THE CONTRADICTORY EMOTIONS OF GENDERED LABOR
A Case Study of Daughters’ Caregiving in Rural Guangdong

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Abstract: This article examines family care for sick older people in a rural hospital in Guangdong Province. Drawing on six months of fieldwork, I show how local families divide the duty of care for the elderly, and how care is perceived in local discourse. Specific attention is paid to competing notions of care and how their meanings are negotiated: neighbors and even family members often show themselves to be indifferent to elder care, and care work is feminized and devalued. At the same time, family members and daughters in particular have to shoulder duties of care. The contradictory emotions of gendered care work offer a vantage point to understand the changing dynamics of patriarchy, marketization, and state paternalism in China today.

Keywords: aging, care, China, emotions, gender

Fertility decline resulting from the one-child policy and an aging society with an increasing ratio of elderly people have brought about ‘a crisis of filial piety’ in the People’s Republic of China. This crisis is especially pressing in rural regions, where massive socioeconomic transformations, signaled by large-scale rural-to-urban migration and erosion of filial norms, have complicated the tasks of sustaining filial support. At the same time, scholarship continues to shed new light on family resilience and the changing nature of intergenerational care, often characterized as new coping strategies adopted to sustain care and continue filial support. For example, the role of daughter caregivers has become increasingly prominent at a time when sustaining a son-dominated filial support regime is under pressure. Some families perform care by resorting
to ‘outsourcing’ filial piety, hiring paid caregivers to meet the needs of older family members. It has been argued that in this environment, filial piety is no longer viewed as a gerontological mandate, but rather as a new “intergenerational contract” (Croll 2006). Refashioned modes of family engagement have reconfigured corresponding definitions of family care and filial support, leaving the moral, practical, and relational meanings of care open for negotiation.

How do rural families manage elderly care and practice filial support in this environment? How are care and its complex connotations perceived and evaluated, especially in the context of increasing entanglement between families and public institutions? This article examines the lived experiences of caring for elderly parents in rural China, focusing on the roles and responsibilities of daughter caregivers. According to the Confucian norm of filial piety (Ikels 2004), the provision of elderly care underscores patriarchal family ideals, under which sons have a much greater filial obligation for parental care than their female siblings—although, in practice, it is more likely to be a case of daughters-in-law performing the hands-on care on behalf of their husbands. But a son-dominated filial support model does not mean that married daughters fail to support their natal families—on the contrary, they often maintain strong connections and emotional bonds with their birth family (Judd 1989). Some ethnographic works have shown the increasing expectation of older people on daughters to provide late-age care (Zhang 2017), and such studies associate daughters’ roles as primary caregivers with the erosion of patrilineal bias, the rise of ‘girl power’ and marked improvement of the status of daughters, and the increasing desire for emotional bonds and intergenerational intimacy between generations (Yan 2003; Ku 2003; Shi 2009).

Although significant changes have happened in the patriarchal family institution, many patriarchal norms and related practices embodying gender and generational inequalities still persist (Obendiek 2017). On the gender axis, there is a continued expectation on women to perform domestic care labor, combined with a shifting responsibility of filial care from daughters-in-law to daughters as the primary caregivers for elderly parents (Santos and Harrell 2017: 7). As we see in this article, responding to the demand of elderly care reconfigures the gendered division of care labor: for daughters, sacrifices were made for their families through tangible bedside caregiving, whereas for sons, remittances were offered through migration and working abroad. Meanwhile, many rural families still held a strong patrilineal bias that sons should practice filial care. Although daughters’ care work became increasingly expected, it was less likely to be appreciated within families. On the generational axis, rural families treat filial responsibility seriously. As illuminated in this article, attending to one’s parents in need was still largely viewed as an important filial obligation, expressing “enduring respect for the value of intergenerational reciprocity” (Davis and Friedman 2014: 26). However, being too attentive to the
healthcare needs of the elderly was viewed as ‘unpragmatic’ by many. In short, the contradictions revealed in this article speak to a paradox of care: ordinary care work has become more important, but at the same time, less valued in contemporary China.

As an “everyday doing,” care represents regimes of power and systemic hegemony, and “is experienced through concrete relationships inextricably woven into unequal social relations” (Han 2012: 5). Gender inequality, regulated by the patriarchal family system, is central to the analysis of the roles and duties of elderly care experienced by rural daughters. Informed by the third-wave feminist intersectional approach to gender inequality, gender is defined as a dimension of a broader system of social inequalities, as it intersects with other variables such as class, education, regional location, and China’s rigid rural–urban structural divide in the understanding of rural daughters’ experiences of family care. Rather than viewing gender inequalities through a clear-cut private versus public dichotomy, as suggested by the discussion of gender relations in Western contexts, in the case of rural China, the inequalities women experienced are characterized by a deep entanglement between private negotiation and public dialogues (Evans 2007; Song 2011). The following section starts with a historical account of gender relations and women’s lives in China, with implications for how gendered individual responsibilities are intensified in an environment where government support retreats and patriarchal ideologies continue to be strong.

