What is care and what is not caring? The challenges of cultural diversity

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Abstract. This article uses evidence from Peru to examine issues of care and its absence, both in the sense of "giving care" and concern with someone or something. The two cases analyzed bring into consideration separate couples trying to agree on the care obligations of non-custodial male fathers and the distance between the care practices of indigenous Amazonians and urban Peruvian society. The discussion highlights emotions, motivations, systems of morality, and cultural identities that support care and define the lines beyond which denial of care may be inevitable and even defensible. The argument points to privileged status of hope as an emotion of particular importance in systems of care on a personal and collective level and also with respect to States and national policies.
Keywords: Care; negation of care; cultural diversity; moral philosophy; emotions; Peru.

[en]¿Qué significa cuidar y qué es no cuidar? Los retos de la diversidad cultural.

Resumen. Este artículo utiliza evidencias del Perú para examinar cuestiones del cuidado y su ausencia, tanto en el sentido de "dar cuidados" como de concernirse con alguien o algo. Los dos casos que se enfocan traen a consideración a parejas separadas que intentan ponerse de acuerdo sobre las obligaciones de cuidado de papás varones no custodiales y la distancia entre las prácticas de cuidado de indígenas de la Amazonía y la sociedad peruana urbana. A lo largo de la discusión, interesan las emociones, las motivaciones, los sistemas de moralidad y las identidades culturales que sostienen los cuidados y definen las líneas más allá de las cuales la negación de cuidados puede ser inevitable y aun defendible. El argumento apunta al estatus privilegiado de la esperanza como una emoción de particular importancia en los sistemas de cuidado a nivel personal y colectivo y también con respecto a los Estados y las políticas nacionales.
Palabras clave: Cuidado; negación de cuidados; diversidad cultural; filosofía moral; emociones; Perú.

Sumario. 1. Introduction. 2. Concepts. 3. The case. 4. Care and cultural variation. 5. Caring about and caring for strangers. 6. Conclusions.

1. Introduction

After decades as a backdrop to major social questions, care has at last come to the forefront as an issue of social justice, social policy, personal morality and human

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rights. Given questions of health and illness, it was always assumed that caretakers existed who would complement the ministrations of specialist cures and medicines. Discussions around children's development and education took caretaking functions for granted. But it is only recently that care and caring are being given their due. There can be no doubt that this is largely the result of gender scholarship and feminist activism. In every society on record, the persons tasked with the larger part of caretaking responsibilities are adult women. It is no accident that protests, debates, statistics and testimonies drawn from the lives of adult women have been the catalyst for opening up an entire new line of inquiry and reform.

In the new field or discipline that is being constructed around the concept of care, most of the attention has been focused on the acts of caring and the social locations of caregivers as actors. Yet all caregiving involves a reciprocal relationship. The recipients of care, the beneficiaries of others' care work, are an equally important topic. Undoubtedly the discussions around dependency have contributed greatly to bringing them into focus. Given the dramatic changes in the demography of contemporary societies, so have the reflections on the aging process as a gradual decrease in the possibility of self-care and increase in the need for care by others. All humans go through stages of life that involve illness or incapacitation that demand care. All humans are both givers and receivers of care, of one kind or another, in one measure or another, throughout our lives.

In this paper I propose to explore some aspects of care, in particular the motivation to care, by bringing into focus the reverse side of caring: not caring. Not to care may mean limiting empathy and concern for someone or something, rejecting the obligation to care, and/or withholding practical actions that caretaking entails. My main body of evidence is a set of data compiled from demands for child support in Peru and the discourses that men and women deploy in speaking about their roles and obligations in situations of family breakdown. I will draw on other examples, however, to explore the various levels at which the negation of care may occur: through individual decisions, as shared social norms, or as a result of the operation of varying cultural systems. Thus, cultural differences in the definition of care and not caring, and in understandings around the morality of care, are an important thread throughout the discussion.

All societies contain norms that define the type of care that corresponds to different categories of persons or segments of the society. All societies draw lines around who should be cared for and cared about and who should not (not in any real sense; or only under exceptional circumstances). These are supported by reasons, myths, beliefs, rationales, and philosophical disquisitions. At issue is where and how are the lines are drawn concerning who should care, how much should they care, who should be cared for and how intensively. Persons on the margins of society are open to suspicion about their deservingness of care. Some of the most radical exclusions from care spring from cultural differences which make the Other seem outside the scope of its rules and reasons. In building our theories of care, its limits and conditionalities, and the claims that societies deem can be delayed or ignored, are as important as care effectively given.

My discussion relies heavily on philosophers, especially feminist moral philosophers. For the recipients, caring is linked to the most profound questions of living and dying. Deficiencies of care shorten lives and increase suffering for many people in the world today. For providers, caring is linked to the profound questions

of human life in another way, and that has to do with the sense of purpose and transcendence that gives it meaning. Did I do right by "X"? Whom did I fail? Did I reach the end of my life with my moral sense intact; my sense of having risen to the demands that others placed on me? Our sense of moral standing in the world typically revolves around relationships of care, shortcomings in the care we gave, and the denial of care, for reasons we and others can debate. When, if ever, is "not caring" a defensible moral stance?

The article is organized as follows: Part I presents the concepts that are particularly relevant to my problem. This is followed, in Part II, by the case study of demands for child support in Peru. Part III is an excursion into cultural diversity in Peru and its implications for theories of care and the concepts that flow into them. This is amplified in Part IV in a discussion of "not caring" in a world of strangers and radical cultural difference. Finally, in Part V, I draw some conclusions and suggest the relevance of a concept – hope – that emerges as key.

2. Concepts

The motivation to care

For both givers and receivers, care involves a mental attentiveness and emotional state of concern. These two facets of meaning easily become confused in English. "I care" in English can mean that the speaker is in charge of caretaking for someone or something, or it can express concern and commitment. On hearing the phrase "I don't care!" we understand that the speaker is expressing her unconcern for someone, event or thing. A Spanish speaker would express the same state of mind or lack of identification with "no me importa" or "no me concierne". Other languages undoubtedly parcel out in many other ways the multiple dimensions of the concept of care (Hughes 2002:106-129). Meanwhile, can good caring occur even though the caregiver doesn't sincerely care about the person in her charge? For many, emotional commitment and the presence of positive emotions in a care relationship mark the difference between care posited on authentic bases and bad-faith care (Zelizer 2005:196-207).

