

**Introduction: Crises of Care in China Today**

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Practices of care give space to others, nourish them, and help them grow. As such, they are central kinship, health, and government. The ways people care for others in the PRC have changed radically since the beginning of Reform and Opening. In the realm of kinship, the last decades have seen the rise of nuclear families and new ideals of self-realization. Relations of care between family members, and specifically care responsibilities for the old and frail, are very different now: to the extent that people frequently complain that the young do not care for the old. Healthcare and eldercare industries have grown exponentially. Catering to an aging population, large parts of these sectors now operate according to market principles; and frequently the emotional and affective labour of care is underpaid and undervalued. At the same time, different government levels care in entirely new ways for the population: by promoting self-reliance and risk-taking on the one hand, but also by distributing benefits and subsidies, especially to the urban poor and in the countryside. Institutions of state care, and images of caring officials and leaders, are essential to regime legitimacy; and the accusation that officials are uncaring, or worse, only care for themselves, is always looming.

In all these spheres, expectations of care are only rarely met; and according to many observers, family care, healthcare, and state care are in crisis. These crises have to do with large social and moral transformations, including urbanization, consumerism, new inequalities, and a new pluralism of lifestyles and attitudes. Such pluralism stands in stark contrast with the moral uniformity of Maoism, where one 'heroic' ideal of sacrifice was overshadowing all spheres of everyday life. Rather than acknowledging the new heterogeneity, many complain about moral decline, and point to the selfish individualism of the young, the lack of public trust, and the ubiquity of official corruption.<sup>1</sup> The main suggestion of this volume is that instead of a moral crisis, the ethical predicament of contemporary China should be understood as several interrelated crises of care.

The care sector itself, defined in the strict sense of the word, as healthcare and eldercare, is an obvious starting point: important changes have taken place here in regard to the social dynamics, the economics, and ethics of care. Childcare, healthcare and eldercare have become increasingly professionalised and commercialised in the last decades, raising new moral challenges in how to care for the young, the sick and the old. Caring means to heed the needs of others, to purposively act with them, and to engage with social institutions, the government and the market: The politics of care thus concern both social action and ethical judgement.

Drawing together the social and the ethical, the politics of care extend far beyond the care sector in the strict sense of the term, that is, modern institutions such as homes for the elderly and hospitals. Even when the sick and old are transferred to such institutions, the duty of care, and often the practice of care, is still with the family, as Xiang Zou describes in her article. In recent years, the interface between such modern institutions and families has been transformed by the spread of health insurers – in the countryside specifically cooperative health insurances – as well as other welfare state measures, such as the guaranteed basic income (see Lammer, this volume). There are also local practices of care and protection that are renewed in popular religion and in ritual (Feuchtwang, this volume). If rituals thus revive older forms of protective care, care itself can expand to entirely new fields: for instance, in

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<sup>1</sup> Cf. for instance Ci 2014; Yan 2020.

recent years, people have learned to care for the environment in ways unthinkable only a generation ago (see Bruckermann, this volume). Another important area of moral and ethical innovation is animal welfare: and Zhou shows how caring for Tibetan mastiffs implies different things to different people, and requires a particular positioning toward the commercialization of the same animals.

The topic of care provides a productive focus point to link a number of different fields of enquiry in China Studies: Looking at the performance of care allows us to study how people practically and concretely build relationships with significant others. Whether or not someone cares, or is seen to be caring, has fundamental implications for the attribution of responsibility. Care thus connects the study of social ethics with classical topics of anthropological and sociological interest, such as kinship, gender, and community. Extending care means to draw lines between the personal and the political, between morality and law, between the caring and the managerial aspects of work. Studying care, therefore, means to follow actors in how they draw such crucial distinctions.

In this introduction, I briefly outline what the concept of care could mean for China Studies, drawing on discussions in feminist philosophy, social anthropology, and political science. Care is defined as ‘attentive co-growth’ that is by necessity uneven, and therefore political. The attention, action, and politics of care provide the framework for the ethnographic studies of kinship, health, and government that follow.

