



Care as social organization: Creating, maintaining and dissolving significant relations

Tatjana Thelen

University of Vienna, Austria

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Abstract

Although increasingly debated in public, scholarly discourses on care remain fragmented. This is not only due to the scientific division of labor, but also to different national research traditions as well as to categories that link predefined relations to specific practices. In this article I set out to establish care practices as vital elements of social organization in order to overcome commonplace dichotomies such as private–public, good–bad, modern–traditional, and micro–macro. In order to facilitate making care a central element of anthropological theory, I revisit diverse theoretical frameworks from Marxism and feminism to disability, social security and humanitarianism studies. With the decline of Marxist anthropology, the awareness it once raised regarding ‘public’ aspects of care has virtually vanished. Today practices of care are mostly discussed in kinship debates, with the result that the importance of care for other social relations is underestimated. Finally, I propose a processual conceptualization of care with a focus on practices that can enhance our understanding of the links and overlaps between relationships that are usually analysed within distinct spheres of social life, such as economics and politics.

Keywords

Anthropological theory, care, disability studies, feminist research, kinship, Marxist research, public–private, relational theory

Writing about care means following a shifting target, both in time and space. Since the 1990s, care has become increasingly topical in interrelated policy and scientific debates due to processes of aging, increased (feminized) migration and neoliberal

Corresponding author:

Tatjana Thelen, University of Vienna, Rathausstr. 19/9, 1010 Vienna, Austria.

Email: tatjana.thelen@univie.ac.at

restructuring. Care practices had to be adapted to changing notions of uncertainty and responsibility, thereby becoming a central aspect of social stability and change. In this respect care in public debates is often conceptualized as a given element of kinship or, more generally, of the private sphere, and evaluated as 'good', but also as in decline. Linked to such political discourses are different scientific approaches that reflect different variants of the public–private binary. For example, Anglophone traditions have mainly conceptualized care as unpaid activities of household reproduction. Within that branch, scholarly works in the US place additional emphasis on questions of the ethics of care. In contrast, Scandinavian scholarship adopts a more comprehensive notion of care in dealing with paid care in institutions as well (Wærness, 2001; Thelen, 2014). In German-speaking countries research on care is discussed under several headings that address different problem situations. Care for the elderly and the long-term sick (*Pflege*) represent the primary focus; childcare (*Betreuung*) is assigned a different term altogether.¹ All that is discussed separately from care received and provided as part of social reproduction in private households. However the boundaries are drawn, each has its own limitations for grasping the general importance of care practices for the (re)production of significant relations.

In this article I set out to establish care practices as the central element of social organization in order to overcome established dichotomies such as private–public, good–bad, modern–traditional, and micro–macro. Such a conceptualization involves revisiting fragmented discussions on care as well as relational classifications that assign specific types of action to predefined categories, such as friendship, kinship and patronage. Rather than resulting from existing relationships, care practices need to be seen as vital for both constituting and dissolving significant relations spanning different fields of action. On an aggregated level these practices feed into the (re)making of social order as well as the shaping of social change. Practices of care are thus at the heart of what Raymond Firth (1955: 2) early on declared as being implied in the term social organization (as opposed to social structure): 'working towards an order – though not necessarily the same order'.

Why care? Constructing difference and anthropological theory

To revisit care debates is important for at least two interlinked reasons. The first – and perhaps more obvious point – is that the already indicated recent care debates point to a historical shift in understanding human need and establishing the responsibility for meeting it. While research on these transformations has already produced many valuable insights, they are fragmented and restricted by established binaries.

For example, neoliberal restructuring has in many places entailed a revival of debates concerning the division of responsibilities for care between the (public) state and the (private) market. An adjacent debate delves into the question of how the informal 'warm' care provided by relatives could be strengthened as a way to reduce reliance on 'cold' institutional care (Hochschild, 1995; cf.

Mol et al., 2010). In contrast to the first example, the public–private dichotomy here is most often mapped onto the intimacy within private households on the one hand and within the ‘impersonal’ state on the other.² However, this runs counter to research on experiences with intimate paid care as well as with the unpaid emotional caring provided by non-family relations. Confronting such cross-cutting narratives, researchers too often dismiss them as being either inauthentic or misdirected – as if ‘wrong’ feelings had been consigned to the ‘wrong’ place.³ I argue that instead of dismissing accounts of care as misplaced, we should rather take them seriously and move the issue of care practices to the forefront in order to obviate the public–private binary, and thereby come to a deeper understanding of social organization.

