

Tiina Vaittinen

THE GLOBAL BIOPOLITICAL ECONOMY OF NEEDS

*Transnational Entanglements between Ageing Finland
and the Global Nurse Reserve of the Philippines*



tapri



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AND THE GLOBAL NURSE RESERVE OF THE PHILIPPINES

ACADEMIC DISSERTATION

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Painting Buhay OFW [The Life of Overseas Filipino Workers] by Candido B. Manarpiiz, photo by Tiina Vaittinen

Sculpture of Dignified by Eve Shepherd MRBS, photo by Eve Shepherd
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utilise photographs of their artwork in the cover of the printed thesis. Thanks also to the graphic designer Heidi Grönroos for the professional work of merging the two images together so stylishly. The painting in the cover image is entitled *Buhay OFW (The Life of Overseas Filipino Workers)*. Mr. Manarpiiz painted it as a gift to the Overseas Workers Welfare Administration (OWWA), when returning home after 14 years of working abroad. The painting dramatizes the struggles and hardships of the Filipinos, who aim to achieve their dreams in life by working overseas. I photographed the painting in June 2014, when visiting the OWWA offices for a key informant interview. The sculpture of the old woman in the cover, in turn, is entitled *Dignified*. The artist Eve Shepherd says she made the sculpture for several reasons, one of which was to respond to the abuse, and neglect that the ageing population faces today. To me, the image of *Dignified* is the most powerful depiction of the elderly body, and its power in bare vulnerability. The exposure of the nude pose of the sculpture demands and enforces us to recognise the person in full, and to ask what she might need, as the kind of body she is: frail, yet powerful, and dignified. You can find out more about Eve Shepherd's work at her homesite: <http://www.eveshepherd.com>.

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Työhuoneella 6.7.2017,

Tiina

ABSTRACT

Over the last ten years, some 400- 500 Filipino Registered Nurses (RNs) have been recruited to work in Finland, mostly as nursing assistants and practical nurses (PNs) for transnationally owned private care companies, which sell services to the public sector. In addition, a smaller group of university educated Filipino RNs have relocated to pursue a degree in Finnish practical nursing, so as to be able to work in Finland. Drawing on multi-sited and non-local ethnography on Filipino nurse migration to Finland, this thesis asks how the ageing of the Finnish welfare state entangles with the transnational care economy in general, and the Philippine nurse reserve in particular, as Filipino nurses migrate for Finnish elderly care. Are the entanglements that are presently in the making just and peaceful?

When an ageing population demands care in a welfare state, and when the responses to these demands cross national boundaries, various processes of transnational biopolitics are elicited. Addressing the discipline of Peace and Conflict Research, this article-based thesis examines such transnational politics of life, through the entanglements of ageing Finland and the global nurse reserve of the Philippines. Drawing on ethnographic research and deconstructive methods of analysis, the thesis shows that Finland has not yet taken seriously its international responsibilities as a receiving state of professional nurse migration. Metaphorically put, the left hand of the state does not know what the right hand is doing. Instead, knowledge is scattered across various regimes of governance, without a single state body possessing a holistic view of the recruitment practices and their consequences. This is ethically problematic, since the state cannot tackle structural violence and injustices, if it does not know what those structures are, and how they emerge.

The case of Filipino nurse migration to ageing Finland shows how populations, their mobility, and care are transnationally governmentalized, by various actors and often with the priority placed on the needs of transnational capital rather than on the needs of the populations in question. This occurs at both ends of the migrant trajectories, in Finland as well as in the Philippines, albeit through the governance of different bodies and populations. As the governmentalities entangle in the transnational care markets, all kinds of bodies now benefit the accumulation of capital – this time not only the bodies that operate as living labour, but also those

whose care needs can be turned into profits. The risk here is that only needs that elicit profitable relations of care matter, whereas the bodies that cannot be capitalised are reduced into 'bare life': life that can be killed (or left to die) without sacrifice. In such an order, aged life is particularly vulnerable to abandonment, and neglect. The thesis shows, for instance, how the Finnish state leaves the immigration routes of skilled health care professionals partly unmanaged, while the law simultaneously reproduces institutional discrimination of non-EU nurses in the national labour markets. When such processes take place in the context of an increasingly marketized welfare state, it becomes possible for transnational market actors to make profit simultaneously from two embodied commodities of care: the globally mobile care labour and the needs of the ageing bodies that demand care to move.

In the era of neoliberal capitalism, the body in need of care is the subaltern that cannot speak. Nevertheless, even without a voice, bodies in need of care constantly write the world through the relations they enact. To understand such silent and silenced body writing, the thesis develops a new perspective for Peace and Conflict Research, entitled the global biopolitical economy of needs. The suggested perspective demands a recurrent deconstruction of the prevailing material-discursive episteme(s), with a focus on the bodies whose needs cannot speak. This reading operates on another level than the traditionally written and spoken language of speaking subjects. Here, the body in need of care is *différance*: a bundle of relatedness that (re)writes the world, and its political economies, with the corporeal relations of care and neglect that the needs enact. The suggested perspective also paves way for a more peaceful transnational biopolitics. Namely, the biopolitics of needs is not just about the politics of life. It is the *politics of life of needs*, which has the capacity to engage ethically with not only the care needs of the living and the productive, but also with those of the dying and the non-profitable.

TIIVISTELMÄ

Hoivatarpeiden globaali biopoliittinen talous: Ylikansallisia kietoutumisia ikääntyvän Suomen ja Filippiinien globaalien hoitajareservin välillä

Vuosina 2007- 2008 Suomessa uutisoitiin yksityisten hoiva- ja rekrytointiyriyten hankkeista rekrytoida filippiiniläisiä sairaanhoitajia suomalaiseen vanhustyöhön. Toiminta esitettiin ratkaisuna hoito- ja hoiva-alan työvoimapulaan. Vuoteen 2017 mennessä Suomeen on rekrytoitu arviolta 400–500 korkeakoulutettua filippiiniläistä sairaanhoitajaa, pääosin hoiva-avustajiksi tai lähihoitajiksi. Suorarekrytoitujen hoitajien lisäksi pieni ryhmä filippiiniläisiä sairaanhoitajia on muuttanut maahan opiskellakseen suomalaisen lähihoitajan tutkinnon, ja päästäkseen sitä kautta Suomeen töihin. Tässä Rauhan- ja konfliktintutkimuksen tieteenalaan kuuluvassa, neljästä artikkelista ja niiden yhteenvedosta koostuvassa väitöskirjassa kysytään, miten ikääntyvä Suomi kietoutuu yhteen globaalisti hyödynnettävän filippiiniläiseen hoitajareservin kanssa. Ovatko paraikaa syntyvät kietoumat oikeudenmukaisia? Ovatko ne rauhanomaista politiikkaa?

Filippiiniläisten sairaanhoitajien Suomeen suuntautuvat muuttoliikkeet vihjaavat siitä, että suomalainen vanhus on ruumiillisesti verrattain vahva toimija globaalitalouden poliittisissa rakenteissa: Vielä silloinkin, kun suomalainen on täysin riippuvainen toisen ihmisen tarjoamasta hoivasta, hänen ruumiilliset tarpeensa voivat laittaa liikkeelle poliittisia ja taloudellisia prosesseja, joiden seurauksena hoiva liikkuu globaalisti, aina Filippiineiltä Suomeen saakka. Tällaista hoivaa tarvitsevien ruumiiden synnyttämää maailmanpolitiikkaa väitöskirja pyrkii ymmärtämään.

Menetelmällisesti väitöskirja on etnografinen tutkimus filippiiniläisten sairaanhoitajien Suomeen suuntautuvista muuttoliikkeistä, ja niiden ylikansallisesta hallinnasta. Suomessa ja Filippiineillä kerättyjä empiirisiä aineistoja luetaan dekonstruktiiivisesti, eli "vinosti" ja "vastakarvaan". Näin syntyvä analyysi osoittaa, kuinka Suomi ei toistaiseksi suhtaudu vakavasti rooliinsa hoitoalan maahanmuuton kohdemaana. Hoitoalan ammattilaisten maahanmuuton hallinnassa valtion vasen käsi ei tiedä mitä oikea tekee. Tieto on sirpaloitunut lukuiselle eri hallinnonalalle ja hallintoelimille siten, ettei valtio toimijalla ole selkeää kokonaiskuvaa rekrytointikäytännöistä ja niiden seurauksista. Tämä on eettisesti ongelmallista, sillä

valtio ei kykene tarttumaan rakenteelliseen väkivaltaan ja epäoikeudenmukaisuuksiin, mikäli se ei tiedä, minkälaisista rakenteista on kyse ja kuinka epäoikeudenmukaisuudet syntyvät. Väitöskirja osoittaa, kuinka Suomen valtio jättää hoitoalan ammattilaisten maahanmuuttoon liittyvää toimintaa osin hallinnoimatta. Samanaikaisesti hoitoalan työmarkkinoita ja maahanmuuttoa säätelevien lakien yhteen kietoutuminen tuottaa rakenteellista syrjintää. Tällaiset hallinnolliset kietoutumat – tai kieroutumat – avaavat vanhushoivan kentälle tilan, jota suuret rekrytointi- ja hoivayritykset voivat hyödyntää toiminnassaan.

Ylikansalliset markkinatoimijat kykenevätkin nyt tekemään voittoa samanaikaisesti kahdesta ruumillisesta hoivamarkkinatuotteesta: globaalisti liikkuvasta (ja liikuteltavasta) työvoimasta sekä ikääntyvästä väestöstä, joka laittaa hoivan liikkeelle. Filippiiniläisten sairaanhoitajien Suomeen suuntautuva muuttoliike toimii esimerkkinä siitä, kuinka väestöjä, niiden liikettä ja hoivaa hallitaan ylikansallisesti, monien eri toimijoiden taholta ja useimmiten niin, että ylikansallisen pääoman etu ajaa väestöjen hoivatarpeiden edelle. Näin tapahtuu sekä Suomessa että Filippiineillä, joskin hallinnan muodot ovat erilaisia, ja kohdistuvat eri väestöihin. Kun nämä hallinnan prosessit kietoutuvat toisiinsa, kaikenlaiset ruumiit hyödyttävät pääoman kasautumista – eivät enää vain ne, joita voidaan hyödyntää työvoimana vaan myös ne, joiden hoivatarpeet voidaan muuttaa voitoiksi. Tällöin erityisesti ikääntynyt elämä altistuu heitteillejätölle.

Politiikan keskittyessä talodelliseen tuottavuuteen, hoivasta täysin riippuvaisilla ruumiilla – joilta dementia on voinut viedä muistin ja minuuden – ei ole ääntä. Jotta olisi mahdollista kuulla myös heitä, joiden hoivatarpeet jäävät politiikan jalkoihin, väitöskirja kehittää uuden tavan tarkastella maailmaa hoivatarpeen globaalina biopoliittisena taloutena. Näkökulma pyrkii lukemaan niitä hoivan ja heitteillejätön ylikansallisia suhteita, joita hoivasta riippuvaiset ruumiit kirjoittavat maailmaan, vaiettuina ja vaiennettuina. Samalla avautuu mahdollisuus rauhanomaiselle ylikansalliselle biopolitiikalle, jonka keskiössä ei ole elämä sinänsä, vaan hoivatarpeiden elämä.

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LIST OF ORIGINAL ARTICLES¹

1. Vaittinen, Tiina, Sakilayan-Latvala, Margarita and Vartiainen, Päivi (forthcoming). "Registered Nurses for Export, Nursing Assistants to Import? Filipino Nurse Education as a Devalued Commodity in Finland/EU". In Anna Popovic and Fred Dervin (eds.) *Education for Sale: The New Faces of Educational Colonialism*, Palgrave. (*Postcolonial nursing industry*)
2. Vaittinen, Tiina (2015). "The Power of The Vulnerable Body: A New Political Understanding of Care", *International Feminist Journal of Politics*. Vol. 17, No. 1, pp. 100-118. DOI: 10.1080/14616742.2013.876301 (*Vulnerable body*)
3. Hoppania, Hanna-Kaisa and Vaittinen, Tiina (2015). "A Household Full of Bodies: Neoliberalism, Care and 'the Political'", *Global Society*, Vol 29, No. 1, pp. 70–88. DOI: 10.1080/13600826.2014.974515 (*Care as the political*)
4. Vaittinen, Tiina (2014). "Reading Global Care Chains as Migrant Trajectories: A Theoretical Framework for the Understanding of Structural Change", *Women's Studies International Journal*, (Special Issue on Gender, Mobility and Social Change), 47, pp. 191–202. DOI: <http://dx.doi.org/10.1016/j.wsif.2014.01.009> (*Migrant trajectories*)

¹ The articles are appended in the end of the synthesis on the publishers' permission. Due to the publishers' different copyright policies, three of the articles are in the pre-print form and only *Migrant Trajectories* is presented in its published layout. Similarly, for reasons of copyright, the first article (*Postcolonial Nursing Industry*) has not been appended to the electronic copy of the thesis.

PROLOGUE

Winter 2002- 2003, Aberystwyth, Wales, UK

I stand in the lounge of an elderly care home, decorated in the way I think a British upper middle-class grandmother's sitting room might be. There are these old *Biedermeier*-type settees, meant for sitting down properly, placed in front of each wall in this rather large room. Extra cushions have been carefully placed upon some of them, so it is easier to sit down without bending one's knees. If you have stiff joints or arthritis, even taking a seat can be a rather arduous affair. Some of the settees have plastic coverings, in case the residents' incontinence pants fail to hold. The old carpets which cover the room in its entirety give a dusty, damp scent to the air, as do the light pink, heavy curtains covering the draughty windows. A light smell of urine and disinfectant seems to permeate the air everywhere. This is the smell of a care home.

It is quiet now, at 10.30 pm. All the residents are in bed, after our evening round of *Ovaltine* or tea, each resident to their liking, and medicines, tailored to their needs. I have worked here for a couple of months now, and start to know how many spoonfuls of sugar my various clients like in their tea – and which biscuits should accompany it. They have also, perhaps, become accustomed to my Finnish accent, appreciating my smile, my hesitant touch, my help, my presence. Not everyone, though. Some are too demented to recognise anyone.

There are few of us foreigners working here, at the care home. I only work nights, so I don't know how many exactly. The professional nurses whom I am paired with during the night shift are all British. I don't know them beyond work and they don't know me. It works well. Two to three nights a week, I am a care assistant; in the day-time, I am an international degree student, an ambitious one at that, in my field of International Relations. I really like this job in the home. There is a feeling of warmth in this place, in the encounters it provides. Besides, the long night shifts bring in more money than a part-time day job would. During some of the quieter nights I can read for my studies and, sometimes, even write my course essays.

My co-worker for this shift - a jovial Welsh nurse about my mother's age - sits on the settee watching TV. We should soon go and empty the tumble drier, sort the clean laundry into the various baskets so the morning shift can take it to the residents' rooms. But

we take a minute now, to enjoy the peaceful moment before “the bell” rings, signalling about the residents’ bodily needs in the middle of the night.

Some of the residents barely sleep. Like Miss Jones,² recurrently calling us to help her to the chamber pot, yet possibly she just wants company. I don’t mind, I’ll help. That’s what I’m paid for. Yet, some of the nurses have told me not to do everything for the residents. Not to encourage them – as this is how “they get used to it, and only ask for more of our presence, from everyone, all the time”. It makes me a bit sad, but then, I have no qualifications to know any better. Besides, I’m only here for a couple of nights a week.

I stand by the window, about to draw the heavy light pink curtains. Behind the single-glazed window of the old building I hear the Irish Sea, black now, slowly caressing the cost-line of Mid-Wales, my second home country. The promenade by the beach is well lit, but quiet. Only a few people are passing by, coming home from the pub nearby. The window reflects my figure, a 20-odd-year-old white female body in a light blue nurse’s coat. A body of a female migrant, a privileged EU citizen, a foreigner with a clumsy Finnish accent but good exam results, a working migrant/student; a body at home yet missing home, a bodymind ridden by teenage eating disorders, high ambitions, and a lack of sleep. I stand there, in that lounge, in that Home, within the confines of care. Carrying such stories, such identities, such secrets. A body that carries so much. As bodies do.

On a plastic-covered settee, a text by Derrida awaits my attention.³ I should read it tonight, for tomorrow’s lecture, given by Prof. Jenny Edkins, on her introductory course to post-structural thinking. Waiting for the Bell to call me to some body’s assistance, procrastinating with the impossible Derrida, I stand by the window for a while longer, not wanting to cover it with the curtains. Just behind the window, I see two friends walking down the promenade. They pass by the window so close I could almost reach and touch them, if only it wasn’t for the window. They do not see me. They laugh, they are having a good time. I smile, feeling their joy. I know they are going to the club next door, that shabby bar with good music and a warm, cosy atmosphere - and the same play list every night. I would probably be going there myself tonight, was I not working.

I do not knock upon the window to make myself noticed to my friends. It is as if my body occupies a different space to them, and I do not want to break this specific moment of living in coexisting worlds. This draughty, single-glazed window of a dusty-urine-disinfectant-scented old people’s home is like a gate. Here, on this

² Pseudonym.

³ Possibly “The Force of Law: The Mystical Foundation of Authority” (i.e. Derrida 1992).

side of the window, my body is enveloped by meanings and capacities that lay latent on the promenade-side of the world. On this side of the window, on the side of the Old People's Home, the Bell rings soon, any minute now. When I hear it ring, I must rush to the resident's room, perhaps to clean up a soiled bed, occupied by an old and frail human body, with grey and wrinkled skin, a body unable to help itself out from its own excrement. A body that, nevertheless, carries with it so much more than its in/abilities. As bodies do.

On this side of the window, the excrement is just fine.
To gently clean up the soiled body of the other is the least I can do.

Even if it is all about shit.

Even if I've been "educated" to do other things, more "skilful" things. Even if I am, actually, completely unqualified to give care.

On this side of the window, it is just fine to concretely care.

Here, the body of the other does not feel disgusting to the mind, for the bodies and minds that occupy this space share the same but differential matter of corporeality.

Yet, was it my night out in the club next door,
putting my hands in another adult person's excrement would feel
revolting.

On the promenade side of the window my bodymind would care
about things differently.

My being there would be, somehow, a different matter.

I do not knock upon the window. I do not make myself visible to the friends on the other side. I draw the curtains. The Bell rings.

"I'll go", says the woman I work with, in her cosy Welsh accent. "Thanks, call me if you need help", I say, the international student/migrant who works to care during these nights only. I take a seat on one of the plastic covered settees, lift my feet up, pick up my notepad, and ask Derrida what he could give to my picture of International Politics tonight.

What I would not ask, for quite some time to come, from Derrida or anybody else, is how these concrete corpo-realities of care, and their coexisting worlds, might play into the international worlds that I study. I would not think any further, how the most mundane needs of the elderly body might matter, differentially, in and for global politics. In this thesis, I would ask – and then still, I have never stopped asking.

1 INTRODUCTION

Where does a piece of research begin and where does it end? As the prologue indicates, the first observations relevant for this thesis may have taken place many years before the project commenced. Yet, now that the research is meant to be finished, and the results should be reported, the field I have studied remains in motion. I still follow the motion, I still move with it. In this book, I perhaps only stop for a while, to tell you what I have learned, and discovered thus far.

The thesis narrates my research journey, which began in 2011 and is finished now, in 2017. Based on the research materials that I have gathered by means of multi-sited and non-local ethnography, and explore through various research apparatuses and deconstruction, the thesis is comprised of the synthesis and four original publications. Altogether, the book you read – i.e. the synthesis – consists of seven chapters. In this first introductory chapter, I briefly return to the serendipities that led me to examine corporeal politics of care with Filipino nurses in ageing Finland. Here, I elaborate upon how the central questions of the thesis asked to be asked in the ways I eventually did. Then I introduce the main arguments of the thesis, after which I summarise the four articles. Towards the end of the chapter, I elaborate on the transdisciplinary nature of this research, and introduce the contents of the remaining chapters.

1.1 The Questions Asked – and How They Asked to Be Asked

The central questions of the thesis started to flutter in my consciousness in 2007–2008. The Finnish media reported about Filipino nurse recruitment in Finland, as a means of fixing the growing labour deficit in elderly care, brought on by Finland's ageing demographics (e.g. YLE 2007; 2008; Kaikkonen 2007). At the time, I was writing my Master's thesis, examining how the figure of the refugee and humanitarianism operate as liminal concepts in the modern political-juridical discourse (cf. Kanninen, 2009). In the theories I was immersed with, the refugee figure on one hand and the humanitarian space of the camp on the other represent the constitutive outside on which the international order of sovereign states relies.

In this literature, the refugee's liminal body appears as profoundly political: a body that resists the modern political order by its carnal existence, while included in the order by its very exclusion. Simultaneously, exposing the body's basic needs to live and to be emplaced, the refugee *body* nevertheless exerts pressure on the international state system to care – claiming rights even when seemingly incapable of articulating one's political being as a citizen-subject. (Edkins 2000; Edkins and Pin-Fat 2005; Dillon 1999; Malkki 1992; 1995a; 1995b; 1996; Nyers 1999; 2003; 2006; Puggioni 2006; see also Puumala 2017).

What then, you may ask, do the Filipino nurses in Finnish elderly care have to do with the body of the refugee inside/outside the modern state system? Perhaps very little, if we focus our gaze on the body of the migrant only. As this thesis elaborates upon, the globally mobile Filipino nurse's body is caught in the intersecting transnational governmentalities that emerge in-between state spaces (see Ch. 5; Vaittinen 2014; Vaittinen, Sakilayan-Latvala and Vartiainen, forthcoming; Väyrynen et al. 2016, ch. 3; Vaittinen and Näre 2014; Guevarra 2010; Rodriguez 2010). These governmentalities, however, are designed to manage the mobility of labour and are thus not directly comparable to the position of 'the' refugee in the camp (cf. Väyrynen et al. 2016). Yet, reading the news about Filipino nurse recruitment in Finnish elder care in 2007–2008, I could not help paralleling the space of elderly care in the neoliberal welfare state with the space of humanitarianism in the modern state system (see also Neilson 2003, 179- 180). Similarly, I could not help comparing the liminal position of a refugee, who is at the mercy of sovereign decisions of care and neglect, with that of a demented Finnish citizen, whose life may crucially depend on the public authorities' decision to care. Could it be, I thought, that just like the refugee's body may (or may not) claim one's right to care by means of an allegedly bare existence, so would the elderly body in need enforce state care by merely being alive? Which bodies have the capacity to do so and which do not? Why, indeed, is it always the migrant body, rather than the citizen's body that is so easily theorisable as 'bare life' potentially void of an articulable political existence (cf. Agamben 1998)? What if we turned that de-politicising and re-politicising theoretical gaze onto to the bodies of welfare citizens for once –on our ageing bodies? Where might such analysis take us in thinking about the politics of life?

Thus, reading the news about Filipino nurse recruitment to Finland, what appeared to me as interesting was the role of the elderly citizen's body as a 'bare' political origin of global mobility. How could it be, I wondered, that Finnish bodies, even as 'mere' bodies-in-need, are so politically strong that their claim to state care requires other bodies to migrate from across the world – so these Others could serve

us Finns in our most basic needs? To wipe our bottoms when we no longer can, bathe us, hold our hands, and close our eyes as we die.

My research journey began with such observations and questions, eventually giving rise to a transnational perspective that places the ageing bodies of us all, and our most mundane needs, in the centre of a politics of peace. Drawing on feminist approaches to peace and care from the 1980s and 1990s (see Chapter 2), I place the question of relational embodiment as neediness at the centre of analysis. I ask, what kind of peace politics follows from the recognition of our factually material-relational, and inherently needy ontologies of existence. I am not, however, interested in the work or practices of care per se, nor do I resuscitate the old and largely misapprehended argument about 'carers as peacemakers'. Instead, I ask:

- (i) How do differential bodies in need of care enact relatedness? How should we see as political also those needs that do not elicit relations of care, but rather enact neglect, i.e. different forms of violence? How to examine the corporeal relations that are elicited by differentially needy bodies?
- (ii) How does the ageing of the Finnish welfare state entangle with the transnational care economy in general, and the Philippine nurse reserve in particular, as Filipino nurses migrate for Finnish elderly care? Are the entanglements that are presently in the making in the transnational spaces between ageing Finland and the Philippine nurse reserve just and peaceful?

I weave together answers to the first set of questions throughout the synthesis, as well as in the second and the third article (*Vulnerable Body; Care as the Political*). The second set of questions in turn gain answers in Chapter 4, as well as in the first, the second, and the fourth article (*Postcolonial Nursing Industry; Vulnerable Body; Migrant Trajectories*). In the following section, I briefly elaborate upon the theoretical argument of the thesis, after which I introduce the articles.

1.2 The Argument

The purpose of this book (i.e. the synthesis) is to draw together the arguments of four individual articles in such a way that a new argument emerges. This argument is a novel approach to Peace and Conflict Research that I call the global biopolitical economy of needs. I elaborate the meaning(s) of this new approach throughout this book. In short, however, the global biopolitical economy of needs is a perspective to and for the study of peace and violence in the global political economy, which begins with and always returns to the existential care needs of the material human

body. It is, if you like, a material discourse of the world, where the body in need of care, from other bodies, is brought to the centre of the analysis.

Firstly, a few words regarding the dimensions of violence and peace in the global biopolitical economy of needs. Although the term 'care' is often associated with connotations of peace and the goodwill of humankind, in the actual corporeal realities of needs, relations of care tend to emerge from responses to extreme vulnerability; that is, in spaces, where the body is exposed not only to care but also to violence, both direct and indirect (Robinson 2011a, 5). Studying the hierarchical relations of care needs, and the political economies with/in which they emerge, thus is always about studying the potentialities of peace and violence. As an alternative peace politics, the global biopolitical economy of needs demands us to decipher the needy bodies as openings of both peace and violence. Indeed, when a body has needs that demand care from others, the needy body enacts relatedness: of care and neglect, peace and violence. As feminist care ethics has argued for decades, this relatedness is not only political (Tronto 1993; Sevenhuijsen 1998), but it is also about a politics of peace (Ruddick 1990). My politics of peace demands us to ask, recurrently, how corporeal relations of care and neglect entangle with one another transnationally, and how the power differentials between these *relations of needs* come to matter in politics.

In the entanglements of differentially powerful relations of needs, various forms of violence are always at work. My empirical materials do not give me tools or incentives to discuss direct violence, even if direct violence, too, may sometimes be a response to care needs. Instead, I draw attention to the structural (Galtung 1969), slow (Nixon 2011), and epistemic (Spivak 1988) forms of violence that have an impact on which care needs are responded to with care, which needs are neglected - and which are not recognised as care needs at all. Here, it is important to note that the different forms of violence discussed in the thesis are not separate 'levels of analysis', and I have not treated them as such. Instead, in the global biopolitical economies of needs, the different forms of violence are deeply entangled in the embodied empirical realities of life and its transnational governance.⁴

In the entangled hierarchies of violence, the dramatic and highly visible forms of violence often reign, and merit a response. In these orders, instances of direct violence invite political interventions more effectively than the indirect forms of structural, or slow violence. Furthermore, whereas some slow and indirect processes of harming the other may be comprehensible as violence, others are silenced into oblivion. In these orders, the care needs of the elderly, even if arguably a global

⁴ I owe the argument about entangled violences to discussions with Catia Confortini (e.g. Vaitinen and Confortini 2016).

political concern of our times (e.g. Neilson 2003), rarely count as a site of violence, let alone a global drama. This brings in the question of epistemic violence, which is central to the perspective of the global biopolitical economy of needs.

Whereas epistemic violence often refers to the ways in which the life-worlds of the oppressed are not comprehensible in the hegemonic epistemic order, this thesis is interested in 'the language' of those who *literally* may not be able to speak. For instance, a demented body fully dependent on care may no longer be able to speak its needs, or verbally articulate its subjectivity. Yet, I argue that, through the relations they enact with other bodies in the world (be they relations of care or neglect), all bodies in need of care constantly *write the world*, thereby participating in the world's emergent becoming. Furthermore, even amongst these presumably numb and mute bodies power differentials are present. The global biopolitical economy of needs is then a perspective that asks us to carefully read and deconstruct the relations that differentially powerful needy bodies write in the world, as well as their complex transnational entanglements, so we could better stay sensitive to those care needs that the predominant epistemic order pushes to the margins.

Methodologically speaking, the global biopolitical economy of needs must be understood in two ways. Firstly, it is a theoretical-methodological perspective for the study of concretely embodied worlds of peace and violence, and the emergence of the hierarchical relations of care needs that constantly shape the political-economic orders of the world. It is a perspective that begins with the recognition that all bodies in all empirical realities have differential needs of care, whether these bodies and their needs are addressed as part of that empirical reality or not. Secondly, when this perspective is utilised in the examination of empirical phenomena - such as Filipino nurse migration to ageing Finland - the global biopolitical economies of needs that emerge along with the research are also concrete empirical worlds. In other words, in the context of this thesis, the term global biopolitical economy of needs denotes *both* a theoretical-methodological apparatus to study particular empirical phenomena, *and* the concrete empirical phenomena that emerges as ageing Finland entangles with the global nurse reserve of the Philippines. (See Ch. 3).