## Care: Attention, Action, Politics

At its most basic, the English noun and verb ‘care’ can refer to the act of noticing and paying attention (‘to care about’) and then act for the benefit and welfare of someone else, by empathising with them (‘to care for’). It would be a mistake to reduce the former field of ‘caring about’ to a passive impact and the latter (caring for) to an active practice: both caring about and caring for are constituted through acts. Care essentially means to attune to others and share agency in co-action and co-growth. Both the attention and action of care are moulded by changing environmental constraints. These two fundamental senses of care – attentive and active care, or to care about and to care for – are the starting points in most definitions of ‘care’.<sup>2</sup> What we care about and who we care for are fundamental questions for any ‘ethics of care’.

Important distinctions that follow from here are between attitudes and action, between discourses and practices, and between forms and intensities of care. Rather than immediate knowledge in action, much discourse about care reflects on what happened after the fact. Separating the action from the reflection is fundamental to our explorations of care: we will look at both what people say and what they do, and compare the two. In this way, attention is drawn to the possibility of ethical posturing or what we might call ‘pretence care’, as well as gratuitous and unintended care. Such distinctions are drawn both by the observers and by the observed: and various of our contributors start their arguments analysing vernacular distinctions made between what is said and what is done, and between convention and invention in local practice. But the most fundamental question is always, what do we actually care about – that is, what do we notice and what do we ignore?

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<sup>2</sup> E.g. Noddings 1984, Tronto 1993.

### *Attention*

People pay attention to very different things; they also care for different beings. Webs of care spread between the nodal points that mark out our existence. They are fuzzy, chaotic, and multiple: and, by definition, cannot be captured through formal abstraction alone; because care, as attentive co-growth, is concrete action that is premised on co-presence and thus cannot be abstracted into pure form. Care starts, at its most basic, with the simple act of noticing and paying attention. If you care about someone or something, this object acquires significance for you: note that only a minuscule part of reality emerges from the background noise and acquires significance, comes forward and is cared about. What, when, and how something becomes figure against ground depends on the cognitive capacities, the mediatic tools and technologies, and social institutions in play.

Someone or something needs to figure in this way, before we can care for this person or thing. At its most fundamental, care requires us to pay attention – ‘to care about’ something. Switching to online communication during quarantine and lockdown, most of us have learned to re-focus attention. However radical these recent changes have been, any medium, or, at its most fundamental, any process of formalization, points to a particular structure of attention: it encourages and constrains our choice of stimuli – that is, environmental events that emerge as sensual figures against some background noise. Surely the largest part of what happens around us never appears to consciousness; and out of those very few things that do, we actively engage with an even smaller part: this is the minimal dissection of our environment that we ‘care about’. This is not to say that attentive care is entirely passive – on the contrary, paying attention also entails choice, judgement, and decision-making. And people do not just care about other humans, but also animals, plants, and things – even beliefs and ideals. Any object can become a ‘matter of care’,<sup>3</sup> and it is the process of this becoming noticeable that is the focus of several contributions that follow: they distinguish what people care about and what goes without saying.

### *Action*

To care *about* something or someone is the precondition of caring *for* them. The act of care re-draws past positions and opens up future horizons. Care is always selective – it is simply impossible to care about everything, let alone to care for everything: if care creates significant others, not to be cared for is the definition of abandonment. Caring *for* significant others requires the recognition by a third (an audience, an institution, an inner voice, for instance), who confirms that care was attentive and emphatic. In the absence of social recognition, directed action toward others might be mere intuition, or aggression and harm, instead of attentive co-growth. ‘Caring-for’ is thus based on attention and empathy for an other, and recognised as such by a third. If we follow this definition, it becomes imperative to distinguish between intention and action, discourse and practice, form and intensity of care: people can care in many ways and not act; or act carefully without thinking much about it. Only if the act of care is recognised as such (as something that nourishes and gives freedom to others), it deserves to be called ‘care’.

Care is always limited and unequal: just simply because it is impossible to care for everything and everyone at the same time. Care, thus, provides an excellent focus to understand political

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<sup>3</sup> Bellacasa 2017.

complexities: specifically, the lop-sided structures of empathy, mind-reading, and co-action that are part and parcel of any hierarchy: be it in bureaucracies<sup>4</sup>, or in relations of gender and race.<sup>5</sup> Typically, the inferior partners (women, children, racial others) are required to care, whereas the superiors (adult, white, man) just set the rules. Correspondingly, the ‘concrete’ work of inferiors is devalued in comparison to the ‘abstract’ work of superiors. The self-descriptions of the carers often include the same devaluation of care; just repeating those self-descriptions therefore might simply re-affirm the underprivileged position of the caring part. Capturing the ‘different voice’ of caring, as formulated famously by Carol Gilligan,<sup>6</sup> would mean to escape these oppressive structures and the denigration of emotional work: it may even help us find new senses of community, of self, and perhaps even of politics altogether.

