Towards cultural landscapes of care

Xiaodong Lin\(^a,^*\), Daryl Martin\(^b\), Bo-Wei Chen\(^c\)

\(^a\) University of Warwick, Coventry, UK
\(^b\) University of York, York, UK
\(^c\) National Kaohsiung Normal University, Kaohsiung City, Taiwan

**Abstract**

This paper sets out a theoretical agenda for Cultural Landscapes of Care. It highlights the importance of engaging the cultural vectors within different ‘care-ful geographies’, in order to highlight the role of culture as both a lens of knowing a meaningful way of life, and a critical hermeneutic. Through revisiting discussions around everyday practices of care, both in this journal and elsewhere, we outline a research agenda that re-engages culture with inquiries into the relations between place and care, including spatialities of care, ethics and justice. We call for a shift to thinking with culture and its moral dimensions in order to make sense of the tensions, ambiguities and boundaries of care marked by austerity, neoliberalism and globalisation. We therefore coin the term ‘cultural landscapes of care’ to advance an agenda that is contextually and culturally sensitive, and committed to understanding what good care means in diverse trans-local contexts. Gathering together the papers in this collection, we show how culture ‘filters’ through meaningful everyday care practices. We argue for an understanding of culture as a toolkit and a condition for ethical encounters of care. Thus, we translate situated examples of caring experiences into a global standpoint of care-ful geography.

1. ‘Re-placing’ culture in ‘care-ful’ geography

But what is care? Is it an affection? A moral obligation? Work? A burden? A joy? Something we can learn or practice? Something we just do? Care means all these things and different things to different people, in different situations. (Puig de la Bellacasa, 2017: 1)

We present this special issue with an aim to ‘re-place’ culture at the centre of the debates in geography of care, and an attempt to develop a novel conceptual and analytical intervention to care and place – Cultural Landscapes of Care. Milligan and Wiles (2010) acknowledge that ‘the spatiality of care is interpreted as an ethical concern emerging from the “moral crisis” that threatens contemporary western society’ (2010:744). This suggests that the formation of care is historical, cultural and contextual, and also alerts us to the geographical specificity of how care is understood by researchers. Indeed, it has been acknowledged that research on care has primarily had a Eurocentric focus (see Mol et al., 2010), whilst overlooking the situated practices that constitute care as a result of local undertakings (Mol, 2008). With reference to case studies from a global perspective, our special issue aims to translate diverse caring experience into a new articulation of care-ful geographies as they intersect with everyday social encounters. We do so by highlighting the interconnections of place, culture and care, and examining how these impact on mundane aspects of practices and injustice. In line with the insight from Puig de la Bellacasa above, we see care as part of our everyday lives and the ways we maintain, adjust and repair our bodies to sustain our lives and those of (intimate) others (Tronto, 1995; Mol, 2008; Puig de la Bellacasa, 2017). Thus, we aim to develop more complex understandings of the encounter, performance and meanings of care – and to re-situate the specificities of place within questions of care.

Place matters in matters of care, we might say, but only when place is understood in terms of inter-related geographies of experience, in which intimate spaces and localised settings are situated within wider sociopolitical histories and cultural practices (Massey, 2005). Tronto (1995, 2013) maintains that knowledge of care is not universal; that it is important to hold onto the tension of the social and the institutional discourse of care that are specified in the local context of the places in which care is experienced (Tronto, 1995, 2013). We do not intend to reduce care to local matters, and neither do we wish to essentialize care within universalizing logics, derived as they are from practices in the Global North. Rather, we situate the cultural landscapes of care in a global context. As our contributors acknowledge in their studies, there are increasingly globally inflected socio-cultural practices, underscoring...
complex negotiating local practices of care. Thus, we maintain the tension between the local and the global, tradition and modernity, as well as the individual and institution. These tensions have enabled us to understand the formation of ‘landscapes’ of care as dynamic and evolving (Gesler, 1992), but where questions of credibility and meaning are clearly connected with historical and cultural understandings of place (Grieyn, 2018).

Throughout the special issue papers, and in this introductory paper, we set out to re-engage with key theoretical debates in the field of place and care, in order to make sense of how culture filters through different landscapes of care and caring practices that are transformative, adaptable and localised. Thus, we aim to tease out the different ways, implicitly and explicitly, that we need to think with culture when studying care and place; for us, questions of culture illuminate key geographical debates, including the spatiality of care, ethics and justice at a time of rapid global change. As we progress through this paper, we will use culture in different ways; respectively, as integral to meaningful encounters of care; as a toolkit to situate care ethics, and as a condition for good care to take place. But first we turn to definitional work in the understanding of culture.