Existing scholarly discussions have produced rich analyses of care and gendered labor in China. The subjective experience and embodied feelings of caregivers have not become a central focus of this literature, however (Ma 2021). People usually have different parameters in their evaluation of care; what people pay attention to—what they ‘care about’—also determines how they respond to care in the act, shedding light on the distinction between emotion and action and the important role that subjective formulation of value, affect, and attitude plays in conceptualizing care. This article defines care as affect-based action, and investigates the feelings, sentiments, values, and perspectives as they were expressed and discussed during the practice of family care for rural elderly people. To anthropologists, affect and emotion are non-fixed and can be mediated (Ngai 2009). Many caregiver interviewees expressed contradictory feelings that can hardly be encapsulated by any single discourse. Therefore, I use the concept of ‘affect’ in a generic sense, interchangeable with emotion, feelings, sentiments, and attitudes, paying attention to the dynamic relationship between discourse, affect, and action of care.

The focus on emotion is not only because it constitutes an important facet of care, but also because it attaches us to the true condition of gendered subordination (Ahmed 2013: 33). To feminist scholars, the formation, circulation, and reproduction of gendered affect, sentiments, roles, and duties have long been
central features and products of larger sociopolitical and economic conditions (ibid.; Ngai 2009). Scholarship has frequently conceptualized the constitutive component of care in terms of interaction and moral orientation (Mol 2008; Kleinman 2009). Too often this conceptualization may lead to a generative understanding of care based on affective emotion and mutual dependency. Yet the lived reality of care is not always presented in terms of the positive feelings that accompany affection and deep empathy, even with respect to the terminally ill. Rather than care flowing naturally from spontaneous love, in a telling case below, we see how a rural daughter felt pressured to take on the duty of care for aging parents, with a less-than-attentive attitude deployed in the giving of care; the significance of her care work furthermore fell short of recognition within families. Additionally, rural locals pretended not to care about the elderly, yet still devised and negotiated strategies for care. The tension between ideals and practices of care, demonstrated with examples from a Chinese locality, has wider implications for our understanding of the changing dynamics of gender, marketization, and neoliberal state policies in contemporary rural China.

Because the burden of elderly healthcare on families becomes particularly prominent when older people fall sick and become chronically ill, hospitalization of the elderly offers an ideal site of investigation for the family management of care for the elderly and the gendered division of labor. The ethnographic data presented in this article was collected during a six-month fieldwork stint conducted in 2016 in Qincun Hospital, a midsized, rural primary hospital located in a financially impoverished town in western Guangdong. At the time of the study, Qincun Hospital had 45 certified physicians, six general practitioners, and 21 nurses working together to manage care delivery. As a result of the outward migration of the young, the frail and elderly now constitute the majority of the local population, and consequently comprise most of the patients in Qincun Hospital: nearly 90 percent of enrolled patients were aged 65 and over at the time of this study. The age profile of patients, combined with their high-demand, chronic care needs, have altered the primary function of the hospital: it has been transformed from a medical institution focused on medical care intervention into a gerontological facility addressing the chronic and hospice care needs of local older residents.

During the fieldwork, 30 elderly inpatients, as well as their respective family caregivers, six medical staff, and four paid caregivers were interviewed. In two-thirds of the 30 families interviewed, daughters were the primary caregivers of older parents or assisted in caregiving in cooperation with other family members. Additionally, four families resorted to outsourcing, by paying professional caregivers to support inpatient care. The exploration in this article attends to how care tasks were divided within families and how family members occupied particular caregiving roles, conveying their expectations and perspectives
about elder care and justifying their actions accordingly. It pays particular attention to daughters’ care work and how daughters expressed feelings and affect, in and out of the medical institution, about engaging in care. The field-notes and interview data collected simultaneously attend to what other parties involved in elderly care, including older patients, family members, and medical staff, explicitly discussed regarding care, filial piety, and gendered labor. Before delving into the lived experiences and expressed subjectivities regarding daughters’ caregiving for elderly parents within rural families, the following discussion starts with a social and historical analysis of the gender dynamics and the practice of care in the context of Chinese society.

Gender Inequality and Labor Division in Context

In exploring how daughters’ care work was perceived and experienced in rural regions, the gendered boundary of work regulated by a patriarchal family system, under which women are confined to perform in the domestic domain of ‘inside’ (nei 内) while men primarily work in the broader domain of ‘outside’ (wai 外), offers an important analytical tool. Deriving from the intrinsic nature of the inside and outside domains, including where the work is done and who is doing it, different kinds of work are charged with different values and meanings: men’s work in the outside domain is believed to represent more value and is regarded as ‘real work,’ in contrast to female labor performed in the domestic sphere, which is believed to be less valuable and have no economic contribution. Some China scholars have pointed out that instead of care labor per se, it is the cultural schema of ‘inside’ versus ‘outside’ and the gendered roles attached to it that really constitute inequity (Zhang 2000: 184). As the patriarchal family ideal and gender relations are subjected to significant changes during socioeconomic transitions, the boundary between nei and wai in work and related meanings associated with women’s performance in different spheres vary accordingly, corresponding with China’s historical and sociopolitical changes over the past few decades.

