

CARE, COSMOPOLITANISM AND ANTHROPOLOGY

Chrystal Jaye,¹ Ruth Fitzgerald² & Molly George³

ABSTRACT

Cosmopolitanism speaks to pan-nationalist and pan-human experience. How can this be reconciled with the lived political economies of care across the formal and informal sectors? How do the critical and interpretive medical anthropological commitments to cultural critique and social justice articulate with cosmopolitanism? We examine these thematics through the contributions of Australian and New Zealand anthropologists. In both countries, paid and unpaid care work occurs within a neoliberal capitalist economy characterised by growing inequity between wealthiest and poorest citizens, privileging of autonomy and individualism over collectivist regimes of social organisation and resource allocation, transfer of assets and capital from the public to the private sector, and a significant shift in the balance of power toward employers in the labour marketplace. Each article illustrates the ways in which disability and care are constructed and contested, and the degree to which care exemplifies cosmopolitanism.

Keywords: cosmopolitanism; anthropology; care

INTRODUCTION

The idea for this collection arose from a panel on the anthropology of care at a combined Australian and New Zealand (AAS and ASAA/NZ) annual anthropology conference in New Zealand themed ‘cosmopolitan anthropologies’ in November 2014. What can the study of care contribute to cosmopolitan anthropology? Care is a topic increasingly attracting the attention of anthropologists around the globe. In New Zealand and Australia, as elsewhere in developed and developing countries, the population is aging, provoking social debate and economic panic around how the care required by this increasingly disproportionate and frail group will be resourced and who will provide it. Similar debates are also occurring around who should be responsible for the

provision of care to those of all ages with functional and cognitive disabilities. Within the previous seventy years, that is one lifetime, the normative values underlying care practices in New Zealand, Australia and other western nations have radically altered so that care of older people within residential facilities has become increasingly acceptable (particularly for the dominant majority populations) as an alternative for family provided care. During this period, children born with significant cognitive and functional deficits have moved from being subject to widespread albeit closeted infanticide practices within obstetric wards (Jonsen 1998, 244–252), to institutional care, and back to community and family care. These and other examples such as social debate around our responsibilities toward those in persistent vegetative states illustrate contemporary ambiguities and tensions around socio-political concepts of burden, and the increasing imperative of ethical discourses of individual and human rights (Jonsen 1998; Kluge 2012). Through the viewfinder of cosmopolitanism, the topic of care affords multiple and diverse illustrations and analyses of the articulation between local and global processes, as well as new forms of identity, connection and relationality (Kuper 1994; Lamb 2009; Rapport 2012; Werbner 2012; Wessendorf 2014a).

Carework involves modes of being and doing that are as old as humanity itself and are arguably central tenets of cosmopolitan ideals: compassion, attentiveness and responsiveness. The capacity to care for others can transcend politics of identity and difference. On the other hand carework, both paid and unpaid, highlights societal and cultural points of tensions and inequalities. For example, the gendered politics of carework has been well documented. The primary responsibility of unpaid care work for family and household members is still borne by women (Kittay 1999; Weylon *et al.* 2013). Similarly, in the paid care sector, justifications of the low wages paid to careworkers use gendered rationales: paid carework is, by definition unskilled, because it is an extension of the unpaid carework predominantly performed by women within the household (and only recently being redressed through employment tribunals in New Zealand (NZ Council of Trade Unions 2017)). In New Zealand, Australia and other western nations, the formal care sector represents an exemplar of cosmopolitanisation as global multinational corporations establish chains of residential facilities for the aged, and where there is increasing reliance on female immigrant workers who themselves create informal global care chains for intrafamilial caregiving (Hochschild 2000).

The work of caring, both paid and unpaid, occurs within and is influenced by particular political and economic regimes. Care as a cosmopolitanism must be considered within its political economic contexts – making it a rooted or

grounded style of cosmopolitanism (Werbner 2008). In New Zealand, the previous two decades have seen welfarist health policies give way to neoliberal health policies, with a corresponding rephrasing of societal, community and familial obligations and responsibilities toward those who require care (Kelsey 2015; Lawn and Prentice 2015). In New Zealand and Australia, as in other countries, numerous discourses vie for legitimacy in the political and societal arenas. The everyday experiences of those who provide care and those who receive it in both the paid and unpaid care sector are juxtaposed against policies that are developed at a macro level and implemented within institutional contexts.