The alignment of emotion, identification, affinity, morality, sense of self and sense of transcendence is a major issue in the study of care. Most of our analyses of the norms and organization of care involve intimate relationships, as Zelizer (2005) uses the term. Most often, caring involves persons who are in constant direct contact and committed to relationships that are expected to be prolonged in time, life-long or even lasting beyond the grave. Zelizer speaks of affective intimacy (love, emotional involvement), physical intimacy (hands on care, sexual intimacy) and the intimacy involved in possessing deep knowledge of others. A domestic servant long in his or her patron's employ may have more knowledge of that person's needs and capabilities than their family members and thus be in a better position to respond to them. A nurse has information about a patient's physical state and is able to provide effective care, based on evidence that is not available or interpretable by the patient's loved ones.

Family and kinship relationships are often taken to be a reliable roadmap to concern and care: presumably, we care for and care most about those we are related to.

Yet kinship is being redefined all around the world. Family takes forms that were unimaginable before the era of new reproductive technologies and changing legal frameworks concerning marriage and adoption (Franklin and McKinnon 2001; Fineman and Karpin 1995). Even if kin are often privileged in the demands they can make for care, emotion does not necessarily follow the lines of genetics.

Ethicists speak of "special relationships" that create a particular class of obligations to care. This usually implies either that we are intimately involved with those persons, for example close family members, or that we are thrust into their proximity in emergency situations, such as coming upon a drowning child in a pond. These are persons, things and events whose welfare and even life is dependent on our actions and decisions: to care or not to care. Their vulnerability is not the only factor in play, however. At stake is the quality and continuity of the relationships themselves, both of which depend on the accumulation of trust, shared experiences of pleasure and fulfillment, esteem and security (Walker 1998:92).

Care is a complicated matter and ensuring that caretakers are appropriately motivated is one of its central complications. This involves a combination of positive and negative sanctions.

Practices of responsibility are as marvelously intricate as philosophical accounts of responsibility have tended to be austere. Practices of responsibility include attributing some states of affairs to human agency; taking ourselves and others to be (variously) answerable for these; setting terms of praise and (more elaborately) blameworthiness, excusability, and exculpation for what is or is not done, and for some of what ensues as a result; and visiting (in judgment, action, speech, and feeling) forms of commendation, or of criticism, reproof, or blame, on those judged in those terms. Sometimes rewards and honors are bestowed, or sanctions, penalties, or punishments applied. These range from smiles to military decorations, and from withdrawn confidences to death by lethal injection. (Walker 1998:93-94)

The practicalities of care

The complexities of care are material and logistical, too, as DeVault (1991) shows in excruciating detail in her study of feeding the family. Indeed, part of the challenge of sustaining the motivation to care is overcoming the boredom, physical effort, concentrated attention to the exclusion of other interests, fear, repugnance, feelings of inadequacy, perceptions of ingratitude and other experiences caretakers cycle through, especially where care is long-term and its outcome is uncertain. Yet, despite all expectations, emotional commitment, empathy and love are often a consequence of caring, not a precondition.

How many can anyone care intimately for and about? The rule of thumb among analysts of personal networks is a number that, for most people, probably does not exceed 15. Caring involves spending time with, thinking about, responding to needs and other actions that must fit into a finite life and the finite resources – psychological, emotional, physical – of real human beings. Many network studies turn on ideas of "your five most intimate" connections. The list of intimates is often generated by a roster of problems to be solved that demand assistance from other persons. In interviewing women in marginal areas around Lima about their personal networks, I have used, for example, a roster of problems such as dealing with a husband's infidelity, finding a space for a child at a desired school, locating a lawyer or other

assistance in case of a criminal accusation against a close relative, not having food to put on the table one day. The women's potential helpers averaged around 9 to 10 people (Anderson 1991).

Caretaking typically involves material goods and financial resources. Zelizer's (2005) discussion contributes greatly to clarifying the intersections of the world of care and the world of money and financial transactions. Far from being two separate and "hostile" spheres, as many would have them, she demonstrates the ways in which they are imbricated: in legal doctrine, in daily practice and in disputes where the quality of care is the central issue. Economic transactions underlie relationships of care in ways that may cast doubt on the motivations of the caretakers (and even the cared-for) but that more often are simply an intrinsic part of providing and receiving care (Ertman and Williams 2005).

In the real world, conflicts are likely to arise between the demands for caring of one person or group and the demands of another or even several others. Caretakers feel torn between their obligations in one part of their lives and their obligations in others. This is the predicament of many adult women, squeezed between their children's demands and those of their aging parents. Women, and men, may be caught between the demand for supporting and caring for their own parents and doing the same for the parents of a spouse.

Walker (1998) proposes two interrelated concepts that are particularly useful at this point. The first is the concept of "shared moral communities" about which the author (a moral philosopher) provides several important qualifications. Though notions of morality may be "shared" over large groups – say, a nation – in a lax sense, the sharing is never complete or unproblematic. The moral order and the social order are inextricably linked, including the power differentials that permeate the social world. This leaves fertile grounds for differences of interpretation, priority and the play of interests and power in the way the moral order works. "Moral knowledge like other knowledge is situated" (Walker 1998:6).

Walker's second concept continues the argument. She speaks of "epistemic rigging". Moral understandings and reasoning are skewed toward the interests of those in power.

One cannot overestimate the role of epistemic and discursive manipulation in understanding how flawed, even vicious, moral orders are reproduced. (Walker 1998:205)

One clear arena where many women would argue that the situation they face is "epistemologically rigged" is that of the division of labor within the household, as manifested both in direct, hands-on caretaking tasks and the supporting tasks behind them: shopping, cleaning, clothing, orchestrating daily life in a way that makes it viable, compelling and even joyful for the members of the household. Witness the widespread belief that women have a special disposition towards such tasks which may even be biologically based.

