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# Care As Belonging, Difference, and Inequality **FREE**

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## Summary

The topic of care has inspired a vast and complex body of research covering a wide range of practices. As an open-ended process, it is generally directed at fulfilling recognized needs and involves at least one giving and one receiving side. Although care has mostly positive connotations in everyday usage, giving or receiving it can also be a negative experience or express domination.

Care evolves through complex arrangements of different actors, institutions, and technical devices and at the same time transforms them. As human needs are not a given, the process of care involves negotiations about who deserves to receive it and on what grounds, as well as who should provide it. Because care is so deeply implicated in articulating and mediating different moralities, it becomes central to constructions and classifications of difference. In this way, care extends far beyond intimate relations and is engrained in processes that establish belonging as well as various forms of inequality. Researching care in intimate settings as well as in public sectors enables bridging various communities of care and grasping how the distribution of care not only mirrors inequalities but contributes to their (re)production or even intensification.

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**Keywords:** care, social organization, belonging, inequalities, social reproduction, moralities, difference

**Subjects:** Sociocultural Anthropology

## The Field of Care

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Delineating the vast field of care is not an easy task since research on the topic has exploded since the 1980s. In addition, a review of this scholarship encounters issues of translation as well as disciplinary and national traditions that research care in a myriad of settings. Some focus on unpaid activities of social reproduction within households, while others also include paid care in institutions. Research on care is also fragmented by orientation toward different categories of care receivers, such as the elderly, those with disabilities and chronic illnesses, or children (Thelen 2015a). Adding to the difficulty of developing a comprehensive approach is a problematic normative shift in the conceptual use of care in academic discourse since the 1990s (Locke 2017). Against the background of various neoliberal policies that led to new configurations of family, state, and the market for providing care, we have witnessed a turn

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away from care as a fundamental element of social organization and toward care as a positive activity compensating for the hardships caused by new gendered and global inequalities. In the specific literature on the ethics of care, as well as within the body of studies focusing on neoliberal reforms, the concept of care has increasingly been used for political critique. Both lines of thought produced valuable insights that have fed into a wave of publications emerging in the 2010s interested in care as not only reactive but also productive. This renewal of a broad perspective on care as transformative and fundamental to social organization yields insights into mechanisms of belonging as well as various forms of inequality (Aulino 2019; Buch 2013; Goodwin-Hawkins and Dawson 2018; Ong and Steinmüller 2020; Thelen 2015a).

## Ethics of Care

In the interdisciplinary literature on the ethics of care that has emerged since the 1980s, care is explored as an alternative to capitalist exploitation, the ecological crisis, and global inequalities. For example, Tronto (1993) labels all human pursuits that aim toward a better world as care. In anthropology, it is specifically those branches with a strong leaning toward psychology and phenomenology that attribute a positive value to care (Black 2018; Buch 2013). Often mapping vernacular understandings of care as a gentle practice of attending to needs, studies within these lines of thought see care as a relational and intersubjective experience leading to more inclusive or impartial ethics.

This positive approach to care as ethics has roots in feminist research, in which women are often represented as better equipped to care selflessly for others. Starting with the work of Gilligan (1982), the ethics of care have been seen as an alternative and essentially female way of thought. In her book, *In a Different Voice*, Gilligan contrasts two modes of ethical reasoning and shows that previous scholarship had privileged (male) abstract reasoning as an ethics of justice over (female) moral deliberation situated in personal relationships of the ethics of care. While this psychology-inspired scholarship was a historically important corrective to the earlier thinking, it has also been criticized for essentializing female care work and assuming a false universalism.