CARE AND CARING

What does it mean to care? We turned to the Oxford English Dictionary (OED) in order to find a definitive description of care that would serve as a starting point. The attraction of the OED is that it offers contextual definitions with historically documented illustrations of the ways in which words have been used. In the first listed definition of the online edition of the OED, care is defined as a burden evoking anxiety, sorrow, grief, and trouble on the part of the carer. In a more positive light, care can also indicate regard of, or for an object or a person. Further down the OED list of definitions, care is defined as having guardian type oversight with an obligation to protect, preserve and guide, while even further down the list, care is finally defined as ‘to look after’. Personal reflection suggests that the task of caring for children, family, other kin, and pets typically involves all these definitions through the vicissitudes of household daily life. Caring is defined by the OED as involving qualities of compassion and concern with reference to professional social work, care of the sick or elderly. There is reference to the caring professions, and caring societies.

Turning to the OED’s definition of those who provide care for others, a ‘carer’ is defined simply as one who cares, and also as one whose occupation is the care of the sick, aged, disabled et cetera with reference to the home as the context of such care. In a similar vein, a caregiver is defined as a person who looks after a disabled or elderly person, or an invalid. This definition also refers to parents, foster-parents, and social services professionals, who provide care for an infant or child. Another entry suggests that caregiving is ‘characterised by attention to the needs of others, especially those unable to look after themselves adequately’ with reference to ‘those professionally involved in the provision of health or social care’. So, from a definitional perspective, *care* has both positive and negative connotations primarily from the perspectives of those from whom care is extracted, while *caring* refers to looking after those unable to look after themselves either as unpaid or paid work, within or outside the home. Notably,

the 'self-care' that marks the responsabilised citizen in many contemporary democracies is absent.

It seems a truism to state that care is fundamental to human social institutions and disciplines. Care practices lie at the core of the family, our most basic social institution and underpin our education and health systems. Care is essential to grow infants up to adulthood, and teach them how to successfully participate in their communities. The withholding of care results in failure to thrive, while abundance of care enables those cared for to flourish. The capacity to care lies at the heart of humanity, evidence from early hominids being used to illustrate the development of empathy and compassion as defining characteristics of homo sapiens (Walker and Shipman 1996). This speaks to an ontological dimension of care as a universal pan-human toolkit comprising emotional components of empathy, compassion, sympathy, and a set of practices encompassing the provision of the necessities for survival (food, shelter and so on), as well as comfort, tending and healing.

Kleinman (2008) commented that caregiving is frequently described by economists in terms of 'burden', by psychologists in terms of 'coping', by health service researchers in terms of social resources and health-care costs, and by physicians in terms of clinical skill. Such descriptions are notable for the way in which they obscure humanity and compassion. Kleinman (2008) suggested that for the medical humanities and interpretive social sciences, caregiving represents a foundational moral practice that constitutes an existential quality of what it is to be human. It is at the same time a practice of empathic imagination, witnessing, solidarity and responsibility with those in great need. Engster (2005) suggests that caring includes 'everything we do directly to help others to meet their basic needs, develop or sustain their basic capabilities, and alleviate or avoid pain or suffering, in an attentive, responsive and respectful manner'. For Hochschild (1995, 333), care refers to the emotional bond between care recipient and caregiver, in which the caregiver feels responsible for the other's wellbeing. Care *of* the person implies care *about* the person.

Care is always contextual, so that it carries distinct ethical and moral connotations depending on who is being cared for. In the case of one's own children, the provision of care is assumed to be both instinctive and therefore natural, as well as obligatory (NZ Crimes Act 1961). Caregiving for someone who is not related such as providing foster care for the State, carries a different set of interpretations because it cannot be viewed as instinctive or obligatory. It therefore becomes admirable when viewed from the bureaucracy of a settler society (Cattin 2017; Ministry for Children 2018) while understood as a com-

mon everyday practice in many indigenous communities, as in the process of *whāngai* within Maoridom and *hānai* in Hawaii. Paid caregiving for the older relatives of other people, or unrelated children with learning disabilities and cognitive deficits, also relies on naturalistic assumptions, particularly those that link care skills and female gender.

Beyond the largely invisible sphere of the household and family, are the caring professions. Care is theorised within biomedicine in terms of bioethics, evidence and best practice; a counter discourse is that of person-centred care from the field of family practice that reminds doctors that the basic endeavour of biomedicine is to care for their patient as a person enmeshed in family and community (McWhinney 1989; Wilson and Cunningham 2013). The critical medical anthropology that emerged from the United States during the 1980–90s offered critiques of modern biomedicine’s disease-centred approach that often compounded patients’ suffering (Good 1994; Lock and Gordon 1988). At the same time, from within biomedicine, Cassell (1991) and Kleinman (1988) cautioned that the goals of medicine are about alleviating suffering, and more recently Gawande (2014) has noted that the purpose of medicine and its associated humanitarian compassion is the foundation of healing. In contrast, nursing has a well-defined literature on theories of care as a professional attribute, (see for example, Cook and Peden 2017; Swanson 1991; Watson 1997, 2009) both claiming it and rejecting it.