Forced to care

Caretaking and even caring in the sense of paying attention and being emotionally committed do not preclude a discussion of coercion and force. This is the topic that Glenn (2010) takes up in a wide-ranging and important study. Persons forced to care have been, at different historical times and places, servants, slaves, various catego-

ries of workers in social welfare systems, and members of stigmatized categories such as undocumented immigrants and sex workers. Not long ago, a wife's caring for her husband, even sexually, was a duty enforceable by law in most Western democracies; his obligation was to provide, not necessarily care, for her and her children. As Tronto (1993) and many others have shown, the entire range of care activities – from intimate direct contact, through emotional containment, to support and enabling services – are simultaneously gendered, "raced" and "classed", particularly where the object of care and the actions involved are not freely chosen by the caretaker.

For Latin America, an especially interesting case of care whose voluntary, spontaneous nature can be called into doubt is the work of religious women in a wide range of institutions devoted in large measure to care. Catholic nuns have traditionally been educated to see themselves as specialized caretakers: of priests and religious hierarchs, of patients in hospitals and hospices, of children in boarding schools, of the targets of missionary projects. Some might identify a kind of false consciousness forged through successive stages of recognizing a religious vocation, becoming a novitiate, moving through trials of faith and perseverance, relinquishing ties to persons outside the faith, accepting vows of obedience. But coercion also springs from the lack of alternative occupations in a context where institutions have favored sons in education and the transmission of property, and alternative channels to self-respect and fulfillment did not exist. For innumerable women throughout the history of colonial and post-colonial Latin America, a career as a religious was the only alternative to marriage, quite possibly with a partner not desired by the woman or girl in question.

Voluntary, loving, albeit non-specialized care need not be the best solution for many care gaps, and paid, professional or specialized care can be of very good quality. Zelizer (2001) cites numerous court cases where family caretakers were incompetent or negligent, with various family members fighting among themselves to assign the blame for care not duly given. The same author cites numerous cases of non-family care providers where the issue at stake was not the quality of their work and level of commitment, but the failure of the family or other contractor to compensate them as agreed. The low levels of compensation for care-giving and apparent low value Westerners place on it in actual practice are well-known problems. This is part of why a flourishing market has opened up for caretakers – cleaners and cooks, nannies, daycare workers, elder caretakers, hospital and hospice workers – that arrive as immigrants. With or without documents and contracts, their bargaining possibilities are far weaker than those of native workers or long-term residents.

UNWomen, through INSTRAW, its research and documentation center in the Dominican Republic, sponsored a landmark study of the global care chains that link Central and South American women to Spain and other European countries and to markets with heavy demand such as Chile and Argentina.[2] The U.S. demand for care workers from Latin American countries is all too familiar. It has been documented in research and on film and continues to dominate the international news. Hondagneu-Sotelo's study of immigrant home workers in California (2001) is eloquent in

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[2]   The project sponsored studies in Bolivia, Ecuador, Chile, Paraguay, Nicaragua and Spain, in addition to Peru. A synthesis of findings can be found in Molano Mijangos, Adriana, Robert, Elisabeth and García Domínguez, Mar. 2012 *Cadenas globales de cuidado: Síntesis de resultados de nueve estudios en América Latina y España*, available from Creative Commons.

its exploration of the emotional attachment nannies and housekeepers develop to the children in their care which some feel threatens to overwhelm their feelings for their own children.

Another moral philosopher, Onora O'Neill (2000), challenges us to decipher the connections and distinctions among human rights, ethics, morality, and care. If care is seen as a human right, the obligation to provide it must be honored, even if fulfilling it requires distributing the burden in non-voluntary ways (Elster 1992). The discussion shifts to the principles being employed in making the distribution, degrees of choice and coercion, and their role in particular cases. Are nurses wrongfully forced to undertake personally dangerous caretaking tasks as part of the jobs by which they earn their living or out of a sense of vocation that is encouraged as a legitimate part of their training? The health workers caring for Ebola patients under conditions of violence and conflict in Uganda and Congo come to mind.

Most of our shared moral communities may well put the right to care of the recipient above the right to choose of care-givers, at least with respect to some categories of persons for whom the denial of care is tantamount to a death sentence. Infants and very young children, victims of accidents and disasters, mentally incapacitated persons, the elderly, many of the physically disabled would probably be on the list for Western welfare democracies; the poor and the indigent may or may not be. Societies that descend from radically different cultural processes may reach very different decisions concerning the right of some to receive care and the element of force or coercion to be used in ensuring that others provide it to them.

3. The case

Child support and its discourses

Some years ago, I set out to analyze the discourses of men and women in procedures having to do with child support after divorce or separation. I was particularly interested in hearing men speak about why they should not provide support or why the amount of their support should be limited, even at times absurdly inadequate to covering the needs of the children they had engendered. In effect, they were talking about why they should not care for their children, at least not to the extent that their former partners consider fair and up to appropriate standards. Many are the discourses of so-called deadbeat dads: men who deny paternity or who justify their absence as providers and parents by transferring blame to the mother of their child. She, not he, is being uncaring: dishonest, slovenly, guilty of having trapped them into marriage or a brief sexual liaison.

The moral community at stake here is Peruvian although it undoubtedly has similarities with those of other Latin American countries with a legacy of colonization by Iberian Catholics (Fuller 2000b). Some streams of moral thinking come from the indigenous Andean tradition based in the closed community and a strong ethos of reciprocity. The "rigging" that takes place within the Peruvian moral community has a strong class base in addition to its gender and ethnic biases. The laws and social norms around child support reflect a middle-class ideal of fathers steadily employed and capable of covering their children's needs. For

poor men, such as most of those in my study, a well-paid job is something they will never see in their lifetimes.