It is notable that the argument about the global biopolitical economy of needs is not present in any of the four articles of the thesis, but rather emerges in my re-reading thereof. I will now move on to introduce the articles.

1.3 The Articles

Each of the four articles of this thesis forms an independent study, with an argument and particular social scientific contributions of their own. I will not reiterate the entire arguments of the articles comprehensively here, as the articles are appended in the end, and I will return to their contents throughout the synthesis.

As elaborated further in the methodology chapter (Chapter 3), all the articles approach the same emergent phenomena of the global biopolitical economy of needs in ageing Finland, but do so from slightly differential directions, as different research 'apparatuses' (cf. Barad, 2007). The arguments of all the articles have emerged as I traced care and its corporeal needs through the structures of the global political economy, with a focus on Filipino nurse migration to ageing Finland. There is, therefore, a common conceptual thread running throughout the four articles, albeit implicitly in the case of some. This common thread is my conception of care as a corporeal relation enacted by needs, which obligate both human relatedness and mobility.

1.3.1 *Postcolonial Nursing Industry*

The first article of the thesis is a book chapter that I have co-authored with Margarita Sakilayan-Latvala and Päivi Vartiainen. The chapter is entitled *Registered Nurses to Export, Nursing Assistants to Import? Filipino Nurse Education as a Devalued Commodity in Finland*, and it is forthcoming in the book *Education for Sale: The New Faces of Educational Colonialism*, edited by Ana Popovic and Fred Dervin (Palgrave MacMillan).⁵ In the synthesis, I refer to this article as *Postcolonial Nursing Industry*.

Postcolonial Nursing Industry draws on the research materials of four separate, but overlapping research projects, which focus on Filipino nurse migration to Finland, including my own project. These data are collected by three individual researchers in three different scholarly disciplines, in Finland (2011–2014) and in the Philippines (February–March 2012, June 2014, and November 2014). As I discuss in Chapter 4, the case of Filipino nurse migration has attracted a substantial amount of research attention in Finland over the past few years. Throughout my research, I have collaborated with other researchers (see also Vaitinen and Näre 2014), while simultaneously been wary of stepping on fields occupied by other projects. With the

⁵ The chapter was written in 2015, but the publication process has taken a very long time. Last time I heard, the book was scheduled for publication in 2017.

two co-authors of *Postcolonial Nursing Industry*, we have supported each others' work, while simultaneously avoiding overlap and the consequent over-research of the relatively small community of Filipino nurses in Finland.

This article emerged from discussions, where we noticed having arrived at similar conclusions, whilst approaching the phenomenon of Filipino nurse migration to Finland from disparate directions. In the article, we make use of the concept of migrant trajectories I devise in one of my other articles (Vaittinen, 2014, referred to as *Migrant trajectories* in the thesis). Utilising data drawn from different research projects, we follow Filipino nurses' educational and migrant trajectories from the Philippines to the Finnish labour market. This method resulted in an empirically thick description of how the largely commodified educational system of the Philippines first accumulates human capital in the globally mobile nurses' bodies, and how the transnational recruitment practices then transform these 'export commodities' into importable labour, while simultaneously devaluing the Filipino human capital in the racialized processes of migration (cf. Salmonsson and Mella 2013; Reitz 2007). We thus empirically examine what happens to the value of the Filipino nurses' professional skills as they move from the Philippine educational system through the transnational recruitment machinery to the Finnish nursing labour market (embedded in the EU). In the end of the article, we also outline some political changes required to make the process more ethical.

Chronologically, *Postcolonial Nursing Industry* is the newest of the four articles included in the thesis. However, in the order of the appendices I have placed it first, since it describes the empirical phenomena of Filipino nurse migration to Finland in greater empirical detail than the other three articles, which are more theoretical by nature. Here, the main function of the article is to elaborate the empirical context, the transnational nurse recruitment practices in Finland and the Filipino nurses' positions therein, from the perspective of postcolonial political economy. The article also discusses the policy dilemmas more explicitly than the other articles. Further, my conceptualisation of care and theorisation of needs are not yet visible. These I start to develop in the second article, to which I turn next.

1.3.2 *The Vulnerable Body*

Chronologically speaking, the article placed second in the appendices is my first publication.⁶ In this article, I start to develop my theoretical conception of care as a corporeal relation enacted by needs. The article is entitled *The Power of the Vulnerable Body: A New Political Understanding of Care*, published in *International Feminist Journal of Politics* (Vaittinen, 2015). I will hereafter refer to it as *Vulnerable Body*.

In this article, I deconstruct Joan Tronto's (1993) political ethics of care, reading it critically through the demographic care deficit of ageing Finland, and Giorgio Agamben's conception of bare life (Agamben 1998). I argue that in the politically oriented feminist care theory, too, the bare neediness of the body as an organism is not explicitly examined as political. This is paradoxical, given the vulnerable body is discursively deeply feminised. Through a deconstructive reading of Tronto's pioneering work on political ethics of care, and a deviant reading of Agamben, I argue for a new political understanding of care. Here, care is defined as a corporeal relation enacted by bodies need of care. In this conception, the political dimensions of care are no longer understood simply as elicited by care work and practices, or as moral dispositions enabled by *car-ing*, as the existing literature largely suggests. Rather, the political relevance of care is seen as emerging from that which makes the practices of care an absolute necessity: namely, the needy body belonging to each and every one of us – regardless of sex, gender, class, age or dis/ability. Through its neediness, I argue, the vulnerable body exposes itself as a constant opening of the political, the recognition of which is likely to lead to an alternative type of care ethics and, as argued in the synthesis, to novel ways of thinking about peace/violence. My conception of care as a corporeal relation enacted by needs is a core theoretical contribution of the thesis.

In sum, the function of the *Vulnerable Body* article for the thesis is twofold. Firstly, it uncovers the vulnerable, needy, inarticulate material body organism – 'bare life' – as a politically meaningful origin of care, and hence as an origin of political relatedness. The article thereby places our corporeal, existential neediness of care at the centre of political analysis. Secondly, the article formulates a political conception of care that begs for a better empirical understanding of why some bodies' needs elicit care whereas other bodies' needs are met with neglect. This question is at the heart the perspective I call the global biopolitical economy of needs.

⁶ The article was accepted for publication in September 2013. There are certain shortcomings in the empirical illustration of my argument, which I have learned about later in the research process. I will return to those issues in Chapter 4.

1.3.3 *Care as the Political*

The third article is co-authored with Hanna-Kaisa Hoppania. It is entitled *A Household Full of Bodies: Neoliberalism, Care and 'the Political'*, and published in *Global Society* (Hoppania and Vaittinen, 2015). I will hereafter refer to the piece with the shorthand *Care as the political*.

In this article, we examine how care as a corporeal relation operates as a central site of 'the political' in the neoliberal political economy. We borrow Glyn Daly's (2006) metaphor of the political economy as a disorganised household, where 'the political' constantly disrupts the neat order of the *oikonomia*.⁷ Whereas in the previous article I drew on Agamben's politico-juridical conception of biopolitics, in this article we use Foucault's later work on neoliberal biopolitical governmentality (Foucault, 2008). Contributing to feminist literature, we bring care and its need, not only to the centre of political relatedness, but also to the centre of the political economy. Showing how the neoliberal efforts to commodify and thereby to 'domesticate' care are doomed to fail, we argue that the unpredictable, embodied logic of care (Mol, 2008) is a rupture in the neoliberal order that cannot be fixed. Therefore,

the neoliberal household remains full of bodies that cannot control themselves [...]. [I]n spite of its endlessly totalising tendencies, the neoliberal political economy remains incomplete and open for change. For as long as our bodies need other bodies for survival, there is relatedness that continues to make the economy political. (*Care as the Political*, 87–88).

Thus, whereas the *Vulnerable Body* is largely about the political ontology of care, *Care as the Political* is about the ontology of the political economy, as an order that evolves around and is recurrently ruptured by the vulnerable body in need of care. For me, and for this thesis,⁸ the article sets out the *ontological conditions of the global biopolitical economy of needs*: it is never a singular, complete, stagnant, or perfect economic order, for the differential care needs of bodies and populations continue to move, disrupt, and transform the order, constantly making it anew.

⁷ The origins of the term 'economy' are in the ancient Greek concept of the *oikonomia*, which refers to the management or keeping order of the household (Daly 2006).

⁸ When writing the article, we did discuss the ontological dimensions of our argument with Hanna-Kaisa, but I am not entirely sure she would agree with my reading of our argument as an argument of political ontology. I have therefore underlined above that this reading applies to my thesis, not necessarily to the views of my co-author.

1.3.4 *Migrant Trajectories*

The fourth article is entitled *Reading Global Care Chains as Migrant Trajectories: A Theoretical Framework for the Understanding of Structural Change*, and it was published in *Women's Studies International Journal* (Vaittinen, 2014). Hereafter, I refer to the article by shorthand *Migrant Trajectories*. This comes not only from the title of the article, but also from its central theoretical contribution to the thesis.

Whereas the *Vulnerable body* focuses on the political ontology of care as a corporal relation, and *Care as the Political* places care ontologically at the shifting centre of the neoliberal political economy, this article focuses on the embodied movement of care within the global political economy. Departing from a deconstructive literature review of the global care chain tradition and particularly the work of Nicole Yeates (2009), I examine the structures of the global political economy and the global care economy in their constant stage of becoming. I show how the 'Global Care Chain' (GCC) literature - which has emerged as a predominant analytical framework for the study of globally mobile care labour - represents the global care economy as a system, where core states benefit from the exploitation of flexible and mobile labour of women from the periphery. In many ways this picture is arguably valid. However, I argue that this perspective easily portrays the unequal global structures as stagnant, hence failing to appreciate the transformative power of embodied care, as it moves through the structures, while simultaneously making the structures move. Indeed, the GCC literature easily represents the global care workers' migrant trajectories as simple copies of one another - clear paths through which the migrants move, as the poorer states provide labour to the richer. In this article, I empirically demonstrate that this is not the case, as each globally mobile care worker always negotiates their own unique route through the global space, and its emergent material-discursive structures. Thus, the global movement of care is not only shaped by the structures of the global political economy but also incessantly transforms them on the micro-level.

Additionally, I provide a theoretical framework for the examination of such transformations, arguing that the GCCs should be read as migrant trajectories. Here, the global care chain *is* the migrant trajectory: an embodied trace that the migrant care worker leaves in the global, material-discursive structures, as she/he moves through them, towards particular bodies and populations in need. This trajectory is always a unique space of negotiations; it does not exist prior to the embodied movement of the care worker. In the entangled, constantly mobile trajectories,

inflicted by bodies in need of care, also 'the global' is recurrently structured anew. The power of care in global political economy is thus transformative.

This article explicitly defines my onto-epistemological conception of the global political economy – and indeed of global 'structures' – as derived from the so called new materialisms. Such a conception "testifies to a critical and nondogmatic reengagement with political economy, where the nature of, and relationship between, the material details of everyday life and broader geopolitical and socioeconomic structures is being explored afresh" (Coole and Frost, 2010, 7). This conception refuses to distinguish between the analytical levels of 'global', 'national' and 'local', perceiving them as irreducibly entangled with one another. In *Migrant Trajectories*, I show how the embodied trace of the migrant care worker is a dynamic of entanglement, as it unites these different analytical levels of the global-national-local through the same transnational processes of mobility. From the perspective of the global biopolitical economy of needs, it is the particular embodied needs of care, and the power differentials between those needs and the needs of others, that enact this transformative movement. The process is constant, since the new materialist ontology "is not about being, but becoming" (Coole, 2013, 453). Thus, my conception of the global biopolitical economy of needs describes a constantly emergent "material configuration" (Coole and Frost, 2010, 14).

It need be noted that in *Migrant Trajectories* I do not explicitly define care as a corporeal relation enacted by needs. However, when the article is understood as examining the embodied relations of care (and needs) through movement and momentum, the needy body can be implicitly located at the centre of the argument. Here, the Filipino nurses are the global carriers of embodied care, who move towards globally stronger needs. The transnational *power differentials* that emerge *between the needs* of certain bodies and populations enact the nurses' mobility, which in turn influences and shapes the emergent global structures. Furthermore, the Filipino mobile bodies as 'carriers of care' are needy bodies, too, enacting their own relations of care and neglect in the ever-emergent global biopolitical economy of needs (see Chapter 5).

1.4 Transdisciplinarity

This research is first and foremost addressed to Peace and Conflict Research, particularly its Nordic and feminist traditions (see Chapter 2). While reclaiming the political-ethical ethos of the discipline (Jutilla, Pehkonen and Väyrynen, 2008), and

recognising the devotion of the discipline to search for both violence and cures for it in all realms of human life (Galtung 1969; 1996), I wish to reiterate the feminist concerns of care as central questions of peace. Furthermore, defining care as a corporeal relation and as the absolute necessity of embodied human life, and hence a precondition of anything we do as human beings, I wish to (re)integrate the question of the body to Peace and Conflict Research, as an opening of both peace and violence.

Simultaneously, the thesis is a transdisciplinary project through and through. Arguably, to name one's academic work as interdisciplinary or multidisciplinary, let alone transdisciplinary, is to declare it as unruly and undisciplined – and hence render it exposed to criticism from innumerable directions. However, working across disciplines has been a methodological necessity. Namely, when *following care* through the structures of the global political economy, one necessarily comes to transcend disciplinary boundaries. Care after all is about life, about helping needy bodies live, and eventually to die in peace. As such, care does not respect disciplinary boundaries, and research on care should not be limited within them either. Consequently, the thesis is transdisciplinary in terms of its concrete practices of research, in its use of literature and, accordingly, in terms of its contributions. This requires some elaboration.

Originally, the thesis began as a project of International Relations (IR), and only towards the end was it shifted to Peace and Conflict Research. These two disciplines are sometimes portrayed as sharing similar origins, subject matter, theories, audiences, collegial networks, with their representatives competing for the same funding and same jobs (Lawler, 1986; Patomäki 2001). Often, Peace and Conflict Research is portrayed as a sub-discipline of IR, and indeed IR scholars continue to engage with the question of peace from various angles, and vice versa (e.g. Richmond 2008a; 2008b; 2009; Chan 2002; McLeod 2015; Berents 2015; Shinko 2008; Aganhanglou and Killian 2006; Jutila, Pehkonen and Väyrynen 2008). In the early 1990s, the feminist peace researcher Linda Rennie Forcey (1991, 350) even argued that Peace and Conflict Research, and particularly its feminist voices, have the potential to serve “as a critique of one of the most male-dominated of the social sciences fields, international relations”. Today, Forcey's argument should perhaps be turned the other way around, however, as feminist approaches are much less valorised in Peace and Conflict Research than they are in IR, and indeed much of the contemporary feminist peace and conflict research takes place in the field of International Relations. In any case, for better or worse, it is fair to say that Peace

and Conflict Research and International Relations are in many ways closely related, and a thesis cutting across the two fields is hardly exceptional.

Yet, moving the thesis from IR to Peace and Conflict Research did not take place without consequences to the framing of the central research questions. All the four articles included in the thesis were written, and most were published, before I changed the discipline of the PhD project. I had prepared to draw the articles together for IR audiences, aiming to address the feminist global political economy (GPE) in particular. In that context, as in the present work, questions of ethics, global justice, and new materialist understandings of structural violence in the postcolonial, neoliberal world would have been central to my argumentation. In IR/GPE, however, the devotion to the ethos of peace is not as central as it is in the Nordic tradition of Peace and Conflict Research. Indeed, moving from IR/GPE to Peace and Conflict Research invited me to engage more directly with the question of peace, and peaceful change, while bringing in marginalised and almost forgotten accounts of peace research that focus on care.

The change from IR to Peace and Conflict Studies nevertheless did not resolve the fact that, in these two major disciplines, very few colleagues, if any, presently study the biopolitics of ageing, elderly care, or nurse migration as questions of embodied peace, violence, and global political economy. Indeed, especially in the Finnish context, I have learned that some of my research themes – such as ageing bodies and care of the elderly – are barely recognised as relevant to Peace and Conflict Research, or International Relations. In the circles of the International Studies Association either, regardless of a whole range of studies of embodied IR, I am not sure I have seen a single paper presented on the international relations of ageing bodies. This non-existence of my research themes in my own fields has meant that I have been obliged to build my collegial networks across social sciences more widely: I have knocked on people's doors unexpectedly, sent emails to strangers, and crashed seminars organised in different disciplines at my own university. Often the support – academic care – has indeed been that one knock, email, or seminar attendance away. I have also attended various interdisciplinary conferences, ending up drawing on literature from Gender Studies to Feminist Theory to Geography to Sociology to Social Policy to Migration Studies to Social Anthropology to Education to Philosophy. In the process, the thesis has turned into something I dare to call truly transdisciplinary social sciences and humanities.

The four publications included in the thesis reflect the transdisciplinary nature of my project. *Vulnerable Body* and *Care as the Political* are published in journals aimed at International Relations scholars, while *Migrant Trajectories* addresses an audience from

Gender Studies. Finally, *Postcolonial Nursing Industry* appears in a book addressed to the field of Education. This strange mixture of ingredients makes the thesis no less Peace Research. After all, at very early stages of its establishment as a scholarly discipline, Peace and Conflict Research was defined as an openly multi-disciplinary effort to search for peace and justice (Galtung 1964; *Journal of Conflict Resolution* 1957; Curticepean et al. 2007; Jutila, Pehkonen and Väyrynen 2008; Vesa 1985).

Surely, Peace and Conflict Research has not evolved into the most inclusive discipline since. As elaborated further in Chapter 2, white men continue to hold the privilege, while feminist voices, women's voices, as well as black, post-colonial, queer, and crip voices, remain marginalised, as do 'soft' realms of conflict, such as care, body, needs, and the politics that ensue from vulnerability rather than strength (cf. Warren and Cady 1994). Furthermore, even feminist perspectives in Peace and Conflict Research, including my own, very often are those of white heterosexual women living in the global north (also Bailey 1994). Yet, to the extent that Peace and Conflict Research should have obligations to its traditions (Harle 1986), and particularly to its quest for *peace*, the least that it can do is to reflect on and recognise such disciplinary exclusions, while trying to avoid epistemic violence and the silencing of Others in future practices.

To me, perhaps the most important value of Peace and Conflict Research as a discipline is its openness, contingency and creativity in the definition of what counts as peace and violence. Indeed, Peace and Conflict Research being a field of transdisciplinary scholarship by definition, devoted for a search of violence and peace, there may well be no other discipline that a thesis like this could address – while simultaneously remaining within the (open) confines of its scholarly field.

1.5 The Structure of the Synthesis

The structure of the synthesis is as follows: in Chapter 2, I locate the thesis in the field of Peace and Conflict Research. Here, I first further elaborate how violence/peace are to be understood in this thesis. Then I position care as a substance of the discipline, focusing on feminist care theorists' contributions to the discipline. Towards the end of the chapter, I elaborate how the feminist theorisation of care, peace, and conflict tends to go largely unrecognised in the more established canons of the discipline.

Chapter 3 explores the methodology of the project. Here, I elaborate how the thesis combines George Marcus' multi-sited ethnography and Gregory Feldman's

non-local ethnography with Jacques Derrida's philosophy of deconstruction and Karen Barad's agential realism. I begin with Barad's (2007) notion of the apparatus, which helps to understand how the different elements of the thesis intertwine, overlap and intra-act with(in) one another. After this, I briefly discuss the elements of multi-sited and non-local ethnography (further clarified through my empirical materials in Chapter 4). In the end of the chapter, I then elaborate upon Derrida's philosophy of deconstruction, which is not only a central logic of reading and analysis in my research, but also methodologically crucial to the perspective of the global biopolitical economy of needs. Indeed, towards the end of the thesis I suggest that, in the global biopolitical economies of needs, the body in need of care should be understood as *différance*. This Derridean (non)concept I elaborate in the end of Chapter 3.

This (syn)thesis wrote itself to be much more theoretical in its argumentation than I originally planned. However, all the theory, as well as my main argument regarding the global biopolitical economy of needs, are in one way or another embedded in and emergent from my empirical research. In Chapter 4, I return to my multi-sited and non-local ethnography of care, building connections between the theorisation and the empirical case. Here, I traverse with the readers through the various fields and sites, which I engaged with while trying to make sense of the transnational entanglements of ageing Finland and the nurse-exporting Philippines. This chapter clarifies the wide range of actors that are involved in Filipino nurse migration to Finland, arguing that the process is mainly driven by transnational market actors, with the Finnish state withdrawing from active governance. Engaging with previous research, I elaborate on the empirical case and its transnational context(s), while addressing ethical questions of the field work. Through ethnographically informed choices, I further justify my decision to focus on bodies in need of care, rather than examining the lived experiences of the nurses with whom I have worked. Towards the end of the chapter, I describe the research context of ageing *and* declining Finnish welfare state more accurately than the articles do, which allows for a discussion on the capitalisability of care needs.

The thesis and different parts thereof eclectically build on a range of theories - from biopolitics to feminist theorisation of the body to new materialism to ethics of care and global care chains analysis to theories of peace and violence to Derrida's conceptions of deconstruction and *différance*. If the aim of the thesis were to build a theoretically holistic account of the world, such a combination might be onto-epistemologically incompatible. Indeed, for some readers, mixing several theories from a range of scholarly traditions might seem unruly and inconsistent. However,

my interest in this thesis has been to study the world as it emerges in the empirically fragmented case of Filipino nurse migration to ageing Finland. There is no holistic theory for such a complex, discontinuous, and 'internally' inconsistent transnational phenomena. Therefore, it has been a methodological necessity to 'improvise theory' (cf. Cerwonka and Malkki 2007). In Chapter 5, I return to the theorisation, clarifying my positions vis-à-vis concepts such as biopolitics and the body, while continuing to conceptualise the global biopolitical economy of needs. I define the lowest common denominator of embodiment, which applies to all living human bodies at all times, while simultaneously cut through by difference. This notion is important for understanding the relatedness that needy bodies enact in the world. Towards the end of the chapter, I return to an impending question of the subject and subjectivity, which in this thesis must be silenced (for now), or written under erasure, so that the body in need of care could be addressed.

In Chapter 6, I provide a series of concluding openings. I summarise my argument about care as a corporeal relation, which is at the heart the global biopolitical economy of needs. Weaving together discussions on epistemic violence and deconstruction that begin in Chapters 2 and 3, I argue that the body in need of care should be understood as *différance*: that is, a bundle of relatedness that writes the world, and its (bio)political economies, with the corporeal relations of care and neglect its needs enact. As *différance*, the needy body obligates connection, providing constant openings for both peace and violence. To better understand and read those openings – and the subaltern realities of needs that our readings necessarily conceal – Peace and Conflict Research requires the perspective of the global biopolitical economy of needs.

In the latter half of the conclusion, I summarise the contributions of the thesis to Peace and Conflict Research. I engage with the discipline's existing human needs theory, and the emergent tradition of everyday peace. I believe my theorisation of the needy body contributes particularly to the latter, which would benefit from the engagement with the feminist tradition of peace and care research I discuss in the thesis. At the very end of the conclusion, I briefly return to the question of biopolitics, to the empirical case of the ageing welfare state, and its resuscitation by means of imported care labour. I suggest that there is a need to go beyond biopolitics as the politics of life, and move towards the *biopolitics of needs*, which stands for the *politics of life of needs*. Such a perspective might well be a route towards a more peaceful transnational biopolitics.

2 POSITIONS IN PEACE AND CONFLICT RESEARCH

2.1 Peace and Conflict Research as Re-Search of Violence/Peace⁹

As was noted in the introduction, this thesis is primarily addressed to the field of Peace and Conflict Research. Building on the Nordic tradition, this discipline to me is about peace *re*-search: about the constant search for injustices and violence(s) so that they could be eradicated, and the harm caused to others by one's actions could be reduced, and spaces for peaceful co-existence could emerge (Galtung 1964; 1969; Confortini 2006). Peace re-search is an endless task, for the universe is simply not curable from power relations and violent tendencies; any thoughts of absolute cures would themselves be dangerous, harmful and even violent (Elhstain 2008, 422). In this Chapter, I further elaborate my positions within the discipline.

2.1.1 Galtung's Heritage

Peace and Conflict Research is a transdisciplinary field of scholarly work, the purpose of which is to uncover different forms of violence within and across societies, with a normative goal to lessen or eradicate violence and increase justice (e.g. Galtung 1964; Boulding 1977, 77; Forcey 1991, 335; Jutila, Pehkonen and Väyrynen 2008). I first entered this discipline through the Galtungian tradition (Kanninen 2004). Whilst I do not subscribe to Johan Galtung's work in its entirety, there is one aspect in his work that continues to define my current work. This is his understanding of peace in plural, as open phenomena that need be studied multi-dimensionally and across scholarly disciplines (e.g. Galtung 1969; 1996).

⁹ Parts of this section were presented in a conference paper at the International Studies Association 2016 Annual Conference in Atlanta. The paper was coauthored with Catia Confortini (Vaittinen and Confortini 2016) and in the division of labour, I was responsible for writing the respective section.

The two basic dimensions of peace in the Galtungian conception are negative peace as the absence of violence of all kinds, and positive peace as harmony and equality in human condition (Galtung 1969, 183). As peace refers to the absence of all forms of violence, peace and conflict research tends to begin with a search for violence. Violence, however, takes multiple forms, as does negative peace. (Galtung 1969, 167; 1996) In Galtung's terms, violence refers to harming and/or hurting by any means (Galtung 1996, 2), being "*the cause of the difference between the actual and the potential*, between what could have been and what is" (Galtung 1969, 168, emphasis in the original). This means that, whenever people cannot reach the goals they potentially could if their basic needs were sufficiently satisfied, there is violence involved. Hence, the definition of violence is always tied to potential realities, including politically loaded questions of what counts as basic needs and the sufficient satisfaction thereof.

While this abstract definition of violence implies that the attempt to eradicate violence and injustice from the world is an endless task – which indeed it must be to avoid totalitarianism – Galtung defines three main categories of violence:

- (1) *Direct* violence, which refers to an event where the arbiter is identifiable – i.e. there is an active subject in the production of harm.
- (2) *Indirect* or *structural* violence, where "the difference between the actual and potential" (i.e. violence) is caused *indirectly* through the existing institutions and structures (Galtung 1969, 170–171; 1996, 8, 67, 197–199, 271).
- (3) *Cultural violence*, which refers to "those aspects of culture, the symbolic sphere of our existence [...] that can be used to justify or legitimate direct or structural violence" (Galtung 1996, 196; also Galtung 1990a; 2003). Thus, cultural violence stands for the ways in which prevailing discourses naturalise certain types of politics at the cost of others – often with consequences of direct and indirect violence.

Positive peace – which Betty Reardon sees as corresponding to most feminist ideals of peace (Reardon and Snauwaert 2015, 65) – has been a central theme in Galtung's writings since the 1960s. Its context-bound definition has varied from "the integration of human society" (Galtung 1964, 2) to "social justice" (Galtung 1969, 183) to the "presence of symbiosis and equity in human relations" (Galtung 1996, 14), and this multi-dimensional definition of peace has not gone uncontested. For instance, Kenneth Boulding (1977, 78–86), another major figure in the disciplinary canon, has explicitly rejected Galtung's distinction between positive and negative peace, as misnomers that blur the goals of Peace and Conflict Research, while confusing its tasks with a more general normative science. In a set of "friendly quarrels" with Galtung (Boulding 1977; Galtung 1987), Boulding saw nothing wrong

in general normative science, but argued that this cannot be pursued in the name of Peace and Conflict Research. Peace for Boulding was simply not such a wide, plural and open concept as it is for Galtung. In particular, Boulding, who was an economist, had problems with Galtung's sociological understanding of structural violence. This disagreement Galtung later defined as his "only quarrel with Kenneth Boulding" (Galtung 1987).

Galtung's conception of structural violence has been helpful in drawing attention to the interdependency of the world's poor and the rich, and for uncovering the often hidden relations of economic exploitation across space and time. For Boulding, however, the concept misrepresents the reality of world economics, where "the problems of poverty, destitution, deprivation and misery [...] belong to systems which are only peripherally related to the structures which produce [direct] violence" (Boulding 1977, 84). Indeed for Boulding, the structures of global inequality as understood in the Galtungian tradition seem ontologically incomprehensible, as he claims that "[t]he rich are not rich and powerful because the poor are poor and impotent, but because the rich and the poor have participated *in different dynamic processes which are not closely related*" (ibid. 81, emphasis added). As Galtung (1987, 201) later put it, Boulding disregards the roles of colonialism and imperialism in the global political economy, while denying the possibility that exploitative economic relations make peace unstable even when direct violence is absent.

Although this debate took place from the around 1980s, similar debates tend to punctuate the politics of the present; the era of neoliberalism, where economists purporting policies of austerity refuse to accept the concept of structural violence and its relation to poverty locally, as well as globally. For attempts to understand peace holistically, or even to understand the underlying causes of direct violence, this kind of refusal to recognise structural violence is highly problematic. As Galtung explains:

[T]here is a difference between the violence that is already here, every day built into the social structure and requiring emergency treatment, and the violence that may come tomorrow requiring patience and care in order not to be triggered off, in order to be prevented. [...] [R]emoval of gross structural violence [...] [is] a necessary condition if one wants to obtain [...] stable peace, precisely because structural violence not only *leads* to but is a strain in the system. (Galtung 1987, 202, emphasis in the original).

