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4. Religion as Social Capital for Resettled Refugees

Karenni Catholics in Omaha, United States

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Abstract

Drawing on a case study of resettled Karenni refugees from Myanmar in Omaha, in the American Midwest, this article explores the role, function, and potential of refugees' identification with a religious belief and value system and membership in a religious organization for successful resettlement, and discusses the suitability of a common social science concept – social capital – to further our understanding of religions' role, function, and potential for refugee resettlement. The article argues that resettlement agencies that are engaging with religious organizations as their partners can increase refugees' access to social support, associated with identifying with a religious belief system and belonging to a religious organization, and the likelihood for successful resettlement.

Keywords: refugees, resettlement, social capital, Karenni, United States

Introduction

The flow of people, ideas, and goods, unparalleled in history and facilitated by technology and a global economic system, has consequences at local, national, and international levels and results in massive social, cultural, and other transformations in societies and cultures (Appadurai; Ferguson; Harvey; Kearney; Tsing; Wallerstein), including religious organizations, worldviews, belief systems, and practices (Baum; Casanova; Csordas; Geoffroy Hexham and Poewe; Lindquist and Handelman; Rudolf and Piscatori). The global flow of people includes refugees, and globalization scholars are investigating the causes and consequences of their emigration from their homelands and the various forms of transformations they experience, including the role and function of religious beliefs and organizations for refugees and the refugee experience (Bramadat; Clarkson Freeman, Penny and Bettman; Dudley; Gravers; Hoskins; Jonsson; Jung; Mavelli and Wilson; Soucy). They study, for instance, how refugees transplant their religious communities to their new home country, the potential of religious organizations to facilitate but also obstruct refugee resettlement, and changes in religious beliefs and practices during the resettlement process.

Drawing on a case study of resettled Karenni refugees in Omaha, Nebraska, in the American Midwest, and informed by methods and theories commonly used in anthropology, this article explores the role, function, and potential of refugees' identification with a religious belief and value system and membership in a religious organization for their resettlement, and discusses the appropriateness and suitability of a common social science concept – social capital – to further and deepen our understanding of this role, function, and potential as refugees attempt to rebuild their lives, develop roots in their host country, and create a new home at the resettlement location. The first part of this paper provides the background and wider context of the study, introduces the refugee group that is the focus of the study, and outlines the author's engagement with the group, followed by a description and interpretation of a health-related event, exemplifying, illustrating, and discussing the theme of this paper. Then the theoretical construct of social capital is described, followed by a section discussing the adequacy of this concept for understanding aspects of the resettlement process. A concluding section summarizes the main thoughts of the paper, arguing that resettlement agencies can increase refugees' access to social support, contributing to a successful resettlement process, when they collaborate with leaders of faith communities to which refugees belong.

Background and Context

From 2011 to 2013, a group of Creighton University faculty and students from the School of Medicine, the College of Nursing, and the Department of Cultural and Social Studies, including myself, engaged in a health needs assessment of refugee communities.¹ During 2015,

¹ "The Florence Clinic, Refugee Populations and Community Health," Principal Investigator – Dr. Laeth Nasir, Co-Principal Investigators – Dr. Laura Heinemann, Dr. Margo Minnich, Dr. Alexander Rödlach, and Dr. Dianne Travers Gustafson. Creighton University's Institutional Review Board approved various stages of this study (IRB# 11-16249), which was supported by a 2012 Dr. George F. Haddix President's Faculty Research Fund grant.

the study evolved into a project exploring how social capital influences resettlement dynamics.² Both studies utilized qualitative methods, such as observations, interviews, and focus groups, grounded in the anthropological methodological approach of participant observation (Bernard). After transcribing audio-recordings verbatim, we systematically coded, analyzed, and interpreted the resulting text using the Grounded Theory approach (Glaser and Strauss). We collaborated with our community partners from Lutheran Family Services (LFS), the largest resettlement agency in Omaha, and the Young Men's Christian Association (YMCA), which provides programs tailored to refugee communities. Our partners complemented the scientific approach with their perspectives and insights informed and shaped by their long-term professional and personal interactions with refugees, as well as their professional backgrounds in social work.

