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Original scientific paper
UDK 331.102:649.8–053.9(430+436)
647.258–053.9–054.7–055.2(=163.42)(4)
Submitted: 17.6.2022.
Accepted: 21.11.2022.

DOI: https://doi.org/10.2298/SOC2204584P

THE BODILY AMBIGUITY OF SOCIAL REPRODUCTION: NAVIGATING BODY WORK IN MIGRANT ELDERCARE

Višeznačnost rukovanja tijelom u društvenoj reprodukciji: izazovi tjelesnog rada za migrantske njegovateljice starijih osoba

ABSTRACT: *The aim of this paper is to show the systematic relevance of corporeal features of care by drawing upon the experiences of Croatian eldercare workers employed in Austrian and German households through a live-in programme which has recently become a common way of employment for the women coming from the impoverished regions of Europe. Even when eldercare is discussed in the context of growing migration flows, its daily performance and somatic components have rarely been taken seriously enough and productively linked to the global movements. Therefore, the caregivers' experiences are analysed here by relying on the scholarship on 'body work' (activities having human body as working material), which are then contextualised within the larger socio-economic environment of neoliberalism. Since live-ins not only point to, but also 'solve' systematic contradictions in organizing eldercare (e.g., the gap between the desired image of caring environment and practical conditions) – by either covering up the empty spot left by potential providers of care or extending the quality of that care – I argue that attentiveness to the details of the bodies being worked upon is one point of departure from which micro and macro can be analysed in a close correlation to each other, providing a novel bodily insight into world economic restructuring.*

KEY WORDS: *eldercare, body work, migration, Central and Eastern Europe, neoliberalism*

APSTRAKT: *Cilj ovog rada je prikazati sistemsku važnost tjelesnih komponenata rada njege oslanjajući se na iskustva hrvatskih njegovateljica zaposlenih u austrijskim i njemačkim kućanstvima putem 'live-in' programa koji je u posljedenje vrijeme postao učestao način zapošljavanja žena koje dolaze iz osiromašenih*

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dijelova Europe. Čak i kada se o skrbi za starije osobe raspravlja u kontekstu rastućih migracijskih tokova, dnevne se rutine i somatske značajke rijetko uzimaju dovoljno ozbiljno i produktivno povezuju sa svjetskim ekonomskim trendovima. Stoga se iskustva njegovateljica ovdje analiziraju referirajući se na literaturu o 'body worku' (aktivnosti u kojima je ljudsko tijelo radni materijal), koja se zatim kontekstualiziraju unutar šireg društveno-ekonomskog ozračja neoliberalizma.

Budući da ove njegovateljice ne samo upućuju nego čak i 'rješavaju' sistemske kontradikcije u organiziranju njege za starije (poput nesrazmjera između željene slike njegovanja i prakatičnih uvjeta) – tako što ili zamjenjuju ostale potencijalne njegovatelje ili poboljšavaju kvalitetu usluge – tvrdim da fokus na minuciozne aspekte tjelesnog rada njege može biti jedna polazišna točka gdje se mikro i makro razine analize međusobno nadopunjuju, pružajući tako originalni tjelesni uvid u restrukturiranje globalnih ekonomskih tokova.

KLJUČNE RIJEČI: *njega starijih osoba, tjelesni rad, migracije, centralna i istočna Europa, neoliberalizam*

Introduction

Building on the experiences of Croatian eldercare workers employed in Austrian and German households through a live-in programme, in this paper I examine the complex process of commodifying human life down to its smallest bodily details in the setting where home is doubled as a workplace and the human body becomes a working material. Like all the activities of reproductive labour, eldercare is devaluated in the societies organised around accumulating surplus value, yet what leads to its further degradation and invisibility is the specificity of eldercare in terms of body work, unattractive ageing body, and a high level of intimacy this work involves (Isaksen, 2002; Twigg, 2000). Even when eldercare is discussed in the context of growing migration flows (i.e., Degiuli, 2007; Lutz and Palenga-Möllenbeck, 2010; Weicht, 2010; Baldassar et al., 2017) its daily performance and somatic components are rarely taken seriously enough and productively linked to the global movements (but see Bauer and Österle, 2013; Fedyuk, 2020). Hence, not only that the activities of sustaining an old disabled body needs a well-deserved place in the contemporary debate on neoliberalism, which my paper will provide, but I am eager to show the systematic relevance of corporeal features of care as they can reveal certain ambiguities of commodifying activities of reproductive labour in our socio-economic order. To do that, besides the work of Susan Himmelweit (1999), Nancy Fraser (2014, 2017) and Susan Ferguson (2017) on the contradictory position of social reproduction under (neoliberal) capitalism, I will rely on the literature focusing on the activities (care) workers perform on human bodies (i.e. Twigg, 1999, 2002; Wolkowitz, 2002; Cohen, 2011; England and Dyck, 2011). These activities have been commonly summoned up under the term 'body work' which was popularised by Carol Wolkowitz (2002) to describe the work that involves touch and manipulation of another person's body. Migrant care work has recently gained a considerable

attention in academic debates, covering a whole range of issues and geographical regions[2] that escapes the scope of this paper. Therefore, only the scholarship relevant for the themes discussed here is going to be used.

