

racialisation, illness and my father: three vignettes

Sonya Sharma

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introduction

Canada is world renowned for its public health system and health promotion policies, but the everyday realities of healthcare can poorly match such endorsements (Raphael *et al.*, 2016). Shaped by colonising histories, racialised people(s) continue to experience racism and inequity in and outside of healthcare settings, affecting their well-being (Hassen *et al.*, 2021, p. 2; Gebhard, McLean and St. Denis, 2022; Geronimus, 2023). In this short piece, I present three vignettes that focus on my father and me in different spaces. In these vignettes, he is dying of cancer, and I am observing, listening to and conversing with him.

My father was one of eight children who grew up in a small village near the city of Hoshiapur, part of the Indian state of Punjab. After his schooling, he was accepted into Marine College in Mumbai. His work as a marine engineer led him to migrate to Canada in the late 1960s. There he married my mother, and they had three children while working in their respective professions until retirement. My father loved cars and sport and was captain of his local cricket team, a group of diasporic friends from the Caribbean and India. The vignettes took place five years ago, when I travelled to Canada to be with him in his last days. In them, I connect feminist and race theory with lived experience to capture three interconnected moments of racialisation and illness that take place in a hospital, in a garden centre and on a bus (Ramazanoglu and Holland, 2002). Through these moments, I highlight the banality of racialisation that can demean and intensify the embodiment of life-changing illness in the everyday.

the hospital

I waited with my father in a hospital room that had a bed and a big window through which the mid-afternoon daylight shone. We sat near the door on two chairs side by side. It was quiet. The specialist responsible for a new trial of cancer treatment entered with a clipboard and sat down across from him on a short stool with wheels. She was a white woman dressed in a white lab coat, loose navy trousers and sneakers. She asked my father some questions. He responded, but he chose to say more about his recent excruciating experiences of receiving radiation and if it was all worth it. She replied to his comments, saying, 'you have a chance to be at the forefront of medicine and to help make a difference'. He sank back slightly in his chair, shamed and glum in response to her tone, infantilising, glib and routine. Her

gaze looked at him then at her clipboard. I sat ignored witness to the exchange, feeling powerless in not understanding the medical language that proceeded. Another specialist entered the room to take a blood sample. The blood sample was not taken because my father was dehydrated. He died five days later at another hospital in palliative care.

The exchange between my father and the specialist is a mundane moment in the context of healthcare where bodies and lives from an array of backgrounds cross and dwell, recovering from and succumbing to illness. It is in these seemingly mundane moments, however, that there is much to think through, about what happened, the quality of care given, the way my father was not heard, dismissed, a body, a brown body put in its place because it was 'out of place' (Puwar, 2004). I mull these moments over and feel bereft. Frantz Fanon (2008 [1967]) explains how racialisation occurs in social relations, where white negates black and takes a psychological toll on the other. In the receiving of medical care, Yasmin Gunaratnam (2013, pp. 45–46, 48) powerfully captures how 'a person of colour can disturb the sociality and relaxed atmosphere' of a clinical space with their arrival, where habitual niceties are not extended and racisms are 'slippery' that such 'small happenings gather meaning through their similitudes and continuities with other felt circuits'. It begins with a look. In the look is the objectification of the black subject/body encased in a 'historico-racial schema' that classifies and denies his/her subjectivity (Fanon, 2008 [1967], p. 84; see also Puwar, 2004). This is similar to what Ralph Ellison wrote in his novel *Invisible Man* (2001 [1952]):

I am a man of substance, of flesh and bone, fiber and liquids—and I might even be said to possess a mind. I am invisible, understand, simply because people refuse to see me ... When they approach me they see only my surroundings, themselves, or figments of their imagination—indeed, everything and anything except me. (*ibid.*, p. 3)

The racialised body is constructed via power relations, and by the cultural and social discourses inscribed onto it. In the medical context, this frequently results in the lived story of one's corporeality being missed, sidelined to get on with treatment and cure, to collect a blood sample. The exchange between my father and the specialist was about 'everything and anything except [him]'. Her gaze 'fixed' and negated my father in the institutional and routine space of the hospital. She did not see, she did not listen, she denied him his humanity.

the garden centre

Earlier in the year of his death, my father received chemotherapy and radiation for the malignant tumour on his chin. The treatment helped, and the tumour subsided. It started to grow again a few months later. While I was home that summer, one day he drove me to his local pub. When he was well enough, he visited it weekly and played the lotto. After lunch, we went to a local garden centre to pick up some sandbags to secure a patio umbrella on the porch. My father asked a shop assistant—a white man in his early 30s—for help. As my father spoke to him, he covered his chin with his hand. He was embarrassed about the growth and its size. He wondered aloud to me one day if he should buy a fake beard to cover it up. He showed me the websites that he had found where he could purchase one. In the store, standing apart from them, I observed the two men talking: one white, younger, taller than my

father, looking and responding politely; the other, an elderly brown-skinned man, shorter, talking tentatively in a friendly gentle manner, using his hand to cover his chin, putting his hand down then raising it again. My father watched himself being seen and unseen and attempted to be seen and unseen in the collision of race, abnormality and illness that marked his face, his body and the exchange with the shop assistant. The assistant remained courteous, my father 'fixed by [his] white gaze, [a] white gaze ... disorientated by the close proximity of [my father's] foreign [ill body]' (Puar, 2004, p. 42).

