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Beyond the Global Care Chain: Boundaries, Institutions and Ethics of Care

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ABSTRACT
Revisiting the Global Care Chain literature, we reflect on the ways in which care functions as a moral discourse that simultaneously resonates with local people and helps to promote neoliberalization in contexts that are often left out of the literature. We argue that care, both as concept and practice, inflects the broadest moral contradiction, ambivalence and hybridity of our social and political world today. Critiques of inequalities in global caring, therefore, need to pay attention to the moralization that is part of the neoliberal worldview and the ways in which it meshes with locally meaningful ideas and practices of care.

KEYWORDS
Care; ethics; moralization; neoliberalism; Global Care Chain

Until recently, care has been marginalized in the Western canonical tradition of thought compared to other ethical concepts such as justice and freedom. This is because it invokes a 'deeply engaging emotion/idea that has confronted and challenged rationalist, abstract and impersonal systems of thought' (Reich 2004, 359). In these views, care was thought to be confined to the home and not relevant to public life, while the understanding of care as only needed by the dependent was at odds with the dominant conception of the autonomous individual; care thus was negligible (Sevenhuijsen 1998; Tronto 2013). It was not until the 1980s that it started to be more recognized through the works on ethics of care pioneered by Gilligan (1993) and further developed by feminist philosophers such as Virginia Held (2006) and political scientists such as Joan Tronto (1993) and Selma Sevenhuijsen (1998). Drawing on Gilligan's work, anthropologist John Borneman (2001) also proposed to consider practices of care and being cared for as central to the ways in which relatedness and kinship are forged in people's everyday practices. The importance of care as a global public and political issue gained momentum in the late 1990s with the emergence of the Global Care Chain approach. The term was coined by Arlie Hochschild (2000) in a volume on global capitalism at the turn of the millennium and further expounded in the volume *Global Woman* she co-edited with Barbara Ehrenreich (2003). The approach has been widely taken up since then, producing an influential literature on the ways in which inequality-inducing arrangements of care feature in the political

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economy of globalization (Razavi 2012; Yeates 2012). In the last decade, care has become so prominent that some feminist authors feel it is taking over the place of social reproduction as a concept (Kofman 2012).

While taking care onto another level of scholarly recognition and into the realm of public policy, the Global Care Chain literature tends to be foregrounded by a concept of care that begins and ends with individual interactions. Since it is predominantly based on empirical accounts of nursing or paid domestic/care work, it sometimes invokes the very normative view of care as something only needed by the 'needy' – the sick, the aged and the infirm. With a critique focused on the global economic and political order, the literature has evolved in parallel to, rather than in conversation with the scholarship on ethics of care, which highlights vulnerability and dependency as inherent to the human existence. Much of Hochschild's initial focus, for example, drew upon a normative anxiety about the ways in which care deficits moved down the chain, presuming that, for example, family care, had a universal or similar pattern. Little attention has been placed on the varied understandings of care that shift according to historical and cultural contexts. In this special issue, we build on these different strands of literature and advance a concept of care that takes into account the diverse meanings and practices of individuals and institutions around the world and the global–local settings in which they occur. The analyses in diverse empirical contexts do not eschew a normative dimension to the problem of caring but they suggest a different level of normative critique. These essays are less concerned that mothers will miss their children than in placing global caring as a part of the neoliberal project that is deeply moralizing and whose ideological content is malleable, invariably deploying and resonating with local moral ideas and practices (Comaroff and Comaroff 2001; Muehlebach 2012). We argue that care, both as concept and practice, inflects the broadest moral contradictions, ambivalence and hybridity of our social and political world today.

Reconceptualizing care

The Global Care Chain approach is primarily concerned with the transfer of care labour and resources from poor to rich nations through the employment of women from poor countries in middle-class homes of the latter as caregivers (Parreñas 2001; Ehrenreich and Hochschild 2003; Parreñas 2012). This transfer has emotional and material ramifications for the organization of care in the families of the migrant caregivers, often resulting in transnational constellations of care that encompasses 'personal links between people across the globe based on the paid and unpaid work of caring' (Hochschild 2000, 131). The early focus on transnational domestic workers and their experiences with exploitative labour and citizenship regimes has been expanded to include studies of the service sector and intimate economies, covering a range of geographies of care mobility (Yeates 2012). This research has been fruitful in articulating the ways in which family life around the world is differentially affected by globalized processes of neoliberal restructuring and transnational forms of inequality.