Feminist scholars have also greatly deepened our understanding of the analytic of care politics and ethics. This includes a commitment to outing the care labour that occurs within the household so that it can be recognised in the first instance and analysed in the second instance. Gilligan (1993) was the first to critique psychological developmental models that privileged male experience as normative, arguing that the care ethic and relational orientation typical of women illustrated a moral orientation that is a product of gendered societal norms but is no less economically or politically legitimate. Kittay’s (1999, 2002) work has been enormously influential in illustrating the interdependence of human relationships and developing the philosophy of care ethics which is rooted in experiential relationalities rather than theoretical rationalities (represented by deontological, utilitarian and principlist ethical theories). In other words, care and dependency are deeply entwined in everyday experiences and relationships and therefore represent the core of moral philosophy.

At the macro level the dominant political economy shapes care relations. Who should care? And what form should care take? The social democracies of the 1950s and 60s in Australia and New Zealand saw the State assume care for its

population through 'cradle to grave' welfarist policies that included unemployment and retirement pensions, widows' and sole parent pensions. The swing from the late 1980s to a neoliberal political economy has seen welfarist and collectivist policies give way to meritocratic policies that emphasis individual responsibility for one's own welfare and that of one's relatives. These policies have also seen welfare targeting and rationing, over universal citizen's rights to welfare. These include limiting access to child support for eligible families and greater accountability by those on welfare pensions. Bourdieu (1998) suggests there is a huge disconnect between the economic theories of neoliberalism and the lived political economy of individuals living and working within neoliberal regimes. In New Zealand, as elsewhere public goods such as power, telecommunications, healthcare, welfare, social security, education, prisons are all assets ripe for privatisation. Privatisation in the power and telecommunications sector has seen the increasing cost of basic public goods contribute to increasing rates of impoverishment. In New Zealand, the cost of housing has escalated in the previous two decades. Many social problems have been relegated to the personal realm as the responsibility of family and community: this includes poverty, family violence, unemployment, poor literacy, adolescent pregnancy, delinquency and the list could go on (Harvey 2005). What impact has this shift in political economy had on care? Hochschild (1995) argues that the United States and many western countries including New Zealand are experiencing a care deficit, in that while social trends, notably mothers in paid employment, have reduced caring time available to parents within the home, neoliberal regimes are contracting the supply of available care through more stringent criteria for State assistance, and the necessity for both parents to work in paid employment outside the home. She uses the example of a working couple who have children. With both parents (particularly the mother) working in paid employment, there is less time available to them to perform caring in terms of childcare and the household chores that accompany childcare (laundry, supervising homework, preparing meals and so on). Unlike previous generations, the current cohort of grandmothers are also likely to be in paid employment and unavailable to fill this care deficit. While households with high incomes are able to purchase domestic labour to compensate for their own domestic time poverty, this is beyond the means of those on average and low incomes. At the same time, neoliberal governments have tended to curtail welfare support for the unemployed and sole parents. This problem is exacerbated in the case of single parents, mostly women who must work, but cannot rely upon State support to assist with the costs of childcare while they work.

Care as a deeply moral enterprise represents a field of contested and competing discourses. Kleinman (2009, 2013) writes of his experiences of caring for his

wife with Alzheimer's disease, arguing that medical students must learn that caregiving is fundamental to the task of medicine and health care provision. The message from the neoliberal State is that care of those with disabilities, the very young and very old is a responsibility that primarily resides with the family. Advocates of care ethics (Gilligan 1993; Held 2005; Kittay 1999) argue that moral decisions are always contextual, rooted in the relationship between persons requiring care, and those providing care. Reminiscent of Buber's (1971) I-Thou bond, humanity itself is to be found within these relationships of interdependence. For these theorists, care ethics should form the basis of societal moral codes and inform social policies. According to Kittay (1999), a caring social policy should be able to provide conditions that allow citizens to receive the care they require not only to survive, but to thrive. The obvious foundation for social policy should be care ethics which is grounded in a social ontology of connectedness, mutuality and trust (Lawson 2007).

Anthropologists have always been interested in care and there are many ethnographies that describe care and carework. For example, Mead's (1963) work on the attitudes to child rearing within two cultural groups in Papua New Guinea showed that childrearing and care practices are influenced by cultural and social environments, while Hochschild (1979) introduced the concept of emotional labour to anthropology. Scheper-Hughes (1993) wrote about the darker side of maternal care in her examination of children's deaths in a Brazilian shantytown. Yet only relatively recently has the anthropology of care emerged as a distinct field (Alber and Drotbohm 2015; Buch 2015). Anthropological and sociological work on care has produced ethnographic analyses of care in specific settings – such as aged residential care (Diamond 1992; Gubrium 1997), while Landsman (2009) described the adjustment that mothers of children with disabilities must make as they care for their children. Medical anthropology, particularly in its critical and critical interpretive variants, has a strong commitment to social justice (see for example, (Farmer 2004; Farmer and Kleinman 2013; Scheper-Hughes 1994; Scheper-Hughes and Lock 1991; Singer and Baer 1995). Medical anthropologists have a tradition of examining the experiences of ordinary people and their everyday lives within the contexts of the political economies that shape their experiences (such as Ong 1988), and exploring the social suffering that results from capitalism, globalisation and neoliberalism (see for example, Kleinman, Das, and Lock 1997). From a critical and interpretive medical anthropological perspective, the arena of care encompasses inquiry into phenomenology and lived experiences, political economy, ethics, social injustice and inequity across macro, meso and micro levels of focus. It is easy to read cosmopolitanisation and cosmopolitanism into these analyses.

