

INTRODUCTION

Crises of Care in China Today

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Abstract

The introduction to this special section presents an overview of crises of care in China today, specifically as they affect the fields of kinship, health and government. To study care ethnographically, we distinguish between the attentive and active dimensions of care: what people care about, and how they care for others. Acts of care always relate to larger concerns and general values, but they scale up in different ways. The imbalances that emerge are central to the politics of care that our contributors describe. Care as attentive co-growth engages different values, remakes inequality and nourishes political life. The contributors use the same framework of attention, action and politics to investigate crucial issues in Chinese society, including family, health, environment, ritual and animals. In all these fields, care provides a privileged vantage point from which to understand social and moral change in China today.

摘要

本篇导论对今日中国的照护危机进行概述，尤其是这种危机如何影响亲属、健康和治理层面。我们采用民族志方法对照护进行研究。为此，我们对照护的留意维度和行动维度做出区分，前者指人们关心的东西，后者指人们照料他者的方式。照护的行动总是牵涉到宏大的关切以及共同的价值。然而，个别行为如何升级到宏观的层面，却是通过不同的形式。此升级过程中浮现出来的不平衡是照护政治的核心问题，撰稿人们将会对这些不平衡进行描述。照护，作为一种留意的共生，会介入不同的价值，重塑社会不平等，并滋养政治生活。撰稿人们使用同一组留意、行动与政治的框架，来探讨中国社会的关键议题，包括家庭、健康、环境、仪式和动物。照护为所有这些领域提供了一个绝佳视角，以便我们理解今日中国的社会与道德变迁。

Keywords: care; attention; action; politics; crisis; health; family; environment

关键词: 照护; 留意; 行动; 政治; 危机; 健康; 家庭; 环境

Practices of care give space to others, nourish them and help them grow. As such, they are central to kinship, health and government. In the People's Republic of China (PRC), care has changed radically since the beginning of reform and opening up in the 1980s. 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. Following broader social developments such as the expansion of market economies and the ageing of the population, healthcare and elderly care industries have grown exponentially. Large parts of these sectors now operate according to market principles; and frequently the emotional and affective labour which maintains these sectors 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 poor and in the countryside. Institutions of state care, and images of caring officials and leaders, are essential to

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regime legitimacy; and the accusation that officials are uncaring, or worse, only care for themselves, is always looming.

In all these spheres, in fact, 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.¹ The main suggestion of this special section 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 elderly care, is an obvious starting point: important changes have taken place here in regard to the social dynamics, economics and ethics of care. Childcare, healthcare and elderly care have become increasingly professionalized and commercialized in the past few 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. 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 insurance schemes – as well as other welfare state measures, such as the minimum livelihood guarantee (*dibao* 低保).² There are also local practices of care and protection that are renewed in popular religion and in ritual.³ If rituals thus revive older forms of protective care, care itself can expand to entirely new fields: for instance, in recent years, people have learned to care for the environment in ways unthinkable only a generation ago.⁴ Another important area of moral and ethical innovation is animal welfare: Yufei Zhou’s contribution to this special section 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 focal 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. To understand care, we need to draw lines between the personal and the political, between morality and law, between the individual and the relational aspects of work.

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 politically charged. The attention, action, and politics of care provide the framework for the ethnographic studies of kinship, health and government that follow.

1 Cf., for instance, Ci 2014; Yan 2020.

2 See Lammer, 2023.

3 See Feuchtwang, 2023.

4 See Bruckermann, 2023.

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 (“to care about”), and then acting for the benefit and welfare of, someone or something else, by empathizing 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.”⁵ What we care about and who we care for are thus fundamental questions in any “ethics of care.”

Important distinctions that follow from here are those 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 by 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?

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 – “to care about” – something. In constant online communication during the COVID-19 pandemic, most of us have learned to refocus their attention. However important and 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,”⁶ 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.

⁵ For example, Noddings 1984; Tronto 1993.

⁶ Bellacasa 2017.

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 party (an audience, an institution, or 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 to and empathy for an other, and its recognition as such by a third party. 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 recognized as such (as something that nourishes and gives freedom to others) does it deserve to be called “care.”

Care is always limited and unequal: simply because it is impossible to care for everything and everyone at the same time. Care thus provides an excellent focus for understanding political complexities: specifically, the lopsided structures of empathy, mind-reading and co-action that are part and parcel of any hierarchy: be it in bureaucracies⁷ or in relations of gender and race.⁸ Typically, the inferior partners (women, children, racial others) are required to care, whereas the superiors (men, adults, whites) 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,⁹ would mean to escape these oppressive structures and the denigration of emotional work: it may help us find new senses of community, of self and perhaps even of politics altogether.

Politics

We can identify similar imbalances 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 return: thus reproducing new relationships of masters and servants.¹⁰ Global consultancies which operate as joint ventures with local governments in China equally enforce a distinction between “productive” consultants and “costly” back offices.¹¹ Civilizing projects in China have tended to infantilize and feminize 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.¹² 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 expect their children to care for them in old age.¹³ The government is supposed to care for the people, but in reality local officials

7 Graeber 2012.

8 Benhabib 1987; hooks 1992.

9 Gilligan 1982.

10 Yan 2008.

11 Chong 2018.

12 Harrell 1994.

13 Stafford 2000b.

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 at the grassroots level of everyday politics.¹⁴ The relationship between ordinary people and local officials is often characteristically unequal when it comes to care: villagers care very much about officials and frequently discuss their motivations and anticipate their next moves, hoping that the same officials would notice, and would care. Officials, however, care for the people only in the abstract, and in repeated slogans such as “to serve the people.” In everyday life, however, they often simply do not have the time to care about ordinary citizens – as mentioned above, possible attention is always limited, 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 scaling up care. The attention, action and politics of care allow 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, ethics and politics of China today.