In what follows, I first contextualise the case study within the current trends of organising social reproduction – mainly referring to feminist political economists Isabella Bakker and Stephen Gill (2006) and Eleonore Kofman and Parvati Raghuram (2015) – where the working conditions of eldercare workers in Austria and Germany are delineated as well. After a short description of interviewing process, I proceed to the importance caregivers see in their work as making up for 'uncaring' clients' families (Stacey, 2011), from which I go then to analyse the complex process of establishing intimate relationships with clients as an indispensable part of care work, and body work in particular. Here, I focus on the necessity of going beyond prescribed tasks, revealing in that way the creative (and playful) potential of caregivers' work (Himmelweit, 1999; Ferguson, 2017). Emotional labour, albeit always present in caring, is not going to be discussed in detail here due to space devoted to body work. Drawing upon the authors who are specialised in this type of labour – such as Julia Twigg (1999, 2002), Rachel Cohen (2011), Kim England and Isabel Dyck (2011) – I interrogate the challenges brought by having the human body as a working material, that is, the impossibility of full standardisation (Cohen, 2011; Cohen and Wolkowitz, 2018) and a need for innovative healing practices, which is sometimes recognised even by medical professionals as was the case with one of my respondents.

Contrary to the common perception of live-ins as 'unskilled' workers, these women make it clear that with their commitment to a high standard of care and their incredible skills in handling frail leaky bodies, they are a key element in the circuit of social reproduction as they not only point to, but also 'solve' systematic contradictions in organizing eldercare (e.g., the gap between the desired image of caring environment and practical conditions) by either covering up the empty spot left by potential providers of care or extending the quality of that care. Therefore, attentiveness to the details of the bodies being worked upon is one point of departure from which micro and macro can be analysed in a close correlation to each other, providing a novel bodily insight into world economic restructuring.

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2 For one of the pioneering analyses in interlocked racialized, gendered, and migrant dimensions of reproduction see Glenn (1992); for the work on international division of reproductive labour where the hierarchies are made along ethnical, classed, cultural, linguistic or religious lines see Pratt (1997), Stiell and England (1997), Anderson (2000), Parreñas (2001, 2015), Maher (2003), Lutz and Palenga-Möllenbeck (2010), Weicht (2010), McDowell (2015); for the discussions on 'care chains' see Hochschild (2000), Yeates (2009), Lutz and Palenga-Möllenbeck (2012), Katona and Melegh (2020); for the discussions on 'care diamonds' see Razavi (2007), Ochiai (2009); for the literature on blurring the boundaries between 'formal' and 'informal' work and creating 'family bonds' see Ehrenreich and Hochschild (2003), Degiuli, (2007), Bauer and Österle (2013), Fedyuk (2020); for the debates on making alternative type of kinship in (migrant) domestic care work see Baldassar et al. (2017); for the spiritual role of live-ins see Ibarra (2010, 2016).

Setting the context: 'dual moment' and a live-in programme

Before engaging with the ambiguities of body work, first, it is necessary to explain the broader context within which live-ins' activities are embedded in order to connect them better to certain systematic tendencies of neoliberal capitalism.

While discussing social reproduction in the context of neoliberalism, Bakker and Gill (2006) argue that since the 1980s the expansion of the world market for capital, accompanied with the mainstream development paradigm, has had tremendous consequences for the organisation of social reproduction. In the process of subsuming different systems of livelihood and property relations under the dictates of capitalist modes of production, all aspects of people's daily lives have been increasingly penetrated by the market rationale. This market rationale has been implemented on three levels: macro (world markets and world policies), meso (institutions: the state, the market and the family) and micro (individual) (Bakker and Gill, 2006: 50). At the macro level, international financial institutions such as IMF or World Bank regulate the supply of money and interest rates, making governments more dependent on the global markets and private provisions while the state's funding into activities of reproductive labour have shrunk considerably (Ibid.). But, to make a neoliberal project justifiable among populations whose own reproduction and thus existence is in danger, this also requires governance at the individual level. Hence, neoliberalism is premised upon the image of an ahistorical individual who is their own proprietor and equal with everyone else. This individual, fully responsible for her own well-being, does not have any obligation to society and vice versa. Therefore, private mechanisms of self-help are promoted instead of communal organised care, meaning that a decent standard of care, when needed, is a matter of privilege and a smart investment (Ibid.). For many people, it is too expensive to detach oneself from the community and to ask for help outside of the home. Consequently, various activities of reproductive labour have (again) started taking place within households.

Yet, the process of states' disinvestment in social services is by no means unidirectional, rather, it is the conglomerate of public and private provisioning accompanied by ideologies concerning family and gendered relations, as Kofman and Raghuram (2015) emphasise in their analysis of global social reproduction. In this regard, childcare is considered as a profitable investment in future labour power and thus a concern of various national and international strategies (i.e., European Employment Strategy), unlike eldercare which is more commonly carried out by the private and third sector (NGOs and charity organisations) (Kofman and Raghuram, 2015: 82).

While in many parts of the world nuclear family is still seen as a primary caretaker, the changing socio-economic environment – characterised by greater job insecurity, transformation of family arrangements, as well as demographic aging – has urged many mature welfare states to create care arrangements

designated to the employment of (foreign) domestics[3] on the one hand, and the less affluent countries to rely even more on informal ways of care provisioning, on the other (Bonoli, 2007; Yang, 2014; Kofman and Raghuram, 2015). The (relatively) recent expansion of domestic care work (in all its varieties) clearly implicates what Bakker calls 'dual moment', that, is the services of reproductive labour are returning to private households, albeit in a new commodified form (Bakker, 2007:545).