At the conclusion of their exchange, I said to the shop assistant, 'thank you so much for your help'. My thankfulness though was not wholly for the assistant's help. It was a thankfulness that placated and appeased the power of whiteness when observing the shop assistant's objectification of my father. A thankfulness tinged with deference that is wrapped up in wanting to blend into the normativity of whiteness that infuses and governs the suburbs where I grew up and where the store is located. My thankfulness attended to the 'terrain of whiteness' (Frankenberg, 1993, p. 1) that marked the shop's space, where I felt marginal and awkward. It was a thankfulness that attempted to ameliorate and wipe away my father's racial difference compounded by the cancerous growth on his chin and his humiliation at being ill. In the car ride home, my father thanked me for coming with him to the shop. His thankfulness was spoken sadly. I think about this moment, how he may have grieved what I saw in that exchange, the grief of wanting things to be different, to not be ill, to be able to walk freely in the world without having to conceal the tumour, to walk through the shop un/noticed, 'to be a man among other men' (Fanon, 2008 [1967], p. 85).

the bus

It was a warm sunny day. Walking short distances was something my father could still do. In the late morning we walked around the block. We walked down our neighbourhood street where the houses have slowly changed ownership because of death or people moving away. Some have a new coat of paint and others landscaped gardens that sit serenely against the backdrop of the North Shore Mountains. As we approached the field of the elementary school that my siblings and I attended long ago, my father held onto the chain-link fence to stop and take a rest. Standing, he told me about a recent ride on the bus. He had got on and taken a seat. At one point an Asian woman with her grandson were also on the bus. He noticed them because she and her grandson were staring at him, and she was trying to dissuade her grandson's behaviour. When the bus came to a stop, the woman and her grandchild got up. Later as he was getting off the bus, he noticed that they were still on it. They had not gotten off earlier but had moved to other seats. They had moved away from him. Before the pandemic, my father had started to wear a surgical face mask out in public. He had been given some by the hospital where he received treatment. Sometimes he wore one, sometimes he did not. He found it uncomfortable, and it marked him as different, out of place. As he told me the story, he was pained, injured and ostracised by what had happened. We walked slowly through the field and past the school buildings where years before a girl in my class told me that my face was 'dirty'. I ran to the girl's washroom to look in the mirror and saw that my brown face was clean. I wiped it anyway, hot, heart pounding, shamed, and ran back out to play as if nothing had happened, nothing had been said. My father got off the bus likewise only to reveal this story to me days later, grappling with this encounter that still affected him.

Shirley Anne Tate (2016, p. 69) discusses how 'racism is so ordinary' that it 'melts into thin air' even as it permeates spaces such as the bus or the organisations in which we work. She states that, "'I just can't quite put my finger on it" is often something that we think/say as we struggle to identify racism's invisible touch' (*ibid.*), something my father was trying to make sense of that morning. 'To touch is to leave a discernible mark or effect through contact, to stir emotionally/affect the emotions ...' (*ibid.*). Tate (*ibid.*) describes racism 'transmitted through the flinching away ... a movement away which, even if slight, contains within it a moment of contempt/disgust', and that '[s]uch dirty affects are the basis of shaming encounters...'. The racialised ill other is 'located as "touched", not quite right, without any word being spoken' (*ibid.*). Perhaps the woman thought she was being kind by moving them away, protecting my father from her and her grandson's stares. Is that what my father and I could place our fingers on? The affect that lingered on the school field as he spoke seemed to reveal something else. They moved away from him on the bus because of his illness, his difference, no words spoken, him touched by their disgust.

concluding thoughts

Gunaratnam (2013, p. xiv) writes, 'Caring for vulnerable strangers remains one of the most urgent challenges of our time'. My father was a vulnerable stranger in these encounters. Living in Canada since 1968 did not change that. It is the gaze that Fanon, Ellison and others (e.g., Du Bois, 1994 [1903]) have written about that keeps intact the figure of the racialised stranger. It erects borders between bodies that map onto the kinds of care and attention they receive in and outside of healthcare settings. Gunaratnam (2013, p. 16) describes total pain as 'physical, psychological, social and spiritual', including 'the pain that gathers over a lifetime'. I cannot imagine the physical pain my father endured because of the cancer, but I heard and observed the pain of what it was like for him to be belittled and racialised, a historical pain felt into his last days. For him and countless others, these experiences are not new and point to the necessity of deep systemic change that the pandemic further exposed. In many ways, the pandemic opened people up to others' pain and vulnerability. Yet, there is still much more to be done to address racialised health disparities and inequalities of well-being: this includes being reflexively aware of our collusion in systems of oppression; gaining knowledge of intersecting relations of power; and working towards antiracism and social justice via daily acts of welcoming in, stopping to listen, recognise and regard (Sharma and Reimer-Kirkham, 2023). These vignettes situated in the everyday, moreover, point to the ordinariness of racism and racialisation that diminish and heighten the extraordinary impact of living with a life-altering illness, and, in such banal moments, to what it might mean to care for the vulnerable and ill other, who inhabits these spaces too.

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author biography

Sonya Sharma is Lecturer in Sociology in the Social Research Institute at University College London, UK.

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