As the – sometimes heated – public debates reveal, care is of utmost importance to our self-understanding and moral sensibilities to our – visions of a ‘good life’ and a ‘good society’. This makes care a vital aspect of how we construct the difference between ‘us’ and ‘them’ – a central trope of anthropology as a discipline. As such, care is often mapped onto temporal and geographical axes, that is, it is seen to have transitioned in Europe from the ‘traditional’ intergenerational care of former times to ‘modern’ care in a core family or institution. Although social historians have repeatedly refuted the thesis of the once widespread prevalence of extended families in Europe (Laslett, 1995; Finch, 1989), this image has remained exceptionally persistent. Anthropology exported this self-understanding of ‘us’, being individualized, to its ‘others’ outside Europe who supposedly ‘still’ uphold the ‘traditional’ ideal of the primacy of care by relatives. Whereas in many other fields asynchronies are used to devalue non-European cultures (Fabian, 2002; Chakrabarty, 2007), the topic of care suggests a rather ambivalent hierarchy. The idea that in Europe traditional care obligations have dissolved, while they are fulfilled elsewhere, implies that care in Europe has taken a turn for the worse, and is at a disadvantage compared to those ‘others’.

This ‘neo-colonial ideological violence’, as Annemarie Mol (2008: 3) has phrased it, has not been left without critical scholarly responses. Nevertheless it still gives rise to political policies and programs that attempt to ‘re-educate’ citizens in kin and community care on the basis of an imagined European past and/or idealized practices in ‘other’ societies. Linked to European relational classifications the idea of ‘traditional’ care might also be one reason why anthropologists have contributed surprisingly little to theoretical debates on care. After all, anthropology concentrates on those ‘others’ where care seems to occur almost naturally within kin relations – mourned as being in retreat in Europe. Consequently, care practices embedded in close personal relations found in these ‘other’ societies are more easily attributed to the realm of kinship than in Europe.

For example, Heike Drotbohm (2009) describes the different forms of mutual help and especially the strong emotional support between two women from Cape Verde, one of them living in Portugal. She decides to characterize their relationship as kinship, although the actors themselves conceptualize it as based in their

emotional closeness. Similarly, Gundula Fischer (2010) describes relations between workers in a Tanzanian cigarette factory as strong, emotional and reciprocal in a manner very similar to that of many Europeans in post-socialist countries (see Thelen, 2014; Dunn, 2004). Whereas similar forms of mutual care between colleagues are not classified as kinship in the European context, Fischer introduces the term 'assistive kinship' in the context of Tanzania. Both studies convincingly demonstrate the importance of care for the (re)production of significant ties in situations of mobility (transnational migration) and change (economic/political reforms). However, while in these African contexts kinship seems to be the central category, similar care practices in a (autochthonous) European context would probably be classified differently, for example, as friendship. This ultimately reifies differences instead of prompting analysis of how care practices (re)produce stability as well as shape change.

There are epistemological consequences for the scholarly division of labour as well. Forms of exchange and support that go beyond the 'private' sphere are often depicted as patronage or clientelism, and are the topic of political anthropologists. These relationships are more easily seen as rational and exploitative, and as belonging to the (male) public sphere of politics and economics in contrast to the seemingly unrelated 'cosy', non-economic private sphere of the family, a domain of kinship studies. Often this division of labour is also spatialized in that political structures seem to be larger or greater than the supposedly small and micro sphere of family (Ferguson and Gupta, 2008). Putting care at the centre of analysis would allow for new linkages within different branches of anthropology and thereby add new insights into social organization.

The historical entanglement of social theory and idealized care necessitates a strategic distancing from relational categories and (sub)disciplinary divisions of labour. Thus, in order to facilitate such a shift in perspective, I trace the diverse aspects of care in various academic debates as linked to underlying moral assumptions as well as relational categories. First, I turn to some earlier and almost forgotten insights of neo-Marxist and feminist approaches. While Marxist approaches are seldom mentioned in newer debates on care, they have underscored the public (e.g. economic) value of many of the practices in question. Feminist research took up this point but focused, instead, on the emotional aspects of care and their connection to the public domain. Disability studies, importantly, pointed out the negative dimensions of private care, especially for those cared-for. Conceptual overlaps between these approaches and the anthropological theorizing of kinship and exchange broaden the perspective on non-western societies. I highlight these commonalities in order to show what we can gain by bringing these fragmented discussions under one conceptual framework. Before this last step is possible, I introduce insights from the anthropological study of social security and humanitarianism that help us to overcome the rooting of care within a supposedly cosy and private, as opposed to larger and political forms of organization. The last section proposes to conceptualize care as a process with an open outcome, which constitutes its importance in theorizing social change.