Methodologically, I worked with two assistants, Rocío and Jorge, both law students initially although Rocío had transferred to the anthropology program of the Catholic University of Peru, my academic base at the time and whose gender studies program provided the context for this research.[3] The cases, a total of 784, represent the universe of cases registered in 1997 in two different regions of Peru: Cañete, on the Pacific Ocean coast to the south of Lima, and Huancayo, a thriving commercial center of 450,000 in the central Andes surrounded by one of Peru's richest high-altitude agricultural valleys. The majority are from Cañete province, a mixed area of rural towns, farming communities and peri-urban settlements where recent migrants from the interior of the country congregate. Some over 100 cases were registered in the city of Huancayo and a small number, 17, were registered in the provincial capital of Yauyos which makes a kind of bridge between the coast and the sierra. The hypothesis was that the rural-urban contrast as well as the coast-sierra contrast would influence the arguments and counter-arguments of the disputants in the cases. The coast of Peru is largely mestizo with some Afro-Peruvian enclaves. The sierra population has persisting connections to Andean village culture including particular ideas about marriage and family associated with it (Van Vleet 2008; Salas 2019).

Some under half of the cases (378) were processed in actual courts of law, most at the level of "juzgados de paz", the lowest rung of the Peruvian judicial system. A "juez de paz" is, as the name implies, essentially a peace-keeper for local communities, especially those classified as "no letrados" who do not have authority to emit actual sentences. Their role in domestic violence and disputes over family obligations such as child support is to try to achieve an agreement between the parties, to exhort them to improved behavior, to recommend courses of action and, if they conclude that conciliation is impossible, remit the case to a higher level in the judicial system. That may be another local court, a "juzgado de paz letrado" or it may be a specialized family court or all-purpose court in a larger town. Much depends on the location of the disputing parties. Many people in rural towns and villages will never see the inside of a courtroom although Andean communities have a reputation for being disputatious and many have long-standing legal processes concerning land rights and community borders (La Rosa 2007).

Demands for child support can use another channel, that of municipal Defensorías de Niños, Niñas y Adolescentes (DEMUNA), entities modeled on the ombudsman in Scandinavian government structures. All local governments, provincial and district, are mandated to create their DEMUNA. At the time of my study, being relatively new, they were receiving technical and financial assistance from Swedish Save the Children and other specialists. In most jurisdictions, however, local government budgets being extremely limited, the person put in charge was a volunteer or a municipal employee whose official duties might be in planning or infrastructure inspection.

Some over half the cases reviewed (406) had entered through the office of the DEMUNA in the various jurisdictions we visited. I can't speak to systematic differ-

ences between the two channels open to plaintiffs: whether mothers are more likely to receive favorable treatment in one or the other. More to the point, the arguments that appear in the course of interviews and sessions before a judge do not seem to differ. A case that is first brought to the attention of the DEMUNA can be referred to the judicial system if the official in charge deems the circumstances warrant it.

Not all of the cases are brought by mothers who have become, by decision or by default, the custodial parent. Some few are brought by fathers, and there are cases of demands for support brought by adolescent children as well as elderly parents who file complaints against adult children (usually sons) who have "forgotten" their duty to maintain the parents in old age. I cannot provide exact statistics on these or other matters – for example, what are the average monetary amounts that are awarded in a successful child support case; how many of the cases actually end with sentences; how many of those charged and sentenced to provide support are actually doing so 3, 6 or 12 months later – because of the complexity of many of the cases but above all because of the many problems with the registries. Most reports consist of 1 or 2 pages of handwritten notes. Many lack dates or vital pieces of information such as how many children the couple has and their ages. Clearly, even at relatively high levels of the judicial system, there is urgent need for training in soliciting the information in ways that would permit internal verification, in registering the information consistently, and in ensuring that all follow-up actions are organized in a single file.[4]

Finally, there are questions about the role of lawyers – especially small-town lawyers – in the formulation of the demands and responses. The person requesting child support in Peru must initiate the case and follow up aggressively as it moves through the system, ensuring that notifications are delivered to the accused (who may have changed addresses several times), that judges and their assistants give due priority to the case, and that citations are organized with dispatch. All these steps can be facilitated by a lawyer, especially the initial drafting of the complaint. Lawyers may agree to take a case on the promise of receiving as payment a percentage of the first year's proceeds, if successful. This might be as much as 30%.

Though the lawyer's fee may turn out to be quite lucrative and, in rural towns, one of their main sources of income, both the plaintiff and the lawyer take a risk in these agreements. A large number of case files end with the note: "Plaintiff did not appear for the hearing (or conciliation session in the office of DEMUNA)", "Accused did not appear" (forcing re-notification and rescheduling) or "Case abandoned." The costs of bringing a child support case are very high for a woman who is caring for children and a household and very likely working to generate income as well. Traveling to and from, delivering notifications, keeping track of court dates and reconciling them with duties at children's schools and other obligations are strong incentives to desist. A dissuasive factor for many is the likelihood that the father will get word of the process underway and seek to pressure the mother into stopping it, using tactics that range from slander to outright violence.

For analyzing the discourses of plaintiffs and defendants in the child support cases, I used simple inference to extract what seemed to be underlying principles. They could be phrased in different ways by lawyers, plaintiffs, the accused, or the person summarizing the proceedings of an interview or conciliation session. The

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4   It should be said that in the years following my study, a massive effort in providing computers to judges and local governments has been on-going.

registers often contain direct quotations from the principal actors. The principles being appealed to coincide to a large extent with actual Peruvian law concerning family obligations of support. But they are better understood as a kind of common law or folk analysis of what justice means in cases such as these. The discourses of plaintiffs and defendants may enunciate a relevant principle explicitly or it may be implicit in the context they describe.

Many of the ideas expressed in the discourses concern mothers' obligations to care, but for the purposes of this paper I am selecting those that apply to the fathers who are under question for failing to care or failing to care enough for children they have engendered with a woman who is no longer their partner.[5] These are the defendants being asked to ante up their support, financial and otherwise.

What does "caring" and "not caring" seem to mean as expressed in the expectations applied to these fathers? First, caring assuredly means that children should not die of hunger and want. Thus, the father's obligation is to contribute to or even entirely cover the costs of their food, clothing, and shelter. By law, mothers and fathers have a shared responsibility for their children's economic support yet the arguments that appear in the registers of cases unquestionably assign a larger burden to the fathers. The only defense they may bring concerns their ability to pay. Mothers should not demand unreasonable amounts or monthly payments that would put in jeopardy the fathers' economic survival. This loophole strands innumerable children in poverty with neither a mother nor a father in a position to maintain them adequately.