A number of conceptual issues underlie existing analyses. Yeates (2012) has pointed out the risks of essentializing care work as a feminized realm and of reproducing particular notions of the nuclear family and bounded nation state. As the framework is based on an idea of care as labour and resources, it is primarily interested in the problematic

relationship between the users and providers of such labour and resources, both as individuals and nations. The conceptual scope, therefore, is confined to the activity of caregiving and the distribution of care labour. While such analyses highlight global structures of inequality in care provision, they have also helped to obscure other equally important processes and understandings of care grounded in cultural and institutional practices.

These concerns echo critiques to the idea of a universal 'female' subject by deconstructionist and postcolonialist feminist scholars (Mohanty 1988; Butler and Scott 1992). From these perspectives, research that problematizes care, especially the ways in which discourses of care oppress, manipulate and produce certain kinds of subjects for certain purposes, has not been given adequate attention in the framework. A neat formulation of the changing division of domestic labour, that the unpaid domestic labour of middle-class women in rich countries is replaced by the paid domestic labour of those from poorer nation, renders it difficult to bring in caring practices undertaken by men. Finally, concepts like gender and culture are often taken as given, rather than as discursively produced; as a consequence, this approach does not always give sufficient attention to life-cycle stages and the changing nature of precarity in contemporary globalized society (Gusterson and Besteman 2010; Berlant 2011; Allison 2013). This leads to an understanding of care as an unchanging, one-dimensional relationship between providers and receivers.

Ethics of care writers have in the meantime sought to engage with a broader notion of care as a complex social process implicated in social and institutional arrangements of human society (Tronto 1993; Sevenhuijsen 1998; Held 2006; Tronto 2013). While Global Care Chain analyses expose how privatized solutions to care produce and reproduce social inequalities, care ethics scholars highlight the ideological processes underlining the rise of such solutions. At the most general level, they deconstruct the neoliberal notion of the autonomous subject who is supposedly able to independently provide and care for themselves through privatized means. They propose a moral concept that guides ethical behaviour and thinking towards recognizing mutual dependence and caring actions in order to address the inequalities, an ethics that instils people to care beyond the realm of their home and their intimate others. For these authors, care forms the basis of a political ethics involving collective readiness to seek just public solutions to needs that are recognized through democratic means, a principle Tronto (2013) refers to as 'caring with'.

Often grounded in the social contexts of Western European and North American countries, works on care ethics have made important contributions to policy debates in those regions, not unlike studies using the Global Care Chain approach. Engaging with a range of other empirical contexts in the Global South, we suggest in this issue that the meanings and practices of care are more ambivalent. The distinction often made between 'competitive' and 'solidary' care, between purposes of social status and disinterested support for others invokes the irreconcilability between neoliberal idea of the self as a 'disastrous worldview' that leads to 'collective irresponsibility' (Tronto 2013, 38, 43) and caring as a desirable moral positioning. Yet in increasingly privatized places of the Global South, care is no less a moral value frequently drawn on by state and market actors for purposes of marketization, deregulation and exploitation. We take such entanglement and hybridity of the moral world as a starting point in building a critical concept of care in contexts that are often left out of the current scholarship on care. Rather than characterizing it as amoral, we argue that an effective critique of the neoliberal order needs to recognize its underpinning, and powerful, moralizing forces.

In this vein, we shall define care as *processes of creating*, *sustaining and reproducing bodies*, *selves and social relationships* – dialectical processes in which aspects of competitiveness and solidarity, anxiety and solicitude are interchangeably present and continually struggle with each other. They encompass practices, politics and discourses undertaken by individuals and social institutions, immersed in diverse relations of power that we seek to untangle in the individual contributions. Heeding Tronto's (2013) insistence that care is an on-going social process, this conceptualization takes into account the different levels of 'caring for the self', 'caring for the others' and 'caring for the world', while accommodating both normative and critical interpretations of care.

Interpersonally, these processes are affective in that they tend to produce emotional and bodily responses as well as the formation or dissolution of social relationships.[1] More generally, they play into competing narratives and social imaginaries of a time, particularly in regard of belonging and exclusion, what Williams (1977) terms 'structure of feelings'. As we shall see in the contributions, the moral claims made through care are often about well-being and affection, be it as part of a welfare agenda or a caring relationship, regardless of the actual power relations and outcomes of the course of actions or social arrangements. These underlying affective logics of care (affect being a social force arising from collective and institutional practices) set it apart from other closely related concepts, such as social reproduction, welfare or social security.

