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Book Review

Dossa, Parin. *Social Palliation: Canadian Muslims' Storied Lives on Living and Dying*. Toronto: University of Toronto Press. 2020, 232 pages.

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Social Palliation, by Parin Dossa, draws insights from the experiences of first-generation Canadian-Ismaili Muslims of South Asian origins and Canadian-Iranians to answer the questions: “What bearing does displacement have on living and dying in a new land? And what kind of work do displaced persons engage with to restore the integrity of life and death, even if this is in small but not insignificant ways?” (4). The book is an ethnographic study, conducted in Vancouver from May 2015 to May 2018. From the outset, the reader is introduced to the book’s activist mission, to politicize issues of life and death and expand the boundaries of palliative care to include social palliation. Through the medium of storytelling, Dossa invites us into the lived experiences of select research participants, making a case for a more culturally inclusive and holistic form of palliative care, which she calls social palliation.

This book is not only about social palliation but also highlights systemic injustices and barriers to receiving care, care that is culturally meaningful and fulfilling. It provides insights into the limits of palliative care in relation to the needs of “continually displaced” interlocutors. While Dossa effectively makes the case for social palliation throughout the book, the study has some limitations.

Social palliation is not clearly defined in the book. Instead, attributes of social palliation are uncovered through case examples over various chapters. In sum, social palliation recognizes that death and dying cannot be cut off from life and living, acknowledges the care recipient as part of a complex web of social relationships, and affirms that one’s life and border-crossing experiences matter. Dossa argues that palliative care is based upon neo-liberal values, such as individualism, which diminishes the importance of the social in health, healing, and palliation. As such, palliative care is “patient-centred focus” and “premised

on fulfilling the wishes of the patient as an individual, not as a person embedded in a world of social relationships, and also as someone with a history and life experiences that should matter” (4). Palliative care becomes “contingent upon a diagnosis of terminal illness,” (4) and often ignores other circumstances where ongoing care might be necessary, such as for those with temporary limitations, unique healthcare needs, or permanent disabilities.

Dossa discusses how her Canadian-Ismaili and Canadian-Iranian participants come from cultures and societies where death and dying are not cut off from life and living, which lead her interlocutors to feel displaced, lonely, and isolated when dying in Canada. The author contends that the foundational problem lies within Canada’s neo-liberal capitalist system, which “fosters individualism and self-care, while absolving society from its responsibilities towards its citizens” (138).

Dossa finds that her participants, due to their unique migration histories and being racialized minorities, are continually displaced, resulting in what she calls “social wounds.” Dossa defines social wounding as “a mode of research that lends itself to a multilayered understanding of the lives of marginalized persons” (180). She argues that displacement “is a politicized phenomenon that profoundly affects people’s lives because they are compelled to leave their place of birth, after living there for generations” (5). Upon resettlement, she contends that “displaced persons are subject to continuing trauma,” which “is largely a function of colonization and neo-imperialism” (5). One form of trauma identified is the “non-recognition of their credentials and erasure of their life experiences,” which she deems “a function of structural exclusion” (6). Another form of trauma is that of being removed from social networks and the “home” to die alone.

Through research and interviews with palliative care practitioners, Dossa contends that the current healthcare situation, “privileges those who are already privileged, and disenfranchises those who are dispossessed” (37). She argues that the terminally ill, “are marginalized by the existing health and palliative care systems because of their exclusive focus on end-of-life,” which, “cannot be divorced from life,” and should take into account the lives of participants who crossed “geopolitical and social boundaries [to remake] a home in a new land in the wake of displacement” (37). According to Dossa, the notion of palliative care is constructed in relation to bio-medicine, and while it may be built with intentions of inclusivity and compassionate care, it ignores border-crossing experiences and the social needs of care recipients, lending them to feel ignored, isolated, and lonely.

An engaging feature of the book is Dossa's ability to draw readers into the lives of her interlocutors through the medium of storytelling. As part of her research methodology, she invites study participants to share their stories, allowing us to observe how they piece moments of their lives together and make meaning with those moments, often highlighting social wounding in their accounts. Dossa argues, "an important aspect of the genre of storytelling is its close association with the wound (continual displacement). Emanating from the inner recesses of life, wounds tell stories that challenge us to reflect on aspects of lived realities that might otherwise recede into the background" (9). Through her storytelling, readers are able to better understand how displaced participants try to re-make their everyday worlds in their new homeland, give meaning to their experiences, and restore integrity in both life and death in small but significant ways.

Another appealing feature of the book is the conclusion, where Dossa presents fragments of each community's sacred traditions, inviting us into the collective consciousness of these communities, which offers a glimpse into their worldviews around living and dying. Dossa does not engage with the selected excerpts: instead, she invites the reader to reimagine how we each think about life, death, and dying, and how these sacred narratives might provide meaning in the lives of study participants and their families.

The book is insightful and a pleasure to read. Its major drawback is its exclusive focus on first-generation migrants. Dossa explains that she chose these communities because of her long-standing relationships with them (179). Had the study even included 1.5 generation participants from the same communities of interest, it would have helped paint a bigger picture of the impacts of displacement and social wounding in living and dying, as the 1.5 generation would have spent most of their lives in Canada. This sample would help us to understand why socialization in a particular cultural context matters. Building on the present study, it would be worth repeating the study on second-generation Canadian-Ismaili and Canadian-Iranians, as this would help us to examine whether the effects of displacement, and subsequently social wounding, must be experienced first-hand, or whether the "wounds" can be transmitted intergenerationally, and if so, to what extent. However, these research questions are clearly beyond the scope of this study.

It would also be of benefit to the readers if they knew about a recent development in the Ismaili Muslim community in Canada. In 2019, the Ismaili community opened its first multi-generational housing complex in Calgary,

Alberta, called Generations, with plans to open more across Canada. Generations aims to respond to the needs of the aging and disenfranchised members of society. According to their website, the complex in Calgary “encourages high-quality social interactions across generations from early childhood through to older years” (Generations – Multi Generational Housing and Community Centre, n.d.).

Unfortunately, the book does not mention these efforts or whether this high-profile initiative responds to the social palliative needs described by the author—even though the complex’s development stages and awareness campaigns were present during the study. This high-profile initiative is worth mentioning as it reveals how the burden of culturally relevant care is being taken up by the community, not the state. While Canada prides itself on the values of diversity, inclusivity, and pluralism, it further supports Dossa’s argument that neo-liberalism, as a system of governance, “fosters individualism and self-care, while absolving society from its responsibilities towards its citizens” (158).

Still, *Social Palliation* fulfills its objective of adding nuance to the way we think about palliative care and would be an important read for healthcare professionals, policymakers, and other stakeholders. Dossa helps us to acknowledge that study participants live and die in a “complex web of relations, which encompass the politics of suffering and pain” and how, “without meaningful social relationships and mutual connectivity,” they are “deprived of life at the fundamental level of experiencing its relationship to death” (20).

This book comes at a perfect time. As I read the book, I could not help but reflect on the current situation, including the impact of the COVID-19 pandemic on long-term care homes and healthcare more generally. As we continue to recover and learn from the impacts of the pandemic, where the elderly, disabled, and terminally ill have arguably been hit the hardest, this book offers readers a new way of thinking about palliative care.

References

“Generations – Multi Generational Housing and Community Centre.” Accessed 16 February 2023. <https://generationscalgary.com>