COSMOPOLITISMS, ANTHROPOLOGIES AND CARE

We turn now to cosmopolitanism, a concept that provides scholars with an infamously dynamic and fluid concept that has already given rise to a bewildering array of literature across many disciplines (see Beck and Sznaider (2006a) and Skrbis and Woodward (2013) for sensible summaries of the ways in which the idea of cosmopolitanism has been used). There are now so many textbooks on this topic (see, for example, Appiah 2006; Brown and Held 2010; Delanty 2012b; Rovisco 2016; Skrbis and Woodward 2013; Vertovec and Cohen 2003) including many articles detailing the intellectual genealogy of the concept (such as Fine and Cohen 2002) that students of the subject are spoiled for choice. Amidst the plethora of cosmopolitanisms, there seems to be general consensus that there is evidence for the concept of the cosmopolitan in the time of the Stoics (during the fourth century BC), and again in the Enlightenment period as evidenced in the work of Kant (during the eighteenth century AD) (Fine and Cohen 2002), and that it is an ideological construct comprising a ‘large, ancient, rich and controversial set of political ideas, philosophies and ideologies’ (Beck 2002, 25).

The meaning and utility of the term itself is contested (Beck and Sznaider 2006b). Despite its frequent legitimation through historical references to the ancient Greeks, cosmopolitanism as a concept is socially constructed (Berg 2010, 438), and therefore any dialogue about cosmopolitanism is necessarily a domain of contested discourses. Cosmopolitanism has been critiqued for its reference to naïve visions of liberal universalism and cultural assimilation (Hall 2002). Some authors have suggested that cosmopolitanism is a culture bound western universalising theoretic (Delanty 2012a; Skrbis and Woodward 2013, 13–21), a typical cosmopolitan being male, elite and western (Berg 2010); the stereotypical globe-trotting elite businessman. Others have suggested that the discourses of cosmopolitanism can even be dangerous, ignoring persistent social inequalities and failing to account for the growth of fundamentalism and exclusionary nationalism (Glick Schiller 2014; Valentine 2008). In the era of Brexit and Trump’s United States presidential campaign, both with strong anti-immigration rhetoric, questioning the relevance of cosmopolitanism is fair: is it ‘dead dogma’ (Rapport 2012, 10)? However, anthropologists have recently been exploring spaces of cultural complexity where difference and intercultural co-habitation are negotiated in everyday lives. Rapport (2012, 41) observed that anthropological engagement with cosmopolitanism has resulted in the elucidation of many cosmopolitanisms from a variety of perspectives, and these are always historically and spatially positioned. Approaching cosmopolitanism ethnographically, anthropologists have identified forms of ‘vernacular cosmopolitanism’ (Werbner 2012, 154) such as residents of the super-diverse Hackney,

London who experience diversity as an everyday commonality and employ an 'ethos of mixing' (Wessendorf 2014b), members of a Brooklyn body building gym (Sherman 2009), market stall holders in suburban Sydney (Williamson 2016), and migrant workers on a building site in the Gulf (Werbner 2006). A recent Special Issue of *SITES* (George, Fitzgerald, and Jaye 2016) showcased Australian and New Zealand anthropological research into a variety of cosmopolitan theoretics. These included cosplay (Langsford 2016), multiculturalism in New Zealand urban settings (George 2016) and a Sydney suburb (Williamson 2016), romantic relationships conducted across national boundaries (McKenzie 2016), cyber-racism in Australia (Connolly 2016), inequity and social injustice (Lewis 2016; Robertson 2016), and biological cosmopolitanism (Herbst 2016).

Cosmopolitanism has a clear articulation with globalisation. Globalisation, through flows of material goods, people, ideas, information and practices as a result of trade and conflict has facilitated connections between continents, nations and societies. Biomedicine is an exemplar of this process. Medical anthropologists have shown how biomedicine articulates with local medical praxes (Baer, Singer, and Susser 2013; Farmer and Kleinman 2013), resulting in hybridised medical and health praxes and local biologies that bear resemblance to Werbner's (2012) vernacular cosmopolitanisms in their expression of local and global processes (Guarnaccia 1993; Lock 1997). Similarly, pharmaceuticals as an artefact of biomedicine exemplify globalisation through multinational corporate activity and worldwide flows of knowledge, resources and capital, and global patterns of production and consumption (Petryna, Lakoff, and Kleinman 2006).