During the Maoist era, the party state attempted to change gender relations and women’s situation in general through top-down political campaigns (Zhang 2000). Women were encouraged to cross conventional gender boundaries, and to participate in socialist production just like men. One example is the communist propaganda of ‘Women Hold Up Half the Sky,’ which encouraged women to cross the boundary between nei and wai and participate in socialist production. However, the production of gender inequality within the family sphere was intentionally ignored by the party state. Many studies have noted that the view of domestic labor as women’s duty remained unquestionable (Honig 2000; Evans 2007). Even worse, the duty of care even became a
Maoist “virtue” by which women were judged (Hershatter 2000). Meanwhile, because the state’s effort to socialize reproductive labor was unsuccessful in rural regions, women shouldered the double burden of working for the constructing the country and making sacrifices for their own families (Stockman et al. 2016). However, their contributions in the inside sphere were framed as ideologically suspicious according to the state’s gender politics, and have been largely devalued as mere “dutiful help” to their families (Brown 2017). The state’s work-point system institutionalized the ideological undervaluation of female labor. Watson and Ebrey (1991) have shown that women received no credit for their domestic labor and their participation in productive labor received fewer points.

When China entered into an economy reform era, the state set out to transform the collective economy through privatization and marketization, expanding the urban, emaciating the rural, and integrating the Chinese market into global capitalism, built largely on the massive labor migrations from rural to urban areas. Economic structural changes obfuscated the boundary between the private and the public, household-based and non-household-based labor, with changing employment opportunities for women and shifts in perceptions, values, and rewards accompanying these boundary changes. Rural women were granted new possibilities in the post-reform era, in terms of escaping the strictures of rural patriarchy and gaining control over their wage earnings through work outside the home. Yet questions were still raised about gender inequality and the undervaluation of women’s labor inherited from the Maoist era, which continue to shape women’s lives and work in the context of increasing entanglement between the private sphere and public institutions.

In a time characterized by market rationalism, the capacity to engage in the labor market and its association with a new public status defined as gender equity become central to people’s sense of self-worth in the post-reform economic context (Evans 2007: 106). But rural women’s labor does not account for a new conceptualization of ‘value’ in market economic terms: due to their rural origin, women, especially those who are old and less educated, are labeled as low-quality (suzhi 素质), less valuable laborers in cities (Yan 2008; Sun 2009); they only take employment in certain low-paid, gender-specific occupations, mainly in the textile and manufacturing industries and the domestic service sectors. Even in the non-household context, the boundary of work between men (construction) and women (service and manufacturing) still remains gendered. There are persistent gender differences relating to opportunities for mobility, employment, and income. As observed in Qincun, older rural women, especially those who were illiterate and unable to migrate far away, were enrolled in assisting inpatient bedside care work.

Contrary to the framing of the inside as ideologically unsound in the Maoist era, post-reform gender politics revalidated the private sphere as women’s
natural domain (Evans 2007). This shifting value of the inside echoes women’s disadvantaged status in labor market participation, which also contributes to shifting social attitudes toward gendered respectability and appropriate practices for women. For example, Evans’s work has shown how a prevalent voice in advertisements and academic discussions promising personal fulfillment and domestic comfort to women has been revived, due to which women have begun to accept the fact that a significant aspect of serving their family lies in helping male members to succeed in the market economy (Evans 2007, 2016). This trend is largely conveyed by many rural families’ decisions to place daughters in caregiving roles, simply because their potential economic contribution to family life fell below that of their male siblings. Meanwhile, the meaning of work is strongly linked to the exchangeable value of productive labor and people’s contribution to the market economy (Rosenfeld 2000). The unpaid nature of domestic labor continues to shape the invisibility of women’s care work performed at home.

In addition to the socioeconomic and ideological pressures placed on women to practice care, the state’s social welfare policies exacerbate tragedies of rural family care and demands on women’s labor. In the post-reform era, a series of social reproduction responsibilities have been privatized and shifted onto individual families after the state relinquished much of its authority to market ideology. Although the institutional and ideological foundations of state paternalism (Ma 2020), exemplified by the state’s ideological control encompassing individuals’ lives and work in the Maoist era, have been eroded, state paternalism is still upheld as an official ideological discourse in the market economic context. For instance, there has been a state campaign to revive and promote the Chinese tradition of filial piety—a subject that featured prominently in national debates from the 1980s to the 2010s—and an emphasis on privatizing family responsibility for elderly care by denying people’s dependent needs, constructing a new form of paternalism relating to filial support. For example, Zhang’s (2017) work illustrates how insurance companies sell filial piety policies while state media publicizes the new 24 stories of filial piety. In urban areas, institutional care facilities for those who can afford them are booming. Rich families can afford commodified care services as a new way of fulfilling their filial obligations and avoiding being tangled in the burden of daily care. In rural regions, however, the trend of the commodification of health and late-age care exacerbates the financial difficulty concerning care and gendered responsibilities. The lack of financial access to healthcare among the rural elderly is compounded by the Chinese household registration policy, rendering rural families additionally vulnerable in the face of China’s commodified healthcare and nursing care industries.