Academic debates on care

The first relevant strands of scholarship that theorized the significance of care in linking the private and public were Marxist and feminist studies on social reproduction in the 1960s and 1970s.

Care as social reproduction: Marxist and feminist debates

Central to early Marxist and feminist approaches was an understanding of unpaid care as the downside of public production, as the capitalist necessity of cheap reproduction of new labour. For example, Claude Meillassoux, included nutrition and subsistence in times of sickness and unemployment as well as raising children in his reflections (1975: 118). Similarly for Maria Mies (1983) and Claudia von Werlhof (1978) the alimentionation of husbands and the education of children are subsumed under their concept of subsistence production. These studies essentially conceptualized care as domestic labour, characterizing it as ‘dull, monotonous and traditional’ – something to be overcome (Sevenhuijsen, 1998: 5; see also Wærness, 2001).

While stressing the mutual dependence of supposedly public economy and private reproduction, the discussion was limited to unpaid activities within the household. Transitions and intersections between private care and labour in the public sphere, such as paid housework or care practices in economic relationships, were largely ignored. Like neoclassical economists, Marxists located love and altruism in the female sphere of the family and household, whereas paid activities belonged to the male-dominated public sphere (England, 2005: 393; see also Haukanes, 2007b). Consequently, feminist scholars soon criticized this reductionist view of care. Instead they stressed emotional aspects and the importance of care for processes of identity formation. For example, Hilary Graham has argued that care constituted a process of female (in contrast to male) identity-building: ‘Caring is “given” to women: It becomes the defining characteristic of their self-identity and their lifework. At the same time, caring is taken away from men: not caring becomes a defining characteristic of manhood’ (Graham, 1983: 18). While the terminology of social reproduction emphasizes stability, the perspective on gender added a more processual view.

Thereby, and despite all the later criticism concerning the missing diversity of (female) carers in the analysis, these early works represented a starting point for a new strand of studies that focused on the evolving parallel naturalization of female-male and public-private.⁴ In addition, comparative welfare studies showed how the legal institutionalization of care – considered a female profession or obligation – reflected that binary construction (Cancian and Oliker, 2000; Daly and Lewis, 2000; England, 2005). Still today, considerable segments of care work are unpaid or nominally paid, with poor working conditions and minimally institutionalized social security (Cancian and Oliker, 2000; England, 2005). In this respect, care reproduces and symbolizes a social inequality further exacerbated by global

inequalities, resulting in the formation of transnational care chains (Hochschild, 2000).

Discussions around the diversity of carers, as well as the social inequality produced within the context of care practices, laid the basis for the processual model developed by Joan Tronto (1993: 105–8). This opened the perspective on negotiations and conflicts at four different stages. In her view the care process begins with an acknowledgement of the existence of the need (caring about), which forms the basis of the second step, which involves the assumption of responsibility (taking care of). In the third step, the care practice is implemented, to which, in the fourth step, the care recipients respond. Following Tronto, the first two steps tend to reside with powerful, and therefore male actors. The best-known example is the model of the male-breadwinner, which prescribes that the man assume the care obligations for his family by earning money. This his wife receives to care for their children, and as the case may be, his parents as well (see also Cancian and Olicker, 2000; Finch, 1989). While this model represents a significant advancement, it still included the recipients of care only in the last step (Fine, 2007: 36). Framed this way, the concept came under criticism, mainly from representatives of the newly developing area of disability research (Williams, 2001), which helped expand the critique of the public–private divide into the realm of a parallel normative mapping involving ‘good’ or ‘bad’ feelings.

Problematizing private care: Disability studies

For a long time, research treated care receivers not as actors but as passive receivers, divided into different groups of ‘dependants’, such as children, the elderly, the long-term sick, people with specific handicaps, etc. Disability studies shifted the focus to care receivers, re-inscribing them as actors, and also to the normative underpinnings of care. While feminists analysed care as fundamental to the construction of gender differences, disability studies problematized its role in naturalizing disability. Importantly, they also contributed to a re-evaluation of emotions in care relations and thereby questioned the underlying moral dichotomies mapped onto relational classification as private or public. Hilary Graham clearly situated care within the ambit of kinship relationships, whereas paid care in ‘substitute’ institutional services was deemed ‘not care’ (1983: 29). If positive feelings were entailed in paid care, researchers likewise assumed that they would be inauthentic and, therefore, harmful to the concerned carer (Hochschild, 2000). Disability researchers cast doubt on the feminist tendency to focus on the positive outcomes of care for receivers and society at large. In contrast to studies of women’s oppression, they describe care relations mainly in terms of power relations that limit the personal autonomy of care receivers. Contrary to the feminists, who see paid care as eliciting ‘inauthentic’ emotions, these authors describe the adverse effect of unpaid care on the identities of care receivers (Wood, 1991: 199–200, quoted in Williams, 2001; see also Cancian and Olicker, 2000: 98–9; Watson et al., 2004). In the context of unpaid care by relatives, the ‘burden of thankfulness’ is described as

a 'currency of dependency', 'bitter payment' or 'labour' (Galvin, 2004: 146; see also Oliver, 1990).