Within such circumstances, the so-called live-in program in which caregivers live with their wards has gained considerable popularity[4], especially among the more affluent countries with a conservative-corporatist welfare regime like Austria and Germany where care work is organised according to a fairly familial care model. This means that families get direct provisions from the state authorities to ensure the well-being of their dependant members (van Hooren et al. 2018). In this framework, family is seen as a primary carer, thereby encouraging the elderly to stay at home[5] (Hammer and Österle, 2003; Weicht, 2010), with public shaming of nursing homes contributing to this picture as well (Lutz and Palenga-Möllenbeck, 2010: 422). Since the direct transfers (cash allowances) families get from the state are insufficient for either a residential care facility or 24-hour nursing care, a growing pool of migrant workers from surrounding Central and Eastern European ('CEE'in the rest of the text) countries, recruited by even faster growing private agencies and the third sector, offer the best solution to individuals in need of affordable care (Lutz and Palenga-Möllenbeck (2010), Bauer and Österle (2013)). This intra-European transfer of care has become prominent especially after EU enlargements in 2004, 2007 and 2013 that have made working abroad (within EU) easier. Therefore, after 2013 'round-the-clock care' has gained increasing popularity among Croatian women as well.

Like with migrant caretakers from other post-socialist CEE regions, harsh privatisation and closure of many industries as a result of never-ending transition to capitalism has left many Croatian women without employment at the age when it is difficult to either find a new job or change profession (Kofman and Raghuram, 2015:77; Bahna, 2020; Kurtović, 2020). To my knowledge, most of the live-ins are in their fifties and for many, engaging in heavy duties of round-the-clock care is one of the few options left to contribute to their pension funds since the skills requirements are relatively low – only a basic knowledge of language

3 In analysing the delivery structure of long-term care, August Österle and Heinz Rothang (2010) declare that there is an expansion of care in the community ensuring that the elderly can remain in their homes, where cash allowances designed for dependent (elderly) people to secure adequate care has become the major new response to growing care needs in Europe and the US. Similar trends have been noticed in Canada (Teeple Hoopkins, 2017) and Australia as well (Hugo, 2009).

4 For examples of governments trying to regulate live-in programs see Bauer and Österle (2013) for Austria, Baldassar, Ferrero and Portis, L. (2017) for Italy, Parreñas (2017) for Denmark and for Canada see Teeple Hopkins (2017)

5 In Austria, approximately 80 percent of elderly received informal care in their households in 2010 (Riedel and Kraus, 2010), while in 2016 this percentage dropped to 74 (Fink, 2018).

and a short course in caring. What is more, considering the strong persistence of gendered division of labour where the skills of caring and managing household chores have been traditionally attributed to femininity, it is not surprising that this demand for caretakers have attracted predominantly women[6].

It is important to mention that, as having several intermediaries in different countries, live-ins can easily escape labour law regulations where otherwise an illegal 24-hour working time with the salary, after dividing it to each hour, much lower than allowed minimum wage can somehow go unnoticed. Moreover, as described by Marlene Neumann and Uwe Hunger (2016), in the case of Germany, since they are employed in private households that cannot be entirely controlled by the state due to privacy laws, home aids fall outside full legal protection. Even in Austria, where some efforts were taken in 2006 to regulate a previously grey economy sector, this programme was intended to attract exclusively CEE women. By granting them working permits for this specific care arrangement of biweekly or monthly shifts, the main aim of affordability could be achieved as well (Bauer and Österle, 2013: 464–465).

After delineating some of the main features of contemporary neoliberal climate that affects working realities of live-ins, the rest of the text delves into their daily labour practices, starting with the elaboration on study methods, interviewing in particular, as my way of getting access into care workers' personal experiences.

Study methods

To learn how their working days look and what are the activities and relationships caregivers are engaged with, it seemed essential to speak with the caretakers. The method of in-depth interviewing proposed by Sharlene Hesse-Biber (2014) I found to be the most suitable one since – as an approach preferred by many feminist interviewers – it enables access to experiences that are often hidden and unarticulated, which is the case with these migrant workers (Hesse-Biber, 2014: 184, 190). While a considerable amount of research has been done on CEE caregivers working in Germany and Austria (see Lutz and Palenga-Möllenbeck (2010) for Germany; Bauer and Österle (2013) and Bahna and Sekulová (2019) for Austria) the experiences of caretakers coming from the Yugoslav region have not gained much attention in the overall debate. Even women who were interviewed complained about a general dismissal of their voices from the side of care receivers, agencies, and the state. This paper is one way of revealing their stories. But instead of victimisation and using their experiences as a mere resource for the purposes of my research, I intend to show the participants' agency, courage, and creativity.

Through family connections, I entered the community of live-ins, gaining access to the online platform, a Facebook group, these women use for issues

6 According to the data presented by Bahna and Sekulová (2019), the share of women among caregivers is between 92 and 96 percent, with 72 percent of live-ins being 41 years of age or older.

concerning work, and it is through this platform that I found the caretakers willing to participate in the project. This group is dedicated to Croatian live-ins working in Germany and Austria, and although the members of the group are not all from the same country, they share the common language. The interviews were semi-structured, lasting from one to two hours, and conducted in February 2019. The most common age of the respondents is mid-fifties. To protect their anonymity, pseudonyms and not their actual names are used. For the same reason, names of the clients and recruiting agencies are not mentioned.

Caregivers provided rich and powerful testimonials which were obtained using an individual approach with a small sample group of six people, characteristic for in-depth interviewing. This enabled me to spend more time with each woman and to modify the interview according to external conditions and the needs of each interviewee. While talking and carefully listening to them I tried to understand the complexity of the labour process, the variety of skills and the type and interactions from which micro politics of care could be grasped as a valuable resource to analyse and criticise broader systematic issues. To evoke the specificity and the importance of the job it was a pleasure to hear with which passion, sometimes even enthusiasm, they were talking about the working experiences and daily challenges. Some of them came to be extraordinary storytellers, carefully navigating between keeping the conversation interesting, exposing the negative aspects of working as live-ins and preserving the dignity of their clients. For others, it was important to provide a detailed explanation of care service as a way of showing its complexity and cultivating their expertise. Since the goal was to do an in-depth analysis of such rich testimonies, while facing the spatial constraints, not all interviews could have been used for this paper. However, it is important to say – without dismissing the specificities of each experience – that all the interviews revolve around the same subjects presented here as they unfolded during the data analysis.