> Juzgado de paz letrado Mala. (El padre) ha querido ser responsable pero se encuentra entre los "cientos de trabajadores del Perú" en calidad de desocupado. Sólo ha podido hacer algo por la hija en cuestión gracias a "la ayuda de mis hermanos y de mis padres, quienes libremente han proporcionado víveres y otros alimentos".

Caring means being present in crises (or potential crises) such as birth and illnesses. The implications of certain conditions, such as severe illness or disability, may be in dispute, however, as in the case of father raising his 8-year-old daughter in a rural town and separated from the mother, who remains in Lima with a very sick baby of 8 months:

> Juzgado de Yauyos. El padre discrepa con la opinión de la madre en sentido de que el niño, aparentemente con graves problemas congénitos, pueda recuperarse. Dice el atestado: "El denunciado no desea continuar atendiendo los gastos de la enfermedad del menor mencionado, manifestando que mejor se muriese debido a los gastos que ocasiona la recuperación de la salud".

A father's presence at the birth and through illnesses has a material purpose: he should stand by to pay for at least part of the expenses involved and, where possible, he should take steps to make sure that his children are included in whatever health insurance he may have. It also has a very important symbolic meaning, particularly the emphasis placed on witnessing the child's coming into the world. In one case, a woman argued that her former partner had a special obligation to provide child support because she had been forced to give birth entirely on her own: "on a bridge, in a

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[5]   In a very few cases the couple is still occupying the same house but the plaintiff considers the defendant is not fulfilling his obligations as a father.

public thoroughfare." Ignoring the child's birth comes close to denying its existence – a heinous act of non-caring – and denying legal paternity by not registering the birth or refusing to appear on the birth certificate is only slightly less serious a moral fault. On this point, however, fathers may and do make many counter-arguments: that the woman had more than one sexual partner at the time of conception, that she is known to be morally loose and sexually promiscuous, that third persons put her up to making the claim knowing that the father was in a position to support her and her child into the future.

What are the fathers' counter-arguments? These convey the reasons men deploy for limiting or even overriding their obligation to care for their children; to reiterate, in various ways, not only financial. A frequent one is that the mother is capable of providing for them economically and may be in a better position to do that than the father, despite the prevailing gender gap in earnings in Peru. Many of the cases from highland Huancayo incorporate this argument and seem to reflect long-standing traditions of women inheriting land and agricultural resources as well as a large contingent of successful female entrepreneurs in the urban economy.

> Juzgado de Familia de Huancayo: El demandado ha presentado un acta de separación ante el juzgado de paz de El Tambo, donde ambos viven. Él alega: "La demandante es una persona de solvencia económica, es propietaria de tienda de abarrotes y licores al por mayor y menor ubicado en su domicilio, lugar donde tiene invertido un capital de S/.30,000 nuevos soles. (Además) tiene un capital de S/.6,000 por haber obtenido un préstamo del Banco de Materiales para levantar otra construcción en nuestra propiedad". La mujer indica que ella "realiza solo pequeños negocios para subsistir, porque se dedica exclusivamente al cuidado de sus hijos". En la sentencia, la Corte Superior declara infundada la demanda por la cónyuge y fundada la demanda por los hijos. Cada uno recibirá S/. 75 mensuales.

A second line of reasoning used by fathers to limit their responsibility involves accusations against the mother of the child or children of being imprudent in money management, of directing the child support to ends other than the child's welfare, or of being negligent in her care of the children. Fathers claim that the mother spends on herself or on unnecessary items. This sometimes leads to agreements whereby the fathers' support is conveyed in baskets of food from the market, covering the account at the corner store or taking the children out to eat periodically. It could be the case, for example, that the father runs a restaurant or can enlist his mother to provide meals for the grandchildren with some regularity. More often the courts and DEMUNA officials credit the mothers with properly distributing the family budget and even recognize that their role as household administrators and caretakers should be compensated as part of the logic of child support. Thus, in perhaps a fifth of the cases the support decreed by sentence or agreed by conciliation specifies a breakdown of the amount considered for each child and another, smaller amount awarded to the mother. Mothers argue that this is fair and necessary because being the caretaker for the children limits or denies them opportunities for working and earning what they otherwise would.

A third argument used by fathers accuses the mother of misbehavior or moral turpitude. Causing a scandal at the father's place of work, for example, can

affect the negotiations and tip the balance in his favor. Most such accusations, however, have to do with the mother's sexual behavior: infidelity, forming new partnerships that (former partners allege) detract from their commitment to the children that are the subject of the demand, having many children (implied) by many partners. To be a worthy recipient of child support, the mother should cultivate good relations with her former partner's extended family (grandparents, uncles and aunts, cousins) and give them access to the children. Throughout, the mother should refrain from tarnishing the father's image in the eyes of the children. Failures to maintain these standards of behavior can be used as arguments against the plaintiffs in the court or DEMUNA.

What about affective intimacy and its recognition as part of the "shared moral understandings" that underpin child support decisions in Peruvian judicial proceedings and processes of conciliation in DEMUNAs? Fathers should communicate their affection and concern for their children. These are expressed most powerfully through visits.

> Juzgado de Yauyos. Relaciones amorosas que procrearon a un hijo. Ella pide S/.300 de pensión. Él argumenta: "Tengo un hijo alimentista, al cual la demandante lo encierra en su casa y no deja que lo vea, impidiéndole que reciba los comestibles que llevo. La demandante genera en mi menor hijo sentimientos negativos en mi contra".

If mothers do not allow for fathers to visit their children, this will be used against them and may reduce the amount of the fathers' obligation. Visits often take place in the home where the children live with their mothers and possibly others of her relatives. Visiting regimes are often left open: fathers can drop in whenever they wish or have the opportunity. These rules around paternal visits, which restrict the mothers' right to privacy and might affect her chances of establishing a new relationship, reflect the dynamics of poverty that provide a backdrop to almost all the cases we reviewed. Men work when they can and where they can; very few are in steady employment with free weekends. Taking their children out to a park, playground, cinema or restaurant would be beyond the means of most, and such attractions may not even exist within reasonable distance of the children's residence.