Biomedical institutions have been one prominent field of research on ethics that has reflected a positive view on care. For example, Mol (2008) starkly distinguishes a *logic of care* and a (neoliberal) *logic of choice* in her study of diabetes treatment in the Netherlands. The difference between the two logics is, according to her, “irreducible.” She contrasts them along several axes: definition of need, leading principles, involved actors, implied temporality and aim. In a logic of choice, a consumer defines her need or desire, which is fulfilled by a temporally limited monetary exchange for profit. In contrast, in the logic of care a patient’s need is defined within a team (patient, doctors, nurses, and others) in an open-ended process—which might fail. While Mol carefully avoids a simple dichotomy between passive/active paralleled by state/market, she still idealizes care as a gift that is invariably met with gratitude and where needs ultimately do not seem to be subject to negotiation. The question of how the “care team” manufactures consent and compliance through power is left open.

From a different starting point, Borneman (2001) adopts a similar positive view on care as voluntary and noncoercive by using two examples of same-sex couples in Germany, and shows how they responded to discriminatory legislation that withheld their right to care. In the first case, care was expressed through an adoption that allowed the younger partner of a

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terminally ill man to inherit his estate. The second example concerns a set of “sham marriages” that facilitated the cohabitation and mutual care of a lesbian couple across the former West German–East German border. Borneman thus situates care as in opposition to state restrictions and also as an alternative category to the bias toward procreative heterosexuality in the anthropological study of kinship.

The literature on the ethics of care is grounded in Western Euro-American concepts and is directed at policy debates. It has thus been criticized for neglecting other contexts and norms. As a response, a range of ethnographic studies has introduced different cultural understandings of good care. For example, in a study about care in the Arctic, Stevenson (2014) applies a contrastive lens that opposes Inuit ideals to bureaucratic and anonymous care. She argues that the care provided by the Canadian state for Inuit in face of the tuberculosis epidemics and high rates of suicide is ignorant of their cultural understandings and signals an indifference that produces suffering. Hashimoto’s (1996) comparative study of senior citizens in Japan and America describes two distinct approaches to elder care. According to her, the Japanese have adopted a “protective approach” based on the expectation that need is an inevitable condition of old age. In contrast to this “will-need script,” the Americans in her study follow a “might-need script” that assumes a fair degree of independence up to a “critical” point in time—the “contingency approach.” Both approaches produce insecurities.

The anthropological challenge is to acknowledge and respect different cultural values of care, while at the same time resisting romanticism. As Aulino (2019) shows in the example of Thai religious-inflected care values of harmony, merit, and pity, can serve oppressive patterns of structural violence. In the very different context of Nicaragua, Yarris (2017) shows how the political value of solidarity and the Catholic notion of sacrifice come together in motivating grandmaternal care, while also stabilizing gendered inequalities. Ma (2020) demonstrates how the Chinese concept of *guan* (parental control) can turn into coercive care by family members. In each case the national history and the global context are important in how the ambivalent nature of care ideals play out in practice and transforms or stabilizes marginalization.

## Care as Commodity or Love

Positive descriptions of care often rely on a model of selfless maternal care and are thus prone to making moral judgments about “appropriate” care (Black 2018). As Read (2007) describes in the context of Czech hospitals, good care is understood as an expression of love and intrinsic concern that needs to be “gifted”—meaning not paid for—to make it “real.” Many scholarly approaches to care rely on a similar binary division between care provided as a commodity and care based on intimate relations. On one side, self-interest, coercion, and profit are often represented by the state and market. The other side is marked by collective interest, reciprocity, and altruism, which are often attributed to the less powerful. This normative distinction has proved productive for research on the recurrent waves of neoliberal and austerity policies that have reduced public spending on diverse care infrastructures such as hospitals, nursing homes, or kindergartens since the 1990s.

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As it is so loaded morally, kin care is especially prone to discourses of seeing it as contaminated by money, and the question of the relationship between paid care and intimacy has proved especially unsettling. But informal or familial care is not without strategic or monetary calculus. As Empson (2020) shows in the case of poor households in Ulaanbaatar, much of the care given is based on financial strategizing through complex exchanges of loans and debts. Han (2011) shows how women among the urban poor in Santiago, Chile, take on credit to care for kin within wider networks of dependencies. If such care relies on ideals of reciprocity, those who have nothing left to give might be easily excluded. As de Jong (2005) describes, impoverished older women in Kerala, India, can easily fall out of local support networks if they lack the resources to reciprocate.