Ethnographies of Care in China Today

There are vast semantic fields relating to the attention, action and politics of “care” in contemporary Chinese. To care about and notice (*zaihu* 在乎, *zaiyi* 在意, *jieyi* 介意, *guan Zhu* 关注, *guanxin* 关心); to care for (*zhaogu* 照顾, *zhaokan* 照看, *zhaoliao* 照料); to nourish, foster and rear (*yang* 养); self-care (*yangshen* 养身); to take care of something (*chuli* 处理, *fuze* 负责); to worry (*danxin* 担心, *fanna* 烦恼, *youlu* 忧虑); protection (*baohu* 保护, *baoyou* 保佑); caution (*jinshen* 谨慎, *xiaoxin* 小心); and to wait upon (*cihou* 伺候) are all relevant in this regard. These words 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 some core differences, for instance, to do with the importance of ritual and convention.¹⁵ The main point for us, however, is not the comparison of ethical principles, but rather how they are mobilized 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 relation to kinship, health and government in China today.

Emphasizing processes and practices close to the actors’ own conceptualizations, “care” might well replace older approaches in the study of kinship that emphasized corporate ideologies and kinship systems.¹⁶ The anthropologist Tatjana Thelen expands on 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.¹⁷ 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,

14 Guo 2001.

15 Epley 2015; Herr 2003; Li 1994; 2000.

16 Borneman 1997.

17 Thelen 2015.

and local versus state-based forms of interaction.¹⁸ A focus on care, it has been suggested, can help us to understand the connections between work, kinship and the life course;¹⁹ 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.²⁰

Many arguments in the anthropology of Chinese kinship, similarly, can be reinterpreted as problems of care. For instance, separation and reunion have been shown to be crucial aspects of kinship, as well as of social life in general.²¹ The basic dialectic of being together and being separated – the “separation constraint” that 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.²² 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 visits of married women to their natal homes,²³ the cycles of relatedness and care for children and for the old,²⁴ or the gendered nature of work and kinship values.²⁵ 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 up, care responsibilities in families have shifted a great deal, in correspondence with broader changes in family and gender relations.²⁶ The work of care thus helps us track the milestones people reach in work, kinship and in their life-cycle,²⁷ as well as in “global care chains,” that is, the various interlinked levels of care work, from personal relations to wider associations and institutions.²⁸

In the past few decades, healthcare and elderly care in the PRC have become increasingly professionalized 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.²⁹ While most primary healthcare is delivered in public hospitals, large parts of the sector have been privatized. Since the 1980s private health insurance programmes are increasingly common, and in the countryside a cooperative health insurance programme was introduced – the New Rural Cooperative Medical System (NRCMS). But even so, many parents, especially in the countryside, still believe that the best “insurance” for old age is to have a son.³⁰ 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 elderly care 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.³¹

Corresponding to institutionalization and commercialization, new separations of “deserving” and “undeserving” recipients of care have emerged.³² Healthcare and elderly care are motivated by new

18 Read and Thelen 2007; Thelen, Vettters and Benda-Beckmann 2017.

19 Alber and Drotbohm 2015.

20 Thelen and Alber 2017. For further overviews, see Buch 2015; Black 2018.

21 Stafford 2000a.

22 Sangren 2000.

23 Judd 1996.

24 Stafford 2000b.

25 Brandtstädter 2009.

26 Shi 2009.

27 Alber and Drotbohm 2015.

28 Nguyen, Zavoretti and Tronto 2017.

29 Li et al. 2020.

30 Zavoretti 2017.

31 Shea, Moore and Zhang 2020.

32 Nguyen and Chen 2017; see also Lammer, this issue.

forms of “biopolitical paternalism,” which present the government as a caring and parental figure, yet situate care responsibilities within families and tacitly condone practices such as additional medication and home confinement.³³ At the same time, new ways of self-care and healthcare have emerged outside of 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.³⁴ If people were expected 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,³⁵ 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.³⁶

Contributions

How do local actions of care relate to broader issues of government and political economy? The contributors to this special section provide ethnographic answers. Christof Lammer focuses on the “scale of care” in his analysis of the minimum livelihood guarantee: in principle, it would appear that this should be the government taking over care duties when families are unable to do so; yet what is really 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: on the basis of her long-term ethnographic work in the “coal province” of Shanxi, she lays particular emphasis on how environmental crisis, health problems and family relations are all mutually related – and how people make these relations explicit in the action of care. 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 landscapes, water and air in Bruckermann’s case, or Tibetan Mastiffs in Yufei Zhou’s case. Zhou analyses how Tibetans and Han Chinese pay attention to very different aspects and qualities of dogs: whereas for Tibetan pastoralists dogs are 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 with market relations, and with government institutions, can lead to situations in which particular local relations of care create a platform to criticize paternalism and “state care.” This is specifically what Stephan Feuchtwang shows in 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 sometimes provides an alternative to state care, Feuchtwang argues. He outlines in broad strokes how care relations can offer alternatives in politics and economics 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.³⁷ In reality, all “economies” are based on affective labour and care: it’s just that we usually fail to recognize them as such. This failure of judgement is deeply

33 Ma 2020.

34 Dean and Massumi 1992.

35 Zhu et al. 2018; Ma 2020.

36 Steinmüller 2015.

37 Bear et al. 2015.

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, these problems all have to do with the ways care is limited 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 to this special section rise 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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