In short, gender inequality in its various forms, despite experiencing complex changes resulting from socioeconomic reforms, has remained unchallenged
from the Maoist era to the post-reform present. A patriarchal discourse emphasizing women’s duty of domestic care has been revived and strengthened at present, and has become a part of the symbolic violence of marketization and neoliberal state policies against female citizens. Rural women are under the triple oppression of global capitalism, state paternalism, and family patriarchy, along lines of class, gender, and rural-urban disparities. These socioeconomic and structural factors work together to exacerbate the gendered practice of care, producing a structure of feelings (Mulligan and Brunson 2020) experienced by rural female caregivers.

Gendered Labor and Negative Affect

When facing the socioeconomic and moral pressures on families to practice elderly care, how did rural daughters bearing the burden of care labor express their feelings? How was the meaning of care and gendered labor perceived and discussed in rural families’ everyday practice? This section looks at the subjective forms of affects and emotions that frame rural daughters’ care actions, tracing divergent values and perspectives channeling their expression and interpretation toward care. It focuses on the provision of elderly inpatient care in Aunt Li’s family, alongside several other cases in the same rural town in Guangdong. Note that the focus on Aunt Li’s case is not an argument for generalizing rural daughter caregivers’ affects, but is due to its helpfulness for thinking about how emotions structure such caregivers’ experiences with elderly parents’ care, and how such affects and emotions play out particularly among rural daughters. Meanwhile, the case study approach pursued here also reflects the finding that each family had its own unique rhythms, determined by the specific family situation and its internal processes. It provides a nuanced portrayal of commonalities that exist among vast differences.

During the fieldwork component of this study, I encountered Aunt Li when both her parents were hospitalized and needed assistance with inpatient care. Three months earlier, her 87-year-old father had been diagnosed with advanced stomach cancer. Not long after the father’s return to Qincun, the mother, aged 84, was diagnosed with advanced coronary heart disease. Seeing the irreversible condition of both father and mother, and the high cost of seeking quality medical care in large hospitals in cities, the family decided to seek inpatient care for both parents at Qincun Hospital. Like most older dwellers in Qincun, both of the older parents were deprived of access to social pension systems and formal sources of income that might secure them access to quality medical care services located in city areas. It became the responsibility of their adult children, including the 62-year-old Li herself, the eldest daughter, and her three younger brothers, to manage inpatient care and to pay all medical bills
incurred; this included paying for medical expenses, navigating hospital care services, and providing bedside caregiving services, not to mention the associated emotional support. But deciding how to divide up these various care tasks and responsibilities—including who should adopt which roles, in what capacity (financial support or hands-on caregiving), and in what proportion—required negotiation among family members.

Negotiating care, however, is never a solely financial question. The most challenging decision the family faced was who should stay at the parents’ bedside: all four children had migrated to distant urban areas with their own families, so staying in Qincun with their parents would mean sacrificing their careers, as well as family life. Aunt Li was living with her son’s family and helping take care of her grandson while working as a part-time cleaner in a shopping mall in Shenzhen City. Her three younger brothers ran a logistics station in Guangzhou City. Aunt Li’s brothers and sisters-in-law—who were assumed to be the primary caregivers for their own parents—were tied up with their profitable business interests and found it hard to assist with their parents’ care. Instead, they decided to ask their sister, Aunt Li, to take on the caregiver role on their behalf. Together, they pooled money to support their parents’ treatment and to compensate their sister for taking care of their parents.

Within the family setting, willingness to care not only undergirds normative concerns about filial piety, but also reflects degrees of intergenerational intimacy and the character of affective bonds within the family unit. Most rural older people in Qincun in the generation of Aunt Li’s parents still had a strong patrilineal bias for favoring sons over daughters. Aunt Li recalled that she felt mistreated by both her parents and brothers even before her parents fell ill. For example, she recalled that when she was a little girl, her parents had rejected her request to attend primary school and instead arranged for her to stay at home and help with chores, so that they could save the tuition fees for her brothers. After she had married and left home, her brothers continued in their privileged roles, refusing to help her when she was in need. Harboring a strong sense of being mistreated by her natal family, at the start of the process, Aunt Li refused to become her parents’ caretaker as proposed by her brothers.