The Boulding-Galtung debate is an example of Galtung's insistence on an open definition of peace. Elsewhere, he has claimed that "nobody has any monopoly on

defining peace" (Galtung 1969, 167) and that a consensus would merely lead to dogmatism, and would therefore be scholastic and intolerant (Galtung 1996, 15). I fully agree with Galtung here. However, over the years, Galtung himself has been rather authoritative in defining the field, and it should be noted that particularly feminist theorisation has not been included in his 'open' discipline. Indeed, as argued by Catia Confortini (2006), Galtung's incapacity to incorporate gender as a social construct in his work imbues his theorisation with dichotomic hierarchies of femininity and masculinity, themselves reproductive of violently gendered discourses.

Regardless of these shortcomings, following Catia Confortini (2006; also Roberts 1984, 195, fn. 2; Moolakkattu 2006, 140), I maintain that Galtung's originally plural and open understanding of peace/violence is a good match with feminist peace research, because it allows for the search of peace, violence and in/justice in spaces and places where they are not customarily expected to be. Hence, while reading the global (bio)political economies of needs as complex and emergent entanglements of peace and violence, care and neglect, the thesis selectively draws on Galtung's work in its understanding of peace as an open and multi-dimensional object of study.

2.1.2 A New Materialist Understanding of Structural Violence

The case of Filipino nurse migration to ageing Finland involves complex entanglements of violence. These include (1) structural violence, (2) slow violence, and (3) epistemic violence (which Galtung perhaps would name cultural violence). I will discuss both slow and epistemic violence in the subsequent sections. First, however, a new materialist re-reading of Galtung's structural violence is required.

In Galtung's conceptualisation of structural violence, violence is understood as a difference between the actual and potential realities in human life which are caused indirectly by structural inequalities. Therefore, in structural violence, it is not possible to identify the perpetrator as an individual or group that causes harm through direct acts of violence. Instead, harm is a product of an unequal political 'system', while the (limited) role of human agency rests in the particular actions and inactions that produce and reproduce 'the system's' violent structures. A rather straightforward example is the neoliberal global political economy, where political decisions continue to divide bodies and populations into gendered and racialized categories of haves and have-nots, indirectly through the governance of resources.

Like Rob Nixon (2011, 10) explains, the concept of structural violence helps us to understand the neoliberal “austerity measures, structural adjustment, rampant deregulation, corporate megamergers, and a widening gulf between rich and poor [as] a form of covert violence in its own right”. Yet, Galtung’s conception of structural violence is imbued with similar kinds of rigidity and stagnation, for which I criticised the global care chains literature in *Migrant Trajectories*. For the purposes of the thesis therefore, Galtungian structural violence requires revision.

Relying on my argumentation in *Migrant Trajectories*, I suggest that structures and structural violence to be read through a new materialist ontology, as *becoming* rather than *fixed*. In the production and reproduction of injustice across societies, the structural inequality of the global political economy is a critical factor. Yet, as I elaborated in *Migrant Trajectories*, a problem with the structural perspective is that it tends to represent the structures as stagnant, fixed and monolithic. This renders structural analyses deterministic (cf. Nixon 2011, 11; also Boulding 1977), when injustices become understood as static and therefore insurmountable - lest overthrowing global capitalism is an option.¹⁰ In *Migrant Trajectories*, I reviewed the Global Care Chain (GCC) literature and showed how a fixed understanding of global structures predominates the GCC analyses. This tradition, which draws on Arlie Hochschild’s (2000) conception of the global care chain, shares some of the same influences with Galtung, for instance from dependency and world systems theory. Thus, it may be claimed that Hochschild and Galtung’s ontological understandings of structures are similar. Indeed, it may also be argued that, in the study of global care economies, the GCC as a structure of global inequality is an archetypal example of structural violence.

In *Migrant Trajectories*, I claimed that in order to better comprehend transformation and change in the global structures, there is a need for GCC analyses to “redirect the attention slightly away from what the global structures *are* and *towards their constant processes of becoming*” (*Migrant Trajectories*, 191- 192, emphasis added). The same, I think, should be applied to analyses of structural violence more broadly, beyond the (emergent) structures of global care chains. In line with the methodology of the thesis as a whole (see Chapter 3), I understand structures and structural violence (and structural peace) as becoming and ever-unfolding. Doing so, I draw on new materialist onto-epistemologies that understand structure and agency, and

¹⁰ In fact, although I see the present neoliberal forms of global capitalism and its market-fundamentalism as extremely violent, I am not convinced capitalism in all forms is the ultimate evil - or that there would be a realistic way to get rid of it without falling into some form of totalitarianism.

their material-discursive realities, as mutually constituted in complex entanglements of becoming; always emergent in embodied relations rather than fixed and deterministic (Coole and Frost 2010; Barad 2007; Kirby 1997; 2011). In this view, structures, and indeed forms of structural violence, are constantly being rearticulated, and it is the job of the critical peace and conflict researcher to try to understand these re-articulations in concrete empirical contexts – while necessarily and corporeally immersed and entangled in their making.

My new materialist understanding of structures resembles Rob Nixon's (2011) concept of slow violence. This is a notion of violence that aims at going beyond static structures and seeking to “foreground questions of time, movement, and change, however gradual” (Nixon 2011, 11). I will discuss slow violence next.

2.1.3 Slow Violence¹¹

In his book *Slow Violence and the Environmentalism for the Poor*, Rob Nixon defines slow violence as “violence that occurs gradually and out of sight [...] an attritional violence that is typically not viewed as violence at all”. Nixon notes that whereas violence is colloquially understood as “an event or action that is immediate in time, explosive and spectacular in space, and as erupting into instant sensational visibility”, there is also a need to find ways to represent the kinds of violences that *take time* to hurt or kill. These violences are “neither spectacular nor instantaneous, but rather incremental and accretive, [...] playing out across a range of temporal scales” (Nixon 2011, 2). Nixon speaks about the “long dyings” and invisible casualties that are caused by slow, yet politically produced processes such as climate change, radioactive aftermaths of wars, and “a host of other slowly unfolding [...] catastrophes”, all of which are difficult to present as violence that necessitates active and effective political mobilization (ibid.). In other words, slow violence is a form of violence that overlaps with structural violence. It also can have elements of direct violence, in the sense that violence does not take place through structures only but it is possible to identify directly the perpetrator of the harm, even if the effects of the violence will take time to show.

Similarly, compared to structural violence, slow violence “has a wider descriptive range in calling attention, not simply to questions of agency” – e.g. whose politics were indirectly responsible for what and how – “but to broader, more complex

¹¹ I am thankful to Teemu Palosaari and Benedikt Schönborn for introducing me to the concept of slow violence.

descriptive categories of violence enacted slowly over time" (Nixon 2011, 11). This kind of perception allows for the analysis of the generational, postcolonial processes of bodily inscriptions which have, over time, marked certain bodies and populations with visibility and eligibility to care, while marking other bodies' care needs as invisible, unspeakable, and perhaps utterly incomprehensible. Analysing and recognising slow violence thereby requires that we go beyond the conceptions of violence as a dramatic event "that is newsworthy because it is event focused, time bound, and body bound" (Nixon 2011, 3). It requires that violence be both understood *and* recurrently made representable as something other than a drama and a spectacle (Nixon 2011, 3). It requires not only the recognition of structural inequalities but also the ways in which they unfold gradually over time, resurfacing on bodies that, when visible, seem temporally distant from the causes of suffering.

This is also what my understanding of the global biopolitical economy of needs asks peace and conflict researchers to do, when examining peace on the level of embodied relatedness. As the thesis affirms, in the ever-unfolding global biopolitical economies of needs, transnational care resources continue to be divided differentially among and within populations, depending on which bodies are deemed worthy enough to deserve care – or are economically-politically powerful enough to demand the care they need, even as bare bodies.

Although the term 'care' is easily associated with peacefulness - with 'good', 'feminine', and 'soft' things - care is always a site of political struggle (Hoppania 2015). All care relations are power relations, and thereby always imbued with the potential of dominance, exploitation, and even direct violence (Robinson 1999, 128; Robinson 2011a, 5; Banerjee et al. 2012). Similarly, the global biopolitical economies, where the worth of particular bodies' care needs is evaluated, are intrinsically violent. In the case of elderly care in the age of austerity, for instance, not all bodies *can* successfully demand the care they need, even in the welfare state (see Chapter 4). And what happens when bodies that are dependent on care for their survival and wellbeing are not met with care, but neglect, or non-recognition? They suffer, they may die neglected, even in the midst of the world's wealthiest societies. They are victims of violence: a violence that is not dramatic or spectacular, rarely the subject of news headlines let alone sustained political interventions (cf. Lloyd et al. 2014). In other words, they are "[c]asualties of slow violence [...] most likely not to be seen, not to be counted". They are "light-weight, disposable casualties". (Nixon 2011, 13).

This thesis suggests a new perspective to Peace and Conflict Research, the global biopolitical economy of needs. It is an approach, which takes seriously the entanglements of violence in different contexts of care needs, with recognition that

the embodied needs of care are present wherever there is human life - as is the potential of neglect and thereby slow violence. The perspective sides with Nixon's aim of trying to think of ways to make slow and invisible forms of violence (e.g. relations where care needs are neglected) visible in empirical contexts, where bodies require care from other bodies. Here, however, it is important to emphasise that my focus is not on the acts and practices, where bodies in need of care *are* responded to with care. Rather, I focus on relations enacted by needs, where care may or may not take place. As elaborated in the *Vulnerable Body*, I maintain that relations of neglect are political relations enacted by bodies in need of care. Consequently in my account, the neglected victims of slow violence, who are left to suffer or die when adequate care could mitigate the suffering or avoid death, are never politically light-weight and disposable. From the perspective of the global biopolitical economy of needs, each death and all suffering due to inadequate care matters.

Thus, just like the relations and mobilities of care can shape the global structures (see *Migrant Trajectories*), also each relation of neglect shapes the global biopolitical economy of needs, at each passing moment, in each human relation, in all empirical contexts. These relations of care/neglect, make the 'structures' what they are, or what they are about to become, providing momentary openings to both violence and peace. In the global biopolitical economy of needs, each body matters and it is the job of critical peace and conflict researchers to examine *how*. To do so, we need to readjust our epistemes of violence *within peace and conflict research* so that differential needs of care become visible, tangible, and worthy of attention.

2.1.4 Epistemic Violence¹²

Enrique Galván-Álvarez (2010, 12) provides a concise definition of epistemic violence as "the construction of epistemic frameworks that legitimise and enshrine [...] practices of domination". It is "violence exerted against or through knowledge" and hence a "key element in any process of domination" (ibid.). Originally, the concept of epistemic violence comes from Gayatri Chakravorty Spivak's (1988) widely cited essay "Can the subaltern speak?". Here, Spivak argues that the colonial project, and its economic imperatives in the international distribution of labour, (re)constitutes the colonial subject as the Other, while simultaneously rendering her speechless in her complete otherness. Consequently, the subaltern subjectivity is

¹² I am thankful to Élise Féron, Eeva Puumala and Tarja Väyrynen for advising me to think the thesis through epistemic violences as well.

utterly incomprehensible, irrational, mute. As a constitutive outside of the episteme, the subaltern cannot speak without simultaneously being assimilated in the order, and thereby losing one's own history and being. The colonised female is particularly silenced, for "[i]f in the context of colonial production, the subaltern has no history and cannot speak, the subaltern as female is even more deeply in shadow" (Spivak 1988, 287).

Spivak discusses the subalterity of the colonised woman in the context of India. However, I see her theory of subalterity as applicable also to the dichotomic orders of masculinity and femininity more broadly, beyond the question of postcolonial subjectivities, and I will return to this in the other chapters. In the disciplinary context of peace research, for instance, I see the exclusion of the feminised vulnerable bodies in need of care as an instance of epistemic violence.

This thesis brings the questions of both elderly care and the related trajectories of migration to the field of Peace and Conflict Research. Whereas care ethicists working with peace and justice have had an interest also in migrant care work (e.g. Robinson 2011b; Tronto 2011), within Peace and Conflict Research there is as of yet little interest in elderly bodies in need of care, particularly in societies that are perceived as living 'in peace'. One reason for this might be that, regardless of the long tradition of feminist work, care or the lack thereof is still of marginal interest for contemporary Peace and Conflict Research. Here, as well as in feminist security studies in IR (cf. Vaaitinen forthcoming b; Robinson 2011b, 14- 15), the focus is rarely on care and very often on direct violence, the causes thereof, or on the aftermath: from state-led armed conflicts to civil wars to terrorism to militaries to rape camps to weapons of mass destruction to drones to chemical warfare to the prevention of armed conflicts to post-conflict reconstruction and so on. This bias towards direct violence perhaps implies a search for drama and excitement within inherently masculine disciplines: violent deaths and suffering are exciting and tangible in their horror, whereas that which is non-dramatic, potentially disgusting, and mundane – e.g. an ageing body in a welfare state – is not. Furthermore, when care is addressed in the mainly feminist accounts of peace and conflict research (see below), the focus tends to be on those who take care of children, and on the moral thinking that their caring practices enact, which still renders the bodies in need of care inarticulate (see *Vulnerable Body*). Bodies as mere bodies in need of care often cannot speak the language of direct violence, or the language of the responsible subject, and are therefore mute in a discipline that requires one or the other. Consequently, the potential violence and peace that are embedded in the most

mundane care needs are easily rendered invisible and incomprehensible, for they tend not to fit the epistemes of the discipline.

Are then the mute bodies in need of care the subaltern of peace and conflict research, victims of epistemic violence, who cannot speak and make no sense in the language of the discipline? Perhaps the body in need of care is 'colonised' by the focus on subjects capable of providing (or refusing) care?¹³ If so, I argue that the episteme can be shaken up and written anew only after the needy bodies' differential capacity to enact relations is recognised.

According to Spivak (1988, 282- 283), the hegemonic episteme operates "its silent programming function" through all segments of the population. Yet, she portrays European intellectuals as particularly accountable for the epistemic violence that renders the subaltern silent. Spivak's influential essay largely builds upon her postcolonial critique of Foucault and Deleuze, whom she sees as taking on a transparent position of the intellectual that merely "lets the oppressed speak" for their own right; as if that was possible for the subaltern, who is by definition excluded from the hegemonic epistemic order. Both Foucault and Deleuze, argues Spivak, homogenise the inherently heterogeneous Other, while systematically ignoring "the question of ideology and their own implication in intellectual and economic history" (Spivak 1988, 272). In particular, Spivak emphasises that while the transparent intellectual may be in a position to render something visible that was previously unseen, mechanisms of oppression for instance, rendering the oppressed speakable is a whole another question, and is always impossible in the case of the subaltern (also Spivak 2008).

In search of alternative intellectual practices and strategies, Spivak turns to Derrida and particularly his book *Of Grammatology* (Derrida 1978), which she as the translator would know thoroughly. In the subsequent chapters, I will also turn to Derrida and deconstruction, in my attempt to uncover the constitutive role that bodies in need of care have in politics of peace and violence. I will elaborate the role and meaning of deconstruction for this thesis and my argument in Chapter 3, where I also return to the question of epistemic violence in peace research. In the remainder of this chapter, however, I locate the thesis in the tradition of feminist Peace and Conflict Research that explicitly discusses care as a question of peace.

¹³ With this analogical comparison, I do not mean to undermine or co-opt the efforts to uncover the violent relations of colonialism, which continue to reproduce relations of difference also amongst the muted, needy bodies.

2.2 Care in Peace and Conflict Research

2.2.1 Maternal Thinking

Although contemporary Peace and Conflict Research does not very often engage with questions of care as a question of peace, there is a rich tradition of feminist research that has done so since the 1980s (e.g. Ruddick 1990; Roberts 1984; Forcey 1991; Bailey 1994; Robinson 1999; 2011a; Ben-Borath 2008; Mingol 2009; Tronto 2008; Held 1995; 2006; 2008; Hutchings 2000; Cohn 2014; Robinson and Confortini 2014; also Duhan Kaplan 1994; Kyle 2013). This tradition, closely related with feminist care ethics beyond peace and conflict research, argues that relations and practices of care generate alternative moral thinking that is capable of challenging militarism and the customary thinking of global justice, while providing avenues for “re-imagining just peace” (Confortini and Ruane 2014). In this literature, the feminist philosopher Sara Ruddick’s (1990) work on maternal thinking is of pioneering nature and in many ways relevant for this thesis.

In *Maternal Thinking: Toward a Politics of Peace*, Ruddick suggests that distinctive kind of thinking arises from the work that mothers do. Although a seemingly simple argument, Ruddick’s claim that mothers *think* and that this thinking could be politically relevant for questions of war and peace was, and still is, radically subversive (e.g. Cohn 2014; Robinson and Confortini 2014; Frazer and Hutchings 2014). Ruddick argues that, since maternal practices are based on the preservation of life and fostering of growth, and on the recognition of complex embodied relationality of human beings, the thinking that arises from mothering may be used as “an engaged and visionary standpoint from which to criticize the destructiveness of war and begin to reinvent peace” (Ruddick 1990, 12). This perspective can then be utilised in critical and situated rethinking of peace politics, from conflict management to nonviolence to resistance to reconciliation to peacekeeping and beyond.

Ruddick’s account, and other accounts similar to hers, are often criticised and misread for essentialising women’s peacefulness, while disregarding the oppression to which mothering and ideologies thereof exposes women around the world (e.g. Kaplan 1994; Väyrynen 2010). Laura Duhan Kaplan (1994), for instance, has argued that such portrayal of “women as caretakers” merely ends up supporting “patriarchal militarism because it is used by male warriors in the service of the war effort and because it builds on gender opposition created by patriarchy to contain women”

(Kaplan 1994, 124). This criticism makes an important point - particularly if Ruddick's argument were about women only. Only it is not, which is why linking Ruddick's work to 'women's peacefulness' and the subsequent claims of essentialism fail to do justice to Ruddick's account. First, Ruddick does not claim that all mothers are peaceful or anti-militarist, and she explicitly recognises mothers' as well as other women's capacity of violence and participation in war. Second, maternal thinking is *not* just about women, and whoever makes that claim has more than likely not read Ruddick's book beyond the title. In fact, Ruddick's concept of the 'mother' is quite queer.

Maternal thinking in Ruddick's work is about thinking that emerges from mothering work that can be carried out by a 'responsible adult' of any sex (Ruddick 1990, 41). For Ruddick, a 'mother' need not be the one which gives birth to a child, or even a woman. Instead, "a mother is a person who takes on responsibility for children's lives and for whom providing child care is a significant part of *her or his* working life" (Ruddick 1990, 40, emphasis added). Ruddick recognises and respects the fact that mothering work has been and still is disproportionately carried out by women, and therefore she speaks about women's practices of mothering rather than those of men. Yet, she explicitly and clearly states that there is no reason to believe that one sex would have more skills for mothering than any other (ibid., 41). Ruddick's explorations of maternal thinking as peace politics is thus barely simply about 'women's peacefulness' as (mis)read by critiques, feminists included.

A fairer criticism of *Maternal Thinking* concerns the whiteness of Ruddick's account, and the consequent cultural bias. For instance, Alison Bailey (1994) critiqued Ruddick for making universal arguments about mothering practices on the basis of white urban middle-class experiences of family life in the United States. Comparing Ruddick's maternal thinking with Patricia Hill Collins' account on racialized women's motherwork (Collins 1990), Bailey reminds us that "[p]eace is not just the absence of violence to the white middle class, nor is it simply resistance to nuclear and war machinery". Instead, "[f]or many persons of color the holocausts have already started in their neighbourhoods and on their streets where the threat of war is indistinguishable from the threats of poverty and institutional violence" (Bailey 1994, 196). Bailey's words still hold true - in the presently chaotic and racist world politics perhaps more so. Views like hers are also yet to be fully recognised, included, and taken seriously in Peace and Conflict Research. Yet, I think Ruddick's maternal thinking would not necessarily be incompatible with Bailey's views, or mutually exclusive of Hill Collins', but should rather be understood in terms of alliance.

Clearly uncomfortable with the essentialism she is accused for (cf. Forcey 1991, 333), Ruddick pre-emptively responds to the above criticisms in her book, while openly recognising the biases and pitfalls of her work. As a feminist standpoint theorist, Ruddick builds her argument on what *she* knows, theorising from the position where she stood at the time of writing: arguably that of white American, academic, upper middle-class mother of two in a heterosexual marriage (Ruddick 1990, 51-57). While openly recognising “the likelihood of idealization and ethnocentrism” of her account (Ruddick 1990, 29), she argues that there is nevertheless a need, however biased, to speak about the concrete complexities of maternal work, and the political power and potential for peace (as well as violence) imbued in it. That is, while “maternal voices have been drowned by professional theory, ideologies of motherhood, sexist arrogance, and childhood fantasy” (Ruddick 1990, 40), it is important to try and hear the *many* voices that emerge from actual practices of mothering, which are always specific to the social context.

Indeed for Ruddick, “[t]he concept of ‘mother’ depends on that of ‘child’, a creature considered to be of value and in need of protection” (Ruddick 1990, 22). Ruddick’s conception of maternal thinking is therefore not defined through her own experience only, but in relation to *those in need of mothering, who are always particular*. Ruddick’s intention was never to portray all mothers as the same, or all mothering at all times and in all places as identical to her own experiences. Thus, the criticism regarding the cultural bias, while important, is slightly beside the point. Rather than purporting an abstracted and universally generalizable ontology of motherhood, she interrogates the potentially peaceful *epistemologies* that emerge from different kinds of mothering (Cohn 2014, 48; Robinson and Confortini 2014, 41; Frazer and Hutchings 2014, 117).

In this thesis, I do not investigate the questions of war or militarism, or think about peace in terms of absence of war like Ruddick largely does. Nor do I talk about children, or focus on forms of *thinking* that emerge from *practices* of care. Rather, I focus on corporeal relations elicited by bodies in need of care. Yet, there are two aspects in which my work is a continuation of the feminist tradition that Ruddick’s work represents. First, maternal thinking is about ethical modes of thinking that spring from the relational practices of caring, nurturing, and attending to other living beings’ needs - *in the concrete social contexts and histories in which the needs exist*. This kind of tangible empirical situatedness of ethics is highly relevant also in the deconstructive perspective of the global biopolitical economy of needs. Namely, such situatedness derives not simply from the particular responses to care needs, but from the particularity of needs themselves – which are everywhere. Ruddick for

instance emphasises that while something called 'maternal practice' is not omnipresent, those called 'children' exist everywhere. Similarly, in this thesis, I do not understand care as omnipresent, but I do argue that bodies in need of care are *everywhere*. These omnipresent needs as well as the corporeal relations they enact are always differential and unique: sometimes they are about care, other times they are about structural, slow, or direct neglect, or even direct physical violence.

Secondly, whilst overlooked in much of the literature that draws on Ruddick, there is in her thinking an aspect of concrete material corporeality that is highly relevant for the thesis. In *Maternal Thinking*, Ruddick takes the body more seriously than any other accounts of feminist care ethics I am familiar with. Distinguishing between mothering as work that can be carried out by any sex and giving birth as the labour of a female, Ruddick (1990, 47- 51, 185- 218) takes time to valorise the biological, fleshy facts corporeality. In a chapter entitled "Histories of the Human Flesh" she interrogates the political significance of birth that, without an exception, begins with/in a female body. She shows how birth has been silenced in Western philosophy, arguing that birthing labour, which is "repetitiously irregular, insufficiently individuated, and vulnerable to pain", is outright unspeakable in the language of autonomous, independent and disembodied reason (Ruddick 1990, 196). In short, "[b]odily beginnings, and some women's participation in them stand for all that reason is not" (ibid.). She continues, whereas reason's bodies can be readily turned into "instruments of military will" (Ruddick 1990, 198) which utilises techno-scientific language to divert attention away from what happens to real bodies in war (Cohn 1987), birth "lies at the beginning and the end of antimilitarist maternal stories of human flesh" (Ruddick 1990, 197). In wars and militaries, real bodies exist of course, but in these material-discursive realities, bodies are meant to kill, die, and suffer, and do so heroically. Bodies of birth in turn are imbued with relationality and a promise of life: a promise that life be sustained and cared for until its end, rather than sacrificed for the cause of bigger purposes, such as war (or in the case of this thesis, the economy).

In my sympathetic reading of Ruddick, her purpose is not to idealise the corporeal politics of birth nor is her intention to downplay the fact that sometimes birth takes place violently, with those women and girls who are forced to give birth against their own will (when abortion is denied for instance). What I find (in)valuable in Ruddick's discussion of birthing labour and natality is that it requires us to think about bodies and the politics of bodies otherwise: in ways that defy the masculine techno-scientific rationality that dominates not only the militaristic but also the kinds of economic thinking that governmentalize and commodify care and its needs (see *Care as the*

Political). Her account of birth helps us to see how bodies exist *realistically* in flesh, bone, and fluids, and come into existence through other bodies, while being sustained through practices of care. In the “singular and unrepeatable” event of birth, the corporeal relatedness of bodies is factually more concrete than ever, as “the metaphysical paradox of singularity and bodily conjunction” becomes visible and real (Ruddick 1990, 210- 211).

Importantly, Ruddick argues that recognising birth and birthing labour realistically requires that entire human life be recognised in its embodied, fleshy, and relational complexity. Ultimately, the recognition of all bodies’ fleshy origins in birth requires us to see that the life of all sexes - and not just that of birthing women - comes with “incontinence, irregularity, discharge, pain, decay, and finally death” (Ruddick 1990, 214). In her discussion of birth, Ruddick thus seems to discuss human embodiment and neediness in much the same terms as I do in this thesis with reference to ageing: as questions of concrete body organisms corporeally related to one another from the beginning to the end (see Chapter 5). Furthermore, what is particularly notable in Ruddick’s discussion of natality, sexuality, and mortality is her timing. Although the fleshiness of her account is neglected in the literature, Ruddick started to interrogate our material corporealities as relevant to peace politics ahead of her time, well before the recently fashionable ‘corporeal turn’ in International Relations. Thus, while one of the contributions of this thesis is to incorporate the questions of the body in Peace and Conflict Research, this is to be understood as a continuation of the work that feminist scholars began decades ago. In the subsequent sections, I will further discuss this tradition, and its marginalisation in the discipline.

2.2.2 Feminist Ethics of Care

Whereas Ruddick’s work departs from mothering, a range of feminists concerned with questions of peace, violence, and global justice have made similar arguments more widely about practices of care. This body of literature can be referred to as feminist ethics of care, which maintains that practices of care give rise to distinct moral and political thinking. I have discussed the literature deconstructively in *Vulnerable Body*, where I summarise its main tenet as follows:

Ethics of care argues that caring practices provide a source of moral thinking that derives from the existential fact of human vulnerability and relatedness, from the human need of care as well as the capacity – necessity – to respond to the needs of others. Care, in this sense, is not

only about labor, or the 'burden' of social reproduction, but about the moral-political *relatedness* that springs from practices of care [...]. (Vaaitinen 2015, 110)

In *Vulnerable Body*, my discussion relies mainly on Joan Tronto's early work (Tronto 1993; Fisher and Tronto 1990), which provides an influential argument about the political nature of care ethics (see also Sevenhuijsen 1998; Robinson 1999; Held 2006). In this section, I focus on those accounts of care ethics that explicitly address questions of peace and global justice, while positioning the thesis within this particular tradition of feminist Peace and Conflict Research.

Not all feminist ethics of care is explicitly concerned with peace or global justice. For instance Carol Gilligan, whose work has influenced the emergence of feminist care ethics in various disciplines, addresses the field of moral psychology. In her book *In a Different Voice*, Gilligan (1982/1993) effectively deconstructed malestream theories of moral development, showing how "females simply do not exist" in these accounts of human psychology (Gilligan 1982/1993, 18). In the psychological scales that measured adolescent development into responsible adulthood, women and girls seemed not to have a voice – indeed they were the subaltern who could not speak. Such biases in theory would then systematically render adolescent girls' psychological development as inferior to that of young boys. However, through wide empirical materials, which involved interviews about moral choices with both sexes, Gilligan showed how women and girls are not in fact 'underdeveloped' in their moral thinking, but merely have a "different voice" when it comes to ethical judgement. Whereas the interviewed males would justify their decisions on the basis of abstract moral codes, or with a reference to competing rights of autonomous individuals, the females reflected upon the complex responsibilities they had in a network of relationships with concrete others. From these observations then emerged Gilligan's argument for a different kind of moral thinking that feminist ethics of care promotes: one built on human relatedness rather than separation and abstracted autonomy. While Gilligan, too, may be criticised for essentialising 'boyhood' and 'girlhood', her work has been influential in challenging the predominant masculine understanding of justice. As such, her work should be of interest also to scholars in Peace and Conflict Research, especially to those interested in gendered psychologies of peace and violence.