In the issue, Locke comes back to the conceptualization of care in her discussion of the absence of male caring practices in Global Care Chain analyses and the concomitant need to problematize care as a concept. The current dominance of care as an analytical concept, she argues, obscures a long tradition of feminist works on social reproduction. Locke uses a broad concept of social reproduction that refers to both the 'reproduction of society' and the intertwining daily and intergenerational reproduction of households and family. She calls for rigorously situating care as part of, rather than in place of, social reproduction, which encompasses the whole process of reproducing social structure and status. Taking Locke's effort to conceptually situate care vis-à-vis social reproduction as another point of departure, we argue that care is interrelated with but distinct from social reproduction. While both refer to social processes that emerge from human activities and relations, care as a critical concept is more amenable to unpacking the moral hybridity of human practices at the intersection between global forces and local conditions.

Our contributions are concerned with how social processes and governing technologies fashion human beings into subjects who give and receive care from differential social locations that are formed across gender, class and other categories of social difference. At the same time, we scrutinize the meanings that people derive from care relations in specific empirical settings and how everyday practices both defy and incorporate competing moral ideas. Most of the contributions, in particular, deal with post-socialist contexts in which socialist genealogies and neoliberal agenda at once clash and draw on each other in ways that are both meaningful and disorientating for local people.

Boundaries, institutions and ethics of care

In unpacking the boundaries, institutions and ethics of care, we underline the hybridity and ambivalence emerging out of the entanglement between local and global ideologies

and processes. We shall first take a look at the mutual constitution of morality and market principles in the formulation of care ethics, then critically scrutinize the boundary-making processes of care before linking them to emerging institutional dynamics. The hitherto separation between boundaries, institutions and ethics is an analytical move; these elements are mutually constructive.

Ethics of care

Neoliberalism, following Harvey (2005, 2), is 'a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedom and skills within an institutional framework characterised by strong private property rights, free markets and free trade'. This dominant economic ideology thrives on principles of privatization, market efficiency and personal autonomy. Rather than an amoral economistic force, neoliberalism is powerfully moral. Indeed, the ways in which the moral subject is produced in contexts of increasing neoliberalization complicate accounts of care ethics that deem the neoliberal subject as somewhat immoral. In a study of volunteering in Italy, Muehlebach (2012) shows that the neoliberal notion of private choice are entangled with moral values of solidarity and social actions in ways that are meaningful for local people. As 'hyperexploitation is wedded to intense moralization, nonremuneration to a public fetishization of sacrifice', she writes, an affective self is produced, one that 'participates in generating a public fantasy of affectively animated individuals made productive through state law, policy and citizen's sentiments themselves' (Muehlebach 2012, 6, 11). Such moralization of neoliberal restructuring helps to produce self-reliant citizens pursuing their private goals yet politically governable by the state, similar to what has been observed in post-socialist East Asia (Zhang and Ong 2008; Schwenkel and Leshkowich 2012).

Governmentality authors have pointed out that the neoliberal moral subjects constitute citizens with 'choices and yearning for self-fulfillment' rather than those with rights and needs, a logic that they term 'new prudentialism' (O'Malley 2004; Inda 2006, 16). Accordingly, individuals should use their own private resources to guard 'themselves against all that could possibly threaten the security of their chosen style of life' (Rose 1999, 159) – productive, responsible and risk-managing citizens able to consume market services and products to care for themselves and their family. Keywords such as self-governance and self-help render care and well-being as internal affairs of communities, deeming those that are supposedly lacking in these qualities as dependent and inferior (Kaya 2012). In short, social problems are turned into private responsibilities. As Nguyen and Chen show in their analysis of rural welfare governance in Vietnam and China, such logics are increasingly gaining force in the rapidly transforming landscape of welfare in the two market socialist countries. Picking up what was left of the socialist state's contract with its citizens, a contract that promised universal care and provision for the latter, the party-state in both countries is again recasting its legitimacy as a caring guarantor of well-being to its citizens after years of focusing on economic development. New-prudentialist logics offer the means for the state to hold on to its moral claim of care for the people, the basis of its legitimacy, while assembling an entirely different system of welfare primarily largely premised on the self-reliance of individuals and families.

