Book Review Symposium "The portability of care in an increasingly mobile world: Chains, drains and circulation"

Concluding reflections: 'Care circulation' in an increasingly mobile world: Further thoughts

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Abstract

In this paper, Laura Merla and Loretta Baldassar address some of the key critiques that were formulated in this symposium on the 'care circulation" perspective these two authors offered in their edited volume entitled "Transnational Families, Migration and the Circulation of Care". Here, they focus in particular on three themes: care as social capital, the need to bring back 'the political', and the (dis)-embodiment of care practices. They highlight in particular that 'care chains' and 'care circulation' should not be seen as opposite, but rather as complementary perspectives.

Keywords: gender; care; social capital; transnational families; social reproduction; body; ICT

Resumen. *Reflexiones finales. La «circulación del cuidado» en un mundo cada vez más móvil: nuevas reflexiones*

Este simposio ofrece una discusión crítica de las lógicas y dinámicas en torno a la nueva perspectiva de la «circulación del cuidado» presentadas por Loretta Baldassar y Laura Merla en su volumen titulado *Transnational Families, Migration and the Circulation of Care*. En esta contribución, las autoras abordan tres temas: el cuidado como capital social, la necesidad de recuperar «lo político» y la (des)-corporalidad de las prácticas de cuidado. Subrayan el hecho que ambos enfoques, las «cadenas globales» y la «circulación del cuidado», no deberían verse como opuestos, sino más bien como perspectivas complementarias.

Palabras clave: género; cuidado; capital social; familias transnacionales; reproducción social; cuerpo; TIC

Introduction

The care circulation framework we are proposing in our edited book is the result of ongoing 'transcontinental' discussion and exchange that started in 2007, when we engaged in collaborative research on transnational families and elder care in Australia, Europe and Latin America. We began to notice that the flow of intra-familial care exchange that we observed in our respective studies of transnational families exhibited a set of processes that did not fit the care chain model that was dominant in the literature on migration and care at the time. We felt we needed to design a new framework that better captured our findings. This said, it was never our aim to replace the global care chains framework, which focuses on the system of exploitation and movement of cheap female migrant care workers from the Global South to the Global North. Rather, our aim was to complement the political economy perspective of the mobilities of commodified care with an analysis of the mobilities of care from the perspective of intra-familial duties and solidarities.

Building on Bryceson and Vuorela's (2002) classic definition of transnational families, our intention is to understand how people 'do' family and maintain a sense of familyhood across distance and time, through the lens of their care practices. To do this, we need a framework with which researchers can analyse the whole spectrum of transnational families—not only formal and informal migrant care workers, but also refugees, economic migrants, middle class and professional expatriates—regardless of their sector of activity. Thus, our notion of care circulation is both a conceptual framework and a methodological lens with which to 'follow the thing'—care—in all its formulations, across distance and over time. Tracing the exchange of informal care in families in this way reveals it to be inherently reciprocal and asymmetrical, governed by cultural understandings and histories. Care is given and returned at different times and to varying degrees across the life course and, in this way, care can be described as *circulating* among family members over time as well as distance. A care circulation framework helps to capture all the actors involved in family life as well as the full extent of their care activity, including practical, emotional and symbolic, that defines their membership in a family. Tracing caregiving as the central process and practice of family and kinning or kin-like (Howell, 2003) relationships facilitates an examination of all types of families—both proximate and distant and all the forms in between.

In our edited volume, we invited several renowned scholars who have widely recognised expertise in transnational families to put our framework to the test by revisiting their own research data through a care circulation lens, and their comments and critiques helped us refine our arguments. Our book is the result of this exciting dialogue.

Today we are extremely thankful to Laura Oso Casas, Joan Tronto and Pierrette Hondagneu-Sotelo, for their inspiring and insightful comments. We are, of course, especially pleased with their positive response to our volume

and their generous acknowledgement of its contribution to the field. In this (brief) reply to their excellent reviews, we focus on three key points that help to both consolidate and extend our ideas.