During these studies, I realized that one of the refugee groups, the Karenni from Myanmar (formerly known as Burma), that was the focus of our studies, overwhelmingly belong to the Roman Catholic Church. Karenni, like many ethnic classifications, is a collective term constructed during the colonial era that does not represent a single and homogeneous ethnic group. The term refers to nine different groups who speak related Tibeto-Burman languages in Kayah State, Myanmar. Kayah Li Phu is the largest group and its language is often referred to as Kayah. Most of the Karenni in Omaha are Kayah speakers. Forced to leave their homes in Kayah State³ in Myanmar due to a violent civil war affecting mainly ethnic and religious minorities, most of the Karenni in Omaha lived for years in refugee camps, particularly in Thailand, and the younger generations were born in these camps. The 2015 survey (Ngelay et al.), described in the following paragraph, identified that the majority of the approximately 500 Karenni, about 72%, have lived in the United States for five years or less. Even though most of them have already completed the formal resettlement process outlined in the United States' Office of Refugee Resettlement policies and guidelines (ORR 2017), a majority of them are still in the process of creating a new home and identity and are in the midst of an ongoing social, cultural, and emotional adaptation to living in the United States. About 76% identified as Catholic, about 14% as traditionalists,⁴ about 8% as Baptists, and fewer than 1% as Buddhist. Interestingly, less than 1% of community members did not respond to the question probing their religious identity and affiliation, suggesting that religion is central to Karenni's self-understanding and identity as a community. This shows that religion is an important area to address in resettlement protocols and procedures, and caseworkers with resettlement agencies must be trained to pay attention to, actively respond to, and creatively influence resettlement dynamics that are influenced by religious factors in order to facilitate a successful resettlement process.

² In addition to the Creighton University researchers, this follow-up study also included our community partners as Co-Principal Investigators – Claire Herzog, Celeste Mitchell, and Joseph Voorhees. Creighton University's Institutional Review Board approved this study (IRB# 695028-2).

³ Kayah State is the official new name of a state in Myanmar that was formerly known as Karenni State. Karenni in Omaha and Lincoln tend to refer to Karenni State.

⁴ It goes beyond the scope of the paper to discuss the problematic general term of "traditional" religion and the specific of "traditional" religion among the Karenni. I use this term here to denote a localized religious worldview and its associated practices with historical roots among the Karenni.

As an anthropologist who is also a Catholic priest, I began to engage with the Karenni via both my identities and on various levels. Initially, I worked with the community mainly as a researcher. To better understand the needs of the Karenni community, I facilitated a Participatory Action Research project (Fals Borda) conducting a complete community survey with the help of an undergraduate Creighton University student, Sarah Sanders, and a Karenni student from Divine Word College in Epworth, Iowa, Beda Ngelay. This survey was informed by Creighton University's mission of encouraging the university's students, staff, and faculty to become and be "women and men *for* and *with* others" (Creighton University), which has been adopted by its anthropology program, for which I am a faculty member (Medical Anthropology). During the summer of 2015, Ngelay collected data on basic demographics, as well as on other topics relevant to understanding the material, social, spiritual, and other needs of the community. Sanders then transformed this information into numerical data and calculated frequencies to summarize and visually represent the findings. The Karenni Society of Nebraska provided information on the ethnic group's background and history, group members' refugee experience, and their resettlement experience in Omaha and Lincoln. The Karenni Society approved the summary report and took ownership of it. The summary of the results has been used by the Karenni Society to showcase the community, raise awareness of its needs among educational and health-related organizations in Omaha and Lincoln, and justify the society's request for support and resources from governmental and non-governmental organizations.

Over time, my association with the community became increasingly framed by my identity and ministry as a priest providing social and spiritual support. Examples include offering prayers in their homes at events important for families, households, and the community, such as births, birthdays, weddings, anniversaries, having found a job, or having purchased a house. Generally, such celebrations are faith, as well as social, events. For instance, life cycle events, such as Christmas, are generally framed by prayers and followed by a shared meal and a daylong celebration, including games, competitions, cultural performances, sports, and a communal meal in addition to celebrating mass.

My two identities enhanced each other, which by itself would warrant a closer analysis by drawing on the experience of other priest-anthropologists, such as Jon Kirby, S.V.D., and Eric de Rosny, S.J., as well as the ethnographic emphasis and anthropological tradition of integrating ministry and anthropology encouraged and supported by my own religious community, the Society of the Divine Word (S.V.D.). However, as this is not the topic of this article, it is sufficient to mention that in general my ministry as a priest would have been less meaningful or effective without my training as an anthropologist, and my academic work as an anthropologist would have been significantly less valuable without also being a priest. My association with the Karenni is a typical example of the synergy of these identities, approaches, and skills resulting in insights that are otherwise not easily gained.