That said, the conception of the family as the primary site of care and the idea of the self-made subject reverberate with local people's understanding of the moral being, as Zavoretti shows in her ethnography of migrant family life in urban China. Her informants take pride in and derive much meanings in 'making it out in the city' not just in terms of building viable urban livelihoods and exercising urban consumption, but also in securing an 'insurance' for their life through the birth of a son. This idea of a son as a form of 'insurance' suggests a concurrent reference to the gendered notion of filial piety that places the main responsibility of taking care of the parents on the son and to the new-prudentialist idea of pre-empting future risks through private means. Meanwhile, this analogy points to the emergence of what Rofel (2007) refers to as the desiring subject in post-socialist China. As China not only becomes globalized but also shapes the very process of globalization, Rofel shows, this neoliberalized subject yearns for cosmopolitan belonging through material, sexual and affective means and practices, especially consumption. With increasing availability of market-based protection, consuming such forms of care as insurance has indeed become vital to life projects for the better-off in China today (Chan 2011), even as it remains a mere reference point for the rural migrants in Zavoretti's study.

The construction of the consumer-care subject is also investigated in Cantini's contribution regarding the deepening privatization of higher education institutions in Egypt. Cantini writes about the emergence of small-scale for-profit universities in an education landscape that has been predominantly populated by largely free public institutions and a small number of elite private universities. While introducing practices such as performance ranking and quality assurance to control the process of education and discipline faculty and students, this kind of private universities cast themselves as caring institutions that tend to their students/customers' desire for exclusive higher education. The promises held out to students, often of middle-class backgrounds who cannot afford the best private institutions, are chances for good careers and life prospects in opposition to the mass education offered in decaying public institutions. As such, the private education offered is packaged as a relatively good choice for the selected few, who shall prosper from the intensive care of the private institution, as opposed to the less caring public institutions.

Through such restructuring processes of higher education, Cantini shows, the ethical subject is produced: an apolitical consumer capable of making market choices, who strives to achieve precisely what the institutions intend them to become, namely governable subjects primarily concerned with their private life chances. Cantini draws on studies on the privatization of higher education in Northern Ireland (Lynch 2015), which demonstrate how new-managerialism permeates the higher education sector, introducing corporate practices and values in universities in order to produce subjects in service of corporate needs. Care in this context, Cantini shows, functions as a moral discourse that justifies privatization and masks the social division and exclusion that privatization induces, similar to how it unfolds in the provision of state poverty benefits in China (Cho 2013; Yang 2013).

Yet do local people in these settings fully subscribe to these privatizing logics of care? In the empirical contexts we study, they continue to refer to diverse culturally specific ethical fields that may or may not align with such market-driven moral orientations. Following anthropologist Tine Gammeltoft (2014), not only are people's choices made out of their particular social locations based on gender and class, but they also represent specific

practices of belonging. The deep sense of achievement in having a son that Zavoretti's informants display, rather than just a new-prudentialist calculation, is deeply rooted in the Confucian worldview of the family as the primary locus of care. In the same vein, von Poser's account of aging in Papua New Guinea reveals a local ethics of care emphasizing mutual dependence over people's life cycle. Care is for the people of Daiden a long-term social debt, but only in so far that it is constantly invested in and strengthened through ritual and proximity performed by different generations. Such a concept is not unlike what Charles Stafford terms the 'cycles of *yang*' in China, cycles of mutual obligations between parents and children in care provision that are also resonant with other Asian societies (Stafford 2000). Rather than embodying morally superior alternatives, however, these local moral ideas are rife with inequality and conflict. The harmonious sounding 'traditional' cycle of care that von Poser describes is built on the power of knowledge about body and health that is transmitted down the seniority line at the disposal of the elders. The aspirations placed on sons to guard against future uncertainties articulated by Zavoretti's informants conceal the actual work and expectations of care placed on daughters and daughter-in-laws within the family.