Anthropologists have also challenged a generalized equation of care with emotional closeness that does not involve material exchange by showing the historically and culturally specific nature of what is perceived to be “care.” Han (2011) suggests that in Chile the urban poor view monetary transactions as expressions of care toward others. In the context of fertility clinics in Ecuador, care among female relatives included lending money and donating eggs (Roberts 2012). In a study about everyday care in Thailand, Aulino (2019) challenges the notion of care being driven by emotions of love and compassion, highlighting instead hardships and ritual duty.

Shifting attention from caregivers to care receivers, ethnographic and, specifically, disability studies have cast doubt on the positive outcomes that tend to be presented in the ethics of care literature (Thelen 2015a). Even though care can signal recognition, receiving it can also be experienced as humiliating and as limiting personal autonomy (Ma 2020). Moreover, specifically kin relations can involve the obligation to show thankfulness in response to care framed as a sacrifice. This care is often imbued with power, thereby challenging the presentation of caregivers as always relatively powerless, both within families and within paid work arrangements. This critique has been translated into political support for paid personal assistants, which has resulted in criticism of these measures as neoliberal. Such discussions again reproduce the strong dichotomy between care as gifted—a voluntary practice based on altruism—and care as a paid service.

Other research has shown that the boundaries between carer and cared-for, between self-interest and altruism, and between money and intimacy are blurred in concrete care practices (Buch 2013; Locke 2017). In light of these findings, a number of publications have challenged dualistic notions of care as only “real” within private realms as well as the concentration on care as unambiguously “good.” Insofar as much of the care literature places care “on the good side,” it has often mapped (and continues to map) public discourses of “warm” kin care against “cold” institutional care. But intimate care practices within families are deeply ambiguous and can also produce negative effects, as Garcia (2010) shows with the example of intergenerational care between drug users in New Mexico. Similarly to Stevenson’s study of Inuit care, in Garcia’s study, care that is performed through sharing heroin is not even necessarily directed at avoiding death. Nor is all care a pleasant experience; instead care can be unpleasant, competitive, or even coercive. Brown (2010) describes how installing fear and respect is part of the way Kenyan nurses care for mothers in childbirth. Bruckermann (2017) shows how Chinese grandmothers’ wishes to provide childcare in order to fulfill their own selfhood can verge on coercive. Receiving care can be experienced as stifling, as Roberts

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(2012) suggests in the context of Ecuadorian fertility clinics. Building on these insights, some authors approach care not as a reaction to or expression of inequalities and power, but as a central and transformative element in social organization.

## Care as Social Organization

All human beings are dependent on others' care at certain points in their lives. Indeed, children learn their ideas about care ideals through embodied acts of caregiving that socialize them into culturally distinct ways of being competent adult members of their respective societies (Black 2018). The process of giving and receiving care is therefore inextricably linked with personhood and morals (Buch 2013). Making care a critical concept beyond political pragmatism requires a denaturalization by exploring the boundary work between care and noncare as well as the normative claims, ideals, and ways deservingness is legitimized and negotiated. Furthermore, and despite the tendency in anthropology to reduce care to direct hands-on activities, it extends to other areas of life and has structural effects. Weismantel (1995) describes how in highland Ecuador the acts of care that make Zumbagua into parents are embedded within conditions of poverty and intensify marginalization. Moreover, care is an open-ended process; it can result in positive experiences and stable relationships, but the opposite as well: domination and the dissolution of ties (Thelen 2015a). Thus, the negative sides of care, such as (re)producing partiality, oppression, and marginalization, that have been left out of the ethics of care literature must be reintegrated into research about care. The challenge is to get both sides of care—the good and the oppressive—into the analysis simultaneously (Aulino 2019).