Fathers should express their affection not only through visiting but also through gifts and surprises that recognize occasions and preferences that are important to their particular children with their particular personalities. Birthday and Christmas presents are a clear expectation. In other cases, fathers offer to supply the child with school uniforms, shoes, toys, medicines, a bed. Like mothers, they should avoid causing embarrassment to their children. In the local community, they should be models of behavior.

A potential objection to my 20-year-old data on fathers' and mothers' discourses about care responsibilities concerning children they have engendered together is that things have changed since the cases were registered. I hardly think so. Demands for child support and disputes over its management continue to clog the Peruvian judicial system year after year. The Office of Public Defender produced a report on the matter in 2018 that documents the intractability of this long-standing problem. Fuller (2000a) in her study of fatherhood in three seg-

ments of Peruvian society emphasizes how little change there has been in ideas about fathers' participation in childcare.

4. Care and cultural variation

Let us return for a moment to the two contrasting regions of Peru involved in my study of claims to child support: the Pacific coast, rural and small-town yet relatively close to cosmopolitan Lima; the central Andes with living traditions inherited from once closed peasant communities.

In the Andes, women were likely to be employed, to have assets such as land or urban real estate, or to be running small businesses. They seldom made requests for alimony to be paid to them; on the contrary, they expected to contribute to their children's support. Some Andean fathers took advantage of this situation, not only to minimize the need for their contributions but to accuse the mothers of neglecting the children in their pursuit of economic goals. Mothers might be accused of benefiting from the children's labor in their enterprises or in managing the household. The corporate family and corporate community make their appearance in many of the Andean cases as both mothers' and especially fathers' relatives accepted their obligation to act in solidarity where a relative – the children's father – had failed.

On the coast, mothers prioritized their children's psychological and educational development and their role in securing it. Overall, they rejected a bread-winning role in the understanding that this pertains to men, and in practice they had little access to work that could be combined with childcare. Fathers, in the coastal population, moved from town to town, in patterns of labor migration that involved agricultural field workers as well as professionals such as teachers, health providers, police, and government workers. The partners and children they left behind were often spoken of as a casualty of the job. Under these circumstances, their relatives were less likely to become involved and less likely even to know of the obligations their family members accrued as they moved through assignments.

Many other factors, especially access to a steady income and other resources, played into the actions and discourses of the principals in the cases, but cultural norms were certainly a part of their claims and the arguments they deployed to support them. Over this diversity – economic, structural, and cultural–, plaintiffs, judges, municipal officials, defendants, lawyers, and assorted relatives and assistants, attempted to reach agreement on the question of care and support to children caught up in marital conflicts and family division as well as the many other conflicts that arise in family and community life.

Cultural variation in Peru is much broader than the case study suggests. Among the most distant "others" are members of Amazonian indigenous societies. A very long literature leaves no doubt as to the radically different notions Amazonian natives have about proper ways of family formation, relations between the genders, the meanings of marriage, motherhood and fatherhood, and relations among neighboring groups whether of the same or different language groups. Space does not allow me to do more than sketch some of the practices involved. I deliberately select some that are most at odds with the national Peruvian "shared moral community" (however hard that is to define; dominated by a literate, urban-based, politically connected minority) with respect to family obligations.

Many practices reflect dramatic points of tension with Peruvian law and mainstream non-indigenous norms and practice. It must be said that the national norms are rapidly displacing traditional ways in parts of Amazonia, embedded as they are in social programs, pressures to convert to Christianity, and economic incentives to change; most notably, to abandon nomadism and collect in permanent settlements grouped around a school, health-post, soccer field and often a chapel or evangelical church.

The literature documents important differences among ethnic groups and contrasts that reflect intraregional tendencies. Polygyny, for example, is a prestigious form of marriage throughout the indigenous Amazon but actual rates for men having more than one wife vary greatly. Control by older family members over marriage decisions (who marries whom, what limits may be set on failure to meet expectations of care and commitment) is another area where ideals and practice diverge, and actual practices reflect historical processes that impacted diverse groups in widely different ways, especially with respect to gender roles and prerogatives.

Historically, as a result of raids on other villages, women and children were often captured and assimilated as wives and children by "enemy" men (Overing and Passes 2000; Descola 1993). They may not have spoken mutually intelligible languages. The ethnographic record attests to the durability of many of these unions even as it documents cases of women who were captured, spent a period of time as wife to a man from an enemy village, recaptured by her own people and returned to her husband there, maybe more than once.

Even today, early pregnancy and early formation of unions are exceptionally frequent in the Amazon Basin compared to the rest of Peru. They may express some of the cultural heritage of extreme competition for brides and the role of marriage in validating men's position as adult heads of households. Under traditional conditions, women had limited capacity to make decisions about their reproductive lives. Undoubtedly, they also reflect the severe practical limitations on girls and young women in towns and villages where no more than a primary school education is possible and every woman's destiny is to become a provider for her family.

Indigenous practices, even some that lie at an extreme from Western norms, often have a functional justification within the context in which they occur; this is a well-known tenet of anthropology. In the case of indigenous Amazonian societies, a major factor driving the norms surrounding care appears to be the high risk of death for adult women and especially men, exposed in hunting as well as inter-group violence. Some group subscribed to a theory of partible paternity whereby all the men who had sexual relations with the mother during a pregnancy shared the child's paternity (Beckerman and Valentine 2002). Should the official husband turn out to be a poor provider, or die, the child was still protected. Sexual norms giving access to partners outside of marriage, and beliefs that growing the fetus required multiple sex acts to ensure the proper mix of semen and blood, buttressed the distribution of responsibilities. A variety of practices grouped under the term couvade (Reed 2005) involved the public display of the father's connection to his child. They involved observing food taboos, cutting to simulate vaginal bleeding, dramatically "sharing" the pains of childbirth, taking to a hammock for a post-partum period of enforced inactivity.

By extension of the functionality principle, we would be wise to assume – until proven otherwise – that practices of culturally different human groups in arenas we identify with caring are legitimate, well-grounded solutions to the puzzles of care.

None is perfect; none can stand alone. The ideal promoted by an entire school of Western psychology, for example, whereby infants require a single caretaker with whom they can securely bond is almost impossible to apply in the great majority of human societies where all adults are fully involved in production and provisioning.