As well, these moral ideas have undergone re-evaluation throughout different historical periods, often formulated and instrumentalized by the state and the elite for their purposes (Nguyen and Chen 2017; von Poser 2017). Within the post/late-socialist contexts we address, socialist practices, rhetoric and structure of feelings likewise continue to be mobilized at the same time with the responsibilization of individuals and communities. In China and Vietnam, as Nguyen and Chen show, the moral value of self-reliance and reciprocity is being actively drawn on by the state to deal with the social fractures and frictions emerging out of the massive dislocation and devaluation induced by marketization (see also Cho 2013). In these countries, what have been in fact the expectations on family and kin to care for each other are now dressed up in the language of choice. While women have always been seen as natural carers, the rhetoric of choice is recasting women's caring roles as a matter of self-fulfilment. This does not just occur in the domestic sphere, where a willing devotion to female domesticity by a number of middle-class women is celebrated as a sign of modern womanhood (Nguyen 2015). As Yang (2013) shows in her study of female laid-off workers becoming psychological councillors for the poor in urban China, the essentialized female carer has also become an efficient instrument of governing. Their supposedly naturalized tendency to care serves as justification for deploying women in picking up needs of marginalized groups under marketization (Yang 2013). As such, the mobilization of socialist discourses thus helps to displace responsibilities onto gendered social groupings and individual citizens without greatly undermining the principles that had been the mainstay of moral life for decades.

And out of the meshing between different moral frameworks, ambivalence and uncertainty arise. As von Poser shows in her account of aging in Papua New Guinea, a politics of care is playing out at different levels between the local and the neoliberalized notions of health and body. First of all, it concerns the ways in which the bio-medical knowledge devalue local forms of knowledge, rendering aging and other natural body processes as health issues in need of medical care. Second, there are competing notions of aging as progressive transformation of the body overtime, as locally understood, versus that as decline with which aging equals non-productiveness and dispensability for the sake of capitalist productivity and accumulation. Finally, family based systems of care premised

on a social contract between people of different life-cycle stages, with a long-term perspective of mutuality, are increasingly at odds with the changing forms of family and residence, new forms of knowledge and greater mobility.

Von Poser's analysis suggests that these politics are not merely a matter of the new replacing the old, or that market values are destroying traditional ethics of care. At stake is the co-existence of local and global ideas about aging and care on which young and elderly people draw to survive and maintain relationships in shifting political economic conditions. The feelings of declining power in the family and community articulated by the Daiden elderly are indicative of the anxiety that local people are experiencing as a result of these conflicting moral frameworks. This state of living at the interstice between different ideological forces is by no means singular to Papua New Guinea but is similarly experienced by informants across the different contexts. It is indeed a general condition of our time (Comaroff and Comaroff 2001; Tsing 2005). In the following section, we argue that this moral anxiety explains why certain boundaries of care are rigorously sustained even as people's practices again and again defy the actuality of such boundaries.

Boundaries of care

Critical accounts of global capitalism, including Global Care Chain analyses, tend to base their critiques on the distinction between the economic and the moral, between market and society, between money and love. On the one side, self-interest and profit dominate, on the other, collective interest and altruism reign. In an enduring critique from the last century, Polanyi (1985) suggests that society would eventually rise to the task of protecting itself from the consequences of unfettered marketization through a countermovement of social protection. Our contributions make the case that these elements that are often viewed in dichotomous terms are in fact intricately entangled in the texture of human society, as sociologist Viviana Zelizer (2006) has also argued. Money and love, according Locke (2017), are often two sides of the same coin in local notions of care in various empirical settings. In Nguyen and Chen's account of rural welfare in China and Vietnam, social protection is often imbued with similar principles and logics underlying liberal marketization. Even more so, the moral logics of care, sociality and relationality tend to be marshalled by both the state and the market to facilitate and justify privatization, as also shown in Cantini's analysis of privatization in Egyptian higher education.

The neoliberal notion of autonomy invokes a rational subject that is risk-taking, self-choosing and able to pursue private interests vis-à-vis competitive fellow human beings (Tronto 2013). For the neoliberal subject, dependency is scorned and failure to self-care is a mark of social inferiority. A wall is thus built up between the self and others, between the dependent and the sovereign, and so it goes. In line with existing critical accounts, our contributions share recognition of the non-existence of the autonomous individual as a purely independent and self-sufficient economic agent (Brown 1995; Tronto 2013). This economistic fantasy creates the illusion of self-determination in the face of growing precarity and widespread uncertainties, conditions that are stripping away the very possibilities for self-determination for most (Allison 2013; Berlant 2011).