Processes of care that reproduce hierarchies often center around the negotiation of what is to be understood as a legitimate need and who is a deserving receiver. Ideas about need and deservingness may be different depending on the society, but they can also vary within a society according to gender, age, ethnicity, and social status. Expectations of care are formed over the course of an individual's life and are associated with dominant notions of a "normal" or "successful" life in a specific historical period. Bruckermann (2017) describes how the efforts of Chinese grandmothers to care for their grandchildren are based in their historical experience of failed reproduction during the famine period and difficulties during the strict early versions of one-child policies. Using the example of different generations of immigrants to the United States, Hareven (1982) demonstrates variations in expectations of future risks. Cohorts who had similar experiences at a similar time in their lives (like food scarcity in childhood, or migration, or phases of industrialization), might differ from other generations in their ideas of need and of the norms of care.

The hegemony of certain ideals of care does not necessarily imply those ideals universal acceptance or stability. On the contrary, ethnographic studies demonstrate that need for and access to care resources, as well as to specific practices within care relationships, are negotiated among kin as well as between clients and state employees or within specific organizations. Even if constructions of need resemble each other, what is seen as an adequate caring response can also vary. Rebecca Allahyari (2000) compares two charities in the United States serving homeless persons that have different historical backgrounds and moral visions of need. Their approaches translate into care practices that result in different aesthetics, naming practices, and political subjectivities of volunteers. Negotiations of needs draw

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boundaries between deserving and undeserving subjects, simultaneously creating communities of care and excluding others from access to care. Thus, such acts of care create belonging but also difference.

## Care: Producing Belonging, Difference, and Exclusion

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Care as an activity directed at fulfilling needs can be extended to persons of different categories, acknowledging someone as a relative, covillager or conational. In this process, care can affirm membership in such collectives or deny it, creating hierarchies and exclusion. In the most extreme cases, the denial of care can entail the rejection of shared humanity.

Care can not only attest to or deny belonging but also be transformative for different forms of membership. This includes race, as Roberts (2012) describes in relation to health care and becoming white in Ecuador. The investment in care (time, money, physical treatment) signals to the recipients their changing belonging. Thelen (2015b) describes how the experience of care outmigration led to a change in self-understanding in a Romanian village. In 1999–2000, villagers were still convinced that in Germany people “gave the elderly away,” while Romanian families “still” cared. In their representation of a good community, villagers thus drew a line between “us” and “them” based on assumed care practices. Ten years later these representations were inverted. Induced by the experiences of female care migration to Western Europe and the working of a local care facility, a shift had taken place to an image in which the West was seen as doing better by keeping the elderly at home. This development cast doubt on their own community.

In order to care, institutions often rely on definitions of needy communities. Mason (2018) shows how population health scientists understand their quantitative research as taking care of vulnerable populations. Very much like feminist researchers who proved female disadvantages through statistics, they attend to needy populations by making them visible through caring by numbers. A commitment to helping the “deserving poor” thus reveals inequalities and simultaneously creates belonging (and defines its borders), as well as possibilities to translate that into care measures. Care discourses in both cases serve to delineate communities: they mark boundaries through contrast or contribute to moral positioning of self. A great deal of research on care has investigated such processes of care in producing belonging and its boundaries across scales.

## Care as Making and Unmaking Kin Belonging

Care is often explored as an aspect of the intimate and the familial. The widespread conception of the family as the primary site of care has guided many anthropologists in their research. Since the late 1970s, the idea of kinship prompting care was turned upside down. Based on his research on the island of Truk, Mac Marshall (1977), early on described kinship as taking care of and being cared for by others. His insights gained in popularity in the 1990s. In an edited volume by Carsten (2000), several chapters described how relatedness is created through diverse acts of care. In his contribution to that volume, Stafford (2000) finds that female intergenerational care activities in China that rest on the concept of *yang* create kin

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belonging. However, as Bruckermann (2017) argues in the same context, such claims to care, and with it belonging, are not always uncontested. She finds Chinese paternal and maternal grandmothers competing for the right to give care that also signals belonging.