Processes of globalisation, and the ease at which national, cultural and societal boundaries are transcended with the assistance of the internet, has stimulated new forms of relationality and allegiance. It is possible for someone in New Zealand or Australia to become a member of a self-help group for multiple sclerosis in the United States, a careworkers' forum in Britain, or an environmentalist protection group in the Himalayas, and participate remotely in activities occurring in far distant localities and polities. It is also possible for anyone to become a member of a global organisation with multiple local sites of activity such as 'Save the Children'. But what is occurring at these intersections and articulations? Vertovec and Cohen (2002, 14) note that it is now possible to participate in many worlds without becoming a part of them. Simple co-presence, virtually or even physically, certainly does not automatically translate to 'cosmopolitan consciousness' or intentional openness and engagement with the Other (Nowicka and Rovisco 2009; Skrbis and Woodward 2013; Valentine 2008). Furthermore, cosmopolitanism frequently provokes anxiety among an-

thropologists because of the discipline's suspicion of universalising thematics and analytics epitomised by the structural functionalism of Durkheim (1995) and the structuralism of Lévi-Strauss (1974).

However, by reading cosmopolitanism back into classical anthropological ethnographies on cultural groups such as the Nuer and Trobriand Islanders, it is possible to argue that anthropology as a discipline is inherently cosmopolitan. This is because, Werbner (2012) argues, anthropologists have always been interested in 'intercultural interactions across permeable, blurred or situationally marked social boundaries' (p.159). In a similar vein, Wardle (2010, 383) suggested that there have always been elements of cosmopolitanism evident in anthropological fieldwork and theoretical work; such as an attitude of openness and tolerance, willingness to engage with and immerse oneself in culturally diverse societies and communities. However, Berg (2010, 434) suggests that while Kuper in 1994 argued the need for an outward looking cosmopolitan anthropology, what has instead occurred is a growth in anthropological studies of cosmopolitanism (also see Wardle 2010).

Reflection on anthropological methodologies, particularly ethnography, during the 1980s and 90s and the rise of critical anthropology (see, for example, Abu-Lughod 1993; Geertz 1973; Marcus and Fischer 1999; Rabinow 1977) has seen anthropologists become more responsive to those they study, and ethically engaged in the field (see, for example, the recent volume by Venkateswar and Andersen (2018)). Werbner (2012, 162) suggests that this increasingly collaborative orientation toward those being studied has fostered an increasingly cosmopolitan orientation through the scholarly practice of dialogue with the interdisciplinary community of scholars and critical debate. Furthermore, Werbner (2008) points out that anthropologists rely on the hospitality and welcome of those they study; it is then these cosmopolitan hosts who enable this cosmopolitan dialogue in the first place. We see a direct parallel with the care literature here in Stivens' (2018) caution about the deeply gendered nature of the acts of hospitality that underpin such cosmopolitan welcomes. Cosmopolitanism irritates anthropological tensions around relativism, particularism and universalism. Wardle (2010, 383) suggests that the critical potential of ethnography will be the casualty of a cosmopolitan anthropology that invokes universal humanity and community. Berg (2010, 434) reiterates need for anthropology to continue to engage in critical reflection of its own shortcomings.

A cosmopolitan anthropology needs to take as its subject of enquiry those processes through which the intellectual trajectory of cosmopolitanism as a notion is shaped and moulded. It needs to ask how and where cosmopolitan

spaces are created and produced; who has access to them and whose voices are excluded; and finally how and what makes it possible and attractive to whom to identify with and engage in cosmopolitan practices. (Berg 2010, 438)

Both Appiah (2006, 134) and Rapport (2012) offer a way to resolve tensions between universalism and relativism in anthropological cosmopolitan theorising. Appiah (2006, 134–135) argues that cosmopolitanism ‘starts with what is human in humanity’, while Rapport (2012) argues that humanity is reflected within the human individual. In which case, how should diversity be accounted for? Cosmopolitanism encourages an orientation to what connects humans despite their differences across a globalised world (Appiah 2006, 135). What is certain is that anthropologists have discovered that cosmopolitanism’s fluidity and plasticity adds value to their theoretical toolkit, and is refracting their anthropological imaginations in novel directions (Delanty 2006, 27; Gay y Blasco 2010). In a similar manner the care literature offers care as an analytic not only for situated studies of the complexities of care in practice but inwardly as aspects of academic practice and ethics to follow in the works that anthropologists create. Puig de la Bellacasa (2012) suggests that thinking and knowing are relational practices that engage across lines of difference and privilege and so can be understood as yet another form of care work. Her writing can also be read as an aspiration towards a shared understanding in the creation of our academic texts that links very well to ideas of the caring cosmopolitan. Her *techne* of academic care involves the richness and thick description of ‘thinking-with’, the refusal to turn away from hybridity and heterogeneity in ‘dissenting-within’, and a continual recognition of complex and shifting perils of ‘thinking-for’ from various standpoint positions.