Despite engaging with the community on various levels during an extended period of time, my relationship with the Karenni has not always been clear, easy, or smooth. The main obstacle, in addition to cultural and social differences between the community and me, is obviously language. Most of the Karenni, with the exception of children and teenagers, have only a very limited fluency in English. In the above-mentioned community survey, about 52% of the Karenni in Omaha and Lincoln rated their English language skills as poor, about 25%

as average, and about 22% as good. The latter are mainly adolescents. Only one individual rated his English language skills as excellent.⁵ Further, I do not speak their language, which is a tonal Tibeto-Burman language,⁶ though, after community members read texts to me, I conduct some of the prayers in their language during religious services. Misunderstandings between us happen frequently but are generally quickly resolved. For example, one time I thought the community wanted a mass in the home of one of its leaders⁷ and I was ready to go to one of their homes when they arrived at my house. The community's male leaders just wanted to come over to socialize over roasted meat, beer, and Thai rum. In general, communication problems are creatively and quickly addressed by the community. For instance, during the daylong Christmas Day celebration, they assigned youth, who are by and large fluent in both Karenni and English, to sit and chat with me and to interpret. In addition, during homilies, youth are generally the ones translating and interpreting. The following section describes one of the various types of my engagement with the community that is particularly relevant for exploring how affiliating with a religious belief and value system and belonging to a religious organization provides access to the social support needed to address a community member's health emergency.

Health, Care, and Religion

I occasionally visit sick Karenni community members in the hospital. When one Karenni woman in Omaha fell in her home and became unconscious, she was immediately brought to the hospital. Physicians realized that, in addition to head and possible brain injuries, she had necrotic tissue in her intestinal tract. They performed emergency surgery and the woman was in an induced coma for about two weeks. During this time, the community provided spiritual and emotional support to the family through offering prayers in the hospital, and provided social support by recognizing and addressing material and other needs that resulted from the woman's accident, injuries, and absence from the family. My participation in and observation of a prayer service in the hospital highlights various issues relevant to the theme of this paper.

The patient was in a small room in the intensive care unit of the hospital. She was surrounded by and, through tubes, pipes, and cables, connected to various types of medical equipment that monitored her vital signs and responses to treatment. Actually, most of the

⁵ Such numbers have to be treated with caution as cultural factors influence responses to survey questions. Karenni culture encourages individuals to be humble and stay in the background. Thus, individuals who are able to speak English fairly well may respond to the question probing language fluency by downplaying their English skills and may be reluctant to speak in English with someone not belonging to the community, as other community members may interpret this as an attempt to increase one's role in and for the community. Having said this, the survey results indicate tendencies that reflect reality.

⁶ Karenni, also called Kayah, has about 600,000 native speakers in Myanmar, mainly in Karenni State, and includes several dialects. It uses a specific alphabet, called Kayah Li, which is modelled, to some extent, on Thai and Burmese scripts. In addition, Karenni also use the Burmese alphabetical system as well as a Latin system (Duran). The Karenni in Omaha use the Bible, prayer books, a hymnal, and a missal in their language, some written in the Kayah Li script and others in the Latin script.

⁷ I use the term "leader" in a very general manner, referring to the elected committee members of the Karenni Society of Nebraska and the Karenni Catholic Community of Omaha, as well as to individuals with leadership skills who informally act on behalf of other Karenni, mediate between Karenni and others, and are by and large respected by community members and asked for assistance.

space in the room was taken up by the medical technology, dwarfing the patient, something quite common in today's high-tech medicine (Clark et al.). Light in the room was dimmed and one's sense of hearing and seeing was directed to the beeping sounds of machines and the colored lines on the monitors. About ten Karenni men and women gathered in the late afternoon at the hospital and went into the patient's room. They stood silently around the bed and closed the glass doors to have some privacy. Two of the young women present were daughters of the patient. Others were leaders in the community or youth. We started to pray two decades of the rosary and then I anointed the woman, using the prayers and symbolic expressions of the Catholic sacrament of the Anointing of the Sick (Larson-Miller). The rosary was prayed in the Karenni language, while the sacrament's prayers were conducted in English. Afterward, the wife of one of the leaders of the Catholic community prayed in the Karenni language and I gave the blessing in English to all present, particularly focusing on the patient and referring to her family. When we had completed the prayers, a female and male nurse were already waiting outside in the hallway for us to leave so they could wash the patient, check her vital signs, and monitor the medical equipment. They had respectfully waited outside the room until we completed the prayer and opened the glass door leading to the hallway. After exiting the room, we congregated in the hallway as the patient's daughters stayed with the patient, trying to communicate with the nurses to learn more about her condition and what the nurses and the hospital expected the family to do.