Creating belonging within families through care might presuppose an unmaking of belonging within another formation. Because of the concentration on processes of creating kin through feeding and other forms of care, the dissolution of belonging has received less attention. Care practices can create personal relationships but also interrupt or devalue them, as Rasell (2020) shows in her study of state care in late socialist Hungary. The emphasis placed on parent-child relationships restricted other possible ties for children in care, particularly to siblings, friends, and neighbors, but also to the institutional caregivers. Papadaki (2018) investigates the dissolution of kin belonging in one of the largest public maternity hospitals in Athens, where nurses and social workers evaluate the quality of maternal care provided by young mothers to their infants. In their decisions on whether the newborn infants should be taken into state care, they follow care scripts that neither the local poor nor undocumented migrants typically understand or comply with. State agents become gatekeepers in decisions about kin belonging through parental care, and at the same time state care grants these children a new (Greek) political belonging.

## Care as Producing Multiple Political Belongings and Exclusion

Care not only creates kinship but generates membership in numerous social formations, including the nation and humanity at large (Thelen and Coe 2019). Historically, the introduction of the policies of a “caring state” was meant less as a measure of solidarity with impoverished classes than to produce political legitimacy. Ong and Steinmüller (2020) describe how different actors in the autonomous Wa State in Myanmar create communities of care that ultimately result in a fragile but still consistent sense of political belonging. While various actors, including nongovernmental organizations (NGOs), local “big men,” and paramilitary units use different logics within different relationships, care results in a new community that is transformed into “our people.”

The ways in which the state provides care can become signs of political belonging but also exclusion. Although care was introduced as a substitute for workers’ solidarity that would prevent revolution and thus construct a political community—the nation—the state’s withdrawal from providing it at the turn of the twenty-first century is ironically seen as a loss. The considerable amount of research that interprets this situation as a failure of solidarity mostly blends out studies of governmentality that stress how state care institutions not only complement punitive institutions but are also themselves policing and an extension of state power (Donzelot 1979; Borovoy and Zhang 2017).

Specifically, studies on volunteering and humanitarian care have demonstrated how some individuals or groups are singled out as suitable objects for care while others are excluded. Muehlebach (2012), for example, describes how, by simultaneously criticizing and embracing the Italian politics of referring responsibility for elders to civic organizations, an ethical citizenship emerges that excludes migrant care workers, who are seen as “only” performing physical care and not the emotional care that only Italian volunteers can do. Ticktin (2011), on the other hand, describes fallacies of care in France regarding migrants. She proves again how essential the negotiation of need and deservingness of care is within these processes that

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ultimately result in exclusion. Undocumented migrants have to fit specific criteria to become seen as deserving special care. For example, “modern slaves” have to be young, female, uninterested in the economic gains from migration, and not engage in voluntary sexual relations in order to distinguish them from “illegal” migrants and transform them into suitable subjects for care. Giordano (2014) describes similar ways of constructing victims of human trafficking within institutions that seek to care for women seeking asylum in Italy as collaborative acts of translation. In relation to international humanitarian help, McKay (2018) traces two health care projects in Mozambique, arguing that the sudden shifts in provision shape inequalities. This literature thus delineates how care by NGOs reproduces racial and gendered inequalities.

Care becomes imbued with expectations that form an important element in not only creating but also dissolving political belonging. For example, a new state-sponsored home care program for elders in Hungary excluded Roma men living alone: the local social worker thought they did not need help because of their extended kin networks. This differentiated delivery of state care, based on assumed differences, contributed to the reproduction of exclusion and ultimately dis-belonging in the local and national community (Thelen and Coe 2019). In their work on northern England, Goodwin-Hawkins and Dawson (2018) show how industrial cultures are intertwined with different moralities of care linked to constructions of need. Contrasting a former garment and textile manufacturing community with a former mining one, they identify an imperative for self-care in the former and an ideal of communal care in the latter, and point out that both have ambivalent consequences for the lives of individuals. Moreover, they show how performances of caring well (either for oneself or others) mattered and resonated with broader narratives of belonging within these communities.