Another reason for Aunt Li’s unwillingness to care for her parents was her concern that it might compromise her obligation to care for her grandson in Shenzhen. When she weighed the different forms of duty to care that she had, both as a daughter and a grandmother, the patrilineal family convention suggested that it was more important to help her son with grandchild-rearing than to care for her parents on behalf of her three brothers. However, taking into account the care predicament faced by the whole family and the sizeable financial compensation promised by her brothers, in the end, Aunt Li curbed her reluctance and agreed to take on her filial commitment to care as a wounded daughter.
Assisting with inpatient care for both of her parents is a challenging task, requiring balancing different forms of care labor within and outside the hospital. It is even challenging for Aunt Li is how to accommodate her affective injuries while practicing hands-on care tasks for her parents. Every morning at 8 a.m., Aunt Li organized a 15-minute tricycle ride to deliver her parents to the hospital. Then her parents were given a three-hour transfusion. Following this, Aunt Li delivered her parents back home for lunch. As a dutiful caregiver, Aunt Li stuck strictly to this routine, assisting with her parents’ daily care and inpatient treatment. Even more difficult for Aunt Li is how to accommodate her repressed emotions and personal unwillingness arising in the intimate care setting, as revealed by the less admirable attitude she held toward assisting in the parents’ bedside care. “They are patients, and it is unhygienic to stay inside the room with them!” Aunt Li explained as she stayed outside the ward, chatting with other patients’ families during her parents’ treatment. There were minimal observed interactions, either verbal or physical, between Aunt Li and her parents—except for a few necessary occasions, such as when one parent called her in for assistance with using the bathroom.

This less-than-attentive attitude continued to shape Aunt Li’s interaction with her parents outside the hospital. For example, while Aunt Li assisted with her parents’ care, they ate separately at lunchtime: Aunt Li would mostly eat light vegetable-based dishes alone at home, while her parents dined out at a restaurant where they would enjoy one of their favorite dishes, roast goose, almost every day. Such an arrangement appeared uncommon, especially in a family with vulnerable older people who needed assistance with their daily care. After lunch, Aunt Li would take a nap and then busy herself with domestic chores and preparing a substantial dinner for her parents and herself. Her parents had a very different post-lunch schedule: they would hang around all afternoon playing Mah-jong with their neighbors. Much like most left-behind older people who lived alone in Qincun, the parents treated Mah-jong as the most important source of entertainment to them for killing time after the migration of their children to remote urban regions.

While this separation between Aunt Li and her parents illustrates that elder care may not necessarily involve a high degree of intimacy and positive affect, looking after her ailing parents still made demands on Aunt Li as a dutiful daughter and caring person. For their own well-being, Aunt Li attempted to convince her parents to change what she perceived as negative behaviors—to stop gambling and eat less meat. The paradox, however, is that all too often the family members who are tasked with managing inpatient care are the very ones who lack the resources to do so effectively. Aunt Li’s persuasion tactics carried little weight with her parents, who were also less-than-attentive to her efforts to care. The struggle to manage care for the parents cultivated in Aunt Li a sense of frustration: “They never listen to me, their daughter! How can I care
for them?” Personal preferences also play a part in such situations—here, Aunt Li’s choice of nutrition clashed with her parents’ culinary preferences. Given such opposing value systems, it is easy to see how Aunt Li’s expression of ‘caring’ can sometimes turn out to be judgmental and even hostile. As Aunt Li expressed the situation to me: “The old couple are selfish and only care about their own satisfaction [xiangfu 享福]. You know, even good people would get unhealthy living such a lifestyle, let alone them! No wonder their illness will never improve!”

In most situations, as a filial daughter with filial commitment, Aunt Li managed her parents’ care well, producing outcomes that satisfied everyone. At other times, however, she did not. For example, on one occasion Aunt Li was unwilling to accompany them on their regular hospital visit as she had a cough. She asked them if they would agree to put off their treatment for a few days—she considered that a short postponement would not prejudice their recovery. Although this request seemed reasonable to her father, her mother, who was also feeling unwell at the time, rejected it. She insisted that she continue her intravenous infusion treatment, asserting that “my sons are paying you to bring me to the hospital!” Her mother’s attitude and lack of attention to her sickness deeply upset Aunt Li. She frequently aired her resentment of her parents in front of other patients’ families as she waited for their infusion treatment to finish: “I am also her daughter. She [the mother] never showed me any appreciation and thought of me as nothing more than a hired nanny.” However, accepting the fact that she was being paid by her brothers and aware of potential family conflicts, Aunt Li complied with her mother’s demand and asked her husband, who was then living in Qincun, if he would step in and help. Her husband also rejected her request. “He just won’t come, there is no reason for him to [do so],” Aunt Li explained in a follow-up interview. In an attempt to get her husband to change his mind, she called on her son in Shenzhen for help. After a series of negotiations, Aunt Li’s husband finally agreed to come over and help.