Reuniting the family: Approaching another person's body and the creative potential of care work

Whether holding a hand, assisting in walking, or bathing and changing diapers, body work is an indispensable part of live-ins' daily experiences. Yet to be able to perform these tasks (successfully), establishing intimate relationships is a prerequisite. Therefore, this section introduces the messy world of bodily care work by delving into the process of creating intimacy as a way of getting the access to another person's body. Such a process, as my participants indicate, necessitates a considerable amount of creativity, thus pointing to certain ambiguities brought by commodifying the activities of social reproduction.

I have decided to start with the story of Božica, a 57-year-old caregiver, currently taking care of an older couple near Salzburg (Austria), whose explanation of her role within various social structures, and clients' families in particular, is reckoning. While emphasizing the issue of loneliness that elderly face due to distant relationships they have with their closest relatives, Božica

menages to detect its impact on the physical part of care as well. This is what she says:

> I mean, it's important for old people because their children don't really want to take care of them. They are relatively cold, right. And for them, it is much easier to pay someone and then supervise that person, let's put it like this, to pay and supervise, better then... Rarely, very rarely, maybe out of hundred patients, out of hundred families in need of care, there is maybe only one person who would take care of their parents. All the others would rather pay. So... Those people dependant on others' care are indeed miserable.
>
> A.P.: Why are they miserable?
>
> They are miserable... They are miserable because they are not close to their children, and all this is a consequence of the fact that most of the children are kicked out of their homes at the age of 18... They (children) leave the house... This is all connected, right. And then, in old age, in that way, the kids pay them back by not caring for them, physically, financially maybe they are but then physically they are not, so then, a care worker is there to do it, right?
>
> (Božica, 61'15")

Božica is critical of the cold relationships Austrian parents have with their children, seeing this as the main reason for recruiting a paid caregiver in the family. Referring to 'uncaring' families can be interpreted as Clare L. Stacey (2005, 2011) does in her research on home aids in the US, as a way of strengthening her image of a good worker and assigning meaning to a physically and emotionally demanding job that offers few material rewards while having the label of 'dirty work'. Here, criticising clients' families allows Božica to take a step further, expanding the meaning of the work she performs to the wards' children, thus situating it within the larger power structures of family and care institutions in the receiving country. All the interviewees were quick in identifying their contribution in making up for lost familial connections, emotional closeness and solicitude that was never there or was missing from those who arranged care according to the familial-corporatist welfare model aimed to keep eldercare within private households.

Yet, beyond simply calling for some pastoral idealised form of family, Božica perceives close ties as a prerequisite for good care, and she believes that if this is not cultivated throughout life, there is a greater chance people will stay without it in old age or when daily sustenance necessitates help. Even if making deep connections is discouraged in some spaces – where there is praise for the ideal of the independent individual who is not supposed to rely on the support of others – care and interdependence cannot be avoided for the reproduction of life, from its beginning to the end. They can be minimised, but as Božica shows, this still has consequences. As a result, warmth and companionship are lost, and according to Božica, this leaves the elderly "miserable" and alone. Therefore, celebrating a neoliberal individual who does not have any responsibility

towards the society and the other way around in the present socio-economic environment is unmanageable, creating the climate where a familial welfare regime seems even more ridiculous. This deprivation of conditions for families to perform their expected duties could reflect, as Nancy Fraser (2017) nicely elaborates, the functioning of capitalism that in diminishing the resources of its own reproduction makes the wholes system highly unsustainable and prone to periodical crises which are resolved differently every time according to the specific socio-material conditions of each era. The deficit of care – or in Fraser's words, the "crisis of care" – that we face today is one manifestation of such an attitude that dangerously limits the existence of neoliberal capitalism, together with ecological and financial crises (Fraser, 2014, 2017).

On top of emotional support, physical aspects of care work are also something that children are often unwilling to undertake, transferring this responsibility to the caretaker. While for Božica this is the result of cold relationships, Ivana, another caregiver introduced later in the text, says it is a matter of feeling uncomfortable exposing a naked body to the closest family members. Recalling one of her previous clients, every time Ivana was on holiday, instead of leaving it to the relatives, the ward needed to find another person to take care of those tasks. As recognised by other scholars working on home care, such as Kim England and Isabel Dyck (2011), entrusting the activities of bathing, excreting, and clothing to non-family members secures wards' sense of dignity in front of their children and spouses. Whatever the reason, a care worker, in this case a live-in, comes to fill that gap, to solve the 'crisis of care', thereby becoming an important link in preserving clients' family relationships; either in making up for the missing ones or maintaining already established ties.

The 'phenomenon' of live-ins illustrates this dual moment – or we could even say contradiction – of (re)privatising social reproduction described by Bakker (2007), where the activities of reproductive labour acquire their well-known familial character, albeit in a commodified form. If they are lucky, care recipients can now get a whole range of services, from everyday small talk, releasing pain, dressing to a life companion, everything that should have been ensured by the community, ideally in a kinship family setting, an ideal that has become fictional for many, and is only made real by policy makers and welfare regimes, or more precisely, by these women.