## **Care: Bridging Diverse Communities of Belonging**

Despite much lay and scholarly stress on the separation between public and private, intimate and institutional, paid and given, care bridges these domains and creates cross-cutting belonging in kin, local, and national communities. State care builds upon assumptions about obligations on families and reinforces these norms. In his study on China, Stafford (2000) describes how the kin created through care complements the rules of patrilineality and state bureaucracy. Bundgaard and Olwig (2018) investigate how the overlaps between parental and public day care in Denmark teach children what it means to be “proper” citizens and cultivates feelings of either belonging to or exclusion from Danish society.

The idea that children deserve special care by their (biological) parents is embedded in various legal regulations, including inheritance laws that stabilize inequality. The recognition of (biological) fatherhood similarly is not only an expression of ideas about kin belonging but also about equal rights to receive and give paternal care. In contrast to the United States, several European countries ban full disinheritance by parents, seeing it as unfair. Thus, naturalizing kin care is embedded in different historical trajectories and entangled with biopower. Ma (2020) shows this entanglement and in fact dependence of state biopower on intimate practices of kin care with the example of Chinese psychiatry.



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Due to demographic aging that is linked to anxieties about a “care crisis,” much scholarship explores elder care as bridging state, community, and kin belonging. In Namibia and New York City, for example, older people used state-provided resources in their ongoing exchanges with kin members and neighbors (Freidenberg 2000). In contrast, the lack of such resources can render older persons vulnerable and contribute to their exclusion from other forms of belonging as well. Social privilege, difference, and hierarchy are created and maintained through state care, both interpersonally and more broadly. Making claims on state care reveals ideals about what political belonging should be. The ability to negotiate commitments and make claims to reciprocal exchanges is also a sign of political power that involves the recognition of being in a position to legitimately make and break commitments (Thelen and Coe 2019).

It is not only state-supported care but also direct state care that faces such dilemmas. When should state care be delivered to all potentially deserving citizens on the basis of universalist ideals, and when should difference be recognized in culturally targeted care? Combinations of “partial” kin care and “universalist” state care also reinforce each other. Moral discourses on “insufficient” maternal care feed into practices of state care, which in turn feed back into kin care when state care is seen as “inappropriate” (impartial or cold). McKay (2018) calls this overlapping of multiple relations between unequal actors and their competing modes of care between public and nongovernmental, market, and private a multiplicity. While constantly bridging these different communities of belonging, care as boundary object is implicated in their separation.

## Care: Reproducing Boundaries

Representations of “good care” are predicated on images of the “proper” domains of kin responsibilities, as well as “proper” civic and state engagement. Anthropologists have increasingly explored how care is implicated in such domaining through boundary work.

As Rasell (2020) describes in the case of Hungarian state care, the institutions showed an intense investment in separating the worlds of “family” and “state” by reducing the possible emotional and relational dimensions of the latter. She describes how one director ended a friendship between a care giver and a child because emotional connections were not seen as appropriate in state care. Such approaches to care build upon the established dichotomy that defines emotional closeness as a quality of private households rather than relations within the state sphere.

Thelen, Thiemann, and Roth (2018) explore how images of state as an entity and as distinct from the domain of the family within elder care initiatives in Serbia are transgressed in care practices. Despite this blurring, processes of becoming kin between state-paid care workers and their clients reproduce of the state-kinship boundary. Read (2014) delineates similar processes regarding images of care and boundaries of the state and civil society in Czech health care. Lammer (2017) investigates how urban middle-class members of consumer associations in China interpreted practices of state officials, agri-entrepreneurs and rural citizens as either caring or uncaring. These interpretations as either legitimate acts of care or illegitimate acts of greed and corruption in turn shaped who was perceived as belonging to the domains of “community” or “politics” and “economy.”