WHAT DOES THIS COLLECTION ADD?

The contributors to this Special Section all offer a unique and antipodean perspective on cosmopolitanism, care and anthropology, while demonstrating caregiving as an exemplar of cosmopolitanism. They also illustrate the diversity of medical anthropological perspectives on cosmopolitanism. The starting points in each article differ but all are oriented around the principle of care as a window into the complexity of cosmopolitanism. Keeling offers a comprehensive account of research to date on informal carework in the New Zealand context. Hale and Jaye examine the historical evidence for the care of older people in seventeenth and eighteenth century England and early nineteenth century United States. Jackson draws attention to the diversity of corporeal and phenomenological human experiences using his own experience as a parent of an atypical child as an exemplar. Wardell examines the articulation of local

identity and global community within a small Christian organisation in Uganda. Jowsey explores the ways in which their engagement with the health system fosters cosmopolitan competencies among patients, carers, health practitioners and clinical students in the Australian and New Zealand contexts. Finally, Jaye explores the aged residential care sector as a moral economy that reveals processes of cosmopolitanisation.

Within the extant literature on cosmopolitanism, many typologies of cosmopolitanism have been offered (see, for example, Delanty 2012a; Skrbis and Woodward 2013; Szerszynski and Urry 2006; Wardle 2010). Here we focus on several key thematics that are relevant to this volume.

Ontological: There is a strong existential basis to cosmopolitanism that revolves around the question of what it is to be human and what obligations we have towards strangers (Josephides 2010; Vertovec and Cohen 2002). This thematic is problematic for anthropologists, coming back to the tension between universalism and particularism. It is an important thematic with regards to care and care ethics. For Appiah (2006, 151) the idea that we have obligations to others is one of two primary aspects to cosmopolitanism, balanced against the understanding that people are not all the same, and difference must be accounted for. In this collection, each contribution addresses the often uneasy tension between universality and particularism in cosmopolitanist theory. Hale and Jaye note that there is prehistoric and historical evidence suggesting the continuous and widespread practice of caregiving in human societies. Jackson and Keeling both draw attention to the way that caregiving and receiving care can be found hiding in plain sight within every community. Does this indicate that care is a universal characteristic of humanity? Does it illustrate that humanity can be characterised by our willingness to care for others? To what degree is the capacity to care a signifier of compassion at a species level, and/or socially and culturally constructed? Contributors illustrate the 'glocal' and vernacular cosmopolitanisms (Werbner 2006) in which carers participate during the course of everyday life. Jowsey, for example, shows that health practitioners bridge international knowledge and local patients and clients, acting as cultural brokers between professional and lay spheres in the health system, while Jackson challenges the normative ontologies of able-bodied and typical humans.

Moral: The ontological aspects of cosmopolitanism give rise to issues of justice and ethics (Delanty 2012a) that underpin many forms of identity that transcend national boundaries, such as participation in international activist and environmental groups, and also underpin care. The focus on the moral and ethical thematic highlights tensions in the cosmopolitan focus. Szerszynski and Urry

(2002), for example, reported that Blackpool participants in a series of focus groups on several aspects of cosmopolitanism found it harder to extend their moral groundedness in their local communities to the larger and more abstract global community, and similarly compassion was strongly particularistic in the first instance. People felt numbed by the moral demands made on them from around the world. According to Wardle (2010), cosmopolitanism should represent a moral goal for the anthropologist; perhaps a means of overcoming the tensions between universalism and relativism in explaining human experiences. Contributors to this issue leave no doubt that both the giving and receiving of care are moral acts that exemplify a cosmopolitan moral agenda. Both informal and formal caregiving activities can have intrinsic value to the caregiver over and above recompense and familial obligation. Jaye, for example, illustrates the moral capital that accrues to competent vocational caregivers in the aged care sector, while Wardell shows that the moral identity of youth workers in Kampala is based in part on the application of their Christian values. Caregiving for kin was imbued with womanly moral virtue in colonial North America. Hale and Jaye note the establishment of societal and community support for older individuals with no care support available to them in colonial North America and seventeenth and eighteenth century England, often in alignment with Christian values of providing alms. While Keeling notes that informal carers in familial roles do not always identify as caregivers, Jackson illustrates how the moral values associated with caregiving can provide a common ground for members of online global caregiving communities. Hale and Jaye, Jowsey, and Jackson all draw attention to the moral activism that caregiving experiences can nurture. Modern communications and technology play a role in connecting caregivers around the world and constructing caregiver identities.