Care as social capital

We particularly enjoyed Laura Oso Casas' discussion of care as a form of capital that 'circulates' within transnational family networks. In our book we do indeed consider care as a form of capital that is unevenly distributed within families and the chapters from Zontini and Reynolds, and Singh and Cabraal in particular discuss this point. The first two authors show that care circulated in transnational families can function as cultural and social resources that contribute to strengthening first and second generation migrants' sense of belonging to their local and transnational communities, and to maintaining bridging and bonding networks (Putnam, 1993) across geographical as well as generational divides. Singh and Cabraal reflect on relations between the generations and show how family ties and connections are utilised as resources and capital that circulate between home and host settings but with the aim of supporting young migrants to attain the middle class lifestyles they are accustomed to in India, but find increasingly difficult to maintain. Laura Oso Casas brings another dimension to this discussion of care as social capital by firmly locating it within the migration-development nexus.

Indeed, our inspiration for the care circulation concept draws directly on the work of migration scholars who argue that migration is rarely a one-way process. The notion of circular migration was originally coined to refer to seasonal forms of labour migration that are clearly circular (Chapman, 1978). More recently, Hugo (2013) has employed a life-course perspective to highlight how migrants frequently engage in regular return visits and often end up repatriating or being joined by family members. Furthermore, as Oso Casas points out, development studies highlight the circulatory nature of migrant engagement with sending areas, including remittances and knowledge (Evans, 1996). Hence, the concept of 'brain circulation' is an attempt to capture the continuing contribution migrants may make to sending areas even if they do not repatriate (Saxenian, 2005). The notion of care circulation also draws on the fundamental principles of transnational migration research analysis and the idea that migrants and non-migrating kin inhabit the same transnational social field (Basch et al., 1994).

Bringing back the 'political'

Joan Tronto's call to bring back the 'political' into our conceptualisation of care flows echoes a critique that we regularly hear from feminist scholars. As much as we subscribe to the idea that this dimension needs to be further developed in our work, we think it is important to show that the political is embedded in our conceptualisation, both from a micro- and a macro-perspective.

At the micro level, the circulation metaphor risks conjuring an image of care flowing equally and freely in all directions; a point we explicitly critique in our book. As in geographically proximate families, transnational intra- and intergenerational solidarities are embedded within, produce, and re-produce unequal relations of power and exploitation that are influenced by various factors including gender, age and socio-economic status. We therefore define care circulation as inherently *asymmetrical*. Transnational caregiving, just like caregiving in all families (whether separated by migration or not), binds members together in intergenerational networks of reciprocity and obligation, love and trust, that are simultaneously fraught with tension, contest and relations of unequal power.

We also intentionally critique the implicit assumption that transnational families are inherently dysfunctional, and that 'doing' family across distance automatically has negative consequences for those who move, and those who 'stay behind'. This view, not surprisingly, is prevalent in the care chains literature given its focus on a particular type of transnational family—those in which mothers are separated from young children. As the chapters by Wall and Bolzman and Bonizzoni and Boccagni argue, while this category includes some of the most vulnerable families, it is also full of diversity and often represents a temporary stage in the migration-family nexus. By combining a life course perspective with a processual and systemic approach to transnational families that systematically locates dyadic relations in the context of wider family networks, we have tried to offer a nuanced and dynamic conceptual approach to the lived experiences of migrants and their relatives in order to encompass a broader set of family types.

At a macro-level, we have built on our own work (Merla and Baldassar, 2011; Merla, 2015) and its further elaboration with Majella Kilkey (Kilkey and Merla, 2014; see also Merla, 2014a) to show how institutional contexts shape the 'capability' (Robeyns, 2003) of transnational family members to circulate care across borders. The specific position that individuals occupy within the migration, welfare, gendered care and social employment regimes of their home and host countries plays a key role in facilitating or hindering their access to the temporal, material, and social resources that are needed to engage in transnational care practices. Migratory status, employment position, access to social protection systems . . . all vary according to key factors such as gender, class, ethnicity, age, region and position in the migration and family cycles (Merla, 2014b; Ariza, 2014).