2. Culture as a paradoxical device

That ‘culture matters’ has been a key idea in geography. However, we tend to take it for granted when we come to define what culture means and how we engage with culture in the social sciences. Culture has been variously defined as ‘a particular way of life, whether of a people, a period or a group’ (Williams, 2014:52), as a medium (Jackson, 1989), and as a signifying process (Duncan, 1990). Studies in ‘new’ cultural geography have stressed the ‘plurality of cultures and the multiplicity of landscapes with which those cultures are associated’ (Jackson, 1989: 1), and so definitions of culture come with an emphasis on meanings, identities and representations. However, more recently, culture has been absent while other terms, including ‘affect, materiality, performance, embodiment, habit, mobility, and so on’ (Anderson, 2020:609), have become central to the conceptualization of cultural geography. For us, culture serves as a paradoxical device that enables us to make sense of the material conditions in which people are able to encounter, (re)negotiate meaningful ways of living and possibly develop alternative articulations. Culture equips us with a critical means to explore new analytical vocabularies that will bring to light simultaneous layers of social hierarchies and ambiguities. Through the lens of ‘culture’, we seek to explore common explanatory languages and discourses of care within different translocal contexts.

Within health research, there are concerns about the absence of culture in understanding questions of care, suggesting culture might have been inadequately conceptualized as a reductive variant of race and ethnicity (Singer et al., 2016). Notwithstanding the varied meanings and mutability of the term, we argue that researchers need to think with culture precisely because of its ontological and epistemological complexities, and the potential impacts on making sense of the social world (Williams, 2014). Indeed, we endorse calls to redefine culture in geographical debates and to ask new analytical questions regarding the role of culture. Anderson (2020) offers critical reflection on the concept of culture with three related orientations: ‘culture as assembled effect, culture as mediated experience, and culture as form-of-life’ (Anderson, 2020:608). While he explains culture as assembled effect, Anderson puts to us the new analytical question of ‘how particular ideas of “culture” (and other linked spheres such as “economy”) are formed, circulate, and change in ways that enact and reproduce power relations and formations’ (2020:610). In addition to understanding culture as an expression of social relations, the purpose of engaging with ‘culture’ is to make sense of its formation, trajectories, and its historical roots, so that we can approach culture as a ‘contributor’ to social development (Anderson, 2020). Anderson attempts to break with the understanding of culture as a ‘signifying-system’ by maintaining an emphasis on experience and encounters, and we find this helpful with respect to our own understandings of culture. Valentine (2001: 168) maintains the continuity of structural hierarchies despite shifting ways of life through her critiques of the cultural turn, suggesting ‘the focus that the “cultural turn” has placed on issues such as representation and the theorization of identity has obscured the details of social relationships and the material realities of everyday life’. She (2008:323) engages critically in her later work with the notion of encounter and maintains that proximity does not lead to a change in values and practices and argues for ‘unpacking the complex and intersecting ways in which power operates’. More recently, Anderson has argued for plural understandings of culture that articulate ‘problems of difference, supplementing the continued and necessary concern with how peoples are distributed into racialised, gendered and other hierarchies of worth through the operation of linguistic-discursive forms of mediation’ (2020: 614). We agree with such an understanding and, thus, we explicate the notion of ‘culture’ to consider it as a condition of how inequality and injustice are consolidated in diverse landscapes of care.

Anderson argues that ‘we are involved with the world through all manner of practical (dis)connections before we represent the world to ourselves or others’ (2020:610), which aligns with Haraway’s understanding of ontology that ‘beings do not preexist their relations’ (Haraway, 2003: 6). Therefore, culture as a relational form is seen as a condition or pre-condition of making, remaking and maintaining meaningful experiences, and it is alongside this definition and an empirical focus on social encounters and practices that we situate our own understandings of culture, with its implications for an ‘emplaced’ understanding of the moral implications of care.