Interpreting my observations of and communication with the community members, I sensed that both family and community members had an ambiguous relationship to the space, the health system, and the health care providers. On the one hand, they expressed trust in the health professionals taking care of their family and community member, the hospital system, and the medical technology, convinced that the patient would receive all necessary care, and they radiated hope that she would regain her health. On the other hand, the space seemed to intimidate and overwhelm them, as did the formal protocols of interaction with health care professionals and the behavior expected of them. Of course, language was a significant part of the issue. However, even the patient's daughters, who speak fairly good English, struggled to communicate with providers, mainly because of their lack of familiarity with the health system and its hierarchies, processes, and protocols. Further, as adult family and community members were by and large struggling to understand and express themselves in English, the daughters and other adolescents were pushed into the role of translators, interpreters, and mediators, which challenged and contradicted cultural patterns of their role as children in the family and the community, who are expected to listen to elders and learn from them, but not to have an active leadership role in the community. These factors explain why the youth was by and large only marginally able to communicate with the nurses, despite the evident concern and kindness shown by one of the nurses, and to mediate between the health professionals and the elders of the community. The need for an adult intermediary was evident, something refugees frequently require in all kinds of settings, such as schools, government offices, and places of employment. However, as most Karenni are not fluent in English, such a mediator often is a community outsider, who is perhaps not sufficiently familiar with cultural norms and practices guiding relationships, communication, and approach to health and health care. For instance, an effective mediator needs to be familiar with cultural understandings of care (Kleinman, Eisenberg, and Good), as well as cultural patterns of relationships within kinship

groups and other social networks that influence how Karenni tend to respond to health and other issues (Albert). Further, some familiarity with how Karenni view and respond to medical and other authorities is crucial for comprehending Karenni patterns of interacting with health care providers and other professionals (Baer, Singer, and Johnson). Similarly, an effective mediator needs to understand how refugees' experiences at home and in the refugee camps shape their approach to societal structures and systems, such as a health system (Morris, et al.). In the absence of such knowledge, familiarity, and experience, any mediation can only be of limited effectiveness and might even result in unintended negative consequences (Merton). Considering the need for mediation and other forms of support originating from outside the community, the membership in a religious organization of the patient, family, and the majority of the patient's community becomes particularly relevant for a better understanding of how resettled refugees obtain access to social support.

The family collectively identifies as Catholic, is affiliated with one of the local parishes, and actively participates in the community affairs of the Catholic Karenni community. This identity, affiliation, and participation enabled the family to access various forms of social support. First, the Karenni Catholics offered social, material, and spiritual support. Most likely, they also would have provided support for Karenni who are not Catholics, but perhaps more slowly and to a lesser degree, expecting either the leadership of another religious group or the Karenni Society of Nebraska to initiate some response to the health crisis. Second, the local parish, where most of the Karenni attend services, was informed of the situation of the patient and the patient's family by a volunteer in the hospital, who, supervised by the Catholic hospital chaplain, visits Catholic patients on a daily basis. Subsequently, the coordinator of the parish's Faith Formation program quickly became involved. After receiving the news, the Faith Formation coordinator went to the hospital to pray with and support the family. As she is also a registered nurse, she felt at ease to ask health professionals about the patient's condition, treatment, and prognosis. She recognized the communication difficulty and breakdown between providers and the family and the need to mediate and advocate. She regularly interacts with Karenni through her work in the Faith Formation program at the church and is actively engaged in parish services aiming at improving the wellbeing of the Karenni community. Therefore, she is familiar with the Karenni community's sociocultural background and realities in Omaha and was able to effectively mediate between the patient's family and the health professionals. During this process, she became aware of providers' concerns about family members not visiting the patient more often and that they did not know with whom they should discuss the patient's health and the necessary medical interventions. She also became aware that family members had tried to communicate with providers but were not successful in getting their concerns and thoughts across. Thus, she spoke on their behalf with hospital staff, coordinated a meeting between the family and the medical team using a community interpreter, and encouraged the family to visit the patient regularly. However, due to HIPAA policies,⁸ she and other parish members could not obtain all the necessary information to effectively mediate between the providers and the patient's family. Because of her familiarity with the health system, she knew that informal conversations with nurses and others in the

⁸ The Health Insurance Portability and Accountability Act of 1996 (HIPAA) outlines standards for the electronic exchange, privacy, and security of health information in the United States.

intensive care unit are a suitable way to obtain relevant information. Without compromising HIPAA policies, she engaged in such conversations and then communicated what she learned to the family. During her mediation process, she also realized that the patient's illness resulted in material and financial problems that needed to be addressed. Upon her request, the parish's Saint Vincent de Paul Society provided nutritional assistance and monetary support to the family, advocated for the family to the housing authority as the family struggled to pay rent due to the illness of the mother, and shared with the family valuable information regarding how to deal with hospital and medical expenses and how to communicate with Medicaid. Both the coordinators for Faith Formation and St. Vincent de Paul also spoke with the family about a care plan after the woman was released from hospital and discussed with them how to arrange the necessary follow-up therapy and its payments. In short: if the patient had not belonged to the Catholic Church, the Catholic Karenni community might not have provided the family with the needed social and spiritual support to the level it did and the parish would not have provided the needed spiritual, social, and material support and would not have intervened on the family's behalf with providers and the health system. In other words, being a Roman Catholic was equivalent to having access to much-needed social support, which can be conceptualized through the theoretical concept of social capital, the focus of the next section.