Rather than being these fantastical self-interested rational actors, people craft selves and moral orientations in social relationships and practices. The migrant labourers in

urban China (Zavoretti 2017), the elderly residents of Papua New Guinea (von Poser 2017), and the university students in Egypt (Cantini 2017) are all embedded in social networks of family, kinship, friendship and community. Their actions are shaped as much by the notion of personal choice as by their awareness of mutual dependence within these social relations. Indeed, even when considering private higher education as a personal choice, Cantini's informants are seeking to 'create new communities and ties of mutual dependence' (Graeber 2009, 266). When referring to their son as a form of 'insurance', Zavoretti's informants are simultaneously articulating their present and anticipated attachment to their male offspring as a locus of care and sociality within family and kinship. The male migrants Locke discusses in her essay are as invested in their caregiving roles as they are concerned with their role as providers, although their caring practices might differ from those of female migrants. In such practices, the boundaries between money and intimacy, between self-interest and altruism, between the carer and the cared for disintegrate. These elements are instead mutually constitutive in the construction of the care subject.

The question remains why the idea of the autonomous individual continues to hold sway for people in the contexts we study, even as these moral boundaries are fluid and their practices are embedded in social relations. According to political scientist Wendy Brown (1995), the answer lies in the fact that this self-interested individual is modelled on a masculine ideal that often glosses over experiences and expectations placed upon women. If such autonomy can be imagined at all, it is because dependency and caring responsibilities are commonly coded as feminine, and therefore, 'the self-interested individual is premised upon a self-less one, indeed draws the material and sustenance of its "self" from the selflessness of another' (Brown 1995, 162). The idea of female domesticity as an expression of the self-choosing individual works because a number of middle-class women make their choice (to care for the family full-time) among the culturally approved options available to them as women (Nguyen 2015). As such, they can embrace a masculinist idea of autonomy without distancing themselves from the 'caring nature' that is supposed to be inherently female. Conversely, the underrepresentation of male caring activities in Global Care Chain analyses (Locke 2017) is perhaps related to the difficulties that migrant men find in articulating their activities in terms of care; identifying themselves as 'carers' would in fact call into question the ideal of male autonomy, and thus their masculinity.

In short, the boundaries premised on the self-interested individual can be sustained because the neoliberal subject is often reinvented through locally meaningful discourses and practices that guide people's values and actions in deeply gendered ways. As such, personal choice is not that much of a private choice, insofar as it inevitably affects and is affected by other people, as well as by the functioning of larger institutions. In the next section, we take a look at the emerging institutional processes of care across the empirical contexts of our studies.

Institutions of care

Care involves not only human actors but also the practices and processes of institutions, bureaucracies and corporations, cutting across what is public and private, formal and informal (Benda-Beckmann, Benda-Beckmann, and Marks 2000; Read and Thelen 2007). As we have suggested so far, the blend of moral ideas underline the ways in which institutions of

care operate. Especially salient in our contributions is how boundaries are being redrawn between these institutions at the same time with their increasing mutual embeddedness.

Let us go back to the Global Care Chain. One of its central premises is that the transnational mobility of female care labour was in part triggered by neoliberal welfare restructuring in post-industrialized nations. It is argued that the cuts in public provision and the privatization of social services, which had sustained the male breadwinner – female carer model of the family, have led to a redistribution of domestic labour. Yet, rather than bringing about a reorganization of the sexual division of labour to accommodate greater female labour market participation, this redistribution has involved the outsourcing of domestic work to immigrant care workers. Such outsourcing of reproduction is linked to the relocation of production to poorer nations: as factories are relocated to developing countries for the sake of low-cost productive labour, their reproductive labour is also capitalized on to address the care deficit in rich countries.

In this formulation, welfare restructuring is often understood as withdrawal of the state from social service and public provision in favour of marketized solutions. While this may be the case in a number of post-industrialized nations in Western Europe and North America, massive institutional changes in care provision are taking place in emerging economies of the Global South, such as China, South Africa, Brazil, Thailand and Vietnam (Ferguson 2015). In what seems to be a reversal of the trend of austerity in post-industrial contexts, these countries have been recently pushing ahead or reconstituting universal welfare programmes. As Nguyen and Chen show for Vietnam and China, minimal health insurance, pension and cash transfer have been rapidly expanded alongside the flourishing of diverse forms of paid and unpaid provision through the market and the third sector. They suggest that these changes are undergirded by a mixture of socialist ethos, enduring cultural values and new-prudentialist ideas of self-responsibility, a mixture that is reified in the official discourse of 'socialization of welfare and social security'. Accordingly, the party-state engages a wide spectrum of social organizations and market institutions in the provision of care, while emerging state welfare schemes operate either on the basis of user-fees, employment-based contributions or means-tested provision. In the same vein, privatization is taking place at the same time with the promotion of volunteering and NGO provision in the health sector of the Czech Republic (Read 2014) or the education sector of Egypt (Cantini 2017), which used to operate on the basis of universalist principles.