3. The moral significance of culture: caring ethics

Our special issue aims not only to ‘re-place’ and re-emphasize culture within health geography debates, but also underlines the moral significance of culture in conceptualizing care and place. Culture, as practice and ideology, is enfolded within different landscapes of care, and articulates the mutuality and mutability of care by theorising personal and social relations as a set of values and moral principles, as well as ways of living (see Barnes, 2012). In particular, the ‘moral turn’ in geography sheds light on the meaning of culture with reference to responsibilities and care (Smith, 2000; Barnett and Land, 2007). These studies highlight the dynamics of morality and experiences by engaging the cultural vectors of the family. This leads us to understand family not as a fixed institutional form, but rather as a set of evolving and intimate practices, through which multidimensional power relations are achieved and within which care can be unfolded (see, for example, Lin’s research on the Buddhist older adults and their practices of familial care through vegetarian eating in this special issue). From a sociological perspective, we endorse Lynch et al.’s (2021) understanding of care, whereby ‘caring is defined in its doing, in its practice, not just in its thinking’ (2021:56).

We are also inspired by feminist geographers’ significant contributions to the discussion on the moral dimension of culture and its ethical engagements. More specifically, we have encountered a range of key concepts in light of feminist geographers’ discussion of the ethics of care, including duty, responsibility, obligation and altruism, with reference to women’s roles in care and the relational aspects of caring relations (see Lawson, 2008 also Ivanova’s and Chen et al.’ discussion on frontline women care workers, as well as Takahashi’s research on Japanese migrant women’s translocal care in this special issue). As Lawson maintains, ‘care ethics focuses our attention on the social and how it is constructed through unequal power relationships, but it also moves us beyond critique and toward the construction of new forms of relationships, institutions, and action that enhance mutuality and well-being’ (Lawson, 2008: 1). Of equal importance, the focus on care ethics allows us to ‘extend our work beyond the theoretically and politically important notion of justice as a universal right’ (Lawson, 2008:3). Thus, in this special issue, we situate care ethics culturally by asking what kind of
cultural conditions provide the ethical conduits for wellbeing and dignity to take place.

By bringing the moral significance of culture and its situated caring practices into focus, this special issue also contributes to debates on the landscapes of care that disrupt and reconstruct our understanding of how care relationships and practices are understood, experienced, and shaped by where they take place (Kearns and Milligan, 2020). Milligan and Wiles foreground how changing institutional culture impacts on the conceptualization of complex embodied and organizational spatialities, which emerge ‘from and through the relationships of care’ (2010:740). Specifically, concerns about the changing institutional culture of care towards privatization, in light of neoliberal governance and the crisis of public health as a result of austerity in many countries, has resulted in the negotiation of the formal and informal space of care by different stakeholders and players. These debates offer productive accounts of how environmental, societal and individual factors work together to inform individuals’ experiences of the ‘space of wellbeing’ (Rotheram et al., 2017; Milligan and Bingley, 2007), and they also highlight the ways in which dignity and inequality can take place simultaneously. Such advanced studies of place and care, tracing the production of ‘care-ful geographies’ (Milligan and Wiles, 2010:743), have contributed to nuanced discourses of health and wellbeing, encouraged researchers to understand the various thresholds between people, place and institutions, and informed interdisciplinary notions of care. Much research in health geography has acknowledged the crucial roles of social determinants, traditions on health and outcomes of wellness (Wilson, 2003; Wang et al., 2018; Kingsley et al., 2018; Boucher et al., 2019). For example, Gesler’s (1996) conceptualization of ‘therapeutic landscapes’ and Duff’s (2011) work on ‘enabling places’ have both offered critical frameworks that capture the complexities between people and place, and exploring new possibilities of care interventions (see also Martin and Roe’s discussion of Maggie’s Centres as buildings that enable care and the affordance of hope in this special issue). What underpins our work is a conceptual endeavour to trace how values and ethics of care ‘travel’, how their meanings might be translated, and how the boundaries and practices of responsible care and justice are maintained and/or redrawn across diverse geographic locations in the cultural landscapes of care.