Social Capital

There is not a single commonly agreed upon definition of social capital across academic and professional disciplines (Adler and Kwon; Dolfsma and Dannreuther). While the use of differing, vague, and inconsistent definitions has been criticized (Durlauf; Siisiäinen), most of them highlight the importance and relevance of shared norms, values, and understandings, as well as of social networks for access to social support. The distinction between norms and networks corresponds with the widely used distinction between cognitive and structural components of social capital (Uphoff; Woolcock). Relying on both networks and norms, which encourage and prescribe cooperation among members of a specific network and between different individuals within the networks, network members feel obliged to reciprocate through formal and informal means (Coleman; Suter and Magnussen). The concept of social capital has been used to explore the strengths of refugee communities and the barriers they face in the absence of social connections outside of their communities (Smith). The centrality of social capital for understanding resettlement processes and dynamics has been explored during the earlier mentioned Creighton University research.

In particular, Putnam's (1993; 2000) distinction between "bonding" social capital, referring to social capital among members of a group,⁹ and "bridging" social capital, referring to social capital between one's own group and other groups, has frequently been used in research to understand social support dynamics within a single network and between different networks. As the two concepts imply different resources, forms of support, and obligations,

⁹ This definition assumes membership in a group, defined as any set of individuals who come together either on a voluntary or involuntary basis with observable and measurable characteristics that distinguish one group from other groups along lines of age, gender, education, income, and other demographic variables. In other words, "bonding" social networks connect "people who are like one another in important respects" while "bridging" networks link "people who are unlike one another" (Putnam and Gross: 11).

drawing on them requires access to, familiarity with, and ease in being part of different types of networks (Ferlander). It has further been observed that moving from bonding to bridging social capital can be difficult as the development of bridging social capital often compromises and limits bonding social capital (Leonard), which resonates with the concept of the bicultural alternative (Bourgois). Refugees, who generally enter the U.S. with a lower socioeconomic status and whose upward mobility is often tied to moving away from their cultural group, illustrate this tension between bonding and bridging capital. This deprives them of access to bonding social capital and subsequently compromises their ability to develop supportive relationships within their ethnic group. While, in general, bonding social capital might eventually facilitate access to bridging social capital, refugees need to carefully negotiate the two forms of social capital.

Religious Affiliation and Social Capital

The distinction between norms and networks, the cognitive and structural components of social capital, provides insights into how adoption of religious norms and values and membership in a religious organization enables Karenni Catholics in Omaha to obtain much needed social support, improving their wellbeing and contributing to a successful resettlement. While norms cannot be separated from the networks within which they exercise some influence and have a synergetic dynamic, conceptually dividing them is helpful for understanding Karenni's wellbeing and resettlement. As the majority of the Karenni are Christians,¹⁰ they are guided by biblical values, and a strong emphasis on the value of supporting the marginalized and sharing resources is evident in religious services. Further, leaders of the Karenni Catholic community frequently explicitly refer to this value when they speak to the community; they underscore that Christian life is characterized by a commitment to supporting those in need. In other words, such a commitment is essential for members of the church and has significance beyond the current moment and event; it is tied to one's relationship with God and ultimately to one's salvation. The understanding that supporting each other has salvational relevance helps to explain the tremendous generosity the Karenni show to each other, as well as to individuals who do not belong to their ethnic group. However, the question is, to what degree are such norms and values encouraged by faith-related values and norms and to what degree are they and the associated behavior grounded and inspired by Karenni cultural and experiential background and identity? During my interactions with Karenni at events during which a religious or denominational identity was not central or brought to the foreground, I observed that community members emphasize and comment on the importance and value of providing support to other community members because of the ethnic ties binding them together and the shared national identity and refugee experience. Such community ties and shared identities and experiences are invoked during calls to support community events, such as traditional celebrations like the Kay Htoe Boe

¹⁰ I recognize that my lack of familiarity with non-Christian Karenni weakens the thoughts and arguments laid out in this section, and that more research that also includes Karenni who are not affiliated with a Christian denomination is needed. However, as I have observed that non-Christian Karenni are oriented toward and influenced by the majority religion within their ethnic community, and because there is a tendency to join a Christian church, I am convinced that the thoughts expressed in this section can be extrapolated to non-Christian Karenni.

festival, and to actively participate in the annual Karenni National Day. Such calls were frequent when the Karenni Society of Nebraska prepared and hosted the 140th Karenni National Day, held in Omaha on June 12 and 13, 2015 (Phebue). Appealing to the value of supporting the community, Karenni leaders encouraged members to spend significant resources to host the event and invite community members from across the United States, particularly the American Midwest. The planning and hosting of the event energized and strengthened the community and boosted the sense of self and identity of individual Karenni, which resulted in an observable increase in social support among community members during the months following the event. In short, the Karenni exhibit characteristics of socio-centric societies,¹¹ for which Christian values encouraging the provision of social support are a good match (Kusserow; Lindholm). The synergy between religious and cultural¹² values fosters the provision of social support.