In the Andes, given long walks involved in animal pasturing and working far-flung fields, household time budgets differ greatly from middle-class urban patterns. Oths (1999) presents interesting evidence of the primacy of a goal of maintaining an age and gender balance in rural households. Household members will be sloughed off or assimilated as adjustments must be made. Children as well as adults move from one household to another as imbalances arise between caregivers and those in need of care (Leinaweaver 2009). A daughter may be designated to accompany and care for a grandmother or childless aunt in another village or town. A sister may be asked to move back home where too many young children are preventing their mother from fulfilling her role on the farm and in marketing the family's animals and produce.

In modern, complex societies, the cultural differences that surround care practices and ideals are not of simple academic interest. They create conflicts and not infrequently human rights abuses when social policies and programs, and legal systems, show themselves to be "rigged" in favor of – in this case – policymakers drawn from educated, urban, middle-class, relatively wealthy sectors with little understanding of the others. Herzfeld (1992) writes of the "social production of indifference" under conditions in which bureaucrats are asked to apply social programs to beneficiaries they do not understand and do not approve of. As administrators, they find ways of not hearing applicants for subsidies, loans and other benefits. In Peru, they may literally not hear the words spoken in a language other than Spanish. I have documented similar reactions among frontline Peruvian health workers confronted with rural patients that bring complaints they consider to be imaginary folk illnesses (Anderson 2000). Rather than overt discrimination, these situations speak of an incapacity to feel or cognitively react with sympathy, to recognize suffering and need in others.

5. Caring about and caring for strangers

In their dramatically titled collection, *Killer Commodities*, Singer and Baer (2009) bring together case studies of products put onto the market in different countries of the world that caused harm and often death to the users. We read of Chinese companies marketing baby formula containing a mixture of chalk and powdered cow's milk. Some of the world's most profitable pharmaceutical firms are currently in court in the U.S. to answer for having propelled an epidemic of opioid addiction and overdose deaths. How can we account for such a radical absence of care, to the point of actively, knowingly doing harm to unseen strangers? The fact that one does not see the suffering of the victims of one's noncaring: does that undo everything we have said about care, its norms and its motivations?

Thus it is that we have come hard up against some of the most challenging problems concerning care. We are out of the realm of identifiable relationships between caregivers and care receivers, and into the realm of persons and groups who are geographically, historically, socially and culturally distant. Some decisions about the extensions of care depend on purely practical considerations. How far out of my way

can I be asked to go in order to provide care? How effectively can I give care to a person or persons whose language and values are radically different from my own? To whom do I owe a duty of care when the needs of those close to me conflict with the needs of those far away, where the consequences of my caring actions may never be known to me?

Moral philosopher Onora O'Neill calls on the Incas pre-1492 to exemplify the historical changes that have created obligations along with the opportunity to open our imaginations to the circumstances and needs of other human beings. Things were different, she says, before the New World and Old World became connected through exploration and colonial conquest.

> (…) Since the ancient inhabitants of the Andes and their contemporaries in Anglo-Saxon England could not and did not interact, neither would have acted in bad faith if they excluded the other from the domain of justice. Neither of them could practice either justice or injustice to the other. Things are different for the actual men and women who inhabitant the earth now: the potential for interaction cannot be assumed away, and it would be arbitrary to exclude distant others from the domain of justice. (O'Neill 2000:157-58)

Even so, O'Neill recognizes the material impossibility of providing "all possible care and concern to all others" (O'Neill 2000:107). Inevitably we will be selective.

Yet as the world grows smaller and far-off strangers come closer, the disputes over who should be cared for and cared about grow ever more vociferous. Xenophobia drives the refusal to extend asylum or even emergency assistance to refugees seeking relief in the rich countries of Europe and North America. Depriving entire communities of the means of livelihood becomes national policy in the United States as its current administration imposes economic sanctions on Iran and other countries. War, even nuclear war, is not "taken off the table" at a level of rhetoric. The Other – strange, alien – is not only discounted as unworthy of care but must be eliminated; this, for violent and radical sectors of some societies.

The philosopher Kwame Anthony Appiah, in exploring the concept of cosmopolitanism (2006), raises questions about who should exercise the duty of care where large populations and international systems are at stake. At the heart of the matter are the obligations of the wealthy nations of the world to assist poorer nations in improving the quality of life – that is to say, in caring – for their citizens. This may involve a collective obligation expressed through taxation and institutions of foreign aid, or it may entail a very personal obligation. The example Appiah provides (2006:166) is foregoing tickets to the opera and channeling the money instead to alleviate infant diarrhea in developing countries. Part of the problem is the slowness of empathy towards distant others. Then there are competing demands: the continuing existence of operas, and museums, libraries and parks is important too as a way of caring for spiritual and aesthetic needs. Finally, adding urgency is the expansion of our knowledge and understanding of the world and its ecosystems. Rather than infant diarrhea, some might say, global climate change demands our utmost caring efforts.

The contemporary world order assigns to nation-states the primary obligation to provide care, services, and welfare to their populations, backed by international institutions and in a subsidiary relationship to families, a wide variety of communitarian organizations, and (in varying degrees) the private sector. A recent collection of writings by Peruvians with other Latin American and international scholars (Cortés

and Giusti 2007) is a useful overview of the goals pursued, the expectations raised and the many failings of this approach. National policies and international standards that point to a universal, collective obligation to care are justified in terms of poverty reduction, equity, investment in human capital, promotion of human rights, economic growth and social development. National policies that justify not caring appeal to principles such as border protection, preserving national identity, fomenting self-reliance among the weak and vulnerable, maintaining high standards of living, economic security, balanced budgets, small government and austerity. The tensions among these diverse and conflicting principles are all too evident throughout the contemporary world.

Towns' (2010) study of the spread of norms concerning gender equality, channels for women's political participation, and the creation of national women's policy bureaus demonstrates the importance of emulation among nation-states seeking to position themselves as members of powerful and prestigious blocs. We can imagine a world where interconnected, effective policies of care would catapult countries to an elevated status in a group of elite caring nations. The few countries that have so far announced national systems of care – Spain, Uruguay – may be the first signs of a new wave. But we are a long way off from a time when possessing a national care policy will define a shared, international moral community strong enough to reverse the political expediencies of not caring.