In describing how they deal with such a commodification of intimacy, care workers are eager to show that establishing relationships with clients and approaching their bodies is a complex process calling for the exertion of various skills and talents. Particularly eloquent on that matter I found one fragment of Maria's elaboration on gaining trust from the wards. She is a 57-year-old caregiver, currently taking care of one couple in St Tirol (Northern Italy).

> Step by step. You gain trust, little by little, every day. For instance, this was an old lady who used to live in luxury. She had many opportunities. And so, I need some time to enter this world. For example, I did not live like that, but so what... At one moment we become actors. For instance, in the morning, she has tea for breakfast. English tea. This is two bags of

> tea. It has to be strong. *Stark*! Tea with milk. But, if I hadn't poured boiling water into the cup first, only water, and then thrown this water away... At first, for three days I did not get what she wanted – she left the table and, as soon as I brought water, I poured the water and she threw it away. I thought to myself, what is she doing? The cup is washed. Dishes are clean. She even had a dishwasher. She did not say what she wanted. I did not understand what she wanted! Then, I asked her: 'Why do you throw this water away? Is it not cooked enough, or should I boil it again?' And then she said: 'First, we have to warm up the cup. The cup needs to be hot.' And I said: 'Would it not be hot from tea? I poured boiling water, so, would it not be hot?' 'No! The tea will get cooler if the cup is not hot'. And then... You try to do her routine, but she does not say what exactly should be done, she shows by example. Then, when you start to get the grip of what she likes or does not like... I cut thin, really thin slices of bread for her. I sit next to her... And so, at the same time I can have breakfast as well. Of course, we eat together. I put my hand on the table, and she strokes my hand just a little bit. Then, the next morning, I stroke hers as well, the whole hand. And she is happy! And she says: 'You are so gentle!' Indeed, every human being needs a touch, they need tenderness, they need love. (Maria, 34'05")

In order to engage with another person's daily rituals, it is important to pay attention to the minute details and the specificity of the client's lifestyle, which in turn cannot be realized without a certain amount of trust and closeness, to that level when even words become redundant. Or, when they are there, they add to the already established relationship, to express the satisfaction of Maria's presence as a way of appreciating her contribution to the lady's well-being. However, there was a long journey for Maria to get that recognition for the work she performed. While the lady was craving intimacy, at the beginning she was reluctant to let the caregiver enter into her life, daily rituals, and in the end, her body. Maria was required to reorganise her life not only in terms of coming to the stranger's house, leaving her country of origin and her old life behind, but also to adapt to a new lifestyle which was previously unknown to her. Following the lady's routines encouraged her to acquire new skills without which such care would be impossible. Yet still, this was not enough. Maria arrived with original strategies of approaching the client's body, carefully calculating every move so each time she could come a little bit closer, even encouraging the old lady to respond in the same fashion. If she was only having breakfast and making sure that the client was fed, the moment of affection would not happen. In this instance, it was important to go beyond the required minimum of what was expected from her as a caretaker. Therefore, together with attentive manoeuvring of daily rituals, creativity and readiness to respond to new situations have become necessary in cultivating their relationship.

Some women went even further in implementing creative elements and 'disturbed' assigned duties of the home aid, which in turn extended the clients' needs. Jadranka, a 40-year-old care worker, currently working in a household

near Graz (Austria), describes herself as a unique and creative home aid. Recalling one of her previous wards, Jadranka notes:

> And it is true... Most of them want something other than what we would think they need. They just need someone to smile to them. Ninety-nine percent of them only want to enjoy life. They don't need 60 pills a day either, or what not. With my last granny – I painted her nails. She said she had painted nails for the first time in her life. And this turned into our ritual. Then, I did a manicure for her, and so on. And I played music – a little bit of Croatian songs, Serbian, Turkish, all kinds of songs. So, in the evening we would get out of this familiar framework...I do not know what to say...Why should it be like this, if this makes her happy, if she sang with me Lily Marlene, screaming in the kitchen – why not? To be perky and cheerful? And why would this be wrong? And why should I play cards with her only because she always plays cards at 5 o'clock? And she is not focused on cards at all. Because her brain is somewhere else at the moment, right. (Jadranka, 25")

Guided by the premise of meeting clients' needs as best she can, Jadranka realised that the official duties prescribed to her as a caregiver are insufficient to entirely satisfy these needs, to make her wards happy. In that sense, medicines and some well-established rituals are not what they want, according to her. Maybe it keeps them alive, but for Jadranka this was not enough; care should and can go far beyond that. As with all forms of concrete labour, according to Susan Ferguson, since care workers are in direct contact with their product, they are less alienated from the process of production and assign meanings not only to the finished product, but to the labour processes as well; processes motivated and intertwined by workers' decisions, companionship, and creative impulses (Ferguson, 2017: 122). Yet, unlike many forms of concrete labour, these women participate primarily in a somewhat peculiar type of production, that of human beings, or better said, reproduction. Since the daily maintenance of people, in this case the elderly, requires actual spatial and temporal organisation, the monetary value live-ins get for their work cannot be entirely extracted from the material realities of these activities. An alive human body is calling back. Its desires, happiness, anxieties, habits, a need for love as well as for eating or excreting cannot be simply neglected. Rather, they affect caretakers and incite further actions. It is in this desire for another person's well-being, often including catering to their physical and emotional needs, where a prominent feminist economist Susan Himmelweit (1999) sees the limitation of care work to be fully commodified and led entirely by the market requirements. Whereas for Maria it was very important to incorporate the lady's rituals as a way of cultivating trust, necessitating a certain creativity and an ability to adapt to emerging situations, for Jadranka, with the same goal in mind, creative impulses encouraged her to arrange new activities by replacing the old ones.