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The importance of the negotiation of care for boundaries becomes especially clear in situations of accelerated change and crisis. Under these conditions, care practices are reworked, and in the process, simultaneously form emerging social formations. Such situations occur, for example, after major political upheavals such as the transformation of socialist countries (Ma 2020; Kay 2007; Yarris 2017) or when new actors appear with new ideas on who should be cared for and how (Mc Kay 2018; Amrith 2017). This research thus investigates those situations in which actors explicitly deploy legitimizing arguments about who is in need of care and who should deliver it. Ideas about and ideals of care responsibilities are central to our understanding of what constitutes a “good” society and thus become important markers of difference. Shifting evaluations of need can create overlapping categories of people and positions (Ong and Steinmüller 2020). This research already points to the way in which care produces sameness (as recognition of the other), but this means that someone else might be denied the same recognition.

## Care: Legitimizing and Reproducing Inequalities

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As Marxist anthropologists have long argued, the labor of care generates structural forms of inequality. Because the capitalist economy depends on the production of new labor, it rests on a base of unpaid care within the domestic sphere. The unequal distribution of care labor is critical in sustaining structured and global inequalities defined by gender, race, and class (Nakano Glenn 2010). Institutionalized care within welfare structures not only reflects but also reproduces and intensifies these inequalities as they remain completely unpaid or only nominally paid, with poor working conditions and minimally institutionalized social security. As Ferguson (2015) has argued in relation to South Africa, distributive demands are often framed precisely in terms of such inequality, with the state understood as having care responsibilities while simultaneously representing the basis of legitimate political authority.

Buch (2013) describes how paid home care in Chicago not only shapes individual subjectivities but also the embodiment of social hierarchies. Poor women of color working in home care incorporated the values, habits, and sensory histories of their clients without expecting the same from their clients. We can see similar experiences between processes of intimate and personal visions in *Olha's Italian Diary*, a documentary about an Ukrainian care worker. Within these processes of intimate and embodied care, inequalities come to be seen as moral and legitimate.

In her study of kindergarten in Vienna, Austria, Ellmer (2020) shows that although these institutions are largely framed as an instrument of generating equality and integration in public discourse, concrete institutional child care practices, in fact, produce and perpetuate differences that might even intensify inequalities. In their everyday interactions with clients, state-mandated child care givers evaluate familial care practices. By tracing how staff sees a five-year-old boy as embodying “problematic Muslim masculinity” and his adult sister an innocent victim through gendered kin care, Ellmer points out that decisions about who is deserving of institutional care and who is not are closely entangled with the perception of specific children and their families as culturally different.

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Care is not only reflected in a gendered ethics but also built into individual life courses, generating structured inequalities. Hareven (1982) shows how gendered care commitments are constituted in individual biographies. For example, she describes how in an industrial community in New England, parents of several daughters discouraged one from marrying, thereby setting her up to be their own future care giver. In case of transnational migration, migrating daughters often designate their mothers as care givers (Yarris 2017).

Research has pointed to an underacknowledgment of male caring activities resulting from gendered ideas within earlier feminist research on the ethics of care. Consequently, ethnographic research has turned to uncovering male caring and to the difficulties of men articulating their activities in a language of care. Kay (2007), for example, demonstrates how in Russia a pervasive discourse on uncaring men makes them almost invisible in welfare structures and continues to describe care by single fathers. Thelen (2005) has shown how, after unification, grandfathers in Eastern Germany took on the bulk of care work for their grandchildren to enable their daughters' shift work but barely spoke about it.