In the 1980s and 1990s, ethics of care did indeed play a major role in feminist debates of peace and conflict, also beyond Ruddick and Gilligan (e.g. Roberts 1984; Ruddick 1990; Forcey 1991; Bailey 1994; Kaplan 1994; see also Robinson 1999; Hutchings 2000). There are also more recent examples. Sigal Ben-Borath (2008) for

instance, has argued that just war theory should be complemented with a post-war *jus post bellum* component that is informed by feminist ethics of care. Joan Tronto (2008), Virginia Held (2008), and Jess Kyle (2013) have interrogated peace-keeping, military intervention, and the responsibility to protect through feminist care ethics (see also Cohn 2014, 61- 65; Robinson 2011a, 85- 102). Integrating Ruddick's work with feminist analysis of conflict transformation, Confortini and Ruane (2014) in turn develop notions of 'just peace'. In the field of peace education, Irene Comins Mingol (2009) builds on care ethics, proposing that values of caring be included in coeducation, in order for care to be generalised as a peaceful human value (Mingol 2009, 456; also Roberts 1984, 198). In International Relations, Fiona Robinson (1999; 2011a; 2011b; 2011c) has since the late 1990's gradually developed an account of critical feminist care ethics in relation to global justice and human security.

While the examples show that care ethics is still applied to theorisation of peace across disciplines, the 1980s and early 1990s were arguably the golden era for feminist peace scholars' engagements with care. Indeed, from the latter half of 1990s onwards, there seems to be considerably less feminist literature on care that explicitly identifies itself as feminist *Peace and Conflict Research*.¹⁴ In an insightful article interrogating the state of the art in feminist peace scholarship in the early 1990s, Linda Rennie Forcey (1991) points to the post-structural criticism of feminist peace research, which argued that care theorists essentialise women as peacemakers. Hypothetically, this critique of essentialism may be seen as a potential reason for the decline of feminist care theory in *Peace and Conflict Research* more generally. Namely, on the basis of Forcey's account it seems that, in the early 1990s, the so called third wave feminist critique placed the feminist peace and conflict researchers' 'essentialist' accounts of care under question, thereby potentially turning care itself into something that a critical feminist peace theorist would warily discuss.

Discussing sympathetically the positions of both sides of the debate, Forcey (1991, 333) herself argues for a deconstructive approach, calling for feminist peace and conflict researchers to appreciate the "contribution of an essentialist viewpoint to peace research" while also asking for "appreciation of the importance of the poststructuralist critique of essentialism". Finally, she argues for a "need to move

¹⁴ This change may also have to do with the strengthening of feminist theory and security studies in the field of IR and particularly in the International Studies Association, with the consequent move of feminist peace theorists addressing International Relations rather than peace. However, without further research, this is mere speculation. As useful as it would have been for the thesis, I have not been able to conduct of genealogical reading of feminist peace and conflict research canon, but I know that Annick Wibben and Catia Confortini are presently working on one.

beyond the debate with [...] a tolerance for ambiguity and more than a little theoretical untidiness". Influenced by both poststructural thought and feminist care ethics, I strongly agree with this suggestion. Indeed, the thesis aims at explicitly combining feminist ethics of care with the imperatives of deconstruction, in order to articulate a new approach, the global biopolitical economy of needs. However, what puzzles me in Forcey's reading of the alleged essentialism of feminist peace and conflict research is that also Forcey reproduces the care and peace debate as a debate of *women's* peacefulness, thereby taking an essentialist approach to care, and perhaps also to femininity.

As shown above with a reference to Ruddick, care ethics need not be about *women*; it is about caring practices that are socially constructed as feminine, and about the alternative modes of thinking that caring practices generate, regardless of who does the caring (cf. Robinson 2011a, 9). Towards the end of the article, Forcey (1991, 350- 351) however ends up arguing:

[A] feminist perspective that focuses on caring, nurturing, intuiting, empathizing, and relating remains an important new catalyst to challenge militarism. [...] Thus it is with more than a little ambiguity and hesitation that I myself have come to see its limitations and weaknesses, and the need to move on. Who among us can say that there could ever be too much *caring* in this violent world? But move on we must.

As elaborated in the *Vulnerable Body*, I agree with Forcey that there is (still) a need to move on from perspectives that focus only on caring and carers, whatever sex they may be. Yet, I also maintain Peace and Conflict Research should never leave behind the question of care.

Like Fisher and Tronto (1991, 40, emphasis in the original), I understand caring "as a *species activity that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible*". This is a world, that "includes our bodies, our selves, and our environment, all of which we seek to interweave as a complex, life-sustaining web". In other words, there simply is no humankind without care and – to the extent that Peace and Conflict Research is about humankind – moving beyond the question of care would lead to a distorted understanding about the subject matter of the discipline. Therefore, even if there might be a need to discuss care beyond *caring* (even as a *species activity*), I maintain that there is a need to bring care back to the agenda of Peace and Conflict Research. I suggest that attention be moved beyond caring towards care needs, and to the ways our differentially needy bodies enact

whole new 'worlds', as they demand the continuous interweaving of "complex, life-sustaining webs" of care.

I emphasise that care is not simply a question of women, or mothers, or carers, or their thinking, any more than it is just about children, or migrants, or the elderly, or "vulnerable groups" (cf. Cohn 2014). This is where I slightly depart from feminist care ethicists (Ruddick included), who tend to collapse the political significance of care to the distinct ways of *thinking* that practices of care generate, and hence to responsible subjects capable of learning peaceful ways of being in the world. My account is perhaps more savage or primordial, if you like more corporeal and fleshy; it foregrounds the politics of the body organism while, for now, intentionally avoiding questions of subjective, thinking agency (see Chapter 5). I draw on the tradition of Ruddick and care ethics, yet twist their focus on care slightly, in order to place the question of relational embodiment as neediness in the centre of my politics of peace. While recognising the continued necessity to talk also about the caring work that is mostly the responsibility of women and racialized Others, this is not what I (mostly) do in this thesis. My argument is less about what people *do* and more about what people *are*, and what kind of peace politics follows from the recognition of our factually material-relational, and inherently needy ontologies of existence.

It is important to emphasise that my account is not mutually exclusive of the traditional ethics of care arguments, but complementary thereof. Yet, I maintain that my focus on the relations of needs helps to better justify the care related arguments in Peace and Conflict Research as valid for all human life, and in all empirical contexts, including those where caring seems not to or cannot occur. After all, the traditional focus on the *thinking* that practices of care elicit very quickly takes the discussion back, not only to the question of responsible subjects (rather than e.g. their epistemic limitations), but also to the question of 'women' and 'women's work' – for the simple reason that care in all societies tends to be the responsibility of those identified as female. Yet, when the question of care is about what *needs do* (rather than what caring does), it applies to every single body at each living moment – and hence to politics at all times everywhere.

Of course, when turning from feminist peace theories of care to the question of needs, one must recognise also the previous theorisation of human needs in Peace and Conflict Research (e.g. Burton 1990; Clark 1990; Sandole 1990; 2001; Väyrynen 2001). I will return to this briefly in the concluding chapter, where I elaborate how my account differs from and contributes to these former theories. In the conclusion, I also discuss the potential connections between feminist peace and care theory and the contemporary scholarship of everyday peace. Now, however, I move on to

demonstrate how feminist care theory is written out from the contemporary genealogies of Peace and Conflict Research. I then argue for the need to understand feminist peace research as peace research for everyone, underscoring the need for peace scholars to better engage with the feminist pasts of the discipline, too.

2.3 Valorising Feminist Peace and Conflict Research

Peace research, like other expressions of macho-think, must be reconceptualised into human caring and connectedness. (Roberts 1984, 200).

A feminist peace research would not be neutered by abstraction or muted by despair [...]. Such peace research would be blatantly biased in favour of life, caring and survival; it would be impassioned. (Roberts 1984, 199).

In journal rankings, which have an impact on which knowledge is valued in the academia, the two leading publications in Peace and Conflict Research are *Journal of Peace Research (JPR)* and *Journal of Conflict Resolution (JCR)*. In these two journals, the neglect of feminist work on care and peace is evident.¹⁵ During their history, which stretches back over half a century, the term 'care' appears in the journals 666 times altogether: 315 times in *JPR* since 1964, and 351 times in *JCR* since 1957.¹⁶ Of course, these figures do not indicate that the actual substance of care and its meanings for peace and conflict would have been discussed over six hundred times. Instead, a large majority of the hits refer to generic expressions in language, such as when someone 'cares about' something (as in holds important), when great 'care

¹⁵This is barely a surprise in explicitly patriarchal journals such as *JPR*. For instance, still in 2014, in the fifty year anniversary Special Issue of the journal, the editors deemed it appropriate to refer to Elise Boulding – a predecessor in feminist peace research – as the "wife of Kenneth Boulding and later to become an academic of considerable standing in her own right" (Gleditsch et al. 2014, 146). In the same article, they also patronisingly refer to Mari Holmboe Ruge and Ingrid Eide, two cofounders of PRIO, as "young women" who "were pushed into publication at an early stage," not forgetting to mention Eide's later role as Johan Galtung's wife (Ibid., 154). None of the male peace researchers in the article were referred to as husbands.

¹⁶ The figures are based on a Boolean search I ran for the journals' archives in January 2016, with the term "care" (in all fields). Respectively, the search "care AND feminis*" (all fields)" gave 17 hits in *JPR* and 7 in *JCR*, implicating that the feminist peace research dealing with care is rarely discussed in these two malestream journals.

must be taken' in certain practices (e.g. in scientific analysis), or when doing something 'with care'. In addition, the term 'care' appears when health care and welfare services are discussed as quantitative variables of peace/conflict (e.g. Allen and Lektzian 2013; Li and Wen 2005; Taydas and Peksen 2012), with a reference to "caring for combatants in the field" (Hendrix and Salehyan 2012).

Furthermore, a limited number of explicit references to feminist care theorists appear when 'testing' (simplified) readings of 'women's peacefulness' in quantitative research settings. Alison Brysk and Aashish Mehta (2014) for instance run theories of democratic foreign policy and feminist international relations through a quantitative research apparatus, to determine whether "more deeply democratic countries with greater gender equity will be stronger international human rights promoters" (Brysk and Mehta 2014, 97). In this account, feminist theories of care are recognised as potentially useful for the understanding of peace and conflict (see also Caprioli 2000; Melander 2005). However, set in a positivist research agenda (which both the journals represent), the presumably caring qualities of 'women' are reduced to variables in state-centred research apparatuses that mainly attend to armed conflicts, while gender is simultaneously understood narrowly in terms of 'men' vs. 'women'. In these discussions too, care as a *substance* of peace and conflict research is thus left widely unaddressed. Perhaps even more shockingly, this is the case also when non-feminist peace researchers do theorise care as relevant for peace.

Raul P. Lejano (2006) for instance has utilised the concept of care when theorising peace parks as territorial openings for peace in protracted conflicts. Perceiving institutions as structures of care, he claims, "allows us to understand conflict resolution as a process of relationship building" (Lejano 2006, 564). Although feminist peace theorists have made very similar arguments decades prior to Lejano, he completely ignores this previous literature. Instead, *as if* it was an entirely novel theoretical opening in the field of Peace and Conflict Research, Lejano goes on to argue:

[W]e depict institutions as the outcome of relationship-building between individuals and groups or, in our terminology, as structures of care. [...] As social actors, people cannot help but form relations with others, so we find webs of relationships already present in any situation to begin with. [...] We proceed to develop the model and describe how it depicts institutions in a different way than the rational model. *We begin with the notion of care as an ethic that governs relations between persons and their world.* (Lejano 2006, 571, emphasis added).

At this point of my reading, I was still naïvely expecting to find a brief literature review, with references to Ruddick, Tronto, Held, Robinson, and others, with an explicit recognition of the feminist contributions to understanding care as definitive of all human action. Alas, it was not to be. Instead, the author returns to the early 20th century (male) phenomenologists, such as Husserl and Heidegger (Lejano 2006, 571), dealing with the (feminist) ethic of care through a passing reference to Carol Gilligan's (1982) influential work. Although Lejano explicitly recognises that the ethic of care opposes the kind of ethical reasoning that is based on formal rationality, he does not recognise a single feminist peace scholar, who has previously argued the same. Neither are the gendered premises of Gilligan's work discussed any further, as Lejano proceeds to mansplain the institutional structures of care as a 'novel' invention for peace and conflict research. Indeed, depicting how institutional policies and practices "emerge from a web (or topology) of relationships" (Lejano 2006, 572), he sees it more apt to compare his theorisation to Mitrany's (1975) functional model of International Relations, than to feminist theories of care in Peace and Conflict Research.

My discussion on Lejano's article here is not to undermine the value of his argument about peace parks as territorial openings of peace. Yet, one cannot but wonder, how it is possible to publish an article in one of the highest ranked journals in an academic field, without a *slightest* recognition of other scholars' work on the theory that the author *claims to be novel*. Other types of utter negligence would rarely pass the review process, but when it is feminist theories in the field of Peace and Conflict Research – oh well.

This anecdotal neglect is but one example of how feminist perspectives continue to be marginalised in Peace and Conflict Research, as well as in the related scholarly fields such as International Relations or Political Science. Lejano's article, however, is a conspicuous example, due to its substantive focus on the concept of care, which only feminists have ever endeavoured to take seriously in the field of Peace and Conflict Research. His writing (and the respective process of peer review) obtrusively suggests that feminist theories continue to be considered primarily as theories that feminists write for other feminists – or worse, as texts that 'women' write for other 'women' - and which non-feminists need not read, let alone cite. As shown above, this leads to a situation where non-feminist theorists can, with full authority, mansplain and invent anew the concepts and argumentation which their feminist peers have written about for years, and in this case, even decades previously.

There are also other examples of the disciplinary neglect of feminist discourses of care, including scholars who otherwise appreciate and engage with feminist

approaches to peace (e.g. Richmond 2008a). For instance Oliver Richmond's (2014) pocket-size book, *Peace: A Very Short Introduction* is too short to include references to feminist perspectives in general, or to care in particular. Similarly, in a genealogy of peace and conflict theory, none of the 'four generations' of peace and conflict research constructed by the same author(ity) (Richmond 2010a) has room for a feminist perspective (see also Kuusisto 2016). This is a shame indeed, particularly as the agenda Richmond sets out for future research in his genealogy emphasises "the recognition of care, empathy, welfare, and the consideration of everyday life" (Richmond 2010a, 34) - that is, questions which feminist peace researchers started to interrogate, ironically, *generations* ago.¹⁷ As further discussed in the concluding chapter, feminist peace scholarship on care also seems to be forgotten in the emergent tradition of everyday peace.

These examples illustrate how, in genealogies of Peace and Conflict Research, feminist achievements, theories, and contributions can be written into oblivion – until the concepts are reinvented as pivotal for politics of peace in some other, non-feminist discourse. This is perhaps particularly so when also the source of the theory is a feminised field of life, such as embodied care. Of course, all this is nothing new, as the exclusion of feminist perspectives tends to be the case in most scholarly fields, perhaps except for Gender Studies proper. Nevertheless, I would hope that my criticism of exclusion and marginalisation is not taken as an offensive by scholars in the malestream, but rather as a constructive invitation for non-feminist peace researchers to engage with the discipline's feminist past(s), too. For Peace and Conflict Research, which perceives itself as interested in peace for humankind, it is crucial to understand that the attribute 'feminist' in scientific work does not refer to the intended *audience*. That is, feminist political theory, feminist IR, feminist Peace

¹⁷ I have had the privilege to discuss the chapter and this particular paragraph with Professor Richmond in autumn 2016. I would like to add that his dismissal of certain feminist pasts in Peace and Conflict Research probably has more to do with the masculine citation practices in the academia more generally, than Richmond's intentional dismissal of feminist genealogies in particular. Indeed, our discussion made me realise how my work, too, reproduces the same hierarchies of citation politics elsewhere; I could do much better in engaging with black and postcolonial Peace and Conflict Research, for example, of which I know rather little about. Nevertheless, it seems clear feminist Peace and Conflict Research that focuses on care is outright forgotten in malestream accounts of the discipline, even at the more critical edges of the discipline, which Richmond arguably represents. In this thesis, I wish to emphasise that doing better, and engaging with the forgotten feminist pasts of the field, too, would widely benefit contemporary Peace and Conflict Research, especially the more critical edges (see also Chapter 6).

and Conflict Research, feminist-whatnot is not written for, and relevant to other self-identified feminists only, but for the discipline as a whole.

Let me thus end this chapter by stating something that should be obvious, but might not be. Although the thesis heavily builds upon feminist theory, and deals with pejoratively feminised and marginalised realms of life - such as (elderly) care, the body, needs, and vulnerability - it is *not* written for feminists only. It is also most certainly not written for, or about 'women'. The thesis does not contribute *only* to 'feminist perspectives on peace and conflict' - nor does it aim to contribute to theories of care as some strangely separate sphere of the world of 'real' conflicts with guns, blood, rape, militaries, torture, state-led murders, wars, and other forms of brutal direct violence. Instead, with the irreplaceable help of feminist social theory, the thesis provides a corporeal perspective that is factually relevant to all fields of life (including war and other more traditional spheres of peace and conflict research). I further elaborate on this in Chapters 5 and 6. I now move on to discuss the methodologies through which I have arrived at this new perspective, the global biopolitical economy of needs.

3 METHODOLOGY: ENTANGLED APPARATUSES

[T]here is something fundamental about the nature of measurement interactions such that, given a particular measuring apparatus, certain properties *become determinate*, while others are specifically excluded. Which properties become determinate is not governed by the desires or will of the experimenter but rather by the specificity of the experimental apparatus. [...] Significantly, different quantities [and qualities] become determinate using different apparatuses, and it is not possible to have a situation in which all quantities [or qualities] will have determinate values at once – some are always excluded. (Barad 2007, 19–20, additions mine, emphasis in the original).

Whereas the previous chapter positioned the thesis in the scholarly discipline of Peace and Conflict Research, this chapter elaborates the methodological orientation of the research. Methodologically, the thesis builds on Karen Barad's agential realism in terms of onto-epistemological assumptions, multi-sited (Marcus 1995) and non-local (Feldman 2011) ethnographies as regards to the research materials, and on Jacques Derrida's philosophy of deconstruction as a method of reading, writing and theorising the world in general. In what follows, I discuss these methodological components of the thesis in the respective order, while returning to the ethnographic research journey in Chapter 4.

3.1 Apparatuses¹⁸

3.1.1 Differential Responses to What Matters

In her widely cited book, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*, the physicist and feminist theorist Karen Barad (2007) develops an original account of what she calls agential realism. Building on

¹⁸ I am thankful to Sari Irni, who has introduced me to Barad's concept of the apparatus, and how it operates as a methodological devise.

Nils Bohr's philosophy, Barad (2007, 24) aims at "understanding the ontological and epistemological issues that quantum physics forces us to confront, such as the conditions for the possibility of objectivity, the nature of measurement [...] and the relationship between discursive practices and the material world". There is no space in this thesis to go into Barad's rich philosophy in detail. Yet, her notion of the apparatus is of great importance for the elaboration of my methodology – for how I have come to know to argue what I argue to know.

Knowing, for Barad, is not simply about the practice of accumulating information on a pre-existing world, "about seeing from above or outside" but rather a matter of "differential responsiveness [...] to what matters" (Barad 2007, 149). Drawing on Donna Haraway (1992), Barad argues for the need to move beyond reflexive methodologies, that presume certain fixity of identities and subject positions, and towards diffraction that better "attends to patters of difference" (Barad 2007, 29). Knowing the world is thus not only about reflecting (in) the world, or even about reflexive interaction with the world from particular subject positions. Rather, it is a matter of 'intra-acting' in and with the material-discursive world in its constant configuration. The knowing body is, in other words, inseparable from the world it comes to know. It is not positioned in the world as a separable self-reflective being, but is simultaneously both productive of and produced by the world, and its shifting organisation of positions. This conception of knowing requires a critical revision of the apparatuses of knowledge production. What is needed in particular, Barad argues, is a "method attuned to the entanglement of the apparatuses of production, one that enables genealogical analyses of how boundaries are produced rather than presuming sets of well-worn binaries in advance" (Barad 2007, 30). This chapter can be read as an elaboration of the entanglements of my knowledge production throughout this thesis process.

What then, are these *apparatuses of production*, which not only produce knowledge(s) of the world but simultaneously produce the world in its material-discursive becoming? In elaborating her concept of the apparatus, Barad draws on Nils Bohr. For Bohr, argues Barad (2007, 143) "apparatuses are macroscopic material arrangements through which particular concepts are given definition, to the exclusion of others, and through which particular phenomena with particular determinate physical properties are produced". Apparatuses are, in other words, design(at)ed to measure, make visible and comprehensible certain phenomena rather than others, thereby simultaneously producing the particular phenomenon under observation (rather than others). Position for instance, be it the position of a body in the global care economy or an electron in a science experiment, can be understood

as having “meaning only when an apparatus with an appropriate set of fixed parts is used” (Barad 2007, 139). Respectively, momentum of that ‘same’ object of study – be it the mobility of care or an electron – is meaningful only when the apparatus is designed to capture movement. As “[c]omplementary variables require different – mutually exclusive – apparatuses” (Barad 2007, 20) and the object of study is inseparable from the “measuring agencies”, these two states of the same object, position and momentum, *cannot* be measured simultaneously with the same apparatus.

In this regard, the four original articles of the thesis, as alongside with the synthesis you are reading, may be understood as complementary apparatuses that form one bigger apparatus, i.e the thesis as a whole. Here, *Vulnerable Body* is a material-discursive apparatus design(at)ed to examine care, defined as a corporeal relation enacted by needs. Whereas this article examines the ontology of care, *Care as the Political* is an apparatus that focuses on the ontology of political economy, uncovering the pivotal role of care in its recurrent configuration. In turn, *Migrant Trajectories* is an apparatus that enables the examination of embodied movement of care in the global space, while illuminating the ways in which this corporeal-relational momentum reconfigures the structures of the global political economy. Similarly, *Postcolonial Nursing Industry* can be read as an apparatus that enables the examination of the global momentum of care in terms of the global, post-colonial export-import industry of nursing. Each of these apparatuses illuminates the operation of the global biopolitical economy of needs in the context of the transnational space that opens up between ageing Finland and the postcolonial nurse reserve of the Philippines.

On the whole, care emerges as a corporeal relation enacted by needs, but the article-apparatuses examine its different *properties* in the global (bio)political economy. The apparatuses complement one another, while being mutually exclusive in regard to what can be seen. The mutual exclusiveness of the apparatuses shows, for instance, in the eclectic use of theories. Indeed, as further elaborated in Chapter 5, the theories operationalised in the thesis might not always be fully compatible with one another. However, to the extent that they are utilised in separate yet complementary apparatuses, it does not matter. In each of the articles, particular literatures have been juxtaposed and read through my empirical observations in specific processes of writing-review-revision, addressed to specific audiences. Consequently, each article emerges as a particular material-discursive space, in which certain arguments (and certain theories) become meaningful, rendering others less so. In other words, apparatuses are not simply theoretical perspectives or reflections

on pre-existing phenomena, but part of the phenomena that emerge with the research itself (also Law and Urry 2004).

The nature of apparatuses and their inseparability from the phenomena under scrutiny means that no holistic or complete understanding of any phenomenon is ever possible, as knowledge regarding one property of the phenomenon always necessarily obscures other properties. Onto-epistemologically, this applies as much to the examination of electrons in science experiments as it does to the study of care in global political economy (cf. Barad 2007, 109 ff.). For example, examining the politics of demented ageing life as Agamben's *homo sacer* obscures its examination as a field of Foucauldian self-care (cf. *Vulnerable Body* vs. *Care as the Political*; see also Chapter 5). Similarly, a focus on the moral-political relations that derive from caring practices obscures the political relations enacted by bodies in need (see *Vulnerable Body*), and the observation of the global movement of care through migrant trajectories obscures the care needs that are immobile (cf. *Vulnerable Body* vs. *Migrant Trajectories* and *Postcolonial Nursing Industry*). These are not competing but complementary perspectives. They are properties of the world (re)configured and made meaningful through different, mutually exclusive apparatuses. In the following section, I further elaborate on the nature of apparatuses as open-ended practices.

3.1.2 Apparatuses as Open-Ended Practices

While drawing on Nils Bohr's notion of the apparatus, Barad also criticises him for mistaking the apparatus as a "mere laboratory setup", which can be "hermetically sealed off from any and all 'outside' influences by the liberal individuated researching subject" (Barad 2007, 146). Barad's own understanding of the apparatuses as "constituted and dynamically reconstituted as part of the ongoing intra-activity of the world" (ibid.) allows for a radical feminist understanding of the openness of scientific methods. Here, the researcher's material-discursive being in the world is part and parcel of the apparatus – i.e. of the *arrangement* in which the world becomes (partially) knowable (cf. Haraway 1988). Importantly then, the apparatuses are always inherently intertwined with the researcher's classed, gendered, embodied relatedness with(in) the world, meaning that the body of the researcher must be recognised as a particular limit and opening of the apparatus.

To elaborate the serendipitous nature of the apparatus, Barad provides a narrative of the Stern-Gerlach experiment of space quantisation (2007, 159–166; also Friedrich and Herschbach 2003). There is no need to go into the details of the

experiment here, or Barad's narration thereof. It suffices to say that, in the 1920s, it was one of the pivotal scientific advances, which helped quantum physics to challenge the classical, Newtonian understandings of reality. The experiment, emphasises Barad, was far from a simple "push a button and note what happens" exercise, however, even though today's textbooks on quantum physics tend to represent it as such (Barad 2007, 166). This scientific breakthrough depended not only on the availability of adequate equipment, embodied skills, and funding provided by Albert Einstein amongst other private funders, but also on the random variable of Otto Stern's cheap cigars.

For a long time, it seemed that the experiment would fail. The measuring equipment was designed to detect traces of a split silver atom on a glass screen, as a proof of space quantisation. Yet the screen remained clean, and there was nothing to detect. At the time, or so the story goes, Stern was working in a relatively low-paid position, and could not afford good cigars; only 'bad' ones, high in sulphur. As Stern exhaled the smoke on the glass plate, the sulphur in the fumes turned the traces of the silver beam into silver sulphide that is black in colour – hence rendering the traces of the split silver atom visible to the human eye. Consequently, the classed and gendered variable of Stern's cheap cigars, among all the other variables that permitted the two embodied researchers to be in that particular laboratory setting on that particular day, complemented the measuring equipment, so that it became possible to report a scientific breakthrough. That particular apparatus – one with the cigar – still did not prove space quantisation, but the results helped Stern and Gerlach to make adjustments to the apparatus, which eventually advanced quantum theory considerably. (Barad 2007, 159–166).

For Barad, the greatest irony of the story is that, in the end, the experiment did prove space quantisation at all, but rather the existence of the spin of the electron. In retrospect, the interpretation of the meaning of the experiment has been adjusted accordingly, often without reflecting upon the aims of the two scientists. Ironically then, the "current textbooks describe the Stern-Gerlach splitting as demonstrating electron spin, without pointing out that *the intrepid experimenters had no idea it was spin that they had discovered*" (Friedrich and Herschbach 2003, 57, cited in Barad 2007, 166, emphasis added by Barad). For my methodology, the story of Stern-Gerlach experiment is important because it shows how apparatuses – methodologies, phenomena – are materially-discursively open-ended practices (Barad 2007, 170). The operation of an apparatus does not end even at the end of the research, but continues to reconfigure the world beyond the initial conclusions. Similarly, as the intervention (intra-action) of the cheap cigar exemplifies, the boundaries of the

apparatus cannot be drawn *a priori*. They are shaped along with the researchers' embodied intra-action with/in the apparatus. In the following section, I elaborate how my own embodied life interweaved with the research, in part shaping the thesis for what it is.

3.1.3 Embodied Apparatuses

Originally, this thesis was methodologically framed as a multi-sited ethnography (Marcus 1995), which still plays a crucial role in the project. However, although ethnography is often cherished in feminist research for its capacity to valorise lived experience and the multiple axes of the personal as political (e.g. Vives 2012), I have found it to be a methodology that – if 'properly' conducted – would require the researcher to be an independent, autonomous, mobile subject, capable of devoting her life fully to research during the intensive periods of field work. Ironically thus, a methodology cherished by feminist research would require the 'good' researcher to be a disembodied liberal subject, without the commitments and relations of care. Indeed, during my multi-sited research I have struggled with the corporeal demands of ethnography. Yet, when the ethnographic elements of the thesis are understood as an embodied apparatus, the limitations of the research become justifiable through the old feminist slogan of the personal as political.

Whereas the Stern-Gerlach experiment was shaped by cheap cigars and funding from Einstein, a child, a bourgeoisie house-building project, and the precarious academic working life are among the variables that drew the boundaries of this research. I began in a funded PhD student's position in the beginning of 2010. In the same spring, I gave birth to my child. At 10 months old, the child started in public day care, which allowed me to start my full-time research on the global political economies of nurse migration and elderly care. Mothering a small child, however, is not something one easily combines with a methodology as time-consuming and physically-psychologically straining as ethnography. This shows in the thesis, in the choices I made during the ethnographic journey, in the research materials I have gathered, in the gaps that remain, in the things I did *not do*.

