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### 13 **Ageing & Society (Book review)**

14 RE: Felicity Aulino, *Rituals of Care: Karmic Politics in an Aging Thailand*, Cornell  
15 University Press, Ithaca, NY, 2019, 210 pp., pbk \$22.95, ISBN 13: 9781501739736.

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17 This book presents how the care of ageing people in Thailand is formed and driven by  
18 karmic beliefs and political structure. The author is Felicity Aulino, an Assistant  
19 Professor of Anthropology at the University of Massachusetts Amherst, USA. In writing  
20 this book, she conducted critical phenomenological research by emerging herself into  
21 the very lived experiences of family caregivers, volunteers, practitioners, and  
22 policymakers in Thailand. She observed daily care practice, attended healthcare  
23 meetings, and talked to various stakeholders. Social policies and political crisis, as

24 well as immediate daily experiences like contents on Thai television shows, were taken  
25 into account. Her understanding of Theravada Buddhism principles was excellent and  
26 extensively applied in her analysis. With these rich and critical observations, the book  
27 successfully reached its aims to demonstrate how religious beliefs, social  
28 expectations, and political events shape and constrain the care into ritual practice.

29

30 In Chapter 1, she first discussed karma (or *kam* in Thai, ones' actions and their  
31 consequences across lifetime) and merit (or *bun* in Thai), and how they enable Thai  
32 people to use ritual, habituated acts as a mode of care provision. This differs to the  
33 mode of sincerity with genuine enactment, which the modern Western frame values  
34 as the most rightful actions. Without saying a word, automatic recognition of other  
35 people's feeling at a time (...*ao jai khao ma sai jai rao...*[t]he wants and needs of  
36 others come into our heart...(page 46)), and ability to give appropriate responses were  
37 demonstrated as a necessary quality of 'being Thai' in Chapter 2. The socially  
38 sanctioned mode of behaviours was vividly illustrated in Chapter 3 in which  
39 maintaining social harmony is inferred as the primary goal of any social interaction in  
40 the Thai context. However, social interaction is determined by the social hierarchy  
41 which is indicated by ones' karma and merit; rich and powerful people are assumedly  
42 carrying good karma and more merit, and therefore deserve more attention and blissful  
43 prospects.

44

45 Shifting to a broader picture of care, Chapter 4 discussed how typical Thai volunteers  
46 'work for' the ageing people and how volunteer work helps themselves in 'making  
47 merit' to which the work often involves social harmony activities such as temple rituals,

48 gifts, and fun outings rather than direct emotional and physical support. Chapter 5  
49 discussed the rituals of care in terms of technologies of restraint which is rooted from  
50 the karmic logics and sanctioned social practice, and further introduced higher  
51 determinants called structural violence of care such as political conflicts and systemic  
52 social oppression. Finally, in the Conclusion Chapter and also throughout the book,  
53 she acknowledged other related but rival or out of the scope theories of care. She  
54 pointed out the possibility of those theories complementing the findings of this book  
55 and their implications regarding care in Thailand.

56

57 In my opinion, the book presents a comprehensive view of karmic logics and political  
58 influences on current care practice for the Thai ageing population and perhaps of other  
59 Buddhism countries. When becoming unwell or facing difficult situations like caring for  
60 someone very ill, Thai people often recount what we have done in the past (karma)  
61 and feel sorry for the lack of fortune (lack of merit), although these ideas are  
62 sometimes subtle. We have a common idiom that applies to these situations - "*laew*  
63 *tae bun tae kam*" - which can be translated into "let it depend on merit (*bun*) and karma  
64 (*kam*)". This idiom reflects all the chapters in that Thai people usually accept or at least  
65 are status quo of the difficulties in daily life circumstances, systemic social and political  
66 oppression, and habituated mode of care as these difficulties are the ramifications of  
67 our karma and merit. The book indeed gives us an insight into Thai rituals of care  
68 beyond the idea of filial piety which is frequently used to describe our care practice  
69 (Knodel et al., 2018).

70

71 As a clinician and researcher, I found this book suitable for various readers.  
72 Practitioners, students, and researchers can learn an example of the interplays  
73 between religious, social, and politic factors regarding care frame for the ageing  
74 population, which can also be applied to other settings. Furthermore, by  
75 comprehending ideas in this book, practitioners can help redesign habituated care,  
76 which is mainly provided by family caregivers and volunteers; for example, with the  
77 endorsement of paid formal caregivers, respite care, educational training, and  
78 personalised care plan to meet ones' emotional and physical needs (Schulz and  
79 Martire, 2004, Knodel et al., 2018). The book can help students and researchers  
80 become more critical when investigating healthcare or social care interventions across  
81 different contexts. It is also interesting for researchers to study further on how the  
82 decreasing intensity of karmic beliefs in younger generations will influence these  
83 rituals of care in the future and how it will affect the wellbeing of the ageing population.

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