Like the feminist debates, these questions feed into policy debates: the issue of 'being a burden' was translated into calls for seeing care purely as labour and for paid personal assistants (Hughes et al., 2005; Ungerson, 2000, 2005). Yet, the political pragmatism advocated, while understandable, is analytically problematic. First, it remains an undeniable merit of feminist scholarship to have shown how neatly emotions, identity and politics are interwoven. Second, in many professional fields, labour relies on eliciting emotions, as Hochschild (2003 [1983]) demonstrated in her seminal study of flight attendants. Thus, not surprisingly, studies have rapidly shown that relations between clients and paid personal assistants, while intended to be impersonal, quickly develop complex emotional dynamics (Karner, 1998; Skär and Tamm, 2001), in which intimacy might also be an instrument of power in the hands of those being cared for (Kay, 2013).

Much of this literature emerged in the mid-1990s, so some of these claims fit the dominant neoliberal trends of that time. Rather than framing care as social reproduction the tone got more emotional and moral emphasis was shifted to individual choice and community responsibility. These trends are present in various reform projects, now using the terms 'client' or 'customer' to emphasize freedom of choice or civil rights respectively (Mol et al., 2010: 8–10; see also Mol, 2008). Other reforms introduced the so-called 'cash for care' schemes, that is, paying for care in private households (Hughes et al., 2005). Here, as in the early feminist debates, the question of the relationship between paid care and intimacy proved especially unsettling (Zelizer, 2005; Muehlebach, 2012). In particular, heated debates arose around the question of whether kin carers should receive payment in return for care provided, and this was answered differently in different European countries (Ungerson, 2000, 2005). As in the feminist situating of 'real' care in families, these debates once again show how care links the moral values central to our self-understanding and ideas about how society should operate.

Given the historical embedding of these discussions and the links to involved scholarly critique of western societies, there is the risk of overlooking the fundamental importance of care for all forms of social organization. In order to broaden the perspective on care practices as generally constitutive for social relations, anthropological discussions on kinship, sharing and exchange are extremely helpful.

Care in new kinship and exchange theory

As discussed above, Marxist anthropology dealt with care under the heading of the domestic mode of production. Thus, at first, many practices aimed at caring for the elderly, the young and sick family members were discussed predominantly in economic anthropology. After the decline of Marxist approaches and in the aftermath of the split between kinship studies and political anthropology, during the mid-20th century, care vanished from the central theoretical debates of the discipline, and similar topics are now mostly discussed within the realm of (supposedly private)

kinship. Another early strand of discussion is constituted by exchange theory that – like kinship studies – overlaps somewhat with the studies outlined above. Both lines of inquiry have the potential to draw attention to the immense importance of care for establishing lasting relationships as elements of larger forms of social organization.

New kinship overlaps with feminist research insofar as care practices, contrary to being seen as consequences of a relationship, are deemed originators of relationships. Building on the earlier insights of Mac Marshall (1977), the importance of nurturing and sharing for the constitution of kinship gained in popularity in the 1990s. Studies focused on the processual nature of kinship, especially on the establishment of parenthood, through practices of naming, feeding and commensality (Weismantel, 1995, Carsten, 1995, Franklin and Ragoné, 1998; Howell, 2006). Less attention has been paid to maintaining the western/European family through the production and distribution of food (Haukanes, 2007b; DeVault, 1991). Despite these valuable insights, however, concentrating predominantly on the importance of care for the (re)production of kinship might contribute to the neglect of the centrality of care for political organization and belonging. Although Janet Carsten's study (1995), for example, shows how commensality contributes not only to relatedness within Malay households but also to a more comprehensive mode of community building, these insights remained largely within the confines of kinship studies.