A significant area of research since the 1990s has been focused on transnational care migration in relation to class, gender, and race. Amrith (2017), for example, traces how Filipino nurses understand their care work and the intimacy, but also hostility and hierarchies, in their relations to the people they care for in Singapore. Hochschild (2000) coined the term "global care chains" for the transfer of care labor and resources from poor to rich countries in migration of women from the Global South to work mainly as nannies, nurses, or in elder care in the Global North. Researchers have investigated the important ramifications for the constellations of care not only in the families of migrant care workers but also in the receiving countries. As a conceptual framework this research has concentrated on problematizing global inequalities, as it is mirrored in the distribution of care labor, as well as the ideological notions that underpin these processes (Yeates 2009). One key area of research has concentrated on migrants' mothers and how they experience giving care in spite of separation from their children. This framework has been criticized as overly schematic and ignoring more complex experiences and shifts. In addition, like the ethics of care literature, focusing on transnational motherly care risks reproducing naturalized notions of female caring and Western ideas of the nuclear family. As such the male caring activities within these constellations have been rendered invisible, which is why follow-up research has also started to investigate transnational male caring activities and their effects (Locke 2017).

In relation to transnational migration, Coe (2015) argues that this can lead to asynchronicities in the coordination of care. With the example of Ghanaian care workers in the United States, she demonstrates how these workers have to reconcile different cultural expectations of care in relation to different temporalities. Their temporal strategies require flexible adaptations to the temporal orders of state law and attention to the individual biographies of other generations. Such processes can span generations as David and Liebelt show in their documentary *Circles of Care* (2011). The film demonstrates how care labor abroad on the one hand becomes an intergenerational circle in which women from the Philippines work under great insecurity in Israel and their daughters "inherit" their job. On the other hand, it becomes obvious that care labor abroad is also transformative and challenges gendered expectations of personal autonomy and old age.

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## Conclusion: Care as Critique and Critical Anthropology of Care

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Despite the massive increase in anthropological research and publications on care, this concept has not featured prominently in theoretical discussions. This is partly the result of care being used as a concept of critique of neoliberalization, migration policies, and gendered and global inequalities to argue for a seemingly more inclusive or impartial ethic of care. For the purpose of political critique, many studies imbue care with positive value and base their critiques on a firm distinction between market and society, between the economy and morality, and between money and love. Thereby they run the risk of underestimating its productive force for legitimizing partialities, difference, and inequality. Care plays a key role in articulating and mediating different moralities; therefore, the political goal is understandable, but this usage has left the theoretical potential of care underexploited. A critical anthropology of care needs to denaturalize it and pay attention to its transformative force as well as its downsides.

While care is directed at fulfilling human needs and thereby creates belonging, it also produces differences in access to care and thereby marginalization. As a part of habituation and subjectification, care is transformative. As such, care not only expresses inequalities but also shapes them. Overlapping local and state ideas about ethnicity, gender, and other differences informing their translation in differentiated forms of care can reinforce classifications that result in ambivalent inclusion, but also marginalization. Processes of care bridge on the one hand boundaries between state, civil society, family, and economy and on the other hand contribute to their very production. Situated at the intersection of many important social processes, including demographics, increasing mobility, medicine, and gender, care has a broad potential for scholars across various subfields of political and economic anthropology, kinship studies, and science technology studies. A critical anthropology of care has a specific potential to bridge the gap between questions of global inequalities and political economy with intimate encounters and embodied experience. Scholars working on globalization and inequality may find it equally fruitful as those working on the state and medicine. Care plays a critical role in a myriad of processes of political belonging and exclusion—it is fundamental to the study of social organization.

### Links to Digital Materials

*Cycles of Care* <<http://www.lizzamaydavid.com/index.php/videos/cycles-of-care/>>. 2011. Documentary by Lizza May David and Claudia Liebelt, 52 min.

*Olha's Italian Diary* <[https://www.youtube.com/watch?v=0Cb9DhqV\\_wQ](https://www.youtube.com/watch?v=0Cb9DhqV_wQ)>. 2018. Directed by Olena Fedyuk, 52 min.

Lecture by Joan Tronto on Ethics of care <<https://www.youtube.com/watch?reload=9&v=VAJ4aVpbEg>>.

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