Following Ferguson's discussion on the antagonism between play and labour under capitalism, we could say that these caregivers managed to engage in the sensual and conscious (practical) human activity which is commonly called labour

or work that is, according to Marx, "the premise of all human history, the very generator of society" (Ferguson, 2017: 118, 119). They offer a taste of what could happen in a society with unlimited access to the resources and freedom to act according to personal affiliation where the reproduction of ourselves and social relations can be enjoyable, playful and creative. Yet, as Ferguson reminds us, capitalism cannot tolerate this. It needs instrumentalised individuals alienated not only from their labour but from each other, and from their sensual selves (120).

Sometimes daily routines, especially when supported by medicines (e.g. sleeping pills, medicines for urinating), are nothing more than the manifestation of successfully disciplining the body to do everything "exactly on time". On the other hand, as unavoidable sites for sustaining life, daily rituals (of care) also have an important role in activating the human sensibilities necessary for conscious engagement with the world. Either by refusing to perform activities that delimit wards' capacities and implementing new ones or by intervening in the already established habits, it is impressive to see how the interviewees managed to free those sensual and playful aspects from their clients. Whatever the case, rituals intertwined with bodily interactions become the sites of the greatest creativity, cultivating trust and intimate relationships. Despite capitalism's need to diminish those sensuous and playful components, since it relies on human life and its ability to participate in capitalist accumulation, these elements cannot be disregarded entirely, but rather exist in parallel to the market rationale providing the alternative to the same. Without this dual nature of care work present in its delicate daily performance – the contradiction which is characteristic for all reproductive labour under capitalism – the experience of these women cannot be fully grasped.

Body work as a means of gaining medical expertise

Once the 'first' touch and the intimacy are established – as the prerequisites for doing body work – it becomes possible in the next section to grapple with the challenges brought by handling human body in a greater detail to explore further the specificities of performing care work in our socio-economic order.

Being in charge of the clients' most 'basic' needs, live-ins are positioned at the bottom of the medical hierarchy. Officially, they are not allowed to deal with any medical tasks such as giving insulin, measuring blood pressure, changing an oxygen pipe or giving the medicines doctors did not prescribe. These duties are assigned to a district nurse. When care workers notice any changes, both physical and psychological, they are supposed to let the medical authorities know.

To explain this hierarchy, it is useful to turn to Carol Wolkowitz (2002) and Rachel Cohen (2011) who, while analysing the specific relation of the material body to labour processes, argue that there is a strong hierarchy according to certain body parts and the extent to which body work is involved. For instance, the scale goes from dealing with the dirtiest activities – such as excreting, direct contact with wounds and bathing – towards the ones with less touch (e.g. taking blood) to those where only minimal physical contact is needed like in a regular

health check. In this sense, activities at the bottom are the least desirable and poorly paid, additionally having the label of 'unskilled' labour, in contrast to the far more appreciated tasks performed by 'skilled' medical professionals (Cohen, 2011). Considered as dirty albeit indispensable aspects of reproductive labour, body work has become a tiresome baggage that many, as described by Božica, try to get rid of or to transfer to someone else. Most of the time this is a migrant woman, the one who is willing to undertake heavy physical tasks for a low salary (Anderson, 2000; Duffy, 2007). In so doing, the intensity of work can be easily forgotten, whereby the label of 'unskilled' activity contributes to the image of this task – being in charge of someone's physical needs – as something which is merely simplistic and routinised, something that everyone can do. Nevertheless, these women show that the opposite is true. To meet someone's elementary needs very often requires non-elementary knowledge and skills.

I have learned this most explicitly from Ivana, a 54-year-old caretaker, who has been doing this job for five years. At the moment of interviewing, she was working in a place next to Nürnberg (Southern Germany). Ivana describes how every time she comes to a new family she stays with clients 'until the end' participating in the most intensive parts of their lives in terms of the physical and emotional support they need in those moments. Depending on the level of disability, clients sometimes need to be looked after during the night, as is the case with Ivana's ward who suffers from great pain caused by a decubitus ulcer, requiring her bodily position to be frequently changed. Thus, her working day (and night) consists of carefully adjusting bodily movements:

> I mean, it's too hard. I adjust her hands, legs, entire back and the head while she's lying. Now it's fine, now it's fine. Yet, when I ask myself for how long, in five minutes, again. Or when I adjust her, she asks me to move her a little bit. Because her *illness* is like this. On days like these I wash her in completely cold water... Once she gets up from the bed, first, I have to give her a hands and legs massage only to be able to put her in a sitting position. And when she wends towards a sitting position, first, I have to crackle each vertebra in her back in order for her to sit. With my help, of course, otherwise, she would fall. She doesn't have enough strength to sit any more. And then, again, separating hands from the body so I could embrace her around the waist. It's not like when someone says, 'So what, I saw a video on YouTube how to transfer a person from the wheelchair into the bed'. 'Easier said than done', I say. Show it on the *patient* who is stiff like this one. (Ivana, 62')

Dealing with the client whose medical state is changing overnight, with a body that needs to be adjusted every few minutes, it is impossible for Ivana to have a prearranged or fixed schedule aligning with the client's immediate needs. In that way, as with the rest of the participants, the interview with Ivana was scheduled accordingly, taking place during the only break she had during the day, or the one she was supposed to have because there was still the chance of her leaving if the ward called. Thus, while discussing the specificity of body work and the resistance to its standardisation, Julia Twigg's (2006) statement about

how "the body has its own timing" appropriately describes the current situation where the ward's bodily requirements determine the care worker's timetable, not the other way around. Ivana main preoccupation has become to separate the hands from the body in the least hurtful way or to adjust the legs in a way that works best for the whole skeleton. Going even deeper into the operation of musculature, bones and muscles are of serious concern, and to be adequately positioned they need to be prepared beforehand. By attentively manoeuvring the smallest movements, while finding the best position with the least pain, every part is carefully calculated according to the rest of the body.