During the first two years of the research, i.e. years 2 and 3 of my child's life, I gathered most of my ethnographic research materials (see Chapter 4). Since one of my central field sites was over three hours' train journey away from my home town, the field work required me to travel for 1–3 days each time to permit at least some time for participant observation, which is a core element in ethnography (see

however Feldman 2011). For a rigorous methodology, each field visit I always felt I should have stayed longer, but the few days of absence from my home were already difficult to organise. These emotional-bodily tensions influenced the research materials in various ways. For instance, my notes from the time regularly describe the pain of missing home and my child. In the notes, I also regularly reflect on my guilt and privilege - for feeling so miserable after only a couple of days' absence from my baby, when some of the Filipino migrant nurses participating in my research had children back in the Philippines. They had not seen their babies in months or, as in the case of one young father, never. Due to migration regulations, it was not possible for them to bring their families to Finland, even if they wanted to.

Yet, I am not sure whether family reunification was a priority for these young parents, at the time of my field work, when they were still starting to establish their lives and careers overseas, seeking to save money and send it back home. I don't know, because I rarely – barely – asked about the children. Indeed, being ashamed for my non-migrant privilege of having the right to family life, I ended up speaking very little about the theme of 'children left behind' with those informants, who had children in the Philippines. I somehow felt I was not in a position to even try and interpret their experiences, but was only capable of analysing their position as parents from the perspective of the law, politics, and human rights (Vaitinen and Näre 2014). The limits of my embodied-emotional comfort zone in the research thus led to a situation where I have very little research material on the traditional type of global care chains, which draw attention to parents (and especially mothers) who are separated from their children due to transnational care work (Hochschild 2000; Parreñas 2001; 2003; 2005; 2008; *Migrant Trajectories*).

The embodied nature of multi-sited apparatuses goes beyond the work of emotions and affects, however. Multi-sited research is necessarily mobile, and it often takes a lot of work, time, and organisation for the researcher to remain in motion. All this is concretely corporeal, and hence not irrelevant to relations of care. After all, one embodied researcher can only be physically present in one place at a time, which means that an adequately caring approach to one's ethnographic research tends to require the neglect of family and other relations, and vice versa. It being physically impossible to attend to all matters at the same time, in my multi-sited apparatus the only constant was my inadequate corporeal presence: in both 'life' and research (as if the two were separable).

Throughout the thesis, I have found it very difficult to cope with this reality, finding myself *corporeally incapable* of methodologically rigorous ethnography. Regardless of the hard work to be able to travel, my field visits always felt

methodologically inadequate. I felt that the irregular and sporadic visits, always too short to get duly immersed with the life-worlds of my informants, resulted in relatively thin ethnographic materials regarding this particular site (see Chapter 4). During the first two years, in 2011–2012, I travelled a lot in part due to paid editorial work in an academic journal, but also for conferences, doing up to nine conferences a year. These were choices – yes – but when dreaming of an academic career in Finland, one must travel internationally, and when exciting networking opportunities are offered, they are difficult to turn down. When attending conferences or dealing with the journal business, my researching body was absent at both home and on the field, and the research apparatus was shaped according to these presences/absences.

In addition, until 2012 I was actively involved in municipal politics, sitting on the municipal council and on the social and health care committee of my home town. While these positions were officially external to my academic life, they provided important perspectives on the governance of care at the local level (where the distribution of public care resources takes place in the Finnish system), hence contributing to my understanding of the substance of the thesis in many important ways. Yet, this active political citizenship further added to my corporeal absence from home *and* the field. Furthermore, we started a house-building project, carried out by my spouse in practice. Consequently, whenever I was not travelling, or in the council meetings, I was practically a single mother of a 2 year old, with the spouse tied to the construction site. In our corporeal-relational realities, his absence from home required my increased presence, which led to an increasing absence from the field. During those years, every waking minute was strictly scheduled, leaving very little space for ethnographic surprises. That was the apparatus.

Throughout the course of the research a range of material and embodied practices of life thus became entangled with one another, in ways that crucially shaped my multi-sited research. I know that, for a rigorous methodology, I probably should explain the choices and limitations of the research as emerging only from the data (see Chapter 4), while bracketing out the body of my personal life. However, I only have this one body-organism, and bracketing out the relational demands on my corporeal presence/absence does not seem like a very feminist thing to do. The point I wish to emphasise here is that the entanglement of life with research apparatuses is never simply about the researcher's multiple, intersecting *identities* influencing the research through critical self-reflection. Research being a corporeal practice (all research requires a researching body-organism, whether or not the body is considered as hermeneutically relevant), the research apparatuses are always entangled with the researching body's relationalities, responsibilities and

in/capacities. Methodologically speaking, these are not trivial facts. They are part and parcel of the research apparatus(es), and of the phenomena that emerge with the research.

Money, too, is a crucial variable, even if it is only rarely openly recognised as part of the methodology. The main reason that most of my ethnographic research materials in Finland were gathered in 2011–2012, and that I practically stopped doing field work in Finland after this, was my funding situation. I started the research with a salaried position in a wider project, which could not provide me funding for the full four years as originally planned. Thus, in spring 2013, I fell from a salaried position to a personal grant. The grant, which needed to be applied for annually from a private foundation, was considerably smaller than my salary used to be. In Finland, compared to a salaried contract at the university, the position of a grant researcher is more precarious, excluding certain benefits, such as holiday pay, occupational health care, and (more recently in my university) the official staff email. Importantly, however, although the grant *did* include travel money for a field trip to the Philippines (which was not included in my salaried position), it did not include money for domestic travel. Consequently, now that I had lost the privilege of project funded research trips, I could no longer afford to visit my informants in Finland: they were an 80 Euros' return ticket away from me.

Without the house-building project and the mortgage and the family-life – i.e. my relational commitments to a middle-class bourgeoisie life style – I might have been more able and willing to invest more personal funds in the research. However, in the apparatuses of embodied research, class, gender, and precarious working life tend to entwine in unexpected ways. As a result of the changed funding situation, I then had to cancel some research plans in Finland, including participant observation at one informant's work place (a care home), and a number of interviews I had been promised by several informants. Most regrettably, I gradually lost regular contact with the group of Filipino nurses I had most intensively worked with (see Chapter 4). With many of them, we would still communicate over social media, sporadically, but less intensively than I had planned when designing my multi-sited ethnographic apparatus.

Certainly, I was prepared to withdraw from the field at some point, but I had imagined doing this as an 'ethnographically informed choice' – not because my personal life was a gendered chaos, and not because I no longer had the money to buy train tickets. Yet, these were the realities of the apparatus, and they shaped the research questions accordingly. Gradually, the focus of the thesis thus moved from the examination of individual migration trajectories of Filipino nurses to analysing

the complex entanglements that these trajectories produce between ageing Finland and the Philippines as a global nurse reserve. It is thus important to note that my elaboration of the embodied apparatuses is not meant as a long apology, but rather a description of the methodological realities of the research. For instance, the financial changes in the research apparatus did not just delimit my research in Finland, but simultaneously expanded it elsewhere, allowing for an eye-opening field trip to the Philippines in 2014. This journey widened the focus and findings of my research in important ways (e.g. *Postcolonial Nursing Industry*). The point to be emphasised here is that the changing entanglements of life with/in research apparatuses are never just about limitations. They are also a matter of openings. The above described changes in my embodied apparatus(es) might have closed some doors, rendering some analyses, theorisations and conclusions impossible. Yet, the research never came to a halt. It just changed the direction as the apparatus adjusted itself to my embodied in/capacities, making certain properties of the phenomena visible, tangible, accessible – while obscuring others.

Conditions like those described above are barely unusual for research processes today – particularly for parents with small children, and young scholars without tenure. In the politics of research, the personal and the trivial are methodologically meaningful, since the body matters in research, too. This is the case when babies, care duties, house-projects or a lack of funding disrupt the smooth proceedings of the research – but also when such gendered, classed and embodied disruptions do not occur. Namely, as Barad (2007, 158) notes, “it is often only when things stop working that the apparatus is first noticed”. In fact, were it not for my struggles with the corporeal demands of ethnography, and the recurrent feeling of embodied methodological inadequacy, I might have not written about apparatuses at all in this synthesis. I would have probably framed the methodology only in terms of ethnography, which I elaborate on in the following sections.

3.2 Ethnographic (Re)Search of Care/Needs

3.2.1 Multi-Sited Ethnography

From the very beginning, this project has been inspired by multi-sited ethnography (Marcus 1995; Falzon 2009a). According to George Marcus (1995, 96), this is a methodology that is “self-consciously embedded in a world system” and differs from

more traditional ethnographic research by moving “out from single sites and local situations [...] to examine the circulation of cultural meanings, objects, and identities in diffuse time-space”. In multi-sited ethnography, participant observation remains a central method of data gathering. However, instead of focusing on a single site of research and its community (a village, a suburb, an island, a school etc.), people, connections, associations and relationships are followed through several different sites across space, for they are considered “substantially continuous but spatially non-contiguous” (Falzon 2009b, 15). In mobility studies and studies of transnational processes more generally, multi-sited research designs have been particularly useful (e.g. Hannerz 2003; Gallo 2009; Kynsilehto 2011; Matyska, 2014; Freidberg 2001; Vives 2012; Boccagni 2010), since when the object of the research is in motion and/or spatially dispersed, it is likely that the researcher needs to be as well (Falzon 2009b, 24). The same applies to this thesis, and its ambition to follow care in the global political economy.

Multi-sited ethnography does not require the researcher to know her ‘object of study’ beforehand, prior to the research. Rather, much like in Barad’s agential realism, the object of study is emergent: its “contours, sites, and relationships are not known beforehand, but are themselves a contribution of making an account that has different, complexly connected real-world sites of investigation” (Marcus 1995, 102). In this thesis, care-as-a-corporeal-relation-enacted-by-needs has gradually emerged as an ‘object of study’.

Multi-sited ethnographies can utilise a variety of different methods or ‘modes’, perhaps the most central of which is to follow something through diffuse time-space, for instance people, things, metaphors, stories, biographies, or conflicts (Marcus 1995, 106 ff.). This research began with a focus on people (Filipino nurses in Finland) and their embodied relations with another group of people (elderly Finns in need of care). Simultaneously, an underlying theoretical impetus of the project was the puzzle of how some bodies’ care *needs* can make other bodies to move across the globe. Throughout the course of the research, it gradually became evident to me that in order to understand this global dynamics of care/needs, following particular people or their relations was inadequate, if I wanted to understand how *care* moves (and is mobilised).

But *what* does one follow, when following care/needs through the global political economy? Aside from the struggles to access the field and become acquainted with Filipino communities in Finland (see Chapter 4), this question haunted me during the first two years of the project. I read up on care literature and bombarded colleagues’ inboxes with the puzzle of care, looking for a definition that would allow

me to follow care as political relations and dynamics that originate from the most basic bodily needs. Gradually, I learned that care is indeed defined in different ways in different contexts, and hence studied through different material-discursive apparatuses. Yet, I was left with a puzzle: *which* care to follow, when trying to understand the global political economic processes enacted by elderly bodies of the Finnish welfare citizens? What is my ontology of care?

Nadai and Maeder (2009, 281) argue that when multi-sited ethnographies transcend the “single tribe approach” of following a particular group of people, it becomes possible to “derive the research objects and research fields from theoretical questions”. Yet, even then, the researcher must delimit the foci of observations and the choice of field sites somehow. For Nadai and Maeder (2009, 282), the answer “can only be found in a specific social theory”. Reading existing literatures of care I could not, however, find the kind of social theory with which to draw the contours of my field of investigation. This frustration led to the writing of *Vulnerable Body*, where I came up with a social theory of my own, defining care as a corporeal relation enacted by needs. This theoretical definition of care became my object of study, broadly defined, and it is a key concept in the global biopolitical economy of needs – i.e. another social theory or the wider phenomena that the thesis elaborates.

However, to the question of research design, the definition of care as a corporeal relation provided only a partial solution. Care and its embodied needs being everywhere - cutting through every political space, and each and every relation of power - the field of study was now potentially everywhere too. Therefore, I delimited the scope of the study by treating Filipino migrant nurses in ageing Finland as a case study of a kind, through which I could ‘follow’ the movement of care in the global political economy. This required me to follow care in various different forms, while recurrently returning – at the level of theory – to the needy bodies that enact corporeal relations of care, as well as neglect.

To return to the different modes of Marcusean multi-sited ethnography, I have therefore followed *people*: Filipino nurses in Finland, and their biographical narrations of migration, within the structures of postcolonial global political economy. In this context, the Filipino migrant nurses in Finland were not followed simply as representatives of particular culture or community (cf. Nadai and Maeder 2009), but as *global carriers of care*. Following the nurses as embodied carriers of care was instrumental for the biopolitical apparatuses of the thesis, which largely focus on the politics of care on the level of populations and their governance. Here, the Filipino nurses thus emerge not only as individual carriers of care, but simultaneously also as part of a globally mobile and governed population of Filipino workforce.

I acknowledge that the biopolitical perspective partially fails to recognise the migrant nurses as individual subjects of their own lives, perhaps silencing their voices and lived experiences. These questions, however, go beyond the scope of this thesis, and indeed my research materials and cultural knowledge are inadequate to interpret the *multifarious* subject positions that the research participants occupy. Furthermore, since my central method was now to follow *care as a corporeal relation enacted by needs*, focusing on the nurses' as individuated subjects would have diverted the attention of my apparatus – once again – away from relations enacted by needs and towards the care labour(ers). As reviewed in *Migrant Trajectories*, there is plenty of wonderful research on the global political economies of care labour, which reflects upon the subjective experiences of migration. While contributing to that body of literature in its own way, this thesis is not about the labour of care. Indeed, the thesis is not about subjectivities at all, but about needy bodies, through which it is possible to understand something I call the global biopolitical economy of needs.

3.2.2 Non-Local Ethnography

To the extent that my ethnography focuses on corporeal relations of care/needs as forming wider transnational apparatuses, rather than just connections between people, the research is perhaps not only multi-sited, but also *non-local*. According to Gregory Feldman (2011, 378–379), non-local ethnography is not simply a journey through particular sites and localities, but the path of the research “emerges through a subject’s interaction with an apparatus”, which lacks a “geographic fixity” making it an “evasive object of study through participant-observation alone”. For Feldman, non-local ethnography is particularly suitable for examining relations as a “larger social constellation in which people are both linked through abstract, mediating agents and alienated from each other [...] through their objectification” (Feldman 2011, 379).

Furthermore, non-local ethnography is useful in studying “[o]ngoing structural marginalization[, which] requires specific configurations of [...] relations that one cannot identify merely by pointing at them” (Feldman 2011, 379). Indeed, when corporeal relations of care are studied as enacted by the body in need, one can never simply point at the relation; for it is an emergent opening for various types of responses, from care to neglect to direct violence. As a *potential becoming-of-care*, the corporeal relation enacted by needs is non-local by definition. It is everywhere and nowhere, dead and alive at the same time: it is Schrödinger’s care.

Yet, as a corporeal relation, the care that I have followed, (re)configured and imagined in my ethnography – whether through multiple sites or non-locally – is always something inseparable from the thing called the body, and its existential need of other bodies (see Ch. 5; *Vulnerable Body: Care as the Political*). While I was not, in this research, much able to follow the people in need of care (e.g. the elderly Finns living in care homes, where the Filipino migrant nurses work), on the theoretical level, their pressing embodiment *haunts* the argumentation of the thesis. It does so particularly in the continuous practice of deconstructing the metaphors or connotations of care/needs, which emerged in my research materials as conflicting discourses of care and, very often, as the absence of the recognition of needs. Therefore, this constant deconstruction of the world with an eye on the corporeal needs of care lies at the heart of the thesis, and its argument about the global biopolitical economy. In the following, I elaborate the methodological role and meanings of deconstruction.

3.3 Deconstruction

3.3.1 From Unorthodox Entries to the Practice of Deconstruction

When the thesis project began, and even when I started the field work, I was quite clueless about my empirical research topic. I did have relatively sophisticated training in International Relations, a background in Peace Research, knowledge of post-structural international political theory, as well as good comprehension of transnational spatialities. I knew the international political-juridical migration regime well, being fairly knowledgeable about policies and theories of forced migration especially (Kanninen 2009; 2010). Yet, my knowledge of the political theories of care and international division of reproductive labour was condensed into vague memories from my time as an undergraduate. Studies of forced migration were of little help in understanding labour migration, since different types of mobilities in academic discourses tend to be analysed with reference to different theoretical and policy frames. I knew *absolutely nothing* about the Philippines or its culture(s), about global nurse migration, or hierarchies of nursing more generally, let alone the related questions of global health. Similarly, my knowledge of the neoliberal restructuring of the Finnish welfare state and politics of elderly care were limited to my experiences of municipal politics. I was oblivious of the extensive research on this thematic in the field of Social Policy, for instance. Finally, while feminist theory and political

economy are now central elements of this thesis, when I began the project, I did not really *do* feminist theory at all, or political economy for that matter. It has been the research topic *and* the empirical findings that have made me explicitly feminist, as well as all political about economics.

Telling all this is not simply an exercise in intellectual honesty. Rather, my naivety in the beginning of the project is methodologically meaningful. It is a crucial part of the initial apparatus. Literatures, which would have been canonical for a researcher with a background more appropriate to the research questions, were new to me. Consequently, I entered the field with many unorthodox assumptions. Some of them turned out to be false, naïve, or misinformed – but many also allowed me to think differently and ask new questions, or to ask the old questions with a slightly different twist, bringing me to findings beyond the traditional canons of the global care economy. Both *Vulnerable Body* and *Migrant Trajectories* result from such readings against the grain, with the former deconstructing the ethics of care literature, and the latter doing the same with the global care chains tradition.

Indeed, in the process of reading and writing, these feminist literatures themselves soon turned into a *site* where I chased care in its various forms, while recurrently facing marginalisation of the needy body as potentially agentive, and as politically meaningful. Effectively, this *chasing of silences* in the feminist literature took the form of deconstructive reading. Three methodologically relevant turns need be emphasised here. First, as already mentioned, when chasing the suitable conceptions of care, the interdisciplinary feminist *literature on care* turned into a site of my multi-sited ethnography. It provided me with a space in which to trace the hegemonic feminist discourses of care, as they circulate in academic knowledge production. Secondly, in the revision and publication process of the *Vulnerable Body* and then with the parallel processes of writing *Migrant Trajectories*, I soon realised that I was no longer writing a monograph but an article-based thesis. Compared to a monograph, the article form takes a completely different space of argumentation, a completely different research apparatus if you like. This change had a major impact on how my research materials could be analysed and, consequently, what I *could* see and discover in the research. Thirdly, in the process, it occurred to me that deconstruction is a central part of my research apparatus also more widely, in that I constantly ‘use’ deconstructive reading in my writing of, and intra-action with, the world.

Simply put, deconstruction, as devised by the French philosopher Jacques Derrida, denotes the practice of systematic tracing of silences and suppressed meanings in texts. It involves a *double move*, where one works with the dichotomies on which meaningfulness relies, in order to undo and displace their hierarchical

opposition, so that the terms of these hierarchical binaries can eventually be situated anew (Critchley 1992, 26–27; Culler 1998, 150; Norris 2004, 30–31; see also Holland 1997). I demonstrate this practice in the *Vulnerable Body* explicitly, when deconstructing feminist political theory of care. For the general argument of the thesis, however, it is important to understand the basics of Derrida's philosophy of deconstruction more thoroughly than is elaborated in *Vulnerable Body*. Here, Derrida's critical reading of Ferdinand Saussure's theory of language is of crucial importance (Derrida 1978, 27–73).

For Saussure, language is but a system of differences. Signs are not autonomous entities defined by some ideational essence. Rather, they are members of a system defined in relation to other signs. Words do not have a meaning within themselves, but only in relation to other words in the system. Concepts, therefore, "are *purely differential* and defined not by their positive content but negatively by their relations with the other terms of the system. Their most precise characteristic is in being what the others are not" (Saussure 1966, 117). For Derrida, too, concepts are purely differential, but not only in spoken language, which Saussure considered as the pure form of language. While sympathetic to Saussure's theory within its own limits (Derrida 1978, 39), Derrida criticises Saussure for prioritising speech over writing. He shows how Saussure, by suppressing and 'demonising' writing, constantly prioritises presence over absence. In effect, through his critique of Saussure, Derrida thus comes to deal with the entire Western metaphysics of presence:

I obviously treat the Saussurian text at the moment only as a telling example [...]. My justification would be as follows: this and some other indices (in a general way the treatment of the concept of writing) already give us the assured means of broaching the de-construction of *the greatest totality* - the concept of the *epistémè* and logocentric metaphysics - within which are produced, without ever posing the radical question of writing, all the Western methods of analysis, explication, reading, or interpretation. (Derrida 1978, 46, emphasis in the original).

Derrida's deconstruction of Saussure does not simply flip around the hierarchical binary of speech/writing, however, as this would leave the process of deconstruction only half-way. Instead, Derrida's reading of Saussure produces an understanding of *arche-writing*. This *generalised writing* does not just take over the primary position that was previously held by spoken language, but is rather a general system to which spoken language has always belonged to (e.g. Derrida 1978, 55). Indeed, it is pivotal to understand that Derrida's 'writing' does not refer to writing in its literary, generic sense. After all, general writing goes beyond words and language in all senses of the

terms, denoting a wider logic of *différance*. This term is crucial for my argument about the global biopolitical economy of needs, and I will turn to its (impossible) definition next.

3.4 From *Différance* to the Mitigation of Epistemic Violence

For readers less familiar with the philosophy of deconstruction, it may seem odd that I assign a central methodological position to Derrida's work, in a thesis that emphasises the material carnality and care needs of the body organism. Derrida's deconstructive philosophy is, after all, very often (mis)understood as dealing merely with language and textuality on an 'immaterial' level of discourse. However, when deconstruction is understood as applicable to writing of all kinds, including the 'texts' written *by* bodies, deconstruction may be understood as constituting "a performative attack on discourse, in the name of the non-verbal, the embodied" (Irwin 2010, 13). As becomes clear in Chapter 6, in its devotion to deconstruct 'the greatest totality' of logocentric metaphysics, Derrida's philosophy of deconstruction proves highly important for attempts to understand how bodies in need *write* their relatedness in the world, and do so beyond the capacities of articulation imbued in the subjective, 'speaking I' (See Chapters 5 and 6). Indeed, for Derrida (1978, 68), "writing is other than the subject, in whatever sense the latter is understood. Writing can never be thought under the category of the subject".

Here, as Elizabeth Grosz (1997, 84–84; also Kirby 1997; Irwin 2010) underlines, Derrida's "notion of writing cannot be understood literally", and this is because "*it makes the world, objects and relations possible*; it structures and gives the world and its contents meaning and value". Such writing of the world(s) "is itself a silent play" (Derrida 1982, 5) which can only ever be partially grasped by deconstructing the world in particular (con)texts, while intra-acting with specific phenomena in specific apparatuses. This recurrent and unavoidable inscription and erasure of ~~traces~~ of the absent requires a fundamental rethinking of all thought processes, argumentation, and indeed our embodied writing/thinking/seeing the world(s) in research, and beyond. All empirical contexts and systems of value become meaningful through emergent networks of exclusion, subversion, and constitutive outside(s), being comprehensible not only for what is visibly 'there', but particularly for what is *not*. Derrida's general sense of writing then applies as much to the writing of, on, and by bodies as it does to the words written on paper.

I will return to the question of writing in the concluding chapter, where I suggest that the global biopolitical economies of needs emerge as needy bodies write the world with the corporeal relations they enact. Here, understanding what Derrida calls *différance* is important. *Différance* is a neologism, which denotes the vehicle of temporised movement of differentiation in texts. Derrida emphasises that it is “literally neither a word nor a concept” (Derrida 1982, 3), and the precise definition of *différance* is therefore somewhat impossible. “[T]here is nowhere to *begin* to trace the sheaf or the graphics of *différance*”, he writes, “[f]or what is put into question is precisely the quest for a rightful beginning, an absolute point of departure, a principal responsibility” (Derrida 1982, 6). Nevertheless, a semantic play with the French verb *différer* forms the (impossible) origin for this (non)concept.

While in English, the Latin verb *différer* translates into two separate words – to defer and to differ – in Derrida’s mother tongue, French, the single verb *différer* holds both these meanings. Here, the first refers to deferring, i.e. “the action of putting off until later, of taking into account, [...] an operation that implies an economical calculation, a detour, a delay, a relay, a reserve [...]: *temporization*” (Derrida 1982, 8). The second meaning of *différer* is then the “more common and identifiable one: to be not identical, to be other, discernible etc.” – i.e. to differ. Thus, perhaps just like a single Baradian apparatus cannot simultaneously capture both motion and position,¹⁹ the word *différence* with an *e* cannot simultaneously refer to both deferral and difference. As an *economic compensation* for ‘this loss of meaning’, Derrida has invented the term *différance* (with an *a*) which, he maintains, “can refer simultaneously to the entire configuration of its meanings” (Derrida 1982, 8). *Différance* can do so precisely because it is not a concept or a word, but a “sheaf”: a bundle, which has a

complex structure of a weaving, an interlacing which permits the different threads and different lines of meaning – or of force – to go off again in different directions, just as it is always ready to tie itself up with others. (Derrida 1982, 3).

In the concluding chapter, I suggest that the body in need of care operates in exactly these ways, when enacting corporeal relatedness with other, response-able bodies. In the global biopolitical economies of needs, the needy body is in other words *différance*: always ‘ready to tie itself up’ with other corporeal beings. This is so also when the response-able respond with neglect, either directly, when the needs can be recognised and responded but are not, or indirectly and even unknowingly, when the epistemic order makes it impossible to recognise the needy as needy.

¹⁹ For Barad’s playful engagements with Derrida, see Barad 2010.

Understanding the (differential) body in need of care as *différance* does not mean an exhaustive definition of either the body, or *différance*. Just like the body has multiple ontologies (see Chapter 5), *différance* also takes as many forms as there are texts (Spivak 1978, xv). Thus, when understood as imbued in all concepts, texts, and epistemic orders, the movement of *différance* has compelling consequences to the ethical reading of the world. *As a trace of the haunting absence* of that which differs in meaning and defers presence, in order for the presence of something/someone/somebody else to be possible, it keeps the material-discursive world open for subversion. *Différance* in other words renders all writings of the world incomplete and open, making it possible and obligatory to read the world otherwise: it underlines the necessity to deconstruct all texts and all epistemic orders.

As noted in Chapter 2, in her discussion of epistemic violence and the muteness of the subaltern, Spivak returns to Derrida's deconstructive logics. In my reading of the two, I understand deconstruction as an ethical response to epistemic violence (cf. Cornell 1992; Critchley 1992; Derrida 1992). Here, deconstruction begins with the recognition that all texts (epistemes) are based on epistemic violence that erases the Other, while rendering the subaltern mute. Margins are never simply margins, but simultaneously "the silent, silenced center" (Spivak 1988, 283) to which deconstruction recurrently returns. Deconstruction is about the constant imperative to recognise the muteness of the subaltern as "that interior voice that is the voice of the other in us" (Spivak 1988, 294). Deconstruction thus means constantly *working with* epistemic violence – while simultaneously "presupposing [a] *text-inscribed* blankness" that is the silenced subaltern (paraphrasing Spivak 1988, 293–294).

Deconstruction is thereby an ethical practice that can mitigate epistemic violence. This does not mean that deconstruction could *remove* epistemic violence to make space for the subaltern to speak; the subaltern remains mute and continues to haunt the deconstructed realities. Indeed, in an interview with Jean-Luc Nancy, Derrida (1995, 286) himself underlines that the "deconstructive gesture" is always summoned by a "surplus of responsibility", which "is excessive or it is not a responsibility" (Derrida 1995, 286). Here, justice is never completely gained, which means that the responsibility to *try* and hear the Other remains, even when the subaltern cannot speak. As such, taking the deconstructive imperative seriously may feel like a daunting task, for the task is endless – as indeed should be the peace and conflict researcher's search for peace. In the next chapter, I return to my empirical research, showing how this abstract theorisation is embedded on the embodied research journey that I took, as I followed care enacted by needs through multiple sites and (non)localities.

4 SOJOURNING EMERGENT RESEARCH CONTEXTS

Sojourn (noun): a temporary stay; (verb) stay somewhere temporarily (Oxford English Dictionaries)

It seems that multi-sitedness actually means not just sites, but spatialized (cultural) difference – it is not important how many and how distant sites are, what matters is that they are different. (Falzon 2009b, 28)

‘[B]eing there’ can show the ethnographer what is actually happening in contested moments. It reveals that social relations appearing in static form (e.g. the state) are only achieved through ongoing struggle, conflict, and violence. (Feldman 2011, 391)

Having elaborated the methodological elements of the thesis, I will now move on to clarify the research context(s) in more detail. Drawing on my research materials, I describe how the empirical work has led me to ask the questions that I ask. In particular, the chapter elaborates, how I have come to theorise the transnational biopolitical entanglements of needs in the ways I do. The chapter returns to my ethnography, conducted in Finland (2011–2015) and in the Philippines (2014),²⁰ including participant observation and participant listening (Feldman 2011) at various sites, and taped and non-taped interviews and discussions with a range of informants from Filipino nurses to state officials to recruiters to employers. A thorough list of the interviews and the other research encounters is appended at the end of the thesis.