Openness: Rather than comprising a distinct category, this is perhaps a facet of the moral thematic described above. Openness has been described as the ethical grounding of cosmopolitanism (Werbner 2012). At a macro level, this can refer to the collapsing of boundaries across polities and nation states (Grande 2006), at a personal level such openness is typified by tolerance, inclusiveness, hospitality, personal autonomy and emancipation (Werbner 2012). Woodward, Skrbis, and Bean (2008, 4) say that while the notion of cosmopolitan openness is still too vague and diffuse to have any real analytic value, Bourdieu's habitus offers a means of understanding the 'disposition' that enables some individuals to exhibit cosmopolitan sets of behaviours. A key component of openness is the relation of self to others (Wardle 2010, 383), and Delanty (2006, 27) suggests that a cosmopolitan imagination 'occurs when and wherever new relations between self, other and world develop in moments of openness.' As noted by Wardle (2010), this orientation has long been a key component of anthropo-

logical fieldwork, and openness is arguably the foundation of compassion and care relationships. An authentic willingness to care requires that one is open to others. As Hale and Jaye, Jackson, Jowsey, and Keeling in this volume illustrate, informal carework is often enmeshed in interdependence and kin relationships, rendering it invisible and taken-for-granted within familial networks of obligation. The degree to which formal carework can be considered cosmopolitan can be somewhat obscured by remuneration transactions around carework, yet as both Jaye and Wardell show, formal and organisational carework requires a skillset that also includes cosmopolitan openness. Similarly, both Jackson and Jowsey show the support offered to caregivers by one another through online support groups that link strangers around the world reveals openness to the experiences of others to be a key competency in the cosmopolitan careworkers' toolkit.

Political: This thematic broadly encompasses the articulation of global and local political economies (Beck and Sznaider 2006b; Vertovec and Cohen 2002). Beck (2010) identifies a political economy of uncertainty accompanying the second age of modernity that he describes as cosmopolitanism, reminding us that while 'capital is global, work is local' (p.223). Larger global issues arise from the awareness of the particular and local inequities suffered by the least affluent portion of populations in every society (Beck 2010, 226). This is certainly true of the aged sector which is increasingly characterised by global multinational corporations with capital flowing around the world, that at the same time operate within specific cultural and societal contexts; adhering to national regulations and employing immigrant labour to look after local old people. An examination of these local political economies illustrates the fragile conditions of employment that are a characteristic of technologically advanced capitalism (Beck 2010). Associated with this is the breakdown of the welfare state and with it the 'normal' biography of the western worker (p.224). For example, many of those employed in the care sector are employed on minimum wages and casual contracts that deny them the benefits of regular illness leave and holidays that the 'skilled' labour sectors enjoy. If cosmopolitanism is also characterised by new identities and new frameworks for alliances among local and global social movements as Beck (2010) and Hall (2002, 25) suggest, why have we not seen careworkers mobilise either within nations or at an international level? Contributors to this collection all note that the extent to which care (particularly unpaid and/or informal care) hides in plain sight obscures its social and political value. This is not unrelated to the relative lack of social and political value of those being cared for – recipients of care are often constructed as unproductive within capitalist political economies. Political economic ideologies construct care, and the identities of those who give and receive care, in certain

ways. The moral economy of neoliberalism is the backdrop for Jaye's essay on care within aged residential care facilities in New Zealand, and for Wardell's article on youth work in Kampala. Similarly, justice is a strong theme through all contributions, underpinning cosmopolitan ideals of equity and humanity. Like previous research (Beck 2012; Werbner 2008), this analysis emerges out of a focus on the articulation or interface between the local, national and global. Wardell situates the local faith-based organisation within the broader global community of Christianity, Jaye situates the aged residential care institution within the broader aged care sector at national and international levels, Jackson and Jowsey both situate the experiences of the caregiver/recipient dyad within the broader context of ableism and disability activism in the former, and the health system and medicine as a form of globalisation in the latter.