In situating interactions between people, culture and place, the idea of cultural landscapes of care further contributes to health geography by asking what good care means culturally. In order to make sense of how good care is provided, maintained and received, we need to further our understanding of the ways by which individuals are emplaced in caring practices, whether this entails care for the self, care for others or being cared for. Gesler and Kearns (2002) maintain that the capacity of place in relation to care is shaped by culture, thus influencing the way culturally contested sites, including bodies, clinics and healing places, are perceived by different social groups. Bowby et al. (2010: 15) emphasize that our experience of care ‘will be influenced by our beliefs and values about families and relationships, and hence by where and when we live’. More recent research has acknowledged the importance of problematizing relations between people and place, in order to dismantle the public discourse of injustice and inequality for the ‘vulnerable’, the ‘disadvantaged’ and the ‘marginalized’ populations that need care (see Rotheram et al., 2017; Marsh et al., 2018; Baillie et al., 2018). Kearns and Milligan (2020) highlight the importance of further discussion about relationality and enabling (human and non-human) resources to disentangle existing boundaries and thresholds in relation to care, where care is understood socially, institutionally, professionally and within national contexts. Taken together, place and care is better understood as ‘a dynamic relational network’ that takes us beyond apprehending particular spaces in terms of either inherently empowering or constraining characteristics, but rather indicates the affective mutability of the spaces in which care takes place.

Equally of importance, Massey (2005:55) maintains that space as a sphere of ‘dynamic simultaneity’ is imbued with the complex negotiation of cultural ideologies in relation to values, ethics and responsibilities. Therefore, we argue that an emphasis on culture will enable us to identify meaningful encounters as practices of care and to understand how care is provided and received - not as protocols or logic of ethics, but as complex, creative and culturally inflected ways of everyday lives (as illustrated within this special issue in Lin’s exploration on “virtuous eating” among older adults in China; Chen et al.’ thoughts on “attentive care” and institutional care for people with intellectual disabilities; Martin and Roe’s reflection on “hopeful spaces” for cancer patients using Maggie Centres; Ivanova’s discussion on “care cultures” within the neoliberal care markets, and Takahashi’s engagement with “omiyari” in her discussion on boundaries negotiation of care with others). The above conceptualizations of culture and care as dynamic and relational processes offer critical implications for us to develop the ontological and epistemological stance of culture in this special issue. In what follows, we further conceptualize the cultural landscape of care through understanding culture, respectively, as meaningful encounters of care, as toolkit to situate care ethics, and as condition for good care to take place.

4. Culture as meaningful encounters of care

We place the notion of encounter at the heart of our conceptualization of cultural landscapes of care. We define the notion of cultural encounter of care in two facets: porosity and relationality. By porosity we mean the cultural encountering of care that can happen between individuals, or between individuals and non-human subjects/materialities in which people-place relations are understood as co-constitutive. By relationality, we highlight the reciprocal dynamism and the complex interplay between individuals and the social and cultural worlds they dwell in. Across the social sciences, discussion on the physical environments of care has provided critical insight into the complex porous and reciprocal relations implicated in the provision of care. Martin et al. (2015) unpack the porous relations between the built environment and practices of health care, and highlight the ‘materialities of care’ shaping everyday social encounters and senses of wellbeing (see Buse et al., 2018 and Martin and Roe’s paper in this special issue). Studies on more-than-human intimacies (Latimer and López Gómez, 2019) highlight the intersection of care, technoscientific and theoretical engagements with an emphasis on affect and relationality. More recently, Ivanova’s (2020) advocacy of ‘post-place’ care offers a new analytical vocabulary to highlight the simultaneity of material, sensorial and digital experiences of care.

In emphasizing the porous boundaries and relational interplay of the encounter, the cultural encounter of care also prompts us to trouble the boundaries of spatialities and to witness the changing landscapes of care. Specifically, Mol draws our attention to the porous boundaries between formal and informal care: through observing the practices of care for people with diabetes, she maintains that the logic of care is different from market logics and scientific rationalities (Mol, 2008). Moreover, she raises the critical issue of care in different socio-cultural contexts, as she acknowledges ‘when transported to other sites and situations the logic of care articulated here will have to be translated. Many translations are possible and it is impossible to anticipate them all’ (2008: 105). Twigg and Atkin (1994) further acknowledge the ambiguity and the simultaneity of the roles of family carers as service users, resources and co-workers. Studies of care at home for people with disability and elderly persons suggest the dismantling of boundaries between the public institutional service and private home (see Milligan, 2000). These studies have challenged dichotomous understandings of care in which emotion, affect and care are associated with private space (see Watson et al., 2007; Boyer 2011; Gatrell 2011). More importantly, they offer a critical lens to understand care beyond rational and institutional rules.

