system that is based on that binary. They are simply relocating the binary. By claiming that they are more entitled to Medicaid than the people currently receiving it, they are essentially saying that the undeserving are *really* undeserving. So their newfound

sense of entitlement seems associated not with a belief that Medicaid should be expanded but that it should be reallocated.

Practically, I am not so sure I want these people to mobilize if it means that they will pit their needs against those of immigrants and the poor. But analytically, I am suggesting that an ideology of familialism has not only gendered aspects, but also classed and raced ones. Or to put it in the terms that I have used so far, Americans who are less affected by a nativist discourse may understand the responsibilities of family in ways that are different than the caregivers quoted in the book.

If I am right that the caregivers in *Caring for Our Own* speak in ways that are inflected by several discourses, it suggests that we need to better understand where these discourses come from, the means by which they diffuse, how they combine and evolve, who adopts them, and what impacts their adoption has on how people define the legitimate scope of government action. We need more studies like Levitsky's of the *multiple* cultural and interpersonal contexts in which people think about their own rights and those of others.

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