In addition, with the focus on kinship mundane care practices and commensality within other relationships outside the so-called private realm, moved out of sight.⁵ In 2001, John Borneman thus rightly argued for the de-categorization of kinship and for care to be viewed as the point of departure for analysis. He describes the difficult adoption process involving an adult man and his life partner, wherein care is expressed through inheritance. His second example concerns a series of 'sham marriages' that facilitated the cohabitation of a lesbian couple. Based on these examples, Borneman argues against the concentration (and associated heteronormativity) of anthropological discussions on issues of descent and alliance. However, his case studies continued to be focused on forms of kinship recognized by law. Besides retaining care within the realm of kinship, Borneman – like much of the body of feminist research discussed above – presents care positively and – like a large segment of the new kinship studies – focuses on the processes that produce kinship. The reverse process of de-kinning and, more generally, the dissolution of significant ties have thereby virtually disappeared from view. In order to develop a comprehensive concept of care it is therefore important to acknowledge negative feelings and outcomes of care, as stressed by scholars in disability studies. Care in families – rather than 'sharing without reckoning', as Meyer Fortes (1969: 238) put it, or engaging in 'generalized reciprocity' in the words of Marshall Sahlins (1965: 147ff.) – demands direct payment, if not in money then at least in the expression of 'appropriate' feelings. This insight resonates with anthropological literature on the gift that calls attention to the importance of reciprocity (Mauss, 1990 [1950]). If there is indeed no 'free gift' and therefore the inability to reciprocate in the short term enhances the

chance of longer lasting social relations, we can begin to understand how care contributes to the process of social organization.

Many care processes centered around creating, maintaining and dissolving significant ties, which ultimately aggregate to larger social formations, could thus be understood as exchange. Yet there is one difference: need. Processes of care evolve around what is understood as legitimate need and as deserving receivers. As the needs of children or the elderly were all too often treated as self-evident in kinship studies, there are two strands of anthropological thought that focus more on the processes of establishing and negotiating need. They again bring us closer to embedding care practices in political structures and thereby shifting the focus towards the possible negative effects of care.

Negotiating need: Studies of social security and humanitarianism

Ideas about need and deservingness may differ depending on the society, but they can also vary within a society according to gender, age, ethnicity and social status (Von Benda-Beckmann and Von Benda-Beckmann, 1994; Cancian and Oliker, 2000). Thereby the hegemony of certain ideals does not necessarily imply their universal acceptance. On the contrary, ethnographic studies demonstrate that need and access to care resources, as well as to specific practices within care relationships, are negotiated both on an individual and on a societal level (Risseuw et al., 2005: 4–5; Katz, 1989; Marcus, 2006, Stevenson, 2014, Ticktin, 2011). This applies to negotiations among family members (Finch, 1989; Finch and Mason, 1993), as well as to relations between clients and state employees (De Konig, 1988; Dubois, 2010; Howe, 1990). Conflicting values become especially clear in situations of accelerated change, when many care practices lose their former meaningful embedding. In such situations they are reworked according to changing notions of uncertainty and responsibility, thereby acquiring new meanings and shaping emerging social formations (see also Thelen, 2005, 2007b).

The political importance of care that influences the inclusion and exclusion of migrants, ethnic minorities and other vulnerable groups was recently discussed within the still emergent field of the anthropology of humanitarianism. The focus of these studies is on how individuals or groups are singled out as suitable objects for care – such as the elderly in Italy (Muehlebach, 2012), the Canadian Inuit (Stevenson, 2014) or, in France, the ‘modern slaves’ (Ticktin, 2011). For example, the latter have to fit into specific criteria (young, female, without interest in the economic gains of migration, only involuntary involved in sexual relations) in order to separate them from ‘illegal economic’ migrants (Ticktin, 2011). Andrea Muehlebach (2012), on the other hand, describes how by simultaneously criticizing and embracing the Italian politics of transferring responsibility for the elderly to civic organizations, an ethical citizenship emerges that excludes migrant care workers, who are seen as performing ‘merely’ material care and not the relational work that only Italian volunteers can perform.

While these studies focus on state policies and their potential negative outcomes, the kind of mundane activities described by Carsten and others might easily fade from view. In that respect, the study of Angela Garcia (2010) takes the issue back into the family realm. In her ethnography of drug addicts in New Mexico, she shows that in families engaging in drug use, care between generations might be constituted by such practices as procuring heroine for one's child and that, in general, intergenerational use establishes a mode of commensurability in situations of dire poverty and hopelessness. While this might ultimately lead to death, care, in these cases, is nevertheless the way in which relations are established and reaffirmed. Garcia thereby successfully disabuses us of the view that equates care solely with humanitarian help and/or life-sustaining practices. Very importantly, all these studies return to the question of how need is negotiated as well as to its wider embedding in the political processes of belonging.