6. Conclusions

This text has pulled together a wide range of disparate considerations, lines of analysis, case studies and situations in order to consider its initial questions: What is care and what is not caring? Entire books have been written in response to these questions. I have tried to give them a particular take from my perspective as an immigrant to Peru with decades of involvement in academia and social and feminist movements.

One of the themes to emerge is the importance of subject position. People, organizations, even States make judgments about morality, responsibility, and care from different subject positions. Yet, given the risks of "epistemic rigging," not all subject positions are equally legitimate. Women are the first to know of the risks of oppression and abuses of power involved in evaluating styles and qualities of care, especially on the part of those who are the beneficiaries of caretaking practices they do not reciprocate and only poorly understand as passive recipients (Hochschild 1995). As we become more aware of care's many varieties and complexities, this is a dimension that must be added to the research and theory-building agenda.

A closely related theme is the challenge of designing social programs that consider divergent norms of caring. Many observers of Latin American governments have pointed out the prevalence of top-down design of social policies and lack of consultation and participation by those most affected. Peru is no exception. The administration of social programs relies heavily on cadres of poorly trained public servants, contractors, and inexperienced college graduates as field workers. In a country of vast cultural diversity, the risks are high that they will impose their own experience and expectations of care and not caring in the face of differences among the people they are mandated to serve. The challenge of overcoming "epistemological rigging" under these conditions is very great.

Cultural diversity must be fully present in our theories concerning systems of care, including the place within them of not caring, as I have tried to foreground it in this discussion. I have dwelt on not caring as it is so often associated with geographical and social distance and differences in ways of life (Herzfeld 2001). Many Peruvians hesitate to extend caring sympathies to indigenous Amazonian peoples because of repugnance at some of their practices and beliefs. Xenophobia dehumanizes people from other cultural backgrounds and leaves them outside the circle of those to be cared for and cared about. It spawns myths and falsehoods about the unspeakable things other people eat, the way they live, their bodies and hygiene, their savage, retrograde, and intolerable customs.

I have also shown how not caring comes closer to home, however. Because the usual tendency is to assume that love and concern, freely given, underpin most caring relationships, I have sought to highlight the other factors that are in play. These include coercion and commodification and also emotions of guilt and shame. We saw this in the case of Peruvian fathers (and, to a lesser but still significant extent, mothers) in relation to children in the wake of parental separation. Shaming deadbeat dads into providing child support is a tactic used by many governments and promoted by some feminists. Nussbaum (2004) shows how blunt an instrument it is and how quickly it leads to illiberalism and intolerance. It fails to take into account the wide variety of situations people find themselves in and the various ways in which they try to care.

Shaming takes place at a level of nations as well. Governments are shamed over childhood poverty rates, homelessness, domestic violence, suicide statistics, rates of substance abuse, and elders left in institutions or the company of robots, among many other indices available in these times of Big Data. Often their defense is also that caring takes many forms, is inevitably selective, and depends on having the necessary resources.

How could this reliance on negative emotions, regulation and coercion be changed? How can national systems of care be built on firmer bases? Care is intrinsically bound up with emotion: in personal relationships, in bureaucratic exchanges, and in the behavior of States. But what emotions offer the surest motivation for good care, good treatment among strangers, and good policies?

A tentative answer comes from piecing together some unlikely sources. Averill (1996) writes of the intellectual emotions, deserving of greater recognition, and the prominence of hope among them. Kittay (2019), in her many calls for new ways of caring for and about persons with severe disabilities, appeals to hope as a motivating force. Brown (1995) calls on us to look beyond particular injuries (the result of not caring) and particular rights and identities to envision an egalitarian political community. She speaks of idealism and the importance of holding onto earlier ideals where building an "egalitarian social" was assumed, given the right conditions (Brown 1995:134). Ortner (2016) reminds us of the "dark" turn social theory has taken under the way of neoliberalism and of the contrary impulse to renew our interest in good societies with vital moral perspectives, facing an open-ended future with optimism. The collection edited by Lambek (2010) reviews the "ordinary ethics" of a wide variety of human societies, filled with hope of justice, growth, restitution and redemption.

Among anthropologists, Cheryl Mattingly is undoubtedly the one who has written and thought most about the place of hope in human affairs. Mattingly has stud-

ied clinical settings where occupational therapists provide their patients with the elements for constructing hopeful scenarios in the face of massive trauma (1998). More recently she and a team have accompanied African-American families in Los Angeles as they dealt with severe and chronic disease and disability in their children (2010, 2014; with Jensen 2015). She insists on the open-endedness and uncertainty of hope. For Los Angeles families devastated by discrimination, disease, and violence, "hope emerges as a strenuous moral project. (…) Hope is a practice rather than merely an emotion, belief, or cultural model that members of a community simply enact or espouse." (Mattingly and Jensen 2015:38)

Instead of blame and shame, the fathers whose support for their children and involvement in their caretaking was the case in point for this essay might be motivated by hope, if that were put on the table and foregrounded. They would be hoping for the healthy development and a prosperous future for their children. They would be hoping to be reincorporated into their children's world as worthy human beings, not defaulting scumbags. They would be hoping for reciprocity, for enjoying their children's care and consideration when they reach old age. They would be hoping for their children to learn some positive things from them, maybe even to resemble them in gestures and thought. In short, they would be hoping for what most of us hope for in relation to our offspring.

Hope is about the future and its possibilities. On a purely practical level, it entails moving the conversation to the future – no longer who is to blame for events in the past, nor who is behaving badly in what ways in the present – but what each of the former partners envision as a future worth hoping for. I am arguing that the same movement should apply in many arenas beyond family breakdown and parental responsibilities.

Hope that developmental processes will proceed without adverse events; hope that illness will eventually cede; hope that cures will be discovered and prosthetics designed for the disabled; hope that death will come gently to the elderly; hope that marginalized groups can be brought into the national and international communities; hope that violence will end; hope that humans will find their better angels: hope was always already present in care relationships in all their forms. We are invited to give hope a chance: in our theory building about care, in empirical research and as a centerpiece of policy.

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