Various contradictory feelings and considerations coexist as they arise in the context of Aunt Li’s family caregiving, including feelings of being mistreated, normative considerations of filial piety, competing roles and responsibilities for care, and self-desire for remuneration. They radically reframe Aunt Li’s care interactions, producing the less-than-attentive attitude she deployed toward caring for her sick parents. Echoing the concept of the ‘divided self,’ these contradictory feelings and emotions depict the subject status that Aunt Li upheld in terms of the “balance between self-interest and collective good, struggling over desire and responsibility . . . and juxtaposing imagination and practical actions” (Kleinman et al. 2011). Torn between these contradictory emotions, Aunt Li managed to seek a middle way. Rather than being determined by the unique internal process of Aunt Li’s own family, a less-than-attentive attitude
to care was also identified in many tragic instances of family neglect, mistreatment, and lack of care for older people, which, instead of provoking sympathy, many locals perceived as ‘commonplace’ and thus not deserving of special attention or practical redress. In contrast, being moved by such examples of elderly suffering and sickness is dismissed as being ‘too delicate’—as I was judged by some locals after expressing sympathy and concern for sick elderly villagers and feeling unhappy about their ‘uncaring’ attitudes.

As my time in Qincun went by, I gradually realized that rural families’ ‘uncaring’ responses were not necessarily because they did not care and lacked empathy; rather, they were largely underpinned by the specific parameter that locals deployed in understanding care. Anthropological studies of suffering and subjectivity have demonstrated that people’s subjective experiences such as affect and emotion are socially and historically determined; they are embodied by individuals and shaped in discourse (Abu-Lughod and Lutz 1990). For example, Nancy Scheper-Hughes’s (1992) work on high mortality rates among children in northeast Brazil has shown how human emotions, including the universalized assumption of motherly love, are profoundly shaped by culture, and also by political and economic conditions. Consideration of negative affect similarly illuminates locals’ attitudes toward care: it embodies rapidly changing socioeconomic and ideological factors that condition a discouraging social attitude toward care and gendered labor, as well as the socioeconomic plight to practice rural family care against the backdrop of social transformations.

**Competing Values of Care**

To anthropologists, care is a highly fluid and contingent phenomenon; what constitutes “good” care is a “persistent tinkering in a world full of complex ambivalence and shifting tensions” (Mol 2008: 46). In Qincun, there is substantial ambiguity regarding what ‘real filial care’ looks like. The different forms of care provided—ethical, practical, and financial, and offered by sons or daughters—were valued and embraced differently by different family members. Within Aunt Li’s family, it is obvious that both she and her brothers had made their own arrangements for supporting their parents, either through tangible caregiving or by remitting money. However, Aunt Li and her parents were at loggerheads over the values and meanings of these two forms of contribution. Many times during my interviews, Aunt Li characterized herself as a filial daughter who was committed to repaying her parents’ mistreatment of her with loyal caregiving: “They never show me any appreciation . . . but you know I am a filial daughter; I won’t treat them in the same horrible way in return.” In addition, Aunt Li believed her bedside caregiving was more filial and essential than the purely financial support her brothers offered, as she
remarked: “They [the brothers] only contribute some money but do not care about their parents at all. Do you think they are really filial?”

However, there were times when Aunt Li also regarded her caregiving tasks as services with an exchangeable value. The different values Aunt Li upheld in evaluating her care decisions, including both monetary rewards and a sense of filial piety, sometimes conflicted with one another. For example, when two of her brothers failed to pay her allowance on time, an enraged Aunt Li compared her situation with that of professional caregivers: “Honestly, if it weren’t for their paying me, I would never just come back and do the care . . . Look at those paid caregivers, they always get their money on time.” Nevertheless, it was embarrassing to argue about money in front of her family, given the potential erosion of family ties, and so Aunt Li suppressed her discontent and continued her caregiving. At the same time, her comments also reveal how a lifelong personal resentment and fundamental unwillingness to offer care can be mollified by a sizeable monetary reward and normative considerations concerning family commitment.

In contrast, the value Aunt Li’s parents placed on her caregiving was not as substantial as she claimed it to be. Given the parents’ view of filial piety as something that ought to be practiced by sons, whose contribution to care was a much more decisive issue than the care the parents actually received, the latter understood Aunt Li’s caregiving as the manifestation of the filial practices of her three brothers—it was only their sons’ financial contributions that motivated her to act as a caregiver. Their sister’s labor of care was not valued as ‘genuine’ or indeed as equally filial, but rather was viewed as the upshot of the ‘subcontractual filial piety’ of her brothers. This perception came to the surface when the mother tried to claim her ‘rights’ to Aunt Li’s bedside caregiving by raising the issue of the contributions paid by her sons.

Even when Aunt Li attempted to claim family recognition regarding the filial significance of her caregiving, she was also conscious of the cultural imperative of son-favoritism in explaining the lack of bedside care and company offered to her parents by their sons. For example, on many occasions, Aunt Li revealed some empathy when her mother was lamenting the absence of her sons: “Hopefully, they [her parents] will be lucky enough to have the last chance to be with their sons again before they die.” Another daughter caregiver also expressed sympathy for her parents in the absence of their sons at the bedside. She compared the care her parents received from her as a daughter to the care that another, older, mother received from her sons: “All her sons surrounded her at [the] bedside, day and night, to comfort her. Look at my mother. Her sons never came back to visit her.”