The purposes of the chapter are manifold. First, I describe the difficult task of writing about the transnational entanglements that make the empirical phenomena examined in this thesis. I then elaborate the various empirical contexts I entered, as I mapped the (plural) phenomena of Filipino nurse migration to ageing Finland. In Chapter 3, I discussed some of my choices through the corporeal serendipities of personal life. Here, I clarify how the research setting and questions evolved throughout the ethnography, as I gained more information on the scope of the phenomena, and of the limits of my own potential comprehension thereof. At the

²⁰ The fieldwork in the Philippines was conducted together with Margarita Sakilayan-Latvala.

end of the chapter, I provide a suggestion for further empirical research on the transnational entanglements between ageing Finland and the Philippine nurse reserve.

4.1 How to Write about Transnational Entanglements?

Even though it may appear as a mere theoretical abstraction, the global biopolitical economy of needs is not just a theory. It is a perspective on 'how the world works' at the level of embodied care needs, gradually developed as I have explored the entanglements of an ageing welfare state with the global nurse reserve in the Philippines. My research has taught me that these entanglements are not simply, if at all, about two state actors coherently interacting with one another. Quite the opposite. They are transnational entanglements that intermesh two state-spaces together on various levels of population governance. The entanglements are driven by the differential value of needs and orchestrated by actors of various kinds, at innumerable places simultaneously, largely without active state intervention at the receiving end. The entanglements emerge, when the two states' politics of care/life/needs intersect on bodies and populations: of those in need of care, and of those, who are globally mobilised to provide care to others. In the case of Finland-Philippines, the different actors involved in these entanglements include, for instance, the migrating nurses and their families; public, private, and familial care economies left behind in the Philippines. There are the elderly in Finland, for whose care the nurses move, as well as the public, private, and familial care networks that emerge around the needs of these bodies. Additionally, various other actors are part and parcel of the entanglements, including bodies, whose care needs go unrecognised, or whose needs are constitutive of these entanglements by their very absence.

In the Philippines, the state is active in brokering its nurses to the world, while facilitating the operation of transnational market actors, including the recruiters, educational institutions, funding agencies, examination and other training bodies, such as hospitals, and so on (e.g. Guevarra 2010; Rodriguez 2010; *Postcolonial Nursing Industry*). The Finnish receiving state, however, is not very active in the governance of nurse immigration. Indeed, apart from the implementation of the Alien's Act (Ulkomaalaislaki) and the laws regarding the professional qualifications in health care and their recognition (Laki terveydenhuollon ammattihenkilöistä; Laki

ammattipätevyyden tunnustamisesta), the role of the Finnish state is to be *actively inactive*. This leaves international nurse recruitment in the hands of the market actors.

As elaborated on later in this chapter, it is thus in many respects misleading to say that 'Finland imports Filipino nurses'. Finland, as a state, does no such thing. Instead, over the past few years, a range of non-state or sub-state actors have gradually shaped the transnational labour markets in Finnish elderly care. These actors include private recruitment companies, which 'package nurses' from the Philippines to Finland, delivering labour mostly for transnationally owned private elderly care homes (Cleland Silva 2016; also Näre 2012b; Sakilayan-Latvala 2015). As we elaborated in *Postcolonial Nursing Industry*, each recruitment programme involves its own qualification routes. Recently, private care homes have recruited Filipino registered nurses to work even as cleaners. Yet, most of the recruitment programmes include an internship-based qualification route to Finnish practical nursing. Compared to the recruits' Filipino qualifications as registered nurses, this is a lesser training in the professional hierarchy, and hence the recruitment programmes inherently involve a racialized process of deskilling third country (non-EU) nurses as they enter the Finnish job markets. These qualification routes are transnational, involving educational actors of various kinds, from vocational schools in Finland to language training centres to individual language teachers hired by the recruiters to work in the Philippines.

In addition to direct recruitment, professional nurses migrate to Finland for work through other routes. As I have shown in *Migrant Trajectories*, among the potential points of entry to the country are educational institutions that provide international nurse degree programmes. For those nurses who come from outside the EU and migrate due to marriage, or for humanitarian reasons, the routes to professional nursing vary immensely (Nieminen 2011). Here too, the role of Finnish nursing colleges is crucial. Like our empirical analysis in *Postcolonial Nursing Industry* shows, the global mobility of care thus entangles not only with policies and infrastructures of care and labour migration, but also with education, all of which are increasingly shaped by actors other than the state (cf. Ortiga 2014; Walton-Roberts 2015; Vartiainen et al. 2016; also *Migrant Trajectories*).

Thus, not only does the differential power of bodies' needs enact global mobility (*Vulnerable Body*), and not only does the mobility of care shape the emergent global structures (*Migrant Trajectories*), but both needs and the mobility of care turn into complex sites of transnational (bio)politics, where a spatially dispersed politics of life entangles with the economy. Ideally, in this chapter I would have wanted to provide you with an empirical account of this biopolitics. In particular, I would have wanted

to write a thick description of the global biopolitical economy of needs that emerges in the transnational interstices of ageing Finland and the global nurse reserve of the Philippines. It is a very difficult task, however, given the sheer amount of actors at play, the innumerable spatial contexts in which they concurrently operate, and the intersecting, contradicting, and discontinuous technologies of governmentality the different actors utilise. Writing such an account is difficult, because it would require a *simultaneous* detailed description of *several parallel realities*, where *various bodies' and populations' care needs are concurrently* governed in overlapping and contradictory ways. Perhaps such a representation is not possible in writing, or it would require another kind of framing and hence another book-length manuscript to do so. Therefore, I now merely take you to visit the various empirical contexts that I once sojourned, elaborating how the question of needs emerged and evolved in these different sites, and sightings (cf. Marchand and Runyan 2000).

4.2 Encounters with the Recruitment Business

My field work commenced in early 2011. With the hope of doing field work with the recruited nurses at the care homes in which they work (and quite oblivious of the existence of other groups of Filipino nurses in the country), one of the first potential gatekeepers I contacted was the recruitment company that had piloted Filipino nurse recruitment in Finland. I managed to set up an interview with their human resources (HR) consultant, to introduce my project and its aims, hoping to gain access to the field through the recruiters. (Key Informant Interview, Recruitment Company, 15 March 2011) The meeting was informative, but as for access, it did not go well. My research appeared too abstract for the company's representative. Towards the end of the interview, the HR consultant promised she would speak to her superiors and then to the client companies, on whether I could work with the next group of recruits at the respective client's care homes. After the meeting, however, she never returned my emails, and our collaboration did not proceed.

I have met the HR consultant in different seminars and panel discussions several times after our interview. Yet, I have never asked about the reasons for their silence – which are likely to be numerous. Besides the fact that my research probably did not appear useful for the company, I later discovered that during the same year they had problems with their nurse recruitment programme, as two nurses had been made redundant prior to the end of their contract and had to return to the Philippines

(Field Notes, 20 June 2011). Furthermore, migration regulation had been tightened in Finland, in addition to which the care providers were holding back from further recruitment (Näre 2012b, 209). It is thus possible that my timing was unfortunate, and there simply were no new groups of Filipino nurses arriving to Finland.

It is common in Migration Studies to access the field through the existing infrastructures that facilitate the mobility of people (Pascucci 2016; for the concept of migration infrastructures, see Xiang and Lindquist 2014, and Chapter 4.10 below). Indeed, later on, my work with another group of Filipino nurses, who had migrated to Finland as students, would not have been possible without the permission of the vocational school in which they studied (see below; also *Migration Trajectories*). In hindsight, however, I am happy I did not enter the field with the help of the recruiters, or employers. While it might have been easier to commence the research, if these actors 'handed' me a group of research participants, building rapport with the informants in such a setting would have been challenging. I know from informal discussions with some recruited nurses later on, that it might have felt like a duty for them to participate in my research this way. Given that the recruits depend on recruiters for their job, which in turn secures their visa, the recruiters' invitation to participate in the research could have been interpreted as an order (also Dalgas 2016, 176).

Furthermore, at the time of my appointment with the recruitment company, the small field I wished to enter was already densely populated by researchers. Presently, there are not more than 400–500 Filipino nurses who have migrated to Finland through transnational recruitment practices. In spring 2011, the numbers were fewer still: At the time of the interview, less than 60 Filipino nurses had been recruited, by a single company. These 'pilot groups' received a lot of attention, not only from the media, but also from us researchers. A colleague was already conducting research with a group of Filipino nurse recruits at their workplaces (Vartiainen-Ora 2015; see also Vartiainen et al. 2016). Simultaneously, at least two other researchers were mapping the scene of Filipino nurse recruitment more widely (Cleland Silva 2016; Näre 2012b). In addition, Margarita (Meg) Sakilayan-Latvala, with whom I have collaborated closely throughout my project, was working with the Filipino nurse community for her second master's thesis (Sakilayan-Latvala 2015). Therefore, it might also have been the case that, from the recruiters' perspective, too, yet another researcher was not needed on this already crowded field, and they did not see it as necessary to collaborate with me. If this is the case, I appreciate the viewpoint.

The over-research of small communities is an ethical problem to be taken seriously. It exposes the same group of people to the researcher's gaze, again and

again, and it may also have harmful impact on social relations within the community, while potentially impacting the research results too (Sukarieh and Tannock 2013; Pascucci 2016; also Clark 2008). In my field diary, there are various entries of critical self-reflection regarding awkward encounters with other researchers. I sometimes sensed (mutual) concerns, and even competitive attitudes, over who manages to form better and more extensive relations with the researched 'group', who 'knows' their case better, and importantly, who publishes first and gains the credential as the expert of the field of 'Filipino nurses in Finland'. In my encounters with the recruited nurses, in turn, I sometimes observed their reluctance to engage with yet another researcher (or journalist). Similarly, as I was snowballing for interviewees within the community, my Filipino contacts often told me that the recruited nurses they know are happy to meet me, but do not want to give an interview. One reason for their reluctance might be the non-disclosure clauses included in their contracts, and the justified fear that speaking to a researcher would risk the non-renewal of their contract, and thereby they would not be able to continue to stay in Finland. Another reason may be that the nurses experienced 'research fatigue', which Tom Clark (2008, 955–956) defines as occurring "when individuals and groups become tired of engaging with research and it can be identified by a demonstration of reluctance toward continuing engagement with an existing project, or a refusal to engage with any further research".

When sensing signs of research fatigue amongst potential informants, I would never push any further. Simultaneously, the sense of crowdedness in the field made me feel uneasy. I often felt I was being rude in my field work and that I was trying to stick my nose in where it was not wanted, investigating the lives of individuals, who were already under so much scrutiny. The competition for access to the field made me question my own motivations, and the entire research design: Were 'the' Filipino nurses in Finland just another Exotic Other for me to study, understand, and interpret? This question and the related uneasiness have followed me throughout the field work, guiding my choices respectively.

The potential risk of over-research was a central reason for me to withdraw from researching the case of the recruited nurses in particular, as my attention turned to Filipino nurses who had migrated to Finland via other routes (see below; also *Migrant Trajectories; Postcolonial Nursing Industry*). Although I did not work very closely with those Filipino nurses who migrated through transnational recruitment companies, I have followed their situation from a distance, through Filipino acquaintances, through colleagues' work, and through contacts at the Finnish-Philippine Society (FPS, an NGO I am involved in). Moreover, when it comes to the logics of

commodification, imbued in the governance of corporeal care, both in terms of labour and needs (cf. *Care as the Political*), the transnational recruitment business is of course highly relevant for the thesis.

Indeed, while my first encounter with the recruitment company failed to provide a point of access to the field, this single interview and its discourses alone provided implications of the rationalities by which the transnational nurse recruitment industry operates. For instance, when we discussed the conditions of our potential research collaboration, the HR consultant informed me that the most important condition would be that my research will not reveal their *business concept* to their competitors. As for research permissions, the interviewee did not mention the participating nurses' informed consent until I asked about it. What mattered was whether the recruiters' "client [care company] decides to provide their work community for the utilisation [of the research]". In addition, the interviewee explicitly stated that it would be preferable that my research results "would be good in the way that we [the company] can utilise them" (Key Informant Interview, Recruitment Company 15 March 2011, own translation from Finnish).

Understandably, the recruitment company weighed the benefits of the potential research collaboration against the potential cost for their business. This is, of course, what businesses do. Yet, to be faced with the corporate logic of international nurse recruitment for the first time was unnerving to me. For instance, the worry that I would reveal 'business concepts' in my research made me feel uneasy, and slightly disturbed. Surely, I had considered my research from various ethical perspectives, but I had never thought that it could be equated to industrial espionage – which of course it could be, when the nurses are regarded as tradable commodities.

Research shows that, in Finland as much as elsewhere, the internationally recruited nurses are often portrayed as commodities in both media discourse and in the discourses of the recruiters and employers. These discourses are reinforced by postcolonial images of Filipino recruits as particularly suitable for globally mobile care work (Näre 2012b; Näre and Nordberg 2016). In *Postcolonial Nursing Industry*, we show how the global commodity chains that produce migrant nurses operate in practice, through the case of Filipino nurse migration to Finland. Our article explains how the commodification of the global nurses is not simply about discursive constructions, but also about material practices, where various actors make profit from producing, "packaging" (Cleland Silva 2016), and moving care-providing bodies from one country to another – to places where their embodied work provides more profit to the employer than a locally available working body. This is not to say that the recruited nurses do not benefit from the transnational recruitment practices

in Finland. They are agents of their own lives, and not necessarily victims of abuse. Nevertheless, all this describes the wider logic of transnational labour brokering, and its power relations, where the embodied human labour is primarily a commodity to be brokered (cf. Guevarra 2010).

The discourse of ownership of the Filipino nurses' bodies resurfaced also later on, in my passing encounters with the recruitment business. In 2013- 2014, I learned about another Finnish recruitment company operating in the Philippines. It seemed that its pre-departure language training programme produced good results: after a few months intensive course only, the potential²¹ recruits were able to write relatively fluently in formal Finnish. I was interested to hear more, and thought we could visit the school during our field trip to the Philippines in June 2014. Against my better judgement, I first informally contacted one of the Finnish teachers based in the Philippines, to ask whether he might be willing to give me an interview if we visited the school. I also mentioned that, while in the town, I might meet some of his students, too. In his response, he politely suggested that my research conduct might be unethical, on the grounds that I had contacted *their* nurses without first asking permission from the recruiters.

I understood immediately that it might have been a better route for me to approach the teacher through his superiors at the recruitment company, rather than directly, yet his response irked me so that I did not proceed in pushing the meeting further. Again, I was puzzled and rather unnerved by the teacher's response, and his conviction that I was not allowed to approach the company's potential recruits without first informing the company. Clearly, I still had not digested the rationality that the (potential) recruiters would *own* the nurses they were training in Finnish language and culture, and that the companies should know whom the nurses communicate with and how. I had by then conducted ethnographic field work amongst different Filipino communities in Finland, considering all my interlocutors as individual persons from whom informed consent was required. It was frustrating to realise that, from the recruiters' perspective, I should contact the recruiters first – otherwise I am perceived as a spy, unethically snooping around their premises.

To me, the recruiters' attitude towards the potential recruits, as property to be paternalistically governed, seemed more unethical than my speaking to their 'property' without the company's permission. However, the teacher's response did make me very careful in my contact with the company's potential recruits, making me change some of the field work plans in the Philippines. It was, after all, quite

²¹ Participating in the language course does not guarantee a job (see *Postcolonial Nursing Industry*).

clear that his students' deployment to Finland could have been placed at risk if they spoke to researchers without permission. I was fully aware by the time that, as we describe in detail in *Postcolonial Nursing Industry*, many of these young nurses had invested plenty of time and money to find a job abroad, and the Finnish language course was likely to provide them with the ability to do so. I could not, ethically then, take the risk of my research being a hindrance to their dreams. In the end, my field work in the Philippines did not focus on this particular case of recruitment either. This was an easy decision, given that the migrant trajectories of the recruited nurses in particular were no longer in the focus of my thesis. Instead, during the field trip, I focused on key informant interviews with state officials and other experts, tentatively mapping the impacts of the global nursing industry on the domestic public welfare structures in the Philippines (see Appendix 2). Unfortunately, I have been unable to analyse all these materials in this thesis, but they do, in many ways, serve as potential openings for further empirical research (see Chapter 4.10). In the following section, I return to the early days of the research journey.

4.3 The First Nurse Interviews

In spring 2011, when I first met with a recruitment company, I simultaneously also utilised other strategies to negotiate a point of entry to the field. Around the same time, I contacted and joined the Finnish-Philippine Society (FPS), which is a politically independent solidarity organisation that aims to promote friendship between Finns and Filipinos, and focuses on issues such as human rights, the Mindanao peace process, poverty and social equality, women, migrants, culture, environment and development in the Philippines. Through FPS I gained contacts of Filipino women who work in health or elderly care in Finland, many of whom had migrated through marriage several years ago. With these contacts, I started to look for interviewees, asking people directly, utilising the snowball method. I also contacted the Filipino Nurses Club in Finland (FNFC), which is established by long-time Filipino nurses in Finland, to provide peer support for the newcomers, especially the recruits. In addition, I posted an advertisement of my research in the FNFC Facebook group, including a call for interviewees. All these contacts soon provided me with interview offers, invitations to social events, and various informal meetings. I was quite overwhelmed by the kindness and help offered, even though in the end I could not follow all the potential research threads they provided.

I conducted my first taped nurse interviews with Filipino women, who had migrated to Finland due to marriage several years ago, and were working in elderly care at the time of the interview. One of them, Deb,²² had a Finnish practical nurse's degree, while another interviewee, Maria, did not have a formal degree in social and health care at all and yet was working in an elderly care home in practical nurse's tasks. A third interviewee, Iris, had one degree in registered nursing from the Philippines and another from Finland. She had also taken a degree in yet another health care profession in Finland. Iris also had her own home care company. I interviewed Iris together with her younger brother, Gustavo, who had migrated to Finland as a student in another field, and had later studied the entire registered nursing degree here. At the time of the interview, Gustavo was working as a registered nurse in the public sector.

As interesting as their stories were, it was soon clear that none of these interviews helped to address my research questions. This is because their migration took place prior to, or separately from the ageing demographics in Finland, which I had considered as a driving factor for the *new* patterns of mobility. Soon after the interviews with Maria, Deb, Iris, and Gustavo, I ruled out marriage migration from the research design, and decided to focus on only those nurses who migrated with the primary motivation of working in Finland. Yet, these encounters were very helpful in illuminating the heterogeneity of Filipino migrant trajectories to Finland, while helping me to delineate the focus of my research questions. Furthermore, to interview both Deb and Maria, I travelled to Eastern Finland, which brought another perspective to the question of 'over-researched Filipino nurses'. Whereas the Filipino nurse recruits in the Southern Finland and especially in the capital region might have received a lot of research attention over a short period of time, there had been little interest in the stories of Filipino migrant women in the smaller towns in the provinces. As Deb explained in her response to my interview invitation:

Actually I was longing for a long, long time at least for somebody to interview me about how I landed up to the highland place called [omitted], imagine...of all the land in Finland, I was thrown over here...a land middle of nowhere (Deb, email correspondence, 23 May 2011).

I am aware, ashamed, and sorry, that I conduct an act of epistemic violence to the story of Deb (and many others) by not being able to 'fit' it in the frame of the present research. I am nevertheless thankful for the encounters and discussions with these people. Hearing their stories has helped me to better comprehend and navigate the

²² All names of interviewees are pseudonyms.

Finnish-Filipino community as a heterogeneous social space, shaped by transnational family ties and complex family histories (cf. Bryceson and Vuorela 2002). Indeed, even if they are not directly discussed in the thesis, these stories have helped me to comprehend, how each migrant trajectory is unique (cf. *Migrant Trajectories*). I sincerely hope one day to return to Deb's story, of "being thrown here, land in the middle of nowhere". In this regard, I remain indebted.

4.4 Mingling with/in the Heterogeneous Finnish-Filipino Community

Field notes 20 June 2011

I participated in *Pagtitipon*, the Philippine Independence Day celebrations in Tampere yesterday. The actual Independence Day was on the 12th June, but the party was organised on the 19th because that was also the 150th birthday of the national poet, José Rizal. I did not have a ticket purchased beforehand, but I had managed to get one of the organisers to reserve me one at the door. I paid for the ticket, 15 Euros, and started to look around, as if looking for familiar faces. When this did not bring results, I took a place before a poster exhibiting the life of the national poet, and studied it carefully – as if killing time in the lobby, or waiting for someone's arrival. (Of course, I knew no one yet).

The lobby, as well as the main room were filled with beautiful women with black hair and slender figures. Many wore Filipinianas – Filipino national costumes with butterfly sleeves, decorated with pearls and sequins. Of the Filipinos, there were certainly more women than men. [...] The chatting in Finnish, English and Tagalog [and probably many other languages, note added 7 September 2012] formed a loud background noise, and I felt like constantly standing in someone's way, as people were taking their seats or moving around to say hi to everyone.

During the first two years of my research, I participated in different Filipino social gatherings in Finland, such as the 2011 celebration of *Pagtitipon* (the Philippine Independence day) in Tampere, a dinner party hosted by a Filipino woman, a Filipino Nurses Club in Finland Disco and Karaoke Night in the capital region, as well as events organised by the FPS. Especially with the bigger events, I was always very nervous about going to the party: I was never sure, whether any of my contacts

would be there, whether I would find anybody to talk to. I often felt like I was an intruder to the venue and in reserving a ticket, I felt as if I was denying a place to somebody with more of a right to take part than myself. In the field diary, I described my intrusiveness as:

This awkward lump somewhere between the abdominals and the lungs, which seems to accompany my field experiences. It is a mixture of embarrassment and excitement, feeling of connection but at the same time, a need to apologise for whatever inconvenience caused to those you meet. [...] Apart from all the awkwardness, field work is straining. It is a matter of constant self-awareness, keeping up and modifying the kind of habitus you think is best for establishing and upholding the connections you have on the field. It is a role-play of a chameleon, where you constantly wear your heart on the sleeve and deploy the variety of identities you carry in your body and subjective experience of the world. Yet, the peculiar thing is that, however much we 'possess' our body, as a heuristic device it is dysfunctional without all these other bodies and our connections with them – however weak these connections may be. (Field notes, Autumn 2011).

I was constantly both extremely excited and sorry for being 'there'. Especially in the beginning, I also noticed myself observing the Finnish-Filipino couples in these parties through the taboo of an older Finnish man being married to a younger woman, while simultaneously irritated for my own racialized perceptions of the women as potential 'mail-order brides' (Huhtaniemi 1996; Ignacio 2005; Constable 2003; Thai 2002; Pettman 1998, 395). Moments like this made me aware of the very uncomfortable fact that - however a critical social scientist I might be - I too, am caught in the cultural politics of emotion (Ahmed 2004), where I read certain *looking* bodies and relations in inherently racialized ways. Such realisations made me aware of the fact that as long as I studied 'Filipinos' as a 'group' or a 'people', I would be in a position where my white research continues to inscribe them as a particular ethnic and racialized Other in Finland, whether I intended it or not. I do not claim that my present research would escape such tendency to (re)write the Other. Yet, I have tried to find ways of focusing on the emergent political economies that my Finnish body (and its privileged needs) co-constitutes in relation to the needs of various Filipino others.

Overall, the mingling in the Filipino social gatherings helped me to understand, that there really is no singular group called Filipinos or Filipino nurses in Finland. Like any other social group, the heterogeneous community is imbued with ever-emergent and complex hierarchies of sex, gender, class, religion, language, ethnicity,

migration status, political views, *et cetera*, the analysis of which goes beyond this thesis. Engaging with Filipinos with a range of different backgrounds (many of whom have kindly corrected me for my misperceptions of 'the' Filipino culture) has taught me that I can be interested and intrigued by the often warm and welcoming Pinoy culture(s), but that I am in no position to speak 'for them' in my research.²³

Yet, I am confident to say that, over the past years, I have gained an in-depth understanding on the Filipino nurses' political-juridical positions as migrant nurses in the Finnish society, as well as on their typical migrant trajectories to this country. I also understand that the individuals who inhabit those mobile positions will always experience their subject positions in specific ways, which go beyond the simple externally defined category of 'migrancy', or 'Filipino nurses in Finland'. I will forever fail to interpret those experiences. This is also the most central reason for why my informants' experiences and life-worlds are not at the focal point of the thesis. Instead, the central arguments of the thesis emerge from research regarding the transnational entanglements of ageing Finland and the Philippine nurse reserve, which was partly conducted *with* Filipino nurses working in Finland. In the subsequent section, I discuss the particular group of nurses with whom I worked the most.

4.5 Finding a 'New Group' of Filipino Nurses in Finland

In 2011, the snowball method led me to Anna,²⁴ a key contact and informant, now also a friend. This was soon after my plan to enter the field through the recruitment company fell through, and while I was still mingling with Filipinos in different social gatherings. In *Migrant Trajectories*, I elaborated on Anna's crucial role to my research in some detail. Briefly reiterated here, she is a Filipino registered nurse who has migrated to Finland originally because she married a Finn. She gained her qualifications in Finnish registered nursing, and has made her career in Finnish elderly care. She has lived in a middle-sized Finnish provincial city, where she had for a long time dreamed of having a small Filipino community living in the area. She then, somewhat accidentally, became involved with an English medium practical nursing programme in a local vocational school, where former Filipino students were

²³ I want to express my deepest gratitude to my co-author and friend Meg Sakilayan-Latvala for helping me to navigate through these complicated positions as an ethnic 'outsider' in the fields, in both Finland and the Philippines, which she herself was simultaneously researching as an 'insider'. There are not enough words.

²⁴ Pseudonym.

particularly liked. Together with the programme head, Anna ended up visiting the Philippines, to create links with nursing colleges in the Philippines, and to develop means of recruiting young Filipino nurses to enter this specific international degree programme in Finland. Consequently, the programme came to serve as a point of entry to the country for altogether over thirty newly graduated Filipino nurses wanting to work overseas. They entered Finland as students, and indeed studied in the school full-time for 1.5–2.5 years. Yet, the actual motivation for all of the students was to get a job overseas, for which the Finnish practical nurse's degree programme served as a means to an end. The programme eventually became one of my central field sites. (*Migrant Trajectories*).

I first met Anna in the summer of 2011, after a warm exchange of long emails about the programme and her own life. From the very beginning, she was the most helpful in putting me in touch with the school and its former Filipino students, helping me to set up initial interviews. In September 2011, I first visited the school and its international class (consisting of 16 Filipino and 2 Indian students/nurses), to introduce my research to the potential informants. Prior to that, I had already met with the programme head, the then principal of the school's welfare sector, to discuss my research at the school. After introducing my research to the students, we agreed that the class would take a few weeks to talk about the research amongst themselves, before making their decision. No objections against my ethnographic participant observation were raised. Furthermore, all taped interviews were later agreed on the basis of individual informed consent, and with those who seemed reluctant to share their life stories, I never pushed my requests further.²⁵

In December 2011, the school board provided me with permission to conduct research on campus, yet the school itself was never particularly interested in my research. I never met the members of the school board in person, as the application process took place on paper only. In addition, at approximately the same time as I started my field work, the programme head changed. During the course of the following spring, I sent a few emails the new principal, to ask for an appointment – a 'courtesy call' as Anna put it – but he never responded. Similarly, the teachers I met during the classes I observed had clearly not been informed about my presence on campus, before I told them why I sat in their classes. My primary staff contact

²⁵ It need be noted, however that the reason that I do not have more interviews has to do with the changed circumstances of research and funding, described in the previous chapter, rather than with a reluctance of the research participants to do taped life-story interviews with me. In fact, I had preliminarily agreed about interviews with many of the students/nurses, but some were cancelled after I no longer had the resources to visit the school.

was the teacher directly responsible for the English language programme. I considered the disinterest from the institution's side as somewhat awkward to begin with, but then also understood that the staff were busy and I did not want to add to their workload with my research. Furthermore, I realised that, the fewer personnel knew that exactly this school is part of my research, the easier it would be for me to secure the anonymity of the informants. The research was not, after all, about the school or its practices *per se*. The English language practical nursing programme and the physical environment of the campus merely provided me with a site in which to engage with young Filipino nurses in Finland.

In 2011–2012, I visited the school several times. Its physical distance from my hometown (several hours on the train), as well as care responsibilities at home limited by my capacity to be on the field regularly (see Chapter 3). During the first few visits, I stayed at Anna's house, but then got the opportunity to stay at the campus overnight. I stayed from one to two nights at a time, hiring a vacant flat in the same student halls of residence where the Filipino nurses/students lived. These stays, albeit sporadic, provided me with perspectives on the day-to-day lives of young Filipino registered nurses, who had migrated to Finland to study another, lesser degree, in order to be able to work in Finnish elderly care. I was always warmly welcomed by this small Filipino community, joining their classes in the day-time, and social activities in the evenings, sometimes participating in their joint homework and study sessions.