Alongside the potential boundary-crossing and ambiguous spatialities emerging from caring encounters, geographers have engaged with
discussions of cultural encounter and emphasized the reworking of diversity, difference and negotiation in everyday life (see Wilson, 2017; Valentine, 2008). Discussion of the geography of care involves critical engagement with concepts of proximity and distance (Milligan and Wiles, 2010) and ethics of care and justice, with a widespread emphasis placed on a range of analytical key terms to understand new encounters of care, including its ‘unsettling’, ‘disrupting’, ‘disturbing’, ‘troubbling’ and ‘disentangling’ practices. Research here highlights a range of culturally inflected dichotomies shaping our understanding of care, such as separations of formal and informal care, public and private, institutional and social, dependency and independence, privacy and intimacy, professional carers and family members/relatives/friends, and the distinction between care as work and care as reciprocal everyday life practices. Conradson’s (2003) analysis of spaces, practices and experiences furthers the understanding of care as an ethics of encounter that moves beyond familial care provision and extends to empathetic relations with unfamiliar others in a western European context. This relocation of care highlights an analytical shift towards culture and its role in making sense of ‘care as a form of relation more broadly implicated in the unfolding of human geographies’ (Conradson, 2003: 452).

Maintaining and sustaining care relations involves work that is informed by local knowledge, culture and values. Power and Kenny’s (2011) study is exemplary, as they observe a renewed focus on diverse ways of relations building from a local perspective understanding under the user experience of family carers with disabled adult children in Ireland. Kearns’s (1998) work substantiates the connections of ethnicity, history and culture in the practice and understanding of ‘care’ by examining health care in a remote region of New Zealand. Thus, the Cultural Landscapes of Care will extend the above discussions and explicitly argue that ethics of care are mutable, arising within encounters across professional, institutional and geographical borders, shaped by the wisdom of local people, their meanings of life and their mundane ways of doing care.

5. Culture as toolkit to situate care ethics

As part of ‘a caring discipline’ that ‘takes the substance of care very seriously’ (Lawson, 2008:2), geographers have made critical analytical contributions to understanding the deinstitutionalization of care, and the role of place and space in the conceptualization of the spatiality of care and its moral dimensions (Power and Hall, 2018; Watson et al., 2007; Boyer 2011). While we highlight the role of culture in the formation of care encounters, we also position culture as an analytical toolkit that allows us to situate care ethics and to contest normative epistemologies of good care. We do so by tracing the cultural roots of caring practices, their historical trajectories, and the local sociocultural negotiation of what counts as good care. We argue that ‘care-full’ geography needs a cultural approach in its analysis through understanding how good care is ‘imagined’ and ‘performed’, and understanding its mutability as it ‘travels’ across different geographical and institutional borders.

Milligan and Wiles’ (2010) engagement with questions of care for and about (also see Fisher and Tronto, 1990) sets forth how changing cultural landscapes impact on the spatialities of care. They argue that care for and care about could be made possible at the same time in relation to distant others, while the practice of proximate caring does not necessarily lead to the notion of care about. More specifically, they discuss a dichotomy in geography of care regarding the relationship between ‘proximity’ and ‘distance’. They maintain that ‘even at a physical distance care can be socially and emotionally proximate’ (2010:736). For instance, increasing geographical mobility has resulted in caring practices taking place at a distance (see Lawson, 2008), in recognition of the transnational contexts within which people live and age (Chambon, Schröer and Schweppe 2012; Horn and Schweppe 2017). Thus, care involves reciprocity and active negotiation among recipients and providers. A cultural lens highlighted in the special issue offers critical interpretations of the tensions and ambivalences in landscapes of care with new conceptual tools, so that we will be able to engage with rising concerns on care ethics within debates on elder care, institutional care for cancer patients and individuals with intellectual disability, and migration and global care markets beyond a disciplinary perspective. Milligan and Wiles specify something critically important about the cultural vectors in care, in that ‘care-givers do not simply do things for people; they also support them with encouragement, personal attention, and communication in ways that endorse a mutual sense of identity and self-worth’ (2010:738). The practices of mutual communication and support are thus understood as a cultural toolkit for good care.

In raising arguments about the character of good care, we are aware of insightful debates between disability studies scholars and feminist care researchers. The former perceive care as a medicalized and paternalistic term, prioritizing the interests of those who provide care, thus overlooking the autonomy and self-determination of those who receive support, namely disabled people. The latter understand care as a responsible way to realize a just society desired as meaningful and yet often undervalued gendered practices that deserve fuller recognition.