In the end, Aunt Li’s situation as a caregiver hired by her brothers illustrates how family care as an idealized kinship obligation is constructed from many complex overlaps—informal, formal, intimate, and contractual. In many
situations where families were unable to manage personal bedside care, they hired a paid caregiver as an alternative, giving rise to a ‘filial piety industry’ in Qincun. In these circumstances, the practice of filial care represents the blurring boundaries between household-based and non-household-based work, synthesizing both kinship obligation and outsourcing on the open market. Yet it is important to note that the decision to resort to the market is not a simple replacement of one’s physical labor of care by another in an instrumental sense. Rather, it represents a complex transformation with reinterpreted meanings of care through “the relationship dynamic between the generations, the cultural imperative of fulfilling one’s filial obligations, and protection of inter-generational reciprocity” (Garey et al. 2002: 710).

To illustrate this point, I interviewed a 62-year-old female inpatient who was being looked after by a paid caregiver. Rather than blaming her sons for not being at her bedside, she praised them for paying 3,000 yuan to hire someone to look after her during her hospitalization. “Nowadays, young people have to work away from home and earn money. If they [her sons] stopped working, then how could they fund my treatment? That [stopping working away] would be really unfilial!” Her comments demonstrate how shifting levels of family engagement have altered the way that Chinese people understand what constitutes filial care and its (good) practice (Lora-Wainwright 2013). Either through monetary compensation or practical involvement, family members are reinterpreting the issue of care through various modes of engagement and seeking to reevaluate the meaning of filial piety in broader terms.

However, returning to our major case study, if the option of paying a stranger to practice care was freely available in Qincun, why did the three brothers engage Aunt Li, rather than a professional caregiver? “My brothers said it would be a more reliable option to hire me to take care of our parents,” Aunt Li explained. Despite all the pressures, caregiving by family members always implies a deep emotional tie, one that cannot be emulated by commercial arrangements with ‘strangers.’

While much evidence from urban areas indicates that people are ready to discard the cultural convention of patrilineality (Fong 2004: 132), undervaluation of care provided by daughters, as identified here, does not signify a simple rupture with patrilineal bias, especially in rural regions. Patrilineal bias was also identified in other ways in Qincun—for example, caregiving by daughters was more likely to be viewed as a ‘bonus’ or as an expression of the daughter’s ‘conscientiousness’ (rather than filial dedication) by parents, while sons’ support was perceived as inspired by filial motives and was seen as ‘deserved.’ As in Aunt Li’s case, the lesser value attached to elder care by daughters may be explained as the result of the persisting influence of patrilineal convention. In addition, it also has broad sociopolitical implications, which mirror the low value placed on unpaid domestic care and the labor of
rural women in the context of the market economy, as analyzed in the previous section.

In very rare cases, such as Aunt Li’s, family members’ labor of care was compensated, but for most rural family caregivers, caregiving was viewed as their family obligation, which was unpaid, being devoid of economic and thus social value. For instance, a daughter I interviewed, whose parent shared an inpatient room with Aunt Li’s parents, expressed her envy of Aunt Li and condemned her own siblings for failing to offer any financial support to compensate for her caregiving work on behalf of the whole family. Despite this, in some ways she also felt reconciled to her unpaid and thus less valuable labor of care: “What can I do? Everyone needs to contribute. I don’t have money, and the only thing I could contribute is my labor.” Not having a ‘real job’ also affected family members’ bargaining power to negotiate care. In this regard, we can see how inequalities that caregivers experienced in both spheres negatively reinforced each other.

Even in cases where women’s care is salaried, it is still devalued as ‘dirty’ work (Twigg 2000), and one is associated with the lower socioeconomic status of rural women and the inferior nature of nei. Studies on rural women who work in domestic care services in the urban market have revealed an ambivalent understanding of women’s care work: either it is not acknowledged as a proper kind of ‘work,’ or it is internalized as a source of ‘shame’ (Sun 2009). At one point in our interviews, Aunt Li burst out in a similar way: “I am a poor daughter. If I had money, I would hire someone to take care of them!” These feelings of shame and compromised self-esteem were especially notable among some of the family-paid caregivers I interviewed in Qincun. I encountered four family-paid caregivers during my fieldwork, all of whom were elderly women, widowed and illiterate. One of these women, Aunt Wang, expressed feelings of shame about having to work in care to make a living: “What do you expect me to do? I am a poor older woman, never gone to school… I would not choose to wait and serve others [cihou 伺候] if I had other options… this job is so demeaning.”

The care needs of older people are also undermined by a market-driven ideology. The rapid progress of privatization in Chinese society has engendered (in the cities, at least) a bright new image of self-reliant, enterprising individuals, capable of pursuing their vital interests and personal well-being on their own. In contrast, older rural people are usually regarded as dependent, backward, and uncultured (Murphy 2004), characteristics that are incompatible with the competitiveness and profit-driven imperatives of the market. Older people’s healthcare needs were undermined in my field site, exacerbated by the social expectation that older people would willingly endure pain and suffering, and would be conscious of reducing their adult children’s financial burdens (Lora-Wainwright 2011). In contrast, when elderly patients expressed
a desire for improved treatment and better care, their wishes were often labeled “immoral” and “inappropriate”—as illustrated by Aunt Li’s judgmental tone when she mentioned that her parents were eating “too well.” Additionally, the fact that end-of-life conditions are incurable, twinned with the unaffordability of China’s commodified medical care, served to rationalize the indifference shown by many local people regarding the pain and suffering endured by elderly patients.