The latter is also the main topic in social security studies, which arose in various development debates in the 1970s and 1980s and first criticized the concept of social security as tied to formal health care, pensions and unemployment as ethnocentric and not applicable to large parts of the so-called Third World. Building on this critique, Franz and Keebet von Benda-Beckmann (1994) propose to analyse social security in five layers. The first, 'ideological' layer refers to ideas and ideals about insecurity, vulnerability and care responsibility. The second layer comprises the services provided by institutions, which are often regulated by law and usually more restrictive than the general ideas of the first layer. These two layers overlap roughly with the first two phases of care in Tronto's processual model, involving the recognition of the need on the one hand, and the specific attribution of responsibility on the other. Relationships between carers and recipients constitute the third layer and the practices of social security – which, according to Tronto, can be construed as providing care – form the fourth layer. The fifth, and the last layer, consists of the social and economic consequences of these practices. Important in our context is mainly the emphasis on the link between care relationships and practices on the one hand and socially constructed notions of insecurity and need on the other, as well as the attention paid to their institutional implementation.

Care practices and relationships including their emotional qualities, are embedded in the individual life course. Many care practices are performed on the basis of experienced or expected reciprocity. Therefore, the temporality of care must be included in any analysis of the dynamics of the development, reproduction and dissolution of significant bonds.

Temporalities of care: Past experiences and future expectations

Ideas and ideals about need, deservingness and care responsibilities – that is, the ideological layer the Benda-Beckmanns specify – are not static, but evolve over the course of an individual's life and are associated with dominant notions of a

‘normal’ or ‘successful’ life as well as orientations towards potential futures. Gendered care obligations and commitments – a central issue in feminist research – are rooted in individual biographies. The awareness of life course patterns and the critical junctures at which they are – often translocally – renegotiated draws attention to the historical embedding and shifting intersections of class, gender and ethnicity (Locke et al., 2013; Drotbohm and Alber, 2015). Tamara Hareven (1982), for example, shows how parents might discourage one of their daughters from marrying over the course of their lives, and thereby groom her to be their future carer. Using examples of different generations of immigrants to the USA, Hareven also demonstrates variations in expectations of future risks. Cohorts who had similar experiences at a similar time in their lives (like food scarcity in childhood, migration, phases of industrialization, etc.) might differ from other cohorts in their social constructs of need and of the norms of mutual assistance.

Cultural constructs of need might also lead to differences in the configuration of intergenerational care arrangements based on diverging visions of the future. In her comparative study of senior citizens in Japan and America, for example, Akiko Hashimoto (1996) describes two distinct approaches to providing for old age that evolved owing to different cultural assumptions. According to her, the Japanese adopted the ‘protective approach’ based on the expectation that need is inevitably a 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’.⁶ Such dominant notions of vulnerability affect future expectations of care and, thus, the current practices aligned with these expectations (Hashimoto, 1996; Von Benda-Beckmann and Von Benda-Beckmann, 1994). An analysis of care must therefore also include the future expectations of the agents equally in terms of their expectations of others. Care expectations are derived from past experiences and from the observed actions of third parties; they require trust in certain relationships and familiarity with certain situations.⁷ Confidence and familiarity build the bridge between past experiences and the risks presently perceived as well as the expectations of a contingent future (for networks see Holzer, 2006). In times of accelerated social change – for example the post-socialist times – expectations of and confidence in the actions of others must be renegotiated explicitly. This can also lead to the dissolution of ties, when no consent about mutual expectations can be reached (Thelen, 2007a).

Care as process with open outcome: Overcoming fragmented and binary views

While the literature summarized above added invaluable insights on care, it also remained rather fragmented as well as framed in western normative notions and relational categories. Despite the stress on power and hierarchies in feminist and disability studies, care is still overwhelmingly seen as something positive. This evaluation is linked to a view of care as a quality being increasingly lost, which

accounts for calls in policy and popular debates to strengthen the 'traditional' obligations of family and community in increasingly emotive language, through which the economic value of these practices – despite early Marxist insights – is rendered invisible. Moreover, despite Marxist and feminist stress on the mutual constituency of the public-private dichotomy, care remains firmly located in the 'family box'. This division can be attributed to the immense stability of relational classifications, which made care practices visible (and important) in some but not in other realms of life that are considered public or political. Thus, subsumption has immense epistemological consequences within the scientific distribution of labour, where studies of family care practices are often seemingly concentrated on the 'small' or micro scale of social organization, and not on the level of larger structures.

A second major problem in many debates is the stress on efforts that create stability through care, which also happens if care is defined as social reproduction, as the term itself focuses on what is 'ongoing' and less on rupture and innovation. Even studies of transnational care have paid more attention to how reproduction can be achieved (under strained circumstances such as lack of physical proximity) than on the creative power of care itself. Thus, care tensions in connection with mobility have received more attention than care expectations as drivers of migration (Locke et al., 2013: 1882). Similarly, transnational care might reproduce families, but not inevitably the same families, and consequently may lead to new conceptual meaning and content as well as transformed reproductive roles within these units. Negotiations of care in situations of rapid transformation or extreme uncertainty are decisive for newly evolving forms of social organization (Thelen, 2005, 2011).