For example, Morris (2001) argues that care researchers view disabled people as dependent and unable to exert choice and control. Barnes and Bayliss (2001) suggests that, when applied to disabled people, care is a misleading term, associated with the concepts of ‘protection’ and ‘supervision’. Here, care is synonymously understood as the caring labour for ‘dependent burdens’ (Thomas, 2006:183), or of ‘the incapacitated’ (Unger, 1990:179) that portrays disabled people as ‘powerless’ (Morris, 1997:54), rather than individuals who can exert control over their own lives. While scholars in disability studies are sceptical about the idea of care for its disempowering implications for disabled people, feminist care researchers emphasize the notion of care as a meaningful way to recognize and regain values and professionalism in devalued gendered work (Graham, 1991; Twigg, 2000), leading to potential ethical engagements (Gilligan, 1982; Bowden, 1997), moral challenges to oppressive institutions (Liaschenko, 1993), and reciprocal and empowering interactions for both care-receivers and care providers (Watson et al., 2004). The conceptual tension between disability scholars and feminist care researchers appears to lie in two conflicting perspectives that are seemingly ‘poles apart and fully incompatible with each other’ (Kroger 2009:406).

Nevertheless, scholars such as Kroger (2009) and Rummery and Fine (2012) urge a conceptual reconsideration of how the seemingly incongruent domains of disability studies and care research might be fruitfully joined to make sense of care and justice. In response, Milligan and Power (2009:569) call for the need to understand how ‘[good] care should be delivered within an environment that is most suitable to the care-recipient’s specific needs, but should also take account of the impact on care-givers’. Joining this line of reasoning, this special issue critically deciphers how responsible care relationships and practices are understood, experienced and shaped by ‘where they take place’ (Milligan and Wiles, 2010:738, original emphasis), in that care is realized not only in interpersonal relations but also in people-culture-place interactions. In analysing who cares for whom, how, why and under what circumstances, cultural landscape of care traces the complexities of how responsibilities and ethical engagements involved in care - for those who deliver and receive care – can vary in different places and cultural contexts.

Our approach to cultural landscapes of care maintains that good care is culturally shaped and thus, indeed, circumstantialized through the devalued resources and mediated imaginaries that form the backdrop to routine habits and social worlds (Anderson 2020). A sensitivity to a culturally inflected understanding of place allows us to highlight reciprocity and mutuality as mundane practices of care, rather than ethical demands, and that these are subject to negotiation and mutation. Dyck (2005:235) argues that ‘everyday activities of care work are not simply a local matter’; rather, they are ‘effects of the stretching of social, political and economic relations over space, constructed and negotiated at
interlocking scales of bodies, homes, cities, regions, nations and the global’. Conceiving of the cultural contours of care in this way provides an epistemological imperative for us to think critically about how we approach love, care and solidarity and their meanings as they are (re) shaped by different cultural ideologies and discourses in places across time.

Culture also enables practices of care to modify and to overcome the tensions of good care. Power and Bartlett’s (2019:56) study illustrates the tension between care and support, highlighting the uncertainty of informal care for older adults with learning disabilities from their friends and neighbourhood in the UK. They argue that ‘the lived spaces that people occupy, use and shape in their everyday lives, and the tactics used to make friends and experience care, are important elements in understanding people’s geographies of care.’ What is important is how friendship, family and neighbourhood act as cultural factors that facilitate care. Power and Bartlett are sceptical regarding the term ‘care desert’ and highlight the ‘agency and creativity of individuals to deal with changing levels of formal and informal support in their neighbourhood’ (2019:60).

Our special issue offers papers that ‘draw out’ a cultural landscape of care, in which issues of relationality, affects, emotions, values and materialities are seen as cultural conditions that cross the thresholds, borders and boundaries of localised caring practices (Brownlie and Spandler 2018). The papers in this special issue reveal different orderings and epistemologies of health and wellbeing in order to open the discussion of what care means. Moreover, we demystify common-sense notions, such as healthy ageing (Lin), wellbeing and ideologies of care for people with disability (Chen et al.), and illuminate the cultural specificities of such terms. Separately, the papers in this special issue empirically trace the tensions inherent in notions of care (Takahashi); together, we point to culture as a toolkit within which to situate the ethics of good care, as well as the tensions underpinning the practices (Ivanova).