More broadly, our work points to the general lack of political recognition of the existence of transnational families and of their specific needs. The next step that we certainly need to undertake consists in engaging more clearly with important contemporary debates around the theoretical and political challenges that the transnationalization of care—both from a 'family' and 'political economy' perspective—poses to social protection systems and, more broadly, to dominant conceptualizations of territorially-based citizenship (Williams, 2001; Kofman and Rhaguram, 2009; Tronto, 2011). Here our work

contributes directly to the growing field of transnational social policy. In our view, this engagement should take the form of a dialogue in order to see how we can adequately articulate care circulation and discussions around civic stratification and stratified reproduction (Bonizzoni, 2011), rather than an attempt at refining the care circulation framework in order to produce a grand theory. The care circulation framework in itself cannot, and was not intended to, account for all the issues of relevance to the mobilities of care. Rather, it is a conceptual and methodological tool, located at the intersection between migration and family studies, for the analysis of the transnational practices of care that sustain family solidarities and relationships across distance. Of course, care circulation (and its absence) cannot be adequately studied without taking into consideration the wider global political context in which these flows take place. The notion of 'situated transnationalism' (Kilkey and Merla, 2014) stresses the importance of taking into account the global, regional, subnational and national 'spaces' in and through which migration, care, welfare and employment regimes are configured (Kilkey and Merla, 2014:214). So far we have mainly placed our focus on institutional contexts at the national level of sending and receiving countries (with an emphasis on the latter). The next step will consist in articulating our framework with the growing literature on migration and global social reproduction (Kofman, 2012). Kofman and Raghuram (2015) see in the difficulties that people around the world face with social reproduction, an important driver of global migration. Care represents one of the many aspects of social reproduction, and we have shown that intrafamilial care obligations, needs and duties (what we could more broadly call the need for social protection) are important triggers for migratory moves, not only for economic migrants, but also for middle class and professional migrants (Merla and Baldassar, 2010). Various 'pumps' act in conjunction to keep the flows of care going. Of course the inability to adequately meet social reproduction needs are important drivers both for migration and transnational family solidarities. But care circulation is also a reality in more affluent families who are placed in a more favourable position, and whose members migrate for reasons other than family survival (Baldassar and Wilding, 2014). Joan Tronto is right when she notes that the 'pump' that keeps the system floating is somewhat different for an Indian student in Australia than a San Salvadoran migrant in the US. The members of these two transnational family networks are located in different institutional contexts, which provide them with different resources and create different care needs. But both migrants are embedded within networks of family obligation, duty, and reciprocity, which do act as a pump in their care circulation system. They are tied to their ageing parents by a culturally defined sense of obligation to care for them—an intergenerational contract (Bengtson and Achenbaum, 1993), by a sense of 'debt' (Pennec, 2003) that may—or may not—mix with feelings of 'love', and by the history of their relationships. These kinship and moral economies of care are also closely linked with identity dynamics. Family membership and its maintenance through care practices provide migrants with a social identity, a

widely recognised place in the social structure, and a basis for handling their daily lives—something that is particularly valuable for individuals confronted with a moving, unstable social context (Finch, 1989).

(Dis)-embodying care practices[1]

Pierrette Hondagneu-Sotelo reminds us that "caring involves the heart *and* the back" and so challenges us to engage with the emplaced and embodied practices of care. In our most recent collaborative work we attempt to hypothesise and interrogate claims about new forms of caring and co-presence across distance (Baldassar et al., 2016a; 2016b). Because all forms of caring from a distance in transnational families are mediated by information and communication technologies (ICTs), an analysis of their role is central to this discussion (Baldassar, 2016). The care circulation concept helps to highlight the way new media has impacted the capacity of family members to care across distance by tracing how that care is enacted, performed and exchanged. One important finding of our research in this regard is that children provide considerable assistance to their parents and grandparents in their use of new communication technologies, resulting in an expansion of transnational networks that in the past were contracted by migration. This said, an analysis of new technologies and their impact on care leads us to the thorny issue of the limits of these technologies and Hondagneu-Sotelo's pertinent critique.

Let us begin with the question of physical touch and the premise that all forms of care are embodied practices. Even distant virtual forms of care involve the body through the affective and emotional responses that characterise caregiving (Baldassar and Boccagni, 2015). According to Madianou and Miller (2012), it is precisely because new forms of media can deliver a more embodied experience, through video over internet protocols like Skype and FaceTime, that participants can exchange a sense of themselves as actual persons with specific care needs, in contrast to the constraints of the more formulaic encounters of traditional media-like letters. However, what happens if distant kin require higher levels of daily care and experience decreasing levels of independence? What happens if illness or disability impede their physical and mental ability to benefit from the use of communication technologies? Certain disciplines (including nursing and gerontology) are sceptical that care can take place across distance at all. Certain narrowly defined forms of care, like *personal care* (bathing, feeding) or *dependent care* require physical co-presence. Not surprisingly, studies of transnational caregiving utilise much broader definitions of care, including—as Majella Kilkey and Laura Merla (2014) argue—the management of care from a distance, which can be very intensive and 'hands on', and which they define as personal care by proxy.