Methodological: According to this thematic, cosmopolitan orientations represent a set of multicultural competencies, practices and behaviours that enable cosmopolitans to adapt to local conditions wherever they land (so to speak) (Skrbis and Woodward 2013, chapter two; Vertovec and Cohen 2002; Woodward, Skrbis, and Bean 2008). In New Zealand and Australia, the expectation that young adults will broaden their horizons through extended overseas travel (the 'big Overseas Experience') has fostered pride in cultural adaptability and travelling competencies. Szerszynski and Urry (2002, 478) suggested that while we say that the world has shrunk as a consequence of global communication and travel, television, and the internet, not enough attention has been paid to the ways in which this articulates with, and is 'refracted by', local, ethnic and gender practices. Focussing on the situated individual rather than the individual as a universal or global citizen (Gay y Blasco 2010) facilitates analysis of the cosmopolitan toolkit and the ways in which individuals experience cosmopolitanism. Beck and Sznaider (2006b) acknowledge that there are many lived forms of cosmopolitanism that are unintended and unwillingly suffered, similar to Hannerz's (2004) reference to those who experience or develop cosmopolitan abilities reluctantly. Beck (2007; Beck and Grande 2010) suggests that a methodological cosmopolitanism perspective allows a critique of the political nationalist apparatus that facilitates growing social inequities by opening up the blind spots of a nationalist focus for critical commentary. The implicit message is that while a nationalist focus makes inequities and human rights issues in other nation-states someone else's problem, a cosmopolitan perspective makes them our problem. Unorthodox sources, and innovative techniques sit alongside more customary anthropological methodologies in the contributions to this Special Section. What constitutes data for the cosmopolitan anthropologist? Following Rapport's (2012) lead, to what extent can one individual's experiences possibly represent that of a community, a society, or

a species? Wardell's ethnography sits alongside more personal accounts such as Jackson's experiences as a parent of an atypical child. Others, such as Jaye, Jowsey and Keeling draw upon several primary sources of data, while Hale and Jaye rely upon a combination of readily available secondary sources. Contributors illustrate the social construction of the cosmopolitan subject through the giving and/or receiving of care, whether a resident in an aged care facility (Jaye), a participant in the formal health system (Jowsey), a Christian youth worker (Wardell), a provider of informal care for a spouse or family member (Jackson, Keeling), or through political activism (Hale and Jaye, Jackson).

The above thematics connote a strong moral imperative for imagining (Delanty 2012a) and working towards what Beck and Grande (2010, 418) refer to as global interconnectedness. Bearing in mind that Beck and Grande's cosmopolitanism of the future is a response to the environmental threats and population growth facing humanity, they suggest that a cosmopolitan imaginary encompasses optimistic norms such as global justice, resolving child poverty and environmental degradation. Our collection adds care ethics to such a cosmopolitan imaginary, illustrating both vernacular cosmopolitanisms of caregiving in play, and a humanity that is reflected within human dyads of caregiver and care recipient.

CONCLUSION

According to Skrbis and Woodward (2013, ix) we ought to continue to look for the manifestations and possibilities of cosmopolitanism in small situations, such as in the quotidian occurrences of ordinary people. Returning to Beck (2002, 19), there is no cosmopolitanism without localism. Such an imperative resonates with the medical anthropological theoretic examining the articulation of the local and the global, individual and society, universal and particular, and of course, cultural relativism. The juxtaposition or articulation of these perspectives offers new avenues for the exploration and critique of several key problematics in medical anthropology. These include the ways in which care and care practices are constructed and embodied, the articulation of national policies with local practices, the articulation of the formal and informal care sectors, exploration of lived political economies of care, and competing and contested discourses of care and care ethics.

NOTES

- 1 Chrystal Jaye is an Associate Professor in the Department of General Practice and Rural Health. She is a medical anthropologist whose research is highly eclectic, multi- and transdisciplinary. She has conducted research across the fields

of medical anthropology and sociology, public health, medical education, and general practice. Her current research interests include communities of clinical practice and teamwork in healthcare settings, medical education, moral economy, and studies in aged care.

Email: chrystal.jaye@otago.ac.nz.

- 2 Ruth Fitzgerald is a medical anthropologist and works as Professor within the Department of Anthropology at the University of Otago where she teaches in the undergraduate and post graduate programmes. She was recently awarded the Te Rangī Hiroa Medal for medical anthropology by the Royal Society of New Zealand and is Chair of Sites Editorial Board and Australasian Editor for the journal *Teaching Anthropology*. Her research interests include moral reasoning around human reproductive decision-making, ideologies of health and embodiment, oral health and the cultural meanings of new biomedical technologies. She publishes in a variety of journals including *Human Reproduction*, *Medical Anthropology Quarterly*, *Medical Anthropology*, *Sociology of Health and Illness*, *Sites*, *Cultural Anthropology*, *New Genetics and Society* and *Social Science and Medicine*.

Email: ruth.fitzgerald@otago.ac.nz

- 3 Molly George is a Research Fellow at the University of Otago in Dunedin, New Zealand. Her research interests include the life course, ageing, cosmopolitanism, multiculturalism, migration and concepts of home. She has worked as a Teaching Fellow for methods and medical anthropology papers in Otago's Department of Anthropology and Archaeology. She has also conducted ethnographic research with children about playground behaviour and risk.

Email: molly.george@otago.ac.nz

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