In addition to such values and norms, the Karenni are part of networks within the community and larger networks within the Catholic parish. As part of these networks, the youth regularly meet for religious instruction within the Karenni community and take part in the Faith Formation program at the parish. Further, community members come together to practice hymns and socialize before religious services and take part in events at the parochial school. In addition, the leadership committee meets as the need arises and interacts with the pastor and the parish council to discuss concerns of parish members, including the Karenni. Individuals know that they can rely on others in these Karenni and parish networks when they are in need, and they are aware that such support is respected in the community and the parish because of widely shared and accepted values and norms. Individual Karenni respond with respect for and appreciation of the one who provides support. In other words, community and parish members provide social support (e.g., by visiting a community member who is sick, interpreting when someone experiences a problem at the place of employment, or speaking with a teacher when misunderstandings with Karenni children occur) by exchanging social support for social status in the community, the parish, and the church (Bourdieu and Passeron). The increased social status of the ones who provide social support, in turn, allows them to obtain social support from other community members when they need such support. While my observations and conversations with the Karenni community indicate that such exchange of support for status is evident, the prime motivation for community members to provide support is not nurtured and driven by a calculated strategy to accumulate social status in order to benefit personally; overall, the Karenni seem to be motivated by fairly altruistic intentions nurtured by their community's religious and cultural values. Further, such general

¹¹ Though the dichotomy of individualistic/egocentric versus collectivist/sociocentric models of society has been useful to point to very general differences in conceptions of the self, anthropologists have argued that we need to move beyond this dichotomy to avoid simplistic understandings of society and the self. However, such a discussion goes beyond the scope of this paper.

¹² Also this distinction is problematic as both concepts – religion and culture – are overlapping and religion is part of a local way of life, worldviews, traditions, and practices. This is true also for a centralized world religion, such as Catholicism, that has characteristics that are shared by all members globally but also local characteristics. In other words, religion is always part of culture, and culture generally includes religious components. However, for the purpose of this paper the distinction between religion and culture is appropriate.

dynamics do not capture the complexities of providing and receiving social support. The following paragraphs highlight some issues that complicate social support dynamics.

The general social support dynamics described in the preceding paragraphs are obfuscated by differences within the Karenni community along lines of ethnicity and language. First, while most Karenni speak the Kayah language, there are others who belong to a different ethnic group, such as the Kayan, Geko, Geba, Bres, Manumanaw, Yintale, Yinbaw, Bwe, and Baku (Lwin). They are either indigenous to Kayah State or identify themselves because of other reasons as Karenni, even though they speak a different language; an example of this is individuals born in Kayah State, such as ethnic Shan (Ekeh and Smith). Most Karenni in Omaha and Lincoln speak Kayah, but there are a few who belong to other ethnic groups and speak a different language. Thus, receiving social support within the community is not always simple and straightforward due to communication problems because of linguistic and cultural differences within the community.

Second, receiving social support within the parish is complicated as the parish leadership does not speak Kayah and most Karenni do not speak English. While the Karenni attend mass and other services in the parish church, they tend to be passive participants due to their limited ability to express themselves in English. Further, participation in parish events is limited due to communication difficulties, but also due to limited experience in adjusting to expected behavior in the parish (e.g., during a parish feast). In other words, they tend to be marginalized in the parish and operate in its background, which is symbolically expressed through literally sitting in the back of the church. Subsequently, their ability to develop ties and connections within the parish social network and its leadership is limited, making it difficult for them to ask for and receive social support. Having said this, it is important to note that one Karenni community member is fairly fluent in English and also confident in engaging with parish members and parish leadership; he often is the only individual who speaks on behalf of the community and interprets for individuals in need of social support. Interestingly, he himself is not a Kayah speaker; he belongs to a different ethnic group, though he identifies himself as Karenni. While he is fluent in the Kayah language, occasionally misunderstandings and confusions occur.