Conclusion

Through the emotions, values, and attitudes of those caring for ailing elderly relatives in Qincun, this article has explored how care is perceived and practiced by rural families in contemporary China. Care remains subject to revisions and challenges, through which people seek to craft “more bearable ways of living in—or with—reality” (Mol 2008: 46). As we have seen, those adaptations are not always successful, and inconsistencies persist, between attitudes and action, and between actual engagement and perceived contributions of care. What stood out is the pervasive attitude of family members who seem not to care about elders: they show themselves to be indifferent to the suffering of elderly relatives and dismiss the care work undertaken by daughters. At the same time, this care work has become even more important and needed, and thus daughters bear the brunt of this contradictory situation.

As the private family and public sphere become deeply entangled, the practice of care thus entails negotiating various politico-cultural boundaries that entrench a host of inequalities—between public and private, between rich and poor, between rural and urban, and between male and female—resulting in material and symbolic discrimination, particularly against rural women and elderly people. Additionally, neoliberal social policies have denied people’s vulnerabilities and needs for dependency, thereby producing poverty, inequality, and negative feelings experienced by rural family caregivers. The absence of adequate social care shifts the burden of care onto families and individuals, revealing both the strengths and limitations of families as caring agencies—as we have seen, some of the families who find themselves in this situation will ultimately opt for detachment, retreat, and even abandonment. In this regard, a focus on family care has positioned care itself as a ‘moral critique’ with reference to the inadequate role of the state administration and political and economic configurations that disadvantage rural populations.

In the process we have observed different competing notions of ‘good’ and filial care, and the ways that they are negotiated as they coexist in a local setting. The degrees of indifference and devaluation expressed by local people...
were conditioned by the specific ways in which they understood care—a concept that is woven from a set of complex social matrixes consisting of individual stories of hardship and suffering, intergenerational relations, the persistent influence of rural patriarchy, and macrolevel sociopolitical changes. These elements are assembled contingently and performatively, reconfiguring changing patriarchal dynamics and the impacts of marketization and state policies, as they are experienced through contending values regarding elder care and gendered labor. The contradictory emotions of daughter caregivers embody a general paradox: ordinary care work has become more important, but at the same time, less valued.

While many of the caregivers in this study may not have been wholeheartedly committed to the well-being of their elderly charges and may not have striven to make a real difference in their lives, their everyday engagement in care is not to be easily dismissed. Our fieldwork also revealed the considerable moral effort involved and the resilience of families in their everyday labor of care, even in contexts where the care they offered was defined in terms of resentment, indifference, and hostility. In arriving at a vision of ‘good’ care and family harmony, Aunt Li’s experience informs us how long-term maltreatment and exploitation might perhaps be mediated and repaid through caregiving. While women do much more care work than men, men are also involved in women’s networks of care for the elderly, such as in the care given (albeit unwillingly) by Aunt Li’s husband.

Qincun locals made efforts to refashion family engagement to sustain traditional filial obligations, and to refine care in practical terms through a more balanced configuration of rights, obligations, and emotional responses (Santos and Harrell 2017: 17). For most older patients, a pragmatic solution to their plight also implies a ‘caring’ attitude on their part that involves burdening their families as little as possible. Local people were preoccupied with the question of what constitutes (good) care and how it should be properly pursued. An adequate understanding of care thus needs to incorporate the many uncertainties and contradictions that go beyond the conventional and established ideals associated with filial piety in China.

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Notes

1. For a discussion of these two aspects of care—attention and action, or caring about and caring for—see Steinmüller (2022, forthcoming).
2. In Chinese hospitals, most nursing staff focus on technique-oriented nursing care interventions, such as actioning doctors’ prescriptions. In contrast, regular inpatient bedside care tasks, such as feeding, toileting, changing patients’ position, and maintaining daily hygiene, ultimately fall on patients’ families. For a study of the family-based inpatient care model in the Chinese health system, see Hui et al. (2013).
3. To protect the confidentiality and privacy of the research participants, all identifying information has been removed, with all names used in this article, including those of informants and locations, replaced by pseudonyms. All those involved in this study gave their informed consent.
4. The household registration policy, known as the hukou, assigns all Chinese residents to two types of households—either rural or urban—and designates the type of employment they are entitled to. Based on this division, the state provides urban residents with superior access to social welfare resources, whereas rural residents are largely excluded from state-supplied welfare and other provisions.
5. Feuchtwang (forthcoming) argues in a similar way that in certain contexts in the People’s Republic of China today, ordinary care can become a critique of state care.

References


Feuchtwang, S. Forthcoming. “Care as Critique of Care: Public Services, Social Security and Ritual Responsiveness.” *China Quarterly*.