### *Politics*

We can identify similar imbalances of care in China; at the most general level between the ways in which the government cares for its citizens, and how, in turn, citizens care about the government. Imbalances in care have been described for domestic workers in China, who care for the new urban middle classes that care relatively little in turn: thus reproducing new relationships of masters and servants.<sup>7</sup> Global consultancies which operate as joint ventures with local governments in China equally enforce a distinction between ‘productive’ consultants and ‘costly’ back offices.<sup>8</sup> Civilizing projects in China have tended to infantilise and feminise peripheral subjects, or treat them as ancient and senile; put into inferior positions in the classificatory hierarchies of civilization and modernity, peripheral people have responded by developing ideologies of ethnicity or ethnic consciousness.<sup>9</sup> Correspondingly, ‘ethnic minorities’ in China are often forced to learn Mandarin and adapt to Han Chinese culture – at any rate more so than Han Chinese would be required to understand non-Han Chinese.

The act of caring *for* others relies on and reproduces unequal relations between those who care and those who are cared for. Parents care for their children, and would expect their children to care for them in old age.<sup>10</sup> The government is supposed to care for the people, but in reality, local officials only care for themselves, as villagers often complain. Perhaps some officials higher up the ladder actually care for the people: but local officials do not even notice the needs of ordinary people. Such a ‘bifurcation of the state’, where high-level officials are indeed caring, and local officials corrupt, has been a common perception among ordinary people.<sup>11</sup> The relationship between ordinary people and local officials is often characteristically unequal when it comes to care: villagers very much care about officials and frequently discuss their motivations and anticipated their next moves, hoping that the same officials would notice, and would care. Officials, however, care for the people only in the abstract, and repeated slogans such as ‘to serve the people’. In everyday life, however, they often simply did not have the time to care about ordinary citizens – as mentioned above,

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<sup>4</sup> Graeber 2012.

<sup>5</sup> Benhabib 1992; hooks 1992.

<sup>6</sup> Gilligan 1982.

<sup>7</sup> Yan 2008.

<sup>8</sup> Chong 2018.

<sup>9</sup> Harrell 1994.

<sup>10</sup> Stafford 2000b.

<sup>11</sup> Guo 2001.

possible attention is always limited, and it is so especially for busy officials. The labour of care thus sets into motion a whole series of socio-logics that are essential to politics.

Our enquiries of care in China centre on these three shared concerns: the attention that care affords, the concrete actions through which people care for others, and the politics of care, specifically related to the conflicting scales and dimensions of care. The attention, action, and politics of care allows us to understand issues of immense importance in Chinese society today. As the contributions to this collection show, ethnographies of care provide crucial insights into the changing economy, the ethics and politics of China today.

## Ethnographies of Care in China today

This word *guan* 管 is just one element in the vast semantic field of ‘care’ in contemporary Chinese. Care-about and notice (*zaihu* 在乎, *zaiyi* 在意, *jièyì* 介意, *guanzhu* 关注, *guanxin* 关心), care-for (*zhaogu* 照顾, *zhaokan* 照看, *zhaoliao* 照料), nourish, foster, and rear (*yang* 养), self-care (*yangshen* 养身), take-care of something (*chuli* 处理, *fuze* 负责), worry (*danxin* 担心, *fannaò* 烦恼, *youlü* 忧虑), protection (*baohu* 保护, *baoyou* 保佑), caution (*jinshen* 谨慎, *xiaoxin* 小心), wait upon (*cihou* 伺候) are all relevant in this regard. These are the words that describe what people in China today care about, and how they care for others. From the simple act of noticing, to emotional labour and paternalist politics, care is essential to human existence, in China and elsewhere.

Many scholars have noted the affinities of care ethics and Confucian ethics, as well as core differences (for instance, to do with the importance of ritual and convention).<sup>12</sup> The main point for us, however, is not the comparison of ethical principles, but rather how they are mobilised in practice. The assessment of care in practice is different from the theoretical observation at least in the minimal sense that frequently it happens ‘after the fact’, that is, much of the attention and action of care is intuitive, rather than reflective, in the moment of practice. But even so, the reflection that takes place after the event, is equally significant and consequently impacts on future action. In the following we will deal with this combination of intuition and reflection in the practice of care. We will do so specifically in relationship to kinship, health, and government in China today.