While the students recurrently expressed their frustration of not having their prior studies recognised in Finland, another equally, if not bigger, worry was the inadequate language teaching. As part of the programme, they were taught two of the official languages in Finland (Finnish and Swedish), but typically only 2–4 hours per week altogether. The semesters were divided into six weeks' periods; during some periods only Swedish was taught, on others only Finnish. In addition, especially towards the end of the programme, language training was gradually integrated to the teaching of the substance of practical nursing, which in the beginning took place only in English. Although the students gained a level of fluency during the 2.5-year programme, the language teaching was clearly inadequate. This resulted in experiences of racism for some of the students at their places of internship, for instance. The struggle with the language(s) continued throughout the programme. During the second year, some started to take extra lessons outside of school hours, choosing to focus on either Finnish or Swedish. By this time, many already had part-time jobs, too, and the combination of school days, homework, part-time work, and extra language lessons made their weekly schedules very tight. Simultaneously, many

students noted that the degree programme, including much of the time-consuming homework, did not include a lot of new information or skills compared to their previous nursing education. Consequently, having to revise and revisit their nursing skills and education to pass the programme requirements took time away from learning the language(s) more effectively. This substantially slowed the process of gaining the linguistic capacity to perform professionally in Finnish working life.

The question of language teaching is a central policy dilemma I discovered during my field work at the school. While going slightly astray from the focus of the thesis, I wish to highlight it here, since is the one question that all my informants raised, recurrently, not only in the nurse interviews, but also in interviews and informal discussions with employers and other key informants. This finding resonates with research more widely, which speaks about the double-burden of foreign nurses in Finnish labour markets (e.g. Virtanen 2011; 2016; forthcoming; Vartiainen-Ora 2015; Näre 2013; Olakivi 2013; see also Dahle and Seeberg 2013). On the one hand, migrant nurses' skills and qualifications are de-valorised in Finland, as they typically work in lower professional positions. On the other hand, regardless of their route to Finland and the Finnish labour market, migrant nurses never receive intensive language training after their arrival in Finland. Consequently, it is difficult to gain fluent language skills *by means of which* to demonstrate their professional skills. Often, the lack of language skills is the openly stated reason for placing migrant nurses in the more menial bodywork of basic care. Indeed, it seems that, in Finland, inadequate teaching in language contributes to the racialized construction of migrant nurses as 'innately' caring labour – as opposed to skilled health care professionals. (See also *Postcolonial Nursing Industry*).

While learning a lot on the plight of non-EU nurses/students in Finland, during my visits at the school, I often had to remind myself that my research is not simply about the life and subject positions of this particular 'group'. Especially in the beginning, I felt that the school and its international practical nursing programme finally provided me with a 'proper' site of ethnographic participant observation. I was truly excited to have 'found them'. I remember the joy and pride of having 'my own' group of Filipino nurses to work with – and the relief of not having to negotiate my place in an already crowded field. No other researcher yet knew about this 'case', which furthermore told a rather different tale of global nurse mobility than the case of direct recruitment, which was already under so much scrutiny.²⁶ *This was unique!* I

²⁶ It is important to note that the three cases or groups of Filipino nurses in Finland are not unrelated. Many of those who migrated as students had transnational family ties in Finland prior to migration – cousins, aunts, or siblings for instance. Furthermore, some of those

realise that such affects reveal my research design's problematic tendencies of studying the Filipino nurses as an Exotic Other. In this regard, my awkward feelings of 'studying the Other' resurfaced in this site every now and again, as I continued to struggle between my desire to learn more about 'their' lives, and the problematic power relations of interpreting these lives from the positions of my own. However, the fact that I could only visit the school sporadically helped, as the status of this site remained but one of many. Consequently, it gradually became clearer that the focus of my research is not on the lives of my Filipino informants, but on what their life trajectories reveal about global political economies of care more widely.

Familiarising myself with the daily lives of these young Filipino nurses/students opened up a completely new perspective on the contemporary Philippine nurse reserve as a generational question. All these young people, in their mid-twenties, had been trained in the 2000s to enter the emergent global nursing markets, which the ageing bodies and populations in the West were supposed to provide. As is elaborated in both *Migrant Trajectories* and *Postcolonial Nursing Industry*, the demand of Filipino labour in these markets were severely overestimated, which left over 200,000 millennial registered nurses in the Philippines, without a job in their own profession. I later learned during my field trip in the Philippines that this generation of nurses is often referred to as the mushroom generation.²⁷ (Key informant/focus group interview, Alliance of Young Nursing Leaders and Advocates, Manila, 18 June 2014) Many of the nurses currently recruited in Finland belong to this particular generation of Filipino nurses, and we discuss their plight in some detail in *Postcolonial Nursing Industry*.

Overall, the research materials I gathered at the school are utilised in the two more empirically tuned articles of this thesis: *Migrant Trajectories* and *Postcolonial Nursing Industry*. Particularly in the latter, we discuss also the complexly entangled policy dilemmas regarding the treatment of non-EU nurses in the Finnish professional labour markets. In different ways, many of those dilemmas apply to all 'groups' of non-EU nurses regardless of nationality, including the recruited, those who come for family or humanitarian reasons, and those who migrate as students (see also Nieminen 2011).

who came as students, had applied earlier to the recruitment company, and some had also taken Finnish language classes prior to migration.

²⁷ For those competent in Tagalog, see also Garcia 2014. This is a novel written by Raymond Garcia, a young nurse himself, on the life of this young nurse generation in the Philippine nursing industry. The characters are fictional, but the life described in the novel draws on true stories. The novel is titled *Kabute: Ang pagsibol* which translates as *Mushroom: The Blossoming*.

4.6 Mapping Governmentalities

Extracts from an interview at the Embassy of the Philippines in Helsinki, 27 May, 2011

Tiina: [...] You said earlier in the case of the maids who work in the embassies, that it is thought that one of the good features about Filipino workers are that they are caring. Why do you think that this is?

The Ambassador: Because that is their nature as people. It is a characteristic of our people as a whole. It is part of our value system. [...] [Already] as children we are trained to take care of each other. The concept of family is very important to us. [...]

Tiina: And that reflects to the whole society then?

The Ambassador: Yes [...] it cuts across [...] [social strata] from the very rich to the very poor. [...] So there is this always taking care. [...] It's not just limited to the money [e.g. remittances] [...] A Filipino, no matter where he is will always look back. [...] you must look back to where you come from.

Diplomat 2: Well, I just wanted to add [...] [in the Philippines] it's already part of the culture that the parents will eventually be living with one of us when they're old. It's unthinkable that we send our parents to a [care] home. [...] So it's really part of the culture, the nurturing culture. And so, that is something that's already innate in us, I guess. [...]

The Ambassador: So this concept of taking care is easily transferable to the care patients. [...] So there is that added element, which other nationalities who have employed us realise. In fact, [...] sometimes I admonish the Filipino workers: 'do not go beyond what you're expected to, because it can be a point of abuse.' [...] [And they say,] 'but it's only five minutes, Ambassador.' I say, 'yes, but if it's only five minutes, then it can become twenty, then it become an hour, and then you're not paid for an hour.' [...] In truth, our people are simple and, willing to give. And this is the point we have to teach them, that not everybody is as naïve or as good as the rest of us.

As is widely known, the national economy of the Philippines is heavily dependent on the remittances that overseas Filipinos send back to their home country, and remittances make up approximately ten per cent of GDP each year. (For figures, see *Postcolonial Nursing Industry*). The burden of sovereign debt is partly inherited from

the Marcos era, as well as the postcolonial structure of the export economy and the structural adjustment programmes of the past, combined with corruption of the present day and the government priority of debt payment over public investments, mean that domestic consumption is driven mainly by these remittances. For money to move in the national economy, Filipino labour must continue to move out (Field Notes, June 2014; Bello, Kinley and Elinson 1982; Bello et al., 2005; Väyrynen et al. 2017, 40).

In 2015 alone, over 22,000 Filipino nursing professionals migrated for work on new contracts, and almost 19,000 nurses the year before (POEA 2016). In such context, the 300- 400 Filipino nurses who have migrated from to Finland for work since 2008 are a drop in the ocean, and at present Finland is far from being a major destination country. However, the Philippine state machinery, described also by Guevarra (2010), is continuously searching for new markets for its labour, and ageing Finland and the European Union more widely are perceived as potential new destinations, for nurses in particular (e.g. Vartiainen et al. 2016). Indeed, one of the most interesting features in my research journey over the past few years has been to follow how new migration 'streams' start to form from tiny drops, as new paths of global mobility emerge from serendipities in individual migrants' life trajectories. This process I have elaborated in *Migrant Trajectories*. There are, however, also particular governmentalities at play here, many of which intermesh with contending discourses of care, and are therefore relevant for my method of following care through the global political economy.

The Finnish state has been more or less indifferent towards these new paths of global mobility, whereas for the source country an ageing welfare state emerges as a potential new market for nurse exportation. The opening vignette of this section, for instance, is from my interview with two Filipino diplomats at the Embassy of the Philippines in Finland. At the time of the interview, in spring 2011, the embassy had only recently been opened in Helsinki, in 2010, that is, just two years after the first group of recruited nurses had arrived in Finland. In the interview, the Ambassador explicitly told me that her "task now is to start discussions with your [Finnish] government" on issues relating to labour migration on all sectors of work, and with an emphasis on the "circular movement of people, which is actually the dream of the EU, too". The Ambassador said:

Because government agencies have told me that there is a problem with the ageing population here, and there is a need for a group of people to come in to help, and they find that the Filipinos are the best. [...] And I say informally, we do not have a piece of paper that says we want Filipinos

to come here, and do bring in so many. No, we don't have that, we just have exchanges so far. Views. Precisely because we speak English and secondly because we have the characteristic of being gentle and compassionate. So, we're sort of waiting, insofar as Finland is concerned, insofar as the EU is concerned, because, in a sense the Philippines is ahead of the EU and Finland because we are open to open movement of people.

Regardless of the efforts of the embassy, however, Finland deems it unnecessary to coordinate labour immigration bilaterally on the state level (see below). Already in 2012, only two years after its placement in Helsinki, the Philippine embassy relocated to Oslo, Norway, possibly because the environment for Filipino migration did not develop as expected in Finland. Yet, from the perspective of the governance of care, the needs of the ageing, and global nurse mobility, this exchange with the diplomats was highly interesting.

In the formation of the new migration streams, the sending state and its existing role as a global nurse reserve is one factor, and whether or not the receiving state chooses to recognise its own utilisation of that reserve is another. There is, however, a subtle discursive level in the operation of the state technologies, through which the Philippine state promotes the mobility of its people, by marketing them as the best carers in the world. In these technologies, I have learned, the discourses of care and governance tend to intertwine in multiple ways. (See also Guevarra 2010; Rodriquez 2010; Väyrynen et al. 2017, 39–54).

When talking about the Philippines as a global labour reserve, it is important to note that Filipinos migrate for work in all types of professions. The female dominated professional groups include domestic workers, nurses, and care workers, whereas men often leave as plumbers, engineers, electricians and construction workers. Every third seafarer in the world's shipping industry is estimated to be a Filipino (Department of Foreign Affairs 2014), which means that much of the global logistics is enabled by Filipino bodies at work (cf. Sampson 2003; McKay 2007). Yet, among the land-based professions,²⁸ different types of care work remain the biggest professional categories in which Filipinos migrate. In 2015, for instance, out of the approximately half a million new contracts recorded in all land-based professions, 194,000 contracts were for household service workers, over 22,000 for nurses, and approximately 10,000 for home-based personal care workers (Philippine Overseas

²⁸ In its official statistics of OFW deployment, the Philippines state distinguishes between land-based and sea-based professions. I.e. in figures on land-based workers, those deployed in the shipping industry are not included.

Employment Administration 2016).²⁹ In all professions, Overseas Filipino Workers (OFWs) are expected to be hard-working. In the labour of care, however, they are simultaneously expected to cherish another cultural trait, on which the reputation of great Filipino labour relies, namely the Tender Loving Care of the Filipino (TLC).

In its present governmental strategies, the Philippine state does not push for aggressive labour exportation policies. Rather, as shown by Anna Romina Guevarra (2010) and Robyn Magalit Rodriguez (2010) in two separately conducted state ethnographies, the Philippines governs its emigrants from the distance, by means of subtle discourses.³⁰ Among these governmentalities are the celebration of the overseas workers as modern day heroes (*bagong bayani*), as well as moral economies where living apart from one's family is understood as a sacrifice for the family and for a better future. Throughout my research, I have observed, how these state discourses of governmentality heavily build on the understanding of Filipino people as particularly caring - a role which individual nurses are expected to perform.

Indeed, I began my research with an interest in embodied care, which moves across the world along with the bodies of Filipino migrant nurses. Then, in the interview cited in the opening vignette, two Philippine state representatives promoted that same image to me. Similar discourses would later emerge in various discussions, with nurses, recruiters and state officials alike, in both Finland and the Philippines. Furthermore, in various research encounters, I myself have been treated caringly, with the TLC of the Filipino, and much of this research would not have been possible without it. I would thus not argue that the image of caring Filipino culture is a 'mere discourse', if such exists. Rather, it is a social construction, which is materially reiterated and reproduced in and through the embodied lives of Filipinos, many of whom have migrated across the world to care.

The discourses of the hardworking and particularly caring Filipino nurses have a long colonial history, which is inherently racialized. In her book *Empire of Care*, for instance, the historian Catherine Cheniza Choy (2003) shows how the US colonial practices in the early 20th Century established the basis for the present global patterns of nurse migration, and how these trajectories of imperialism continue to shape the

²⁹ Most of the migrants in these categories are women, but also many men leave as nurses, care and domestic workers. The latest statistics I could find is from 2010, when 15 % (1,828) of new contracts in professional nursing recorded by the Philippine Overseas Employment Administration (POEA) were for men. Of caregivers 6 % (543) were men, and of and household service workers under 2% (1,703). (Philippine Overseas Employment Administration 2011).

³⁰ I have presented an analysis of these governmental discourses in Chapter 3 of a monograph coauthored with the COMPORE research group (Väyrynen et al. 2017, 39–54).

status of Filipino nurses in the US today. Through the positively racialized figure of the 'innately caring Filipino nurse', these same colonial trajectories now reach also to Finland.

In my interview with the two diplomats in Helsinki, for instance, different kinds of racialized hierarchies were explicitly and recurrently interwoven with the discourse of Filipinos as 'innately' caring and hardworking. As I have analysed elsewhere (Väyrynen et al. 2017, 39–54), a large part of the interview revolved around the diplomats' discursive strategies of inscribing the OFWs as something a bit better than any other workers and migrants in the world. The Ambassador emphasised that the OFWs cannot be called "migrant workers in the same way as this [African] migrant worker who's jumping off a ship" since "it's completely different". "Indeed", added her aide who went on to say:

If we look at some of, in some of the countries, like in Brunei Darussalam, there are more Filipinos than the Bruneians themselves, because of their keeping of all the economy, because, our people, like managers, cleaners, they're the ones running the place. (Interview at the Embassy of the Philippines in Helsinki 27 May 2011)

There are four things which are not mentioned in the articles that are notable here. First, Filipino *nursing* has a long history in the construction of a particular, gendered and caring image of the nation, and its superiority over other non-white peoples. The Philippine state discourses of care or TLC is thus not just an innocent strategy of boosting the pride of OFWs for the work that they do, but it continues to build on colonial, racialized hierarchies, which make space for the non-white in the receiving states through positive racial differentiations, while failing to question the superiority of whiteness itself.

Anna Agathangelou (2004, 4) has shown in the context of migrant sex and domestic work in Turkey, Cyprus, and Greece, how such racialized processes of managing the shades of whiteness/blackness operate as a means to "enact whiteness" in the receiving states. She analyses these three Southern European countries as "higher-income generating peripheral states", whose population due to class does not count as fully white, compared to the middle-class in the richer core economies. Thus, hiring "white but not quite" female migrants as reproductive labour helps to enact the whiteness of the middle-class in these contexts. Agathangelou's term "white but not quite" refers to both the Southern European bourgeoisie, and to the female migrants they hire as sex and domestic workers. These

groups' *joint* drive towards whiteness (in terms of both class and race) reproduces the black as abject.

Similar dynamics are at the heart of the Philippine state machinery's inscription of OFWs as white but not quite – i.e. as overseas workers that are different from (whiter than) the black Africans “jumping off the ship”. Here, the white white, of course, remains as the neutral category against which everything else is compared. Sara Ahmed (2006, 111), with a reference to Frans Fanon, has argued that while “colonialism makes the world ‘white’”, it simultaneously makes the world a place where only white bodies can be at home, and have access to the world. The racialized history of colonialism thus continues to “surface on the body”, and it also “shape[s] how bodies surface” in today's historicised circumstances (ibid.). Consequently, to have the world at their reach, non-white bodies must cohere towards whiteness, or *must be made* to cohere, and this is effectively what the Philippine state discourse of OFWs as better than the ‘rest’ does (see also Väyrynen et al. 2017, 30, 46–49).

Second, the utilisation of the racialized discourses of TLC in the marketing of Filipino nurses to Finland underscores the ways in which the current patterns of nurse migration to Finland are not separate from the historical trajectories of US colonialism in the Philippines. Although the Finnish political economy allegedly lacks a history of imperialism, it is inherently complicit in the colonial project (Vuorela 2009), continuing to benefit from the racialized hierarchies of colonialism, when ‘third world’ registered nurses are imported to transnational care companies operating in Finland - as nursing assistants, practical nurses and cleaners (see *Postcolonial Nursing Industry*).

Thirdly, it is notable that, as in my thesis, also in the Philippine state discourse the Filipino nurses emerge as ‘global carriers of care’, yet with accented nationalistic features and racial connotations. Indeed, my initial perceptions of the nurse recruits as ‘carriers of care’ might not be a coincidence, but I too have internalised parts of the Philippine state discourse, through the Finnish media representations of ‘the’ Filipino nurse. For instance, in one of the first newspaper articles I read on the theme of Filipino nurse recruitment, the Finnish CEO of a care company that was about to ‘bring’ Filipino nurses to Finland was asked, “why the Philippines?”. In her response, she represented Filipino nurses as a guarantee of good care in the future, when labour deficits were likely to decrease the quality of care in Finland (cf. Chapter 4.9 below). For her, *Filipino* nurses were the ideal solution, partly “because Filipinos have respect for the elderly and the service culture *already in their genes*” (Marja Aarnio-Isohanni cited in Kaikkonen 2007, emphasis added). Although I do not accept the idea that caring is in the ‘genes’ of any nation, it would be hypocritical to state that

I, or this thesis, would be somehow above the influence of these globally circulating discourses.

Fourthly, these kinds of racialized differentiations of Filipino labour continue to circulate in state discourses and in the transnational labour markets where the Filipino nurses' bodies are commodified (cf. Näre 2012b). Perhaps they become reproduced in research, too. Yet, it is crucial to remember that these are not just immaterial discourses, but governmental technologies that stay alive performatively through the behaviour of actual human bodies. Through various strategies of self-care, the overseas Filipino workers (nurses and care workers in particular) are constantly rendered responsible for keeping up the image of caring and hardworking *people* (see also Guevarra 2010). By the state, *kababayans* (fellow Filipinos), employers, recruiters, co-workers alike, Filipino nurses are expected to work hard, and not only to show her or his own skills, but to corporeally manifest the caring traits of the entire nation. For the bodies concerned, this kind of biopolitical governmentality can be straining, even if simultaneously seen as an 'honour'. Indeed, being glorified as an innately caring and diligent body can add to the structural injustices of working life, where racialized others are easily both expected and willing to do more work at the same pay (cf. Näre 2013; Olakivi 2013). As one of my informants explained:

Divina: [...] once it is said that Filipinos are hardworking, and Filipino is good care, you should stand for that, you should have that picture, you should portray that picture when you're a Filipino.

Tiina: What if you fail?

Divina: If I fail, it may bring some disgrace or like that. For the Filipino. It affects all the community [...] It's heavy also. And we are not in our territory so, we should be more than they [the Finns] expect. [...] So it's kinda, heavy responsibility. Because we're Filipino. [...] But on the positive side for that is they [Finnish co-workers] trust you. [pause 5 seconds] Because they will not [ask] 'can you do this' if they don't trust you. I think it's more an honour, than work. (Interview with Divina, 4 February 2014)

Such governmentalities are far from irrelevant for the global biopolitical economies of needs, where market actors recruit Filipino registered nurses to work as nursing assistants and practical nurses in transnationally owned for-profit nursing homes in Finland. I will return to these entanglements in subsequent sections. In the following section, however, I will first briefly discuss the conflicting discourses of care, which I encountered during the field work.

4.7 Mapping Material Discourses of Care

During the course of my field work, the concept of care emerged in different forms and with different material-discursive functions. The Philippine state strategy to utilise the glorified discourses of TLC as a technology of governance is one instance. Simultaneously in other realms of nursing, however, care emerged as an abject concept.³¹ The moments of observing the contradictions between the glorified and abject(ed) care (cf. Anttonen and Zechner 2009, 35–37) became crucial turning points in the research, in that they asked me to examine the political power of care in general, rather than care as a type of (migrant) work.

For instance, in November 2011, I interviewed representatives of Tehy (the Union of Social and Health Care Professionals in Finland), about the trade union's perspective on the relatively recent phenomenon of transnational nurse recruitment to Finland. I had agreed on the appointment with a person responsible for the international dimensions of the union's work. However, as I arrived at the union headquarters I learned that the head of the research department would join us, with the specific purpose of "correcting a few conceptual errors" in my research plan. Prior to the meeting, I had provided the interviewee(s) with a preliminary list of questions as well as a short synopsis of my research agenda. The latter turned out to be highly problematic from the union's perspective. Why? Because my agenda was constructed around the concept of care. Here is how our interview began:

The head of research: So that this, somehow, I'm thinking that this research plan starts to go in the right direction, I ask you, how did you end up with the concept of *hoiva* [care in Finnish]?

Tiina: Through the way gender studies has approached care (-). [...]

The head of research: [the interviewee interrupts me] So you begin with that. *Hoiva* [care] is extremely strange [concept] to us. [...] I approach this from the perspective of the profession. [...]

Tiina: Can I (-)?

The head of research: [interrupts me] Sure you can. [...] Of these Filipinos who come to Finland, none of them are really this kind of *hoitaja* [nurse, instead of *registered* nurse; I had used the wrong term in the research plan]. They all have professional qualifications there in their own country. So then, really, this *hoiva* [care] has not really made them to move [as I had

³¹ For the politics of social abjection, see Kristeva 1982; Tyler 2013.

argued in the research plan]. [...] We don't really use this word *hoiva* [care] at all.

Tiina: So what is the word that you use?

The head of research: We use *hoito*. [...]

Tiina: How does that then translate into English?

The head of research: Nursing. [...] So when it is work done by professional personnel, it is always nursing [*se on aina hoitoo*].

[...]

Then this care, so I don't know about this care, I think, I would ask for the concept taking care of. So care, what is the conceptual field of the care concept, and care and caregiving. So, we have this nursing, and taking care of. Then the concept, which in social services like, say you provide [...] service housing or [...other related] stuff. Then there the concept, it is really about taking care of people. So, in that way this research design of yours, and these concepts that need be defined there is nursing [*hoito*], nursing work [*hoitotyö*], and then this care [*hoiva*] that you use...I would suggest you look up this word of taking care of a person [*huolenpito*].³²

[...]

Interviewee 2: With us here [at the union] it's practically forbidden for us to use [the concept of *hoiva* – i.e. care].

(Extracts from an interview with Tehy, 7 November 2011, own translation from Finnish)

Listening to the lecture I received at the interview, still early on in my research I was irritated, but also slightly embarrassed for my inability to use the politically correct

³² This paragraph was the most fruitful extract of the interview, and hence I will include it here also in Finnish: "Sit jos, sitte tää hoiva niin emmä tiä tätä hoivaakaan, mun mielestä se, mä kysyisin tämmöstä käsitettä huolenpito. Et hoiva, mikä se hoiva-käsitteen käsiteala on, ja hoivan ja hoivaamisen. Et meil on tää hoito ja hoitotyö. Sit semmonen käsite jota sosiaalipuolen tämmösissä, sanotaan että sä tarjoot tuettuja palveluasumista, palveluasumista, tuettua palveluasumista taikka välimuotosen palveluasumisen juttuja. Niin siellä se käsite sitte taas ni kyl se on huolenpito. Et sillä lailla tää sun, tää tutkimusasetelma niin kyl nää käsitteet joita siel pitää määritellä on se hoito, hoitotyö ja sitte tää sun käyttämä hoiva. Ja mä kehottasin kattoon tämmösen sanan ku huolenpito."

terminologies in different key informant interviews (also Alastalo, Åkerman and Vaittinen, 2017). This was not the first time. In my interview with the recruitment company in the spring, the interviewee had had hard time comprehending my research plan, which (admittedly) were too philosophical by nature. Similarly, at the embassy, by using the term Filipino ‘migrant worker’ in the interview plan, instead of ‘Overseas Filipino Worker’, I ended up provoking the diplomatic staff to compare their valuable workers to the racialized, African refugee Others who the Ambassador portrayed as just “jumping off a ship” into the Mediterranean. Consequently, at the time of the Tehy interview, these earlier experiences of using the ‘wrong’ terminologies had already taught me, that my ignorant use of terms may provoke the interviewees to produce extremely fruitful research materials (cf. Pehkonen 2009, 76). In this regard, being told off by the trade union representatives for using the term *hoiva* was no exception. I was embarrassed, yes, but nevertheless took the lecturing for what it was and expressed gratitude to the interviewees, for being corrected.

Of course, the lecture did not lead me to remove the concept of care from the core of my research agenda, but rather placed it even more firmly in the centre. After all, to the extent that abjection speaks about the subaltern limits of epistemic orders (cf. Kristeva 1982; Tyler 2013; see also Chapter 3.7.), there is bound to be political power imbued in a term so heavily denied and excluded.

My point here is not to say that the Tehy representatives would not know what they talk about, or that they are wrong. I am fully aware that they have a specific agenda, which is to promote the professional status of health professionals (their membership) in the national labour markets. I am highly sympathetic of this agenda. Furthermore, over the past few years, this particular union has done a great deal of work of trying to improve the position of the recruited Filipino nurses in the Finnish professional life.³³ In fact, I think it is understandable that, in the masculine and economic discourses, in which the union negotiates for adequate pay and working conditions for their membership, *hoiva* (care) is not a concept to be emphasised. It bears connotations of feminised work, which is obscure in its contents (cf. Tedre 2004b), barely a skill at all, something that anyone with a little bit of empathy can do, something that comes ‘naturally’ for the classed, ethnicised, and feminised workforce

³³ They have, for instance, changed the membership rules so that professional nurses with a licence in their countries of origin can join the union, and receive support, even if they would not have a licence in Finland. Thereby e.g. the Filipino registered nurses who have been recruited to work as nursing assistants and cleaners in Finnish elderly care homes, have been able to join the union. Tehy also has collaboration with labour unions in the Philippines.

of care. *Hoitotyö*, nursing work, in turn is more specifically about professional skills, which requires a high-level of education in the health sciences. While 'taking care of' someone (*huolenpito*) might be a limited part of certain service concepts within nursing and social care, the non-precise care concept (*hoiva*) risks contaminating the sense of professionalism. In the Finnish professional discourse, there is a long tradition in separating the concepts *hoiva* (care) and *hoito* (nursing). Whereas the latter has strong foundations in professional education, the former remains (in) the borderline of professional nursing and lay(wo)man's work (e.g. Aarva 2009, 27–45; Anttonen and Sipilä 2000, 104; see also Henriksson 1994, 107–115; Wrede and Henriksson 2004; Simonen 1986; Vartiainen-Ora 2015, interview extract on p. 20–21).

This abject liminality, which the trade union discourse ascribes to the concept of care, made me interested in the political power of care – and particularly its corporeal needs. Ever since this interview, I started to pay attention to the contradictions in the discursive function of care at different research contexts. As the examples from the embassy and trade union interviews exemplify, the concept of care, which is yet to be recognised as political in most of the male-stream social science, often emerges as a signifier, which can be instrumentalized for different political purposes at different sites (cf. Hoppania 2015). In the Philippine state discourse, care emerges as a glorified trait of the Filipino people, which makes Filipinos 'genetically' better workers and nurses. At the same time in the receiving state's professional discourses, care emerges as that which is to be denied and abjected from the field of nursing, and replaced by something more manageable, such as individual tasks of 'taking care of' someone. Given that my research apparatus is largely constructed on the idea of following care, noticing such contradictions was both confusing and exhilarating at the same time: how is care to be followed, if it is politically such a contested concept? In the end, I settled on taking note of the different discourses of care I encountered in different research contexts, with a particular focus on the silences over that which makes care both necessary, and inherently obscure – namely, the needs of the body.