Despite the remaining problems, each strand of research has added valuable insights. From the wealth of literature discussed so far, we can extract some important points needed for a comprehensive approach to care that permits an inclusive study of the creation, reproduction and – often overlooked – dissolution of significant ties, and to grasp the immense importance of these practices for social organization at large. Building upon the specific strengths of each approach presented above, the following conceptualization of care aims at placing care (back) at the centre of anthropological theorizing. First, the narrow focus on either giving or receiving care has to be overcome, in order to involve instead, both 'sides' as equal contributors to the construction of need and responsibility. Secondly, care needs to be seen as embedded in larger institutional frameworks as well as within different temporalities. Third, care should be disentangled from the 'private' sphere of family and kinship so as to include diverse experiences. Fourth, care should be released from the overly positive normative framework and seen as a process with an open outcome: it might lead to stable relations, or it might lead to their dissolution. On an aggregated level these practices feed into the (re)making of social order and the shaping of social change.

To understand the centrality of care in creating, maintaining and dissolving significant ties, we need to continue looking at its emotional dimensions, while not forgetting their centrality for economics and politics. Thus, while

acknowledging the significance of emotions, it is important to go beyond the public/private dichotomy, particularly the bias that care provided by relatives is founded on 'good' emotions, whereas the feelings of care workers tend to be 'false' or 'fictive', not credible or reliable (see also Read and Thelen, 2007). Some authors have shifted the problem of 'good' care on to intentions or motivations (Tronto, 1993, Mol, 2008).⁸ This approach is still problematic: not all care practices are voluntary or infused with 'good feelings', nor are they always intended to lead to a relationship or the reproduction of life itself (on the latter point see Stevenson, 2014). Family care is often seen as an involuntary compulsion, and various studies have shown that, contrary to the assumed emotional surplus value of care by relatives, family care relationships can also be characterized by aversion or abuse (Cancian and Oliker, 2000). Conversely, although many paid care activities are carried out for money and not out of idealism, they may very well contain elements of love and affection (Karner, 1998, see also Qureshi, 1990; Liebelt, 2011). Equally, although the motivation to care may be selfish, for instance, propelled by the prospects of earning (more) money, the practice itself may nevertheless be experienced positively by the recipient (Thelen, 2007b).

Connecting these insights with my previous work with Rosie Read (Read and Thelen, 2007), I propose to understand care as an open-ended process which, as a dimension of social security, connects a giving and receiving side in practices aimed to satisfy socially recognized needs. This framing retains the processual character of care as analysed by Tronto (1993) and its interactional character as stressed by Mol (2008) by drawing our attention to the connection between persons, instead of turning the spotlight solely on the carer. Moreover, as the new kinship and feminist studies stress alike, these relationships result from care practices (not the other way around). Thus, practices, and not presupposed relationships, form the point of departure for research. Finally, care as a dimension of social security pays attention to the embedding of care practices in larger institutional structures. Shifts in ideology and politics can therefore be related to everyday practices. Combining an entry point on concrete practices with contextualization in state and economic structures makes it possible to render visible the boundary work as well as overlaps between public and private, the transformation of public into private relations, and vice versa (see also Read and Thelen, 2007). This perspective shifts attention to the complex network of power relations involving various care agents, organizations and ideologies. Most importantly, the result of such a care process is open, giving shape to ever-shifting forms of social organization.

Conclusion: Care as social organization

Care has not featured prominently in theoretical discussions in anthropology despite the prominence accorded to it in public discourses and scientific debates. However, this does not reflect a general lack of disciplinary interest in the topic. Since the very beginnings of anthropology as an academic discipline, the production and sustenance of significant relations has been a central topic, but such care

practices are considered under different terminological headings, mostly in economic anthropology and kinship studies. As this article has argued, merging these different disciplinary strands and thereby configuring care as a central theoretical concept would allow new insights in social organization to emerge. This involves revisiting relational classifications and showing how they played out in the way care has so far been examined.

In addition to linking patchy paths of discussion, revisiting the literature has revealed earlier insights. 'Forgetting' the importance of care for social reproduction took place when debates shifted from economic grounds and social reproduction to a more emotional tone of care as loving attention. With the waning influence of Marxist-inspired anthropology, discussions of the public impact of domestic care have left almost no trace in wider theoretical debates. On the other hand, kinship studies developed a procedural understanding of how significant ties are created through care practices, but this discussion was mostly limited to what was always perceived as the realm of the family. The importance of female care practices in the production and provision of food and commensality, which has been demonstrated in this context, was hardly transferred to either the European or the supposedly public context of politics. Moreover, positively connoted female care practices have been treated as separate from similar practices by male actors in the public sphere, which are usually connoted negatively. Even though, similar care practices were partially examined in these areas, existing classifications do not allow these conclusions to apply in the same context.