6. Culture as condition for good care?

We understand that culture facilitates care as a virtue; however, simultaneously, culture as a social ‘norm’ also exerts power. Maria Puig de la Bellacasa (2012) coins her conceptualization of care as a double-edged sword, suggesting ‘to care can feel good; it can also feel awful. It can do good; it can oppress’ (2012: 1). As she points out in her earlier work, interdependency or, we would argue, reciprocity is not ‘a contract but a condition; even a pre-condition’ (2012:198). We have argued throughout this paper that care exists and mutates in our everyday life. Simultaneously, the capacities to care and to be cared for, expressed through togetherness, reciprocity and solidarity are conditioned by cultural expectations and obligations. For example, Sun’s (2012) study on transnational elder care substantiates how care is culturally manifested through the processes of negotiating a family ideology and how it ‘travels’ among Taiwanese migrants in the United States. Sun argues that ‘family members across generations reconstruct “rules of reciprocity” to facilitate the application of ethnic traditions regarding aging and geriatric care in the context of family separation and dislocation’ (1240). Here, practices of ‘doing family’ in culturally inscribed ways act as discursive, practical and political conditions of the experience of care. Duff (2011) has argued, persuasively, that places enabling health, wellbeing and care are actively made through everyday social encounters, rather than discovered as latent qualities within the landscape, and that these enabling places should be understood as material, affective and social ecologies. To this, we would add that we must also differentiate the social resources that compose enabling places with the cultural vectors that act as conditions for caring practices within these landscapes.

Anderson (2020: 611) suggests that lived experience is mediated by infrastructural assemblages that act as conditions for the everyday – these infrastructural assemblages expand ‘what counts as experience to the (non)relations which happen before, after and around the subject, as well as the non or not yet conscious practices and habits that provide the “background” to thought and sense’ – and, we would add, the cultural landscapes of care. Graham (1991:74) maintains that the concept of caring ‘conflates the location and social relations of social reproduction’ and thus other forms of social inequalities within the practice of everyday care appear to be hidden. While she engages critically with feminist research on caring, Graham (1991) highlights how the intersectionality of race, class and gender shape women’s experiences of caring for their families and how the history of colonialism results in the absence of black women in feminist literature on familial care. In her critique of feminist care research regarding black women’s caring experience in the family, she insists that ‘rather than experienced in oppressive ways, caring for partners, children and older relatives can be experienced as a way of resisting racial and class oppression’ (1991:69). Equally of importance, and central to the conceptualization of the special issue, is our critical engagement with the paradox of the cultural complexities of extended reciprocal relations between individuals’ health related issues and broader issues of socio-spatial justice.

Specifically, the cultural landscapes of care highlight moments of simultaneity, thus serving as a framework to make sense of how power is manifested culturally through the everyday encounters of care. Lynch et al. (2021:53) acknowledge that ‘much of life is lived, and injustices are generated, outside the market, formal politics and public culture’. McDowell’s (2004) theorization of ethics of care sheds light onto our approach to the cultural dimensions of care. She argues that the development of mutual obligation and trusting relations associated with care depends on ‘the transformation of gender relations and the introduction of policies to achieve greater equity between men and women in both the public and the private sphere’ (2004:157). Thus, the disruption in relation to ethics of care relies on the complex negotiation of the transformation of gender relations. Of equal importance, there is a need to contemplate a critical engagement with the cultural formation of material equality to understand the infrastructural elements of landscapes of care, and the conditions by which they are enabled.