Emphasising processes and practices close to the actors own conceptualizations, ‘care’ might well replace older approaches in the study of kinship that emphasised corporate ideologies and kinship systems.<sup>13</sup> The anthropologist Tatjana Thelen expands this processual feature in her general definition of care – the ‘everyday action of creating, maintaining and dissolving relations with significant others’ – as fundamental to any form of social organization.<sup>14</sup> Starting herself from the empirical basis of research on care work in Eastern Europe, Thelen has expanded this focus on care with various collaborators to the boundaries of private and public, concrete and abstract, and local versus state-based forms of interaction.<sup>15</sup> A focus on care, it has been suggested, can help us to understand the connections between work, kinship

<sup>12</sup> Epley 2015; Herr 2003; Li 1994; 2000.

<sup>13</sup> Borneman 1997.

<sup>14</sup> Thelen 2015.

<sup>15</sup> Read and Thelen 2007; Thelen, Vettters, and Benda-Beckmann 2017.



and the life course;<sup>16</sup> on the most general level, it can also help us draw the boundaries (as well as make connections) between the realm of the state and the realm of kinship.<sup>17</sup>

Many arguments in the anthropology of Chinese kinship, similarly, can be re-interpreted as expressions of care. For instance, separation and reunion have been shown to be crucial aspects of kinship as well as social life in general.<sup>18</sup> The basic dialectic of being together and being separated – the ‘separation constraint’ any social relation faces – is perhaps at its most fundamental a problem of ‘being there’ for someone else; of resonating with and responding to others – that is, of care. Kinship expectations differ substantially in these regards for boys and girls: boys are supposed to stay with their parents, while girls have to leave their natal homes.<sup>19</sup> Similarly, fathers and mothers are supposed to care in very different ways, as embodied in the popular saying of the ‘strict father and kind mother’ (*yan fu ci mu* 严父慈母). There are many other examples: for instance, the return visit of married women to their maternal homes,<sup>20</sup> the cycles of relatedness, and care for children and for the old,<sup>21</sup> or the gendered nature of work and kinship values.<sup>22</sup> The actions of sharing, nurture, and commensality that make kinship in all these examples are essentially actions of mutual care. Since the beginning of reform and opening, care responsibilities in families have shifted much, in correspondence with broader changes in family and gender relations.<sup>23</sup> The work of care thus helps us track the milestones people reach in work, kinship, and in their life-cycle,<sup>24</sup> as well as in ‘global care chains’, that is, the various interlinked levels of care work from personal relations, to wider associations and institutions.<sup>25</sup>

In the last decades, healthcare and eldercare in the PRC have become increasingly professionalised and commercialized. The number of caring professionals has expanded, as has the number of patients being cared for in institutions, including hospitals and care homes.<sup>26</sup> While most primary health care is delivered in public hospitals, large parts of the sector have been privatized. Since the 1980s private health insurances are increasingly common, and in the countryside a cooperative healthcare insurance was introduced. But even so, many urban families still believe that the best ‘insurance’ for old age is to have a son.<sup>27</sup> Altogether, families and kinship relations remain central to care, and our contributors analyse healthcare between the realm of the family and government agencies. Changes in eldercare and practices of filial piety in China today cannot be separated from the wider changes in family structures, the commercialization of the health sector, and changing government policies.<sup>28</sup>

Corresponding to institutionalisation and commercialization, new separations of ‘deserving’ and ‘undeserving’ recipients of care have emerged.<sup>29</sup> Healthcare and eldercare are motivated

<sup>16</sup> Alber and Drotbohm 2015.

<sup>17</sup> Thelen and Alber 2017. For further overviews, Buch (2015) see Black (2018).

<sup>18</sup> Stafford 2000a.

<sup>19</sup> Sangren 2000.

<sup>20</sup> Judd 1996.

<sup>21</sup> Stafford 2000b.

<sup>22</sup> Brandtstädter 2009; Bruckermann 2017.

<sup>23</sup> Shi 2009.

<sup>24</sup> Alber and Drotbohm 2015.

<sup>25</sup> Nguyen, Zavoretti, and Tronto 2017.

<sup>26</sup> Xi et al 2020.