As a matter of fact, the state cannot afford to shrug off its care function, for its moral authority and legitimacy rest on this very function. Instead of withdrawing from welfare and social services, the state in these contexts has been merely reconfiguring its roles and operating principles in the governance of care (see also Read and Thelen 2007). As the state seeks to engage market and third-sector institutions in the provision of care, it deems proper self-care as the benchmark of desirable citizenship (Nguyen and Chen 2017; Zavoretti 2017). In such logics, state-provided care, which either in the industrial welfare state or socialist welfare used to be considered a matter of citizen entitlements or social rights, is being reconceptualized as a sign of dependency and thus stigmatized. Access to state welfare such as means-tested benefits and cash transfers creates a boundary between the deserving and undeserving while constructing communities of needs that are made accountable for their problems (Kay 2011; Cho 2013). In China and Vietnam, individuals and families who are in receipt of such benefits are deemed

lacking in 'human quality' (Nguyen and Chen 2017); they either lack access to kin-based care or to the economic, social and symbolic capital to secure future security. This discourse of care, which underscores the family and the self-made individual, foregrounds the uneasy relationship between the two Chinese migrant brothers in Zavoretti's paper who find themselves on different levels of being the 'quality subject' that the Chinese state aims to produce. Similar to the dynamics Kaya (2012) documents for immigrant Turkish communities in Western Europe, community construction has become central to the governance of care and welfare in these contexts, although its mechanisms and dynamics are particular to local polity and social relations.

In promoting self-responsibilization and self-reliance, the market and the state in these settings are not only diverting social problems onto the individual and the family but also relocating the accountability of care to the latter. Rather than disappearing with changing practices of marriage, sexuality and kinship, familialism, the ideology of the family as a close-knit and caring institution which best provides and care for individuals is gaining greater ground. This is manifested in the joy and pride over the birth of a son by the Chinese migrants and their anticipation of his role as their future provider and caregiver (Zavoretti 2017). Even the laments of the elderly residents of Daiden about young people's waning interest in intergenerational support (von Poser 2017) suggest a longing for the family as the ideal locus of care. As Zavoretti writes of China, entrepreneurism and self-responsibilization are often cast 'as the key to success and prosperity not for one person only, but for people *as specific members* of their families, and eventually of wider circles of social relations' (emphasis in original). Familialism, we argue, is another reincarnation of 'new prudentialism'. For the rise of the imaginary self-interested individual can only be made possible through the 'common sense' of the family as a safe haven against the precariousness of the outside world. Because these ideologies morally resonate with local people, they are being promoted by different institutions for smoothening out the social and political crevices generated by the privatization of care. In combination with the idealization of the woman carer, they ensure that women bear the larger brunt of this relocation of accountability, as much as they have been the providers of unpaid labour, either for state socialism or for Keynesianism.

Conclusion

As Locke (2017) states, wider shifts are taking place in social reproduction, such as the increasing precaritization of labour, flexibilization in the economy, changing welfare logics, and perpetual economic crisis. Consequently, the structure of feelings today includes a looming sense of uncertainty in most places of the world, above all a moral anxiety that emerges from the uneasy conjuncture between neoliberal ideas and local practices. In this context, care, with its affective undercurrents, is a central trope around which moral conceptions of personhood, social relationships and societies are anchored. Our contributions suggest that care has been mobilized for the neoliberalization of societies through this very moral appeal that often dwells on local ideologies and categories that are meaningful to people, even as their daily practices challenge them. It is creating a realignment between emergent ideas of selfhood, such as the new-prudentialist subject and ethical citizens (Nguyen and Chen 2017; Muehlebach 2012), and more enduring ideologies such as those of the essential female carer and son preference (Zavoretti 2017; Nguyen 2015).

Indeed, the discourse of care creates a veil over the wounds inflicted by precarity and crisis, while facilitating the unloading of responsibilities onto individuals and families. In the meantime, the moral logics of care drive people to engage in actions that are both productive for building communal and ethical lives and reproducing the very ideal of the self-interested individual that eventually undermine the solidary linkages that gels society together. It is this complex disjuncture in the actions and practices of local people that we need to untangle for an effective critique of neoliberalism.

Note

1. We owe this point to the engaging discussion in the international conference of the same name as this special issue that was organized in July 2014 at the Max Planck Institute for Social Anthropology in Halle/Saale, Germany.

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