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1. The ideas in this section have also been published in Baldassar, Loretta (2016). "Mobilities and communication technologies: Transforming care in family life". In: Kilkey, Majella and Palenga-Möllenbeck, Ewa (eds.). *Family Life in the Age of Migration and Mobility: Global Perspectives through the Life Course*. Palgrave Macmillan.

Even if we accept the possibility of virtual touch, it is a fact of the physical world that we cannot physically touch across distance. We cannot hug or cuddle, wipe away tears, blow noses, hold hands and so on. While a growing literature on cyber-sex and couple Apps begins to debate the potential for intimacy across distance, the question remains: what are the limits of organising touch by proxy? One response to this issue is the phenomenon of the visit. Our research shows very clearly that a history of close distant communication ensure that transnational kin often organise visits in order to deliver personal care, particularly in times of crisis. Indeed, visits are an important part of 'routine' patterns of care exchange in many migrant and mobile families, which include a mix of periods of distant care interspersed with 'visits' or periods of shared physical co-presence that are often rendered extra special times. Visits are described by many of our informants as special periods of quality time that provide the opportunity for physical and embodied forms of care.

It is our view that the debate about the merits of physical as opposed to virtual communication, and the tendency to privilege the former, misses the important point that both forms of communication are very much interconnected and instead we should be examining how they impact each other (Baldassar, 2016). Our findings suggest that new technologies increase the incidence of visits. By increasing the sense of 'presence' of family across time and space, communication technologies also appear to increase the desire for intermittent co-presence (see also Urry, 2002). At the same time, advances in travel technologies have increased the opportunity—and thus the pressure of obligation—to visit. In other words, the more communications occur across distance, the more likely people are to undertake or at least desire to undertake to-and-fro travel. Hence, the experience and practice of virtual co-presence informs and impacts that of physical co-presence and vice versa. It does not seem useful to argue about which is more important; the distinction appears arbitrary as the families in our study make use of all the forms of 'staying in touch' across distance that are available to them.

There is an important caveat here regarding the capacity to visit and how this is conditional on a range of factors including migration and/or employment status, physical and material resources and time. This leads us to what is arguably the major limitation of distant care and that is access to the material means that facilitate it. Capacity to touch and to visit relies on access to mobility and capacity to engage in distant care relies on access to the technologies that enable care across distance. As evident in the chapter by Marina Ariza in our volume, the care circulation framework makes clear that access and the inequalities of resources and capabilities to practise distant care differs between different types of families. The ability to both afford and use technology are not adequate alone, although both these factors pose significant obstacles to many lower socio-economic families as well as groups who may not be as familiar with using new media, including the elderly, women, and marginalised groups like refugees. Even in wealthy western families with relatively unlimited access to the full range of communication technologies, often elderly members

are dependent on others to facilitate their media access, indicative of the generational divide in uses of technology. While routinised distant care schedules are important, continuous and flexible access to a variety of new media would be the ideal and permit the fostering of 'continuous' or 'ambient' co-presence where people feel they are close by.

In addition to the issue of access, another important policy consideration is the analytical distinction in the literature between dependent care and caring for the able bodied. In general, only dependent care has been seen as an issue for policy intervention. However, a care circulation framework and a focus on transnational families highlights how policy is important with regard to access to technologies and to mobilities that permit caregiving, including for the able bodied. New forms of mobility and communication technologies make it necessary to interrogate the distinction between dependent care and caring for the able bodied in the context of distant care. Similarly, the distinctions in forms of care between types of transnational families and between proximate and distant families can also be re-evaluated through the prism of distant care. By moving beyond a dependency model of care, which focuses exclusively on those dependent and in need of financial and personal assistance, such as children, the elderly and the sick, the notion of care circulation allows us to view care as representing an ongoing human activity that places individuals in relations of interdependence with each other throughout their life course. It also acknowledges non-proximate forms of care as caregiving, including the management of the delivery of care by others. Increasing numbers of families are involved in both proximate and distant forms of caregiving and these can be interlinked. Care circulation provides a framework that can be applied to what have been separate literatures including the poorer families in labour and domestic migration, the mobility of the middle classes and elites, as well as multi-local and commuter families.

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