Third, in addition to explicit linguistic differences, certain cultural differences between the Karenni and the parish members and leadership complicate access to social support. While the Catholic Church is a world religion, faith is always lived locally and local values and expected behavior influence values and social network patterns and dynamics, as well as how faith is understood, expressed, and practiced. While the faith expressions of Karenni Catholics are shaped by their sociocentric and collectivist cultural background, the faith expressions of Midwestern and middle-class Catholics at the parish and its leadership are influenced by their egocentric and individualistic cultural background. Further, most Karenni either come from a rural or agricultural background in Myanmar and spent a good number of years in refugee camps in Thailand or Malaysia, influencing their faith expressions, which are quite different from how faith is lived in an urban setting in the American Midwest. In addition, the Karenni in Omaha attend a parish with a more formal and institution-focused approach and decontextualized theological orientation, which is quite different from parish structures and theologies the Karenni experienced before their arrival in the United States. Catholic ecclesial structures in rural areas in Myanmar and the refugee camps tend to be individual-centered and

flexible, adapting to local and current needs of individual members and the community. Having said this, Karenni Catholics whose faith has been formed in Myanmar tend to express their faith during services in a very traditional Catholic manner (e.g., having prayers and invoking saints before and after the Catholic mass), and feel comfortable with a mass celebrated in a more formalized and ritualized manner, such as the Sunday masses at the parish they attend in Omaha. Knowing the ritual and being able to follow the flow of the ceremony, even though it is held in a language in which they are not fluent, gives them some sense of comfort and belonging. Future research needs to explore further how familiarity with the ritual aspect of faith fosters a sense of belonging to the parish and eases access to social capital, despite the inability to communicate in the language used at the parish.

To sum up: while the concepts of normative and structural social capital are useful to analyze refugee groups' access to social support and how this access, or lack thereof, explains the success or failure of the resettlement process, these concepts need to be situated within the specific linguistic, ethnic, cultural, and other realities of Karenni refugees and the religious organizations with which they are affiliated. To understand the association of religious affiliation and social capital, we need to pay close attention to such realities and engage in ethnographic and other forms of qualitative research.

In addition to contextualizing normative and structural social capital, it is worthwhile to explore the relevance of Putnam's distinction between bonding and bridging social capital for understanding Karenni access to social capital. My observations and engagement with the Karenni suggest that the normative and structural social capital is more readily accessible to them within their own linguistic and cultural community (conceptualized as bonding social capital), but less accessible beyond their community within the parish (conceptualized as bridging social capital). On the one hand, the Karenni and the parish share the same normative and a certain level of structural social capital; after all, they are Catholics and belong to the worldwide Catholic Church. On the other hand, there are significant linguistic and cultural differences between the Karenni and the parish. In other words, the parish is both home and an outside community, and, conceptually, social capital with the parish is associated with bonding as well as with bridging social capital.

It has to be noted that the parish recognizes the Karenni as full parish members with rights and obligations, and the pastor in charge of the parish shows significant and appropriate pastoral concern for the needs of the Karenni community. Whenever asked, the pastor tries to provide support to the community, such as when the community needs a room to meet or when the gym is requested for a community celebration. The pastor also acknowledges that Karenni children and adults represent the majority of participants in the parish's Faith Formation program, and he values and appreciates the Karenni presence in this parish program. The parish, however, is also aware that communication with the Karenni requires an interpreter and the expectations of the Karenni regarding spiritual and other services may not always match services the parish is used to providing. Further, the parish conflates the Karenni with other ethnic groups from Myanmar being resettled in Omaha, such as the Karen and the Kachin. Most of these groups have only a few Catholic members and the parish lumps them together with the Karenni, categorizing all of them as Burmese. While this is a pragmatic approach to address linguistic and cultural diversity within the parish by emphasizing their commonalities in order to recognize the smaller groups and integrate them into the parish

community, these groups speak different languages and have different historical, cultural, and other backgrounds and experiences. Thus, their shared identity is only very general and they tend not to mingle and associate with each other, compromising their access to social support. This particularly affects the non-Karenni refugees from Myanmar, though some of them are able to balance this disadvantage through other characteristics. For example, the Karen tend to have a higher educational background, making it easier for them to access needed social support. To sum up, while the Karenni are considered members of the parish, their obligations and rights as parish members, including access to social support, are compromised by communication problems, cultural differences, and aggregating very different groups into a single category. These factors explain why, on the one hand, the Karenni appreciate the services they receive in the parish, but on the other hand feel marginalized in the parish, not well understood, and unable to live their faith according to their values, traditions, and preferences. They consider the parish as part of their identity where bonding social capital is at work, but at the same time also as an outsider, where bridging social capital needs to be developed, nurtured, and drawn upon. This partly explains why the family of the hospitalized woman as well as the Catholic Karenni community did not immediately communicate to the parish that the woman and her family are in need of social, spiritual, and other support.