Therefore, all segments cannot be treated separately but must always be seen in connection to each other. Such a treatment confronts the compartmentalisation of the human body, which is symptomatic for mainstream medicine that, together with dividing activities according to the level of touch and dirt, has made different disciplines specialised for particular body parts and/or organs (Cohen, 2011). In so doing, it has diminished a holistic approach to healing where all the involved actors are not familiar with each other's work. According to Cohen (2011), this is one way to standardise a labour process, which indeed makes it easier to control. On the contrary, since a live-in is almost alone, or the main person responsible for the client's overall medical condition, she cannot look at each organ separately, as they are in constant interaction with all the others where even a single vertebra matters, reminding her of its existence every time the ward wants to get out from the bed, sit down or take a shower. In the same way, stiff muscles call for attention, to be massaged regularly, and the skin asks for cold instead of warm water. A caregiver needs to reply to all these modes of existence, knowing exactly when and how to react.

Whereas for a 'fully' abled person these are mere details not worthy of special attention, for a severely disabled client they are the activities around which day-to-day survival is based. More precisely, it is not that they do not matter for someone else's life, since physical embodiment makes the ground for all human and non-human animals to participate in material life. Rather, the importance of bodily movements is more visible – demanding additional support – when severe pain does not allow it to become a secondary focus. The ward's survival is in no way simple but instead highly complex as every organism, yet it is often dismissed when the ideal of independence is praised and everything to do with human flesh and the work to sustain it is hidden from view (Twigg, 2000; Isaksen, 2002; Kafer, 2013). Instead of avoiding to talk about direct hands-on care, in their detailed descriptions of the caring my respondents do exactly the opposite. It is even possible to see the sense of pride and satisfaction they feel while performing their daily tasks. In so doing, they reveal the intensity of their job, making it clear that being in charge of the declining human life asks for a great deal of attentiveness and 24-hour commitment, which in turn encourages them to constantly improve the quality of service.

Another way to standardize hands-on care (besides using various medications and technology as already mentioned), Cohen (2011) explains, is the spatial concentration of bodies in one place so, the time needed for the care worker to go from one client to another is reduced to a minimum. This is a

common practice in residential homes with ten or twenty residents assigned to each worker (Cohen, 2011: 197). However, erasing individual approaches and not paying attention to specific needs necessarily impacts the quality of care. On the other hand, due to decreased public investment in the activities of social reproduction, what we are facing today is residential homes becoming largely privatised with the costs exceeding the budgets of many individuals, encouraging them to look for the service elsewhere. This elsewhere often means a growing care market where, especially when supported by the state, care work becomes more affordable. For example, in the case of my participants, the direct allowance families get from the government for caregivers is enough for two live-ins working interchangeably, yet it is only half for the costs of residential homes and even less for a 24-hour nursing care. Therefore, for many families this is the best option, not only financially, but also considering the quality of care their frail members will receive. Almost all of the women mention how one-on-one care provides more space and time to devote to one person properly, consequently increasing the standard of care. One such example of the great quality of service can be found in Ivana's successful history of dealing with the most demanding cases of a decubitus ulcer, Ivana notes:

> No matter she has an anti-decubitus mattress. No matter we are constantly being careful and turning her over, for her it was still the easiest way to lie on her back, it came close to her neck, the beginning stage of a decubitus ulcer. The second stage, the skin had already fallen off. The second decubitus ulcer was on her coccyx. Thanks to my persistence in, how to say, natural treatment, and of course, having asked her and her husband first, I cured it in a week. Without a sticking plaster, literally only with honey. I read about it and I heard about it, and in Switzerland they do it, even in hospitals. Eventually I made it. When I saw it, I said, let's try and do it, and she said, let's do it. I was thinking, the honey can only help. I had managed to do it before the doctor came to see her and the doctor literally shook hands with me and (she) said that no one had ever done it before. It's not good only for decubitus ulcers, for any wound the honey is good in a way. The pure one, not the one from the store, but raw honey. ... Okay, it was in a way only the beginning. Because, if someone doesn't know how to do it, it's all pointless. It was on such an inconvenient place on coccyx that, however you put the plaster, it would fall off. In half an hour, one hour it simply crumbles and falls off. I mean, it's like it's not there...I had a case in Berlin when I worked in a nursing home, a woman had a decubitus ulcer virtually on her head. On five-six different places on her body. So, we started to cure it in this way without her knowing it. Later, after I left, I heard that she was doing much better. So, I remembered this too, well, so I thought, let's give it a try. I like a lot to work with natural remedies, I don't know, with tea, people who have problems with their stool, older people. I like more natural stuff than syrups, suppositories etc. And especially people, older people, in Germany, they prefer alternative medicine, healthy diet, and all this. (Ivana, 9'50")

A great commitment to care and performing her job the best she can encouraged Ivana to try or even discover some new ways of healing in order to help her clients. As those who spend the most time with clients, live-ins are the most knowledgeable ones about the wards' needs and their medical state. This grants them a sense of authority and we could even say courage to go beyond described duties and to approach a care recipient in the way they think is best for the client. Having necessary skills like managing emotions, bodily movements, or domestic chores to ensure the labour process goes smoothly gives caretakers control over work practices, thus cultivating 'functional autonomy', the term used by Stacey to describe the type of autonomy home aids have at their workplace (Stacey, 2011: 92). Whereas courage is definitely important in making that additional step to adequately respond to the peculiar needs of the wards, what is lays behind Ivana and other caregivers' labour activities is also a creative impulse, or a thirst for knowledge that makes the whole process more enjoyable and playful. When the answer cannot be found in the given conditions, they are ready to invest extra time and energy to search for the most suitable treatment.