When dominant dichotomies persist between the supposed superior care provided by relatives, viewed as 'warm and real' in contrast to 'substitute' care offered by 'cold' institutions, it is difficult to view care outside of kinship relationships or in areas that encompass both private and public domains. This constitutes an obstacle to investigating how significant ties are created through care in general. In order to overcome these limitations, I have proposed a shift in perspective that takes care practices, rather than specific types of relations, as the starting point for the analysis of significant relationships. Temporal embedding is important, since the aggregated expectations and decisions of many actors in the face of insecurity and change will shape the future social order. That is why it is important to pay attention to such care practices and their evolving relationships: the proposed conceptualization of care offers opportunities to see unexpected outcomes, because it does not presuppose a relational classification.

Care is often defined as applying to the 'internal other', that is, to those who do not conform to the ideal of the autonomous western individual: the sick, the disabled, the elderly and children. But as feminist studies of the 1970s and disability studies of the 1990s have demonstrated, interdependence rather than independence characterizes the lives of all humans. Research on care places precisely these mutual dependencies at the centre of attention, thus permitting multiple shifts in perspective and enabling the development of new relational classifications and policies. This shift in perspective does not serve as the starting point for developing a model of 'homo caritas' in contrast to a dominant 'homo economicus'. Rather, it aims to

open up new avenues by overcoming a simplistic positive model that reduces the ideal form of care by relatives. Rather than insisting on a duality between autonomous givers and recipients, dependent on selfless love, a procedural understanding of care beyond the established classifications can generate new insights into the creation, reproduction and dissolution of significant ties.

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Notes

1. Only recently has the etymologically correct translation of 'Sorge' gained ground in German scientific discourse. While more encompassing, the term carries a different (negative) connotation compared with the English word 'care', which has changed its meaning over time to unconditional love (Fine, 2007).
2. In yet another variant, the state, as the public entity, is opposed to civil society, which is cast as private. On the different variants of the dichotomy, see Weintraub (1997).
3. See, for example, Hochschild (2000) on the feelings of transnational care migrants towards the children they care for, or Diewald (1995) on eastern German accounts of trust and mutuality in work relations.
4. Graham (1991) herself expanded on her earlier work by discussing aspects of social class, race and ethnic origin (see also Cancian and Oliker, 2000; England, 2005; Tronto, 1993: 112–17). The focus on female carers was also criticized and complemented by researchers on men's care work, which was also phased out in welfare structures (Arber and Gilbert, 1989; Kay, 2007). Another, mostly American, branch of research even conceived of care as a meaningful practice or an ethic that made women essentially better people (Gilligan, 1982; for a discussion of her book see also Wærness, 2001).
5. There are, of course, notable exceptions, for example, Haukanes (2007a), who describes caring activities in a canteen in the Czech Republic (see also Thelen, 2010, on relations built around commensality in a state-sponsored family centre; on identity in relation to commensality at the workplace see Thelen, 2007a).
6. Although Hashimoto avoids simple categories, such as 'Asian' or 'Confucian' values, there is nevertheless the impression that she may have over-emphasized filial piety in Japan. However, Hashimoto also points to problems if, for example, the norms of reciprocity are no longer structurally supported (e.g. through inheritance).
7. See Luhmann (1988) for the terms 'confidence' and 'familiarity'.
8. Tronto is mainly concerned with the rejection of other traditions, specifically the ethics of justice, when it comes to developing her ethics of care. She privileges the negotiation process of local solutions over universal principles (see also Mol et al., 2010: 13). Mol (2008), on the other hand, argues for a logic of care as opposed to the (neoliberal) logic of choice that is inherent in so many recent welfare reforms. Like Tronto, Mol contributes a good deal of nuancing to the discussion of care, but in her study even though the clinical personal often do not know in advance what is good for their patients, care is nevertheless born out of good intentions (see also Stevenson, 2014: 3, note 6).

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Tatjana Thelen is an anthropologist and a full professor at the University of Vienna. Her research interests include care, kinship and generational relations, as well as the state. Among others, she has co-edited two special issues: ‘Stategraphy: Toward a Relational Anthropology of the State’, *Social Analysis* 58(3), and ‘Social Security and Care after Socialism’, *Focaal* 50.