7. Towards cultural landscapes of care: a global perspective

Central to our agenda in this special issue is to excavate and illuminate the cultural fabrics within different ‘care-ful geographies’, and so to think through the landscapes of care. While highlighting the diversity of landscapes of care, we approach culture as a shifting and transformative factor underpinning place that informs practices and meanings of care. We do so in line with a shift from an institutional understanding of responsibilities of care to more fragmented ways of care that focus on private citizenship and voluntarism (Skinner and Power 2011; Hanlon et al., 2011), thus prompting a critical engagement with neoliberal cultures of individual aleism and its impact on (re) shaping our mundane care practices. Although it is acknowledged that care is built around traditional values, such as familial responsibilities and obligations in many non-western societies (Milligan and Wiles, 2010), our contributors provide thick descriptions of care, and how cultural expectations are entangled simultaneously with old structural inequalities and injustice in new times. We aim to understand how global capitalist restructuring transforms an understanding of care and emerging caring relations (Jenkins 2011). Also, we seek to extend debates on the borders and thresholds of care, through revealing the underlying cultural values that enable us to disentangle the possibilities of relationalities – between individuals and places. Rather than focusing on dichotomised distinctions between the West and the non-West or the Global North and the Global South, our collection captures actions, emotions, feelings and cultural values that may echo those found in other socio-cultural contexts. Thus, our contributors offer insights into hierarchies of knowledge across different geographies and cultural contexts, with particular reflection on the possibilities of ‘porosity’ and ‘relationality’, as ways of re-imagining and developing original insights into the meanings of care.
More specifically, Chen et al.’s study on institutional care for people with intellectual disabilities address the under-examined role of East Asian culture (e.g., Confucian care ethics, the charity paradigm, and the Buddhist compassion) in a relational geography of disability. While highlighting the moral significance of care in approaches to disability, care and place, it illustrates the paradoxical cultural logic of care that entails both dignity and social hierarchies and how attentive and dignified care are culturally enacted in institutionalized and potentially disabling spaces.

Martin and Roe illustrate Maggie’s Centres as places that enable care and hope for people with cancer. Their study illustrates how the Centres afford material, social, and affective resources for their users, and how the Centres and their buildings in the UK and Hong Kong offer examples of the ‘taking place’ of hope. They reflect on the experience of Maggie’s Centres across cultural contexts, the geographical specificity within which visitors discussed their Centres, and how these buildings appear to help their users as they orient themselves towards uncertain futures in hopeful ways.

Takahashi unpacks the interplay among culture, care and identity through an ethnographic study on Japanese migrant women’s translocal care practices in London. She highlights omoi-yari as a cultural value in the negotiation of Japanese migrant women’s everyday social relations and as an analytical lens in making sense of their ongoing negotiations about the boundaries of landscapes of care with intimate others and the mutuality of care through heterogeneous self-identifications.

In a different context, Ivanova highlights the need to re-engage culture in developing a global standpoint of care landscapes. She offers an alternative reading of global care regimes through the conceptual idea of care cultures. Through showing how care works are (re-)imagined by a group of Bulgarian women in Italy, who provide 24/7, live-in care to elderly, often dying patients, she argues for care cultures as an articulation device, which makes ‘a good life and ‘good care’ possible in the context of global neoliberal care markets. The migrant women’s accounts illustrate how place, people, ethics and care practices grow, merge and (mis-)align in attempts to construct and maintain meaningful lives.

Lin’s paper furthers the importance of thinking with ‘culture’ in making sense of older adults’ self-therapeutic landscapes of care. The conceptualization ‘virtuous eating’ through the Buddhist older adults’ vegetarian eating practices serves as a cultural toolkit to make sense of the reciprocity and relationality of care, thus exemplifying three layers of care-full articulation through cultivation, blessing and compassion to mediate the reconfiguration of ethics of care in China.

The special issue brings together researchers whose studies explore the landscapes of care in informal and institutional settings, in intimate and public arenas, and across geographical borders and cultural boundaries. Our research is drawn from a range of qualitative approaches, including ethnography and in-depth interview studies (Chen et al.; Martin and Roe; Lin; Ivanova; Takahashi). The collection offers accounts of how (good) care takes place in a variety of settings, moving from studies of front-line care within institutional settings (Chen et al.; Martin and Roe) to caring practices within local communities (Lin; Takahashi). Our contributors observe care as cultural practices that change and disrupt the boundaries between public and private spaces with paradoxical potentials (Ivanova, Chen et al.). Yet our papers also trace how such intimate interactions relate to much wider cultural narratives, brokered through a sense of identities and belongings (Takahashi; Lin; Ivanova). Our contributors track understandings of care as they travel across borders, whether following care organisations (Martin and Roe) or individuals (Ivanova; Takahashi), as they move from one place to another. The papers illuminate where emergent practices are in tension with established understandings of care (Martin and Roe; Chen et al.) and informal settings (Lin; Takahashi; Ivanova). Such varied geographies indicate both the mutuality and mutuality of contemporary cultural landscapes of care, and help us to position culture as a key condition of care-ful geographies.

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