While emphasizing the recognition of medical stuff can be interpreted as a common behaviour for the workers at the bottom of a work hierarchy to secure a sense of worth, according to Stacey (2011), such a testimony enables to contextualise caregivers' contributions within a broader system of care provisioning; the ability that was already detected earlier in the text. Furthermore, this case of curing a decubitus ulcer goes beyond the matter of recognition from 'skilled' professionals to that of providing services which doctors were not able to provide, therefore, directly replacing their positions in the health care system. Again, Ivana has revealed a stunning complexity in the labour process she is engaged with that incorporates various skills, from medical and bodily knowledge, empathy and closeness to creativity and innovation. But rather than (just) a sign of individual creativity, the examples like these shed light on the caregivers' contradictory position within the system of care provision: on the one hand, the structural conditions of their work encourage them to be innovative and to constantly improve their services, replacing in that way vital personnel in the circuit of care (from family members to medical professionals); on the other hand, the same power structures tries to neglect workers' various skills and the complexity of their labour process.

Conclusion: Contradictory potentiality of navigating body in migrant eldercare work

As noted throughout this paper, due to various socio-economic transformations characterised by neoliberalism the most demanding elderly – those who need more than just assistance in performing daily activities, and who would previously go to institutions or be looked after by their nuclear families – are now staying at home and become the responsibility of one woman working interchangeably with another, but never simultaneously. In addition, since their labour power is not seen as useful, the elderly is more affected by the dismantling

of public services than, for example, children who are still perceived as a valuable investment used for nationalist projects (Kofman and Raghuram, 2015). As such, eldercare is a specific type of care facing several constraints.

That is not to say that childcare is easy or simplistic in any way. Participating in the creation of human life is a demanding process that is affected by neoliberal (re)privatisation, like all other activities of social reproduction. Thus, it is also becoming a matter of individual responsibility accompanied by its well-known gendered attributes, which are not so much about unconditionally sticking to traditional values as they are a personal 'choice', a good investment, and the most reasonable way of dealing with the brunt of reproductive labour (Bakker and Gill, 2006). However, the young, 'healthy' body is largely celebrated as the promise of 'unlimited' productivity, the body that can fit the requirements of flexible labour markets and non-stop work, where after a certain amount of time – once the assistance in everyday activities of feeding, dressing, and bathing is no longer needed – dependence on others and the vulnerability of human existence can be easily forgotten. On the other hand, with an older disabled body at the end of its (material) life the story is different, or even reversed. It reminds us of its mortality and brute material existence, placing limits on the labour standardisation and unlimited accumulation (Twigg, 2000; Isaksen, 2002; Kafer, 2013). This body exasperatingly calls for attention even if that attention has been systematically shut down. Yet, the solution must be found if people are not just left to die. This time, like many times before, the workforce is recruited outside national borders. But, unlike many times before, the transfer of reproductive labour has never gained such momentum at the global scale, where the performance of social reproduction has become practically unimaginable without migrant women. These women often inhabit grey areas of labour law regulations, thus escaping the basic minimum working conditions assigned by the states (Lutz and Palenga-Möllenbeck, 2010; Neumann and Hunger, 2015; Parreñas, 2017). Or when there is a need to make it legal, as was the case with regulating a live-in programme in Austria, laws can be easily adjusted to support exploitation and reduce the costs of social reproduction (Bauer and Österle, 2013).

Whether entirely legalised or not, the grounds have been set for the most affordable and highest quality care for the elderly. In lowering the price, the devaluation of reproductive labour (and eldercare in particular) played a major role whereby placing it in the realm of home, care work could be easily deprived of serious concern and justified compensation. That attitude has contributed to the perception that hands-on care is routinised and simplistic, not requiring complex skills and therefore occupying the lowest position in the medical hierarchy. As a result, migrant live-ins can be paid less while being in charge of much more than native workers. This 'much more' means being the person who is most responsible for a client's well-being, and entails assisting in daily activities, managing bodily movements and emotional support, where going beyond described duties is a rule rather than an exception.

Since catering emotional and physical needs of elderly people has systematic relevance, even the smallest detail of that labour process can be traced through a

similar trajectory. In this regard, daily bathing and massaging as well as adjusting the right temperature while showering and touching with certain intensity occupy a particular place in the circuit of overall social reproduction. In detailed descriptions of their working experiences, the women I talked to oppose a public 'deskilling' of care work by showing how being in charge of someone's life is definitely not a simple process, no matter what anyone says. These detailed descriptions are also something else. They are valuable interventions in the production of knowledge on care work and reproductive labour where a single touch, a smile, a move and every bone that needs to be cracked gains a different, transnational meaning. They reveal the impossibility of fully commodifying the activities of reproductive labour as well as migrant live-in's contradictory position in the care institutions of receiving countries where their skills are neglected, yet highly needed or even encouraged to flourish. But instead of 'only' pointing to current ambivalences in arranging eldercare, the home aids' daily labour practices in filling the gap made by neoliberal desired image of caring for which it does not assure necessary resources, also 'repair' these contradictions, thus holding an important place in the conglomerate of social reproduction. Therefore, bringing minute corporeal details of care to the fore is a unique and a highly relevant entry point to the discussions on labour and global economic restructuring, care and migrant work in particular, and the processes of embodiment.

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