The complex and complicated dynamics of bridging and bonding social capitals can further be illustrated by the two priests, who are originally from Myanmar and occasionally visit the community. One of them belongs to a Catholic diocese in Wichita, is not a Kayah speaker and identifies with the Karenni, as he has roots in Kayah State in Myanmar. He communicates with the Karenni in Burmese, the majority and main official language of the country; however, this language is not understood by a significant portion of the community. He regularly comes to Omaha to provide religious services for the Karenni community, generally coordinated by the community in close cooperation with the parish. Thus, the social support he provides is to some degree related to bonding social capital; he is part of the community though, due to his background, not an intimate member of the community. At the same time, as he is a priest and, because he provides services in close cooperation with the parish, he bridges the community and the larger parish; thus, his social support has strong connotations of bridging social capital. The other priest is an ethnic Karenni, belongs to a Catholic diocese in Iowa, and occasionally visits the community in Omaha. He does this not only in his role as a priest, but also because he is a blood relative of several of the Karenni in Omaha. Thus, the social support he provides is more akin to bonding social capital but has also strong notions of bridging social capital as he, after all, is a priest of the Catholic Church and provides services of the Catholic Church. Considering the complex and convoluted bonding and bridging social support dynamics, it is helpful to conceptualize the two concepts as ends on the two extremes on a scale, with a pure bonding social capital on one end and a pure bridging social capital on the other end. What we observe in reality can be located somewhere on a continuum or scale with these two ends. This is comparable to Geys' and Murdoch's argument, which states we have to go beyond a simplistic dichotomy of bonding and bridging social capital, and any analysis needs to include an investigation of within-network heterogeneity, as well as interconnections between networks; the Karenni example from Omaha highlights both. Geys and Murdoch show that combining both into a single index helps alleviate the current conceptual ambiguity. This critique of the bonding and

bridging social capital concepts reminds us of Max Weber's argument that theoretical constructs are *Idealtypen*, ideal types, which do not exist in reality as such and should only be used as tools to interpret reality, with the understanding that reality is much too complex to be interpreted by using simplistic abstract concepts.

Conclusions and Applications

Resettled Karenni refugees in Omaha and Lincoln illustrate how refugees' religious identities, associations, and affiliations influence social capital dynamics that shape the resettlement process and highlight the importance for resettlement agencies to pay attention to religious factors¹³ and to draw on them, tailoring their services, as they assist refugees to rebuild their lives, build a new home in their host country, and create a new identity. The case study further shows that simplistic and decontextualized use of the dichotomous distinction between bonding and bridging social capital does not provide the knowledge needed to design appropriate programs assisting refugees who are being resettled. In other words, social capital concepts need to be contextualized by exploring relevant social and cultural realities of refugees, leading to knowledge that is useful for designing effective interventions. I argue in this paper that the dynamics of normative and structural social capital, as well as bonding and bridging social capital, need to be studied through observational, qualitative, and ethnographic research in order to comprehend the specifics of and access to social capital for sociocultural groups in general and refugees in particular. Knowing the specifics of social capital available to refugees is important for resettlement agencies assisting refugees to find and create a new home, as such knowledge allows them to facilitate, encourage, and nurture the creation of and access to social capital and the resulting social support.

As religion is central to several refugee communities (McLellan), engagement with religious organizations is important for facilitating an effective resettlement process. However, commentators observe that the United States Office of Refugee Resettlement and the Immigration and Naturalization Service are not likely to study religion as a significant variable in refugee resettlement and consider this variable in their policies (Burwell, Hill, and van Wicklin). On the other hand, many resettlement agencies are faith-based and more likely to pay attention to religion as an important factor for a successful resettlement and to engage with religious organizations as they provide services and assistance to refugees in order to unlock social support and social capital for refugees. Religious organizations are likely to be strong partners for resettlement agencies, not only because of their values and practices, but also because they directly benefit when refugees, who are members of their organizations, are successfully resettled. After all, refugees boost membership numbers of congregations, with all that this implies.

Themes discussed in this article need to be further explored in future research, particularly through a comparison of different countries resettling refugees, which will be necessary for

¹³ I do not imply here that this is not already happening. My observations of case workers with resettlement agencies indicate that they are astutely aware of such dynamics and the importance of connecting with religious organizations. Actually, the largest resettlement agency in Omaha – Lutheran Family Services, which also operates the International Center of the Heartland, providing services for resettled refugees after the formal resettlement process has been completed – is a faith-based organization.

identifying cross-cultural patterns that can positively inform and shape resettlement programs. For example, as resettlement policies and services in the United States are significantly different from such policy and services in European countries and Australia, these will impact social support dynamics associated with religious organizations. For instance, the comparably generous resettlement services in some European countries are likely to reduce the importance of religious organizations in the resettlement process. Further, highly secularized countries in which religion plays only a marginal public role are likely to shape the role of religion in resettled refugees' lives very differently, influencing social support capital dynamics. Nevertheless, religious organizations are still likely to be valuable partners for resettlement agencies, but possibly due to different reasons.

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