<sup>27</sup> Zavoretti 2017.

<sup>28</sup> Shea, Moore, and Zhang 2020.

<sup>29</sup> Nguyen and Chen 2017.



by new forms of ‘biopolitical paternalism’, which present the government as a caring and parental figure, yet situate care responsibilities within families and tacitly condones practices such as additional medication and home confinement.<sup>30</sup> At the same time, new ways of self-care and healthcare emerged outside the care sector specifically. For instance, the growth of psychology and counselling has been described as a ‘psy-boom’ in urban China; and new forms of mindfulness and spirituality combine with new concerns, such as environmental sustainability. Practices of care provide a microscope to see the huge social and moral changes taking place in China; they also connect the intimately personal with public politics, the self with government.

From the first emperor to Xi Jinping, Chinese rulers were involved in cycles of mutual care with their subjects.<sup>31</sup> If people were expected to respect and to worship the rulers, the emperors themselves were supposed to ‘cherish all under heaven’ (*xinhuai tianxia* 心怀天下) so as to adjust the forces and flows of government (*zhi* 治). In the vernacular language of modern China, the mixture of paternalistic care and control typical of government is embodied in the verb *guan* 管,<sup>32</sup> which stretches from the loving care of parents to official control and public administration: the particular use of family metaphors thus impacts concretely on people’s understanding of care in the ‘impersonal’ realm of public politics.<sup>33</sup>

## Contributions

A core theme of all contributions are the ways in which local actions of care relate to broader issues of government and political economy. But each ethnographic case starts off from individuals, families, and local communities. Xiang Zou traces the ways in which families deal with a crucial challenge: how to care for aging parents? In a case study of one family in Guangzhou, she outlines the huge changes that have taken place in this field: institutional health- and elder-care play important roles today. Even so, daughters and daughters-in-law are still the main care-takers in many families. In her analysis, Zou emphasis the strategic responses of daughters, facing both immense pressures from other family members and a constraining institutional environment.

Christof Lammer, deals with this opposition in the analysis of the minimum income guarantee (*dibao* 低保): in principle, it would appear that this should be the government taking over care duties when families are unable to do so. Really, what is happening, is that the care work done by families and the support received from government, are mutually implicated. This is also one of the main arguments in Charlotte Bruckermann’s contribution to this special section: on the basis of her long-term ethnographic work in the coal regions of Shanxi, she lays particular emphasis on how environmental crisis, health problems and family relations are all mutually imbricated. Through the work of care, local families try to address what Bruckermann describes as a ‘crisis of reproduction’.

This includes entirely new topics people care about– such as landscape, water, and air, or even Tibetan Mastiffs, as in Zhou’s case. This article analyses how Tibetans and Han

<sup>30</sup> Ma 2020a.

<sup>31</sup> Dean and Massumi 1992.

<sup>32</sup> Zhu et al. 2018; Ma 2020b.

<sup>33</sup> Steinmüller 2015.

Chinese pay attention to very different aspects and qualities of dogs: whereas for Tibetan pastoralists dogs were appreciated as guard dogs, Chinese breeders value the ferocious appearance of dogs, and raising dogs that (are supposed to) bite poses all kinds of challenges. Such entanglements of care can lead to situations where local communities can criticise paternalism and ‘state care’: This is specifically what Stephan Feuchtwang shows for the case of social support, popular religion, and ritual. Rather than just covering the areas of social life not directly reached by government agencies, popular care can provide an alternative to state care, Feuchtwang shows. He outlines in broad strokes how care relations, could change the ways we imagine economies and politics altogether.

In these arguments, we draw on recent literature on care work and care chains, and reject the separation of economic interest and affective relations that commonly appears with concepts such as ‘emotional’ or ‘affective’ labour (Bear et al. 2015). In reality, all ‘economies’ are based on affective labour and care: it’s just that we usually fail to recognise them as such. This failure of judgement is deeply engrained in the ways in which contemporary capitalism operates, how social hierarchies are reproduced, and how violence is exercised on bodies, in China and elsewhere: fundamentally, by limiting care to concrete, local, and immediate encounters. The core challenge, therefore, is to capture the transformative potential of care: What remains of the empathy and the concrete touch of attentive co-growth, when care is extended to global economies, complex institutions, and large states? The contributors of this volume raise to the challenge and show in much detail how individuals and institutions respond to the crises of care in China today.

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