It is notable, that in both the glorified caring discourse of the Philippines and the abjected care of Finnish nursing, the question of care needs were overshadowed by specific valuations of care as work. In the Philippine discourse, caring is a high moral responsibility of the good citizen of a global nation. This duty is to be followed even at the cost of sacrificing one's own family life, and even if being the good caring Filipino requires one to do more work than a Finnish colleague. In the trade union's discourse, caring for the most mundane needs of the patient or elderly client – practices that do not require clinical skills – are obscured into side-products of

professional nursing: it is the 'stuff' of social services so obscure that the entire word is to be abandoned, erased from the vocabulary of professionalism.

There is, without a doubt, epistemic violence at play here, and the subaltern, I argue in this thesis, is the body in need (see Chapter 5). If and when care is something that is enacted by the body's need of care, what else can it be but obscure 'stuff' that evades strict definitions? The body's need of care, after all, is not only ever-present and repetitive, but also always unpredictable, requiring specific corporeal responses in specific corporeal time-spaces (*Care as the Political*, 85; Mol 2008). In this regard, care can only ever be obscure: it is a life-sustaining corporeal relation. Such things are difficult to turn into language of measurable professional skills by which the trade unions operate. However, when the capacity to respond to the other's obscure needs is defined as an innate trait of those, who are commodified and traded in the transnational labour markets, care can be valorised as a valuable feature of *particular* nurses. In this regard, simultaneous but differential valorisations of care, in two parallel realities, contribute to care's global mobility.

Indeed, in many ways these exactly opposite discourses of care are united by a particular factor: both the trade union and the nurse exporting state's discourses serve specific economic interests in the shared neoliberal environment, in which they operate. Both the care conceptions seek recognition for bodies at work, and for bodies that are to be valued through their re/productive labour, even if this means not addressing the necessities and obscurities to do with care needs. It is observations like this that have pushed me to develop a theory and a perspective that goes beyond the question of work and labour, while bringing the needy bodies and their relatedness with the world to the centre of attention. This theoretical perspective is further elaborated in Chapters 5 and 6. In the following section, I return to the question of neoliberal governmentalities from the perspective of the Finnish state.

4.8 Ethnographies of the Fragmented State

During my field work, I have also mapped the wider political-economic structures that shape the nurses' migrant trajectories and access to the professional labour markets. The meeting with the Filipino diplomats in Helsinki was part of this research trajectory. In addition, I spoke with employers, representatives of relevant ministries in the Philippines as well as in Finland, and attended seminars on nurse migration with multi-sectoral foci. These various research encounters have revealed

how, in Finland, knowledge about the immigration of professional health workers is scattered across various different regimes of governance, without a single state body possessing a holistic picture of the situation. As regards to the potential of the state to implement ethical policies, this is very problematic, since it becomes impossible for the state to tackle structural violence and injustices, if it does not comprehend what those structures are, and how they emerge. Indeed, the withdrawal of the state from active governance only opens space for other actors, many of which make profit not only from the global nurse mobility, but also from the needs of those who demand care to move.

My research suggests that, in Finland, the main obstacle for the coherent state governance of nurse immigration is that the various processes and legislations that regulate professional nurse migration do not communicate with one another. Metaphorically put, when it comes to nurse immigration, the left hand of the state does not know what the right hand does. The Ministry of Employment and the Economy, for instance, has its bureaucracies in place to supervise the entry of non-EU citizens to the labour markets. The Finnish Immigration Service (under the Ministry of the Interior) in turn oversees migration processes, including the strict conditions of family reunification, which fail to respect the labour migrants' right to family life (see Vaittinen and Näre 2014; Pellander 2016; Fingerroos, Tapaninen and Tiilikainen 2016). When it comes to the migrants' entry to the nationally specific professional labour markets, the Ministry of Social Affairs and Health as well as the Ministry of Education and Culture have their own particular area of responsibilities regarding the recognition of qualifications. In other words, the nurses' migrant trajectories are not at any moment influenced by a single piece of legislation and one governmental process only. Rather, migrant trajectories experience turbulence, where different governmental processes pull them in several different directions, simultaneously - and not only in Finland but also in the Philippines. Here, the receiving state's coordination of the whole is non-existent. In these contradictions then, open up spaces where commercial actors (recruiters and care companies) can shape the transnational nurse labour markets in Finland for their own purposes (cf. Vartiainen et al. 2016, 44).

To better illustrate this point: in 2015, with a small research group, we planned a transnational project that would include several ministries and other stakeholders, to improve the spaces of recruitment from an ethically driven, migrant-centred perspective. During the process of planning the project, I visited key informants at the Ministry of Employment and the Economy and the Ministry of Social Affairs and Health. Both actors were open to ideas of improving present practices, and they

also recognised the lack of coherence described above. However, when I clarified that the suggested project was to be piloted to Filipino nurses in particular, the key representatives at both the ministries considered this as irrelevant, largely in the belief that there was no recruitment activity presently taking place from the Philippines. At the time of the meetings, however, the Philippines continued to be the only non-EU country, from which nurses were recruited to Finland. There were a small number of young Filipino nurses taking Finnish language courses in the Philippines, waiting for deployment, as we spoke. Indeed during that very same year, several smaller groups of Filipino registered nurses (often 2- 3 recruits at a time) were deployed to different parts of Finland to work in elderly care homes as nurse assistants, practical nurses, and cleaners, for a large transnationally owned care company. Yet, the key state officials at two key ministries, *which are meant to coordinate the processes of professional health care immigration in Finland*, were either oblivious about or indifferent to this activity, not considering it as worthy of specific state attention (Field notes 19 May 2015 and 12 August 2015). Indeed, in the Finnish governance of nurse immigration it is paradoxical that, although the entry to national health care professions is highly supervised (and for good reasons), practically anyone can set up a business of transnational health personnel recruitment. Consequently, the state has no tools to manage the recruitment actors operating in the field, or to ensure their ethical conduct.

Another example of the state's obliviousness was revealed during an interview with the National Supervisory Authority for Welfare and Health (Valvira). As we have detailed in *Postcolonial Nursing Industry*, it is not possible under the present Finnish legislation for non-EU nurses to migrate to Finland as registered nurses. Furthermore, clear qualification paths are not available for those nurses, who migrate in a lower rank health care profession but would later like to top-up their education to Finnish standards. In 2008–2010, however, a private recruitment company tailored a bridging programme, where twenty five Filipino registered nurses were recruited to work as registered nurses in two public hospitals in Finland. This being legally impossible otherwise, special arrangements were made with Valvira – the responsible state authority – and the arrangements were applicable to the pilot project only. In spring 2014, I interviewed a Valvira official asking, among other things, what the state had learned from this particular pilot project. Already at the beginning of the interview, the informant (who otherwise provided me with the most detailed and valuable information) apologised that she cannot answer any questions regarding the pilot programme. This was because the state official involved in the

pilot at the time no longer worked in the institution, and no one else at Valvira knew the details. (Interview at Valvira, 6 May 2014).

In other words, the state office of Valvira had temporarily bended the law so that a private, transnationally operating recruitment company could develop a business concept for their own purposes. Yet, no institutional trace was left for the state itself to learn about the process. The recruitment company in question continues to recruit Filipino registered nurses to Finnish elderly care, with a qualification route available to practical nursing only.

Given the state's increasingly strict migration policies otherwise, and the racialized surveillance of migrant bodies elsewhere, I have found it odd to follow how the Finnish state withdraws from the governance of transnational nurse recruitment. The Ministry of Employment and the Economy, for instance, operates on the principle that "Finland has received *the immigrants it needs*, when the labour market is in demand" (Email correspondence with a key informant, Ministry of Employment and the Economy, 27 January 2015, emphasis added). In other words, in the state's governmental reasoning, the immigrant is an immigrant, and it is up to *the markets* to decide which kinds of migrating bodies should be allowed to enter the national territory and the labour markets therein.

Foucault (2008, 121) noted that, in neoliberalism, the state must govern for the market rather than because of it. In the Finnish case of nurse immigration it seems that the state actively leaves something ungoverned and unmanaged (the immigration routes of skilled health care professionals), while simultaneously reproducing institutional discrimination of third country nurses in the law (see *Postcolonial Nursing Industry*). This situation opens up a transnational space of nurse recruitment, where the recruiting companies have relative freedom to shape the markets for their purposes. Indeed, as Hardt and Negri (2001, 31–32) have argued, in the global (bio)political economy of today, transnational corporations are in the position to "directly structure and articulate territories and populations", making nation-states "merely instruments to record the flows of commodities, monies and populations they set in motion". They can "directly distribute labor power over various markets, functionally allocate resources, and organize hierarchically the various sectors of world production". (See also Mezzandra and Neilson 2013). Due to the passive role the Finnish state has adopted, this seems apparent in the ways transnational recruitment and care companies allocate certain sections of the Philippine nurse reserve to Finland, deployed in the production of marketized care that is sold to the public sector so it can care for its elderly. I elaborate on this in the subsequent section.

4.9 On Differentially Capitalisable Needs³⁴

In light of recent political changes in Finland, and what I have learned over the course of my research journey, there is a need to address certain gaps in one of the articles, namely *Vulnerable Body*. The clarifications given in this section are important for the overall argument of the thesis, since they bring in the question of transnational capital, which I have not yet not adequately addressed. This is a question that must be addressed, in order to understand the differential *value* of needy bodies in both (bio)political and economic terms.

As for the first gap, I maintain in *Vulnerable Body* that the welfare structures in Finland are still a matter of “national pride”, the radical dismantling of which would be “politically unfeasible”. Reading the article now, in 2017, however, makes these views look like wishful thinking. It is true that in public opinion polls, tax-funded public care services continue to enjoy wide support (Muuri and Mandelbacka 2010; Hoppania et al. 2016, 54). Over the past two decades, however, in Finland as well as in the other the Nordic welfare states the universal availability of social and health care services has been slowly eroded, especially in elderly care, as public care has been marketised (Julkunen 2004; Meagher and Szebehely 2013; Anttonen and Häikiö 2011; Dahl 2012; Van Aerschot 2014, 40- 73; Karsio and Anttonen 2013; Anttonen and Karsio 2016; Hoppania et al. 2016, 57- 64, 169- 183; see also Burau et al. 2016). This can be portrayed as a decline of the welfare state, although it is probably more accurately described as a process where the Nordic welfare model is being gradually transformed towards a (neo)liberal mode of governance (Anttonen and Häikiö 2011).

The changes include the increasing marketisation, commodification, and outsourcing of service production to for-profit commercial actors, as well as increases in client fees. The Finnish state and municipalities still invest tax-money in public care, and indeed the public spending on welfare continues to increase annually. Yet, due to the changes in the modes of production, the circulation of these investments in the national economy has transformed. In particular, when public services are increasingly produced by transnationally owned for-profit care corporations, public investments in welfare start to leak out from the national

³⁴ Although not directly part of my ethnographic journey and the PhD project, I owe the capacity of thinking through the arguments expressed in this section to the discussions and co-authoring with our care research collective *Vaiva-kollektiivi*, i.e. Hanna-Kaisa Hoppania, Olli Karsio, Lena Näre, Antero Olakivi, Liina Sointu, and Minna Zechner. (Cf. Hoppania et al. 2016).

economy – in the form of profits pocketed by transnational investors. In the process, public care services become capitalisable. Simultaneously, the availability of services in certain sectors, for instance in social care for the elderly, has been curtailed.

In Finland, the present government, elected in 2015, has radically accelerated this process. Its politics of austerity has shown that it is not only politically acceptable to dismantle the structures of public care, but that the needs of the elderly are of very little concern in these processes. If the present political trend continues, in future Finland, there will be increasing numbers of elderly citizens that age at home, often alone, in a more fragile condition than before. They rely increasingly on informal care, diminished public resources of home care services, and on care services bought from the private market. The criteria of access to 24/7 care services are continuously tightened. Overall, there will be less public services available in the future, and when services are available, they come with higher fees for the client than previously. The services will also be increasingly commodified, with processes of care sliced up and priced, and produced by a wide number of for-profit market actors. For those elderly Finns, who do not have the money to buy care privately, or do not have family members or other social networks that help in care arrangements, access to adequate care is increasingly difficult. (See e.g. Hoppania et al. 2016, 150- 168; Anttonen and Karsio 2016; Van Aerschot 2014, 70, 86- 89, 174- 176). This process is part of the wider international trends of marketized care (e.g. Meagher and Cortis 2009; Meagher and Szebehely 2013; also *Care as the Political*). Yet, as further discussed below, the Finnish welfare state is living in particularly critical times.

It is notable that, when compared to other public services (such as childcare, education, or health care), elderly care lacks a stable legislative status in Finland, and therefore is particularly vulnerable to cuts (Anttonen and Olli Karsio 2016, 154–156). Even the Act on Care Services for Older People that came to force in 2013 fails to ensure adequate economic resources to elderly care (Hoppania 2015). Furthermore, in the political rhetoric, the ageing of the population serves as a major justification for austerity politics: The recent governments in Finland have justified a range of cuts with reference to the so called sustainability deficit (e.g. Arter 2015, 1346–1347). This is an economic projection on the future outlook of the public economy, where the care needs of the ageing population emerge as a central variable, and as a threat to the public economy. In the discourses of the sustainability deficit, the only way to ensure care to the elderly without ruining the entire national economy is to heavily curtail the size of the public sector and welfare services in general. (Hoppania et al. 2016, 60–64).

Furthermore, in the context of this research, it must be noted that the cuts to elderly care services tend to mean 'added productivity' in care work – which effectively means less working bodies doing the same amount of care work that more bodies perform today. Indeed, gradually increasing the productivity of social and health care labour is a central means through which the government aims to ensure an adequate workforce in the future. Paradoxically, it simultaneously aims to increase the quality of working life in the care sector, whilst reducing services (Ministry of Employment and the Economy 2009; 2011; Koponen 2015). This combination is hardly feasible.

As the feminist economist Susan Himmelweit (2007) has shown, due to its corporeal-relational nature, productivity in care work cannot rise significantly without a negative impact on the quality of the work. After all, when less body-time is invested in the same amount of work, not only do the standards of care fall (i.e. the care recipient receives less or worse care), but “care workers will pay the price for differential productivity gains, if any such workers will be found” (Himmelweit 2007, 598). Indeed, in a report produced for the Ministry of Employment and the Economy on the future prospects of labour availability, it is noted that, if and when the simultaneous projections for added productivity and better quality of working life do not hold, “there will be a need to fill the labour deficit also by other means, such as recruiting professionals from abroad” (Koponen 2015, 21). In this regard, it seems that, whereas the state does not take an active stance in practices of international nurse recruitment, it gradually impoverishes the working conditions in elderly care, which in the future will require more docile workforce than before – which is available, if not in Finland then in such global nurse reserves like the Philippines.

The working conditions in elderly care are rather dire in Finland, and the respect for the work is low. For example, a recent survey conducted by SuPer, the Finnish Union of Practical Nurses, reveals how the heavy workloads in elderly care are coupled with the poor quality of care provided. Of the practical nurses that responded to the survey, 93 per cent were concerned of the quality of care they can provide with the present resources. Seven out of ten respondents reported to have considered changing professions, and almost 50 per cent were afraid that they will not be able to work in their present jobs after the next two years, due to health concerns (Erkkilä, Simberg and Hyvärinen 2016, 12, 22–24). The conditions or respect for care work seem unlikely to improve in the near future. For instance, in 2016, as part of the competitiveness pact, the salaries in the public sector were lowered considerably, with approximately 600 Euros per year cut from the earnings

of many practical nurses who work with the elderly (Tolkki 2016). The reductions were part of the government means to boost the economy - of the private sector and export industries in particular.

Paradoxically then, although the restructuring of the public sector is often justified through the need to secure services for the ageing, it seems to take a particularly heavy toll on the elderly, as well as those who work in elderly care. It goes beyond the scope of this thesis to analyse these developments in adequate detail. Suffice it to say, however, that the gradual dismantling of public care is a violent process by definition - particularly so for the weakest bodies, who may have no means to speak for their rights. Indeed, as the social safety nets of public care deteriorate, those fully dependent on them are increasingly in the position of bare life (*Vulnerable Body*, Agamben 1998): if and when the sovereign decides not to care, these bodies may be killed through the slow violence of abandonment. When it is about the elderly, this dying may be deemed as politically immoral, yet it takes place without major sacrifices to the productive economy – which seems to be the *sine qua non* of neoliberal welfare politics today (see also Chapters 5 and 6).

In other words, the neoliberal restructuring of welfare is particularly violent against those bodies, whose bare needs cannot speak the language of the rational subject, as well as to those, who work to secure the most fragile and speechless elderly, a dignified life nevertheless. Therefore, it is all the more important to understand and respect the power of needy bodies in societal transformations. Developing a means to do so is a central aim of this thesis.

Another, related flaw in *Vulnerable Body* has to do with my misreading of the empirical context of Finnish welfare state, as a destination of nurse migration. To recap, in the article, I maintain that, in the face of the biopolitical crisis of the ageing demographics, the state can either forget about its constitutional promise of care, or “reorganize its share of the international political economy in ways that there are enough caring bodies available for those Finns whose bodily needs so require” (*Vulnerable Body*, 106). This political turbulence I then analyse with reference to Filipino nurse recruitment, representing the case *as if* the Finnish state was actively recruiting nurses internationally. In the light of what I have written above about the fragmented state, this is of course a flaw.

Nevertheless, despite the flaws in its empirical illustration, the main theoretical argument of *Vulnerable Body* holds. I maintain that the Finnish ageing body in need of care has the capacity to enact political processes that reach across the globe. Compared to most other needy bodies in the world, these relations are still relatively strong in enacting care, rather than neglect. I maintain that the Finnish demographic

care deficit as a biopolitical crisis, which demands the sovereign to reorganise its share of the global political economy. As far as the actions of the state are concerned, this reorganisation may not (directly) take the form of nurse recruitment, nor does it necessarily guarantee that there is adequate care available to all bodies in need. Transnational labour recruitment, however, is not the *only* means by which the state's organisation of care can go transnational (Vaittinen, Hoppania and Karsio forthcoming). In the global care economies, also capital moves transnationally, often towards bodies and populations with the most profitable and capitalisable needs. This process I failed to discuss in *Vulnerable Body*. Since understanding the differential value of needs is important for the argument of the synthesis, I briefly address the gap here.

Over the past twenty years, Finnish elderly care has been actively marketized, which has meant the creation of markets and competition in publicly funded care services, as well the commodification of care. Elderly care services in particular have been increasingly outsourced to for-profit providers, enabling the large transnational companies to increase their market shares rapidly (E.g. Karsio and Anttonen 2013, 112- 113; Hoppania et al. 2016, 169-183; see also Anttonen and Häikiö 2011; Van Aerschot 2014, 90- 93). Of particular interest here, are the colossal care corporations owned by transnational investors, which often operate in more than one country, and for which the Finnish recruitment companies recruit Filipino nurses. These actors have grown their market shares aggressively, particularly in intensive service housing for the elderly. These companies are a major employer in Finland: in 2009, the seven biggest social and health care businesses employed 20–25 % of all health and social care professionals in the country (Ministry of Employment and the Economy 2011, 19). This means that the production of social services is major business in the neoliberal welfare state, as tax-money increasingly circulates through local governments to transnational service providers. For instance, whereas in 1997 Finnish municipalities bought social care services from the private sector for 300 million Euros, in 2014, the figure was over 2 billion Euros. Simultaneously, the share of the for-profit private sector has grown rapidly in the production of social services, from 6 per cent in 2000 to 17 per cent in 2012 (Konttinen, 2015; Ministry of Employment and the Economy, 2015, 11). The combined turnover of the ten biggest companies rose from 210 million in 2008 to 410 million Euros in 2011 (Karsio and Anttonen 2013, 114).

From the perspective of public finances, the large transnational care corporations are problematic for the same reasons that transnational corporations (TNCs) are usually problematic for sovereign welfare regimes: utilising complex tax-planning

and offshore economies, they tend to pay very little taxes (e.g. Hoppania et al. 2016, 177- 183). However, when the tax-avoiding TNCs operate in the field of *publicly funded care*, what emerges is a perversion of the national care economy. Simply put, the public sector uses tax money to buy services from transnational market actors, which extract profit from the basic needs of the population, while accumulating capital at the cost of the welfare state. In a context such as Finland, where the sovereign has a constitutional duty to provide for the care needs of its populace (see *Vulnerable Body*), this is extremely profitable.

Moreover, the current political environment makes Finland a particularly attractive market for transnational care corporations. At the time of writing this, the Finnish government is preparing a radical restructuring of social and health care services that involves thorough marketization of public social and health care services (e.g. Kalliomaa-Puha and Kangas 2016; Brommels et al. 2016; see also Tynkkynen et al. 2016). The central logic in the reform is to increase the “customer’s freedom of choice”, with the belief that added competition will increase the quality of care, while simultaneously making it more cost-effective. After the reform, the public sector would no longer decide when to buy services from private providers, but public care providers would compete for ‘customers’ (i.e. citizens in need of care) with for-profit providers, including the transnational care corporations. Effectively the emphasis of choice means that the reform prioritises the care needs of the liberal, rational subject of *homo oeconomicus* (see *Care as the Political*), while barely addressing those who depend on care, yet are literally incapable of making informed choices in the markets of care. In the reform, the most fragile elderly tend to be reduced to the question of costs – and potential savings – rather than portrayed as citizens whom the reform is meant to serve (Vaiva-kollektiivi 2017).

It is beyond the scope of this thesis to discuss the Finnish social and health care reform in detail, but effectively - if realised - it means that the transnational care corporations become increasingly tax-funded in Finland, while the care needs of Finns are turned into market commodities. As we have described elsewhere (Hoppania et al. 2016, 209), the care-recipients in this model are represented as shoppers of social and health care services, who by their choices have the capacity to move public money to the service provider of their own liking. However, when the different care providing institutions start to compete over customers, the citizens’ bodies in need of care are but money and contracts to be won. In such a system, one might ask, what is the plight of those bodies, who do not have the cognitive or other capacities to make choices? No one knows, since that question is not discussed. Indeed, here again the bare body in need of care emerges as a political

void; it is erased and thereby silenced. How can we try and hear and listen to such bodies, nevertheless? I will provide an answer to this towards the end of this thesis.

It is then clear that in the present context, the needy bodies' value and power in the global political economy must be read in more complex terms than I do in *Vulnerable Body*. In the article, I focus largely on the power and value of juridical rights as they are inscribed on bodies of welfare citizens. Yet, when bodies in need enact relatedness, also the *financial* value of their needs counts, that is, the question: how *capitalisable* are the *care needs* of particular bodies and populations? In the era of global corporeal capitalism (cf. Smith and Lee 2015), this question is important, for it influences whether, how, and by whom the needs are responded. For the transnational corporations that sell services to the public sector in Finland and elsewhere, the bodies' care needs are literally capitalisable. As tax-money is paid to these actors for their production of care, this is not just a question of the sovereign power meeting the needs of its ageing citizenry. It is, simultaneously, a transaction where the sovereign allows for transnational market actors to extract profit and accumulate capital from the needy bodies of its population. Such transactions are possible in an era of transnational biopolitics, where "life itself" is always already "invested with economic value" (Neilson 2003, 173).

Furthermore, the lesser the production costs of care for the company, and the more mobile, flexible, and docile workforce available, the more profit it can extract from the "care products" it sells to the sovereign, or to its needy population. As a corporeal relation, care indeed is a strange commodity to be sold. Its capitalist and marketized production simultaneously extracts profit *directly* from two types of bodies: the one in need of care, and the other who provides 'the good'. None of this is possible without the bodies in need, and the capitalisability of their needs in the transnational markets.

When asking why embodied care moves from the Philippines to Finland now, this differential financial value of needy bodies must be recognised. After all, it is exactly the large transnational care corporations in Finland, which utilise the global nurse reserve, and for whom the recruitment companies build a Finnish-speaking Filipino nurse reserve in the Philippines. By withdrawing from the governance of professional nurse immigration, the state lets these corporations shape the transnational care labour markets in Finland in ways that best suit the needs of the corporations. Simultaneously, the state actively deteriorates the working conditions of elder care workers, cuts their salaries in the public sector, and is about to force its *own* public sector care homes to compete against TNCs for clients. In many ways,

this seems like an irrational combination of state policies - and indeed I believe it is, if the aim is to save the welfare state like the government continues to claim.

However, it may well be that the transnational political-economic processes that the ageing population enacts are simply beyond the scope of the state's governmental reason, as it interprets the population's care needs as a drain on the productive economy. Examining globalisation in parallel with the biopolitics of ageing, Brett Neilson (2003, 163) has observed that wealthy nations interpret their ageing demographics as such a major threat that they "wilfully surrender aspects of their sovereign power to divest themselves of responsibility for the future consequences of such demographic change". This indeed seems to be the case in the ageing Finnish welfare state. Yet, it need not be. I believe that, in Finland as much as elsewhere, less violent and more ethical global politics of care can be gained through a better understanding of the transnational complexities of the matter.

Like Neilson (2003, 164), I believe it is time we recognised the complex entanglements between different processes of globalisation and the "slower but no less momentous transformations of ageing that [seem to] imperil the nation-state from within". As we start to do so, it is crucial to bear in mind that, for all these political processes discussed above (from nurse migration to austerity measures to the transnational marketisation of care) the ageing body in need of care provides an opening. In its 'bare' yet political neediness, it demands a response, and that response comes simultaneously from an innumerable amount of different directions and actors, with each response forming a relation of care, neglect, or something in-between. These emergent relations, enacted by bodies and populations in need, tend to become entangled in unexpected ways, regardless of national boundaries.

4.10 Suggestions for Further Empirical Research

In this chapter, I have described the various fields and sites I sojourned throughout the course of my PhD project, thereby illuminating the numerous research contexts and their transnational entanglements. The chapter has also introduced a range of research findings that did not fit in the articles, and which cannot be further examined within the present apparatus of the synthesis, but had to be clarified for what follows. Before moving back to the argument of the global biopolitical economy of needs, I would like to briefly discuss certain openings for further empirical research that emerge from the case of Filipino nurse migration to ageing Finland.

Biao Xiang and Johan Lindquist (2014, 124) have argued that it is never simply “migrants who migrate, but rather constellations consisting of migrants and non-migrants, of human and non-human actors”. To unpack these constellations, they argue, we need to understand the migration infrastructures, which consist of “the systematically interlinked technologies, institutions, and actors that facilitate and condition mobility”. These infrastructures involve different actors, from the commercial businesses of the migration industry to regulatory state apparatuses to technologies of communication and transport to humanitarian and human rights actors to the transnational social networks of the migrants. Xiang and Lindquist emphasise that all these different dimensions of migration infrastructure operate for specific purposes and according to specific rationalities, which may “collide and contradict one another”. Xiang and Lindquist’s concept of migration infrastructures is thus a perspective that, much like this thesis, goes beyond the examination of migrants or their experiences per se, as it is more interested in “broader social transformations”. (Xiang and Lindquist 2014, 122).

During my research journey, I have uncovered a range of entanglements between different migration infrastructures. These entwinements are more state-led at the Philippines, the state of origin, than they are at the receiving end in Finland (see also Xiang and Lindquist 2016, 125). My thesis as well as other research has examined the different dimensions of the infrastructures involved. In her PhD thesis, for instance, Trish Cleland Silva (2016) illuminates the social worlds of transnational human resource management, hence elaborating the commercial infrastructures, which mediate Filipino nurse migration to Finland (see also Näre 2012b). Aija Virtanen (2011; 2016; forthcoming) has analysed the infrastructures of language and language learning as obstacles for migrant nurses’ integration to professional labour markets in Finland. Suvi Nieminen (2011) as well as Päivi Vartiainen (Vartiainen-Ora 2015) have analysed the infrastructures, which migrant nurses negotiate in Finland, from the perspective of entry to the professional communities. As for my own research, with Lena Näre, we examined certain regulatory infrastructures, which stand in the way of human rights, such as the right to a family life, for Filipinos who migrated to Finland as cleaners and nurses (Vaittinen and Näre 2014). My article on *Migration Trajectories* can be read as illuminating the role of individual educational institutions as migration infrastructure, while simultaneously emphasising the role of migrant trajectories in the emergence of particular infrastructures. In *Postcolonial Nursing Industry*, with Sakilayan-Latvala and Vartiainen, we further unpack the transnational nursing industry, starting from the commercialised higher educational and recruitment infrastructures in the Philippines, while also emphasising the role of

the receiving state's regulatory infrastructures. The article shows how, at the racialized intersection of different kinds of infrastructures, mobility is simultaneously enabled and delimited: The migrant nurses *can* move across borders, as long as they simultaneously move to lower professional categories (cf. Mezzadra and Neilson 2013).

These analyses, however, illuminate only partial and specific dimensions of the emergent migration infrastructures, in which Filipino nurses migrate to ageing Finland. In future research, it would be important to construct apparatuses where all these different dimensions and their entanglements could be analysed together. In the analyses, it would be vital to bear in mind the question of transnational capital and its movement through and with the global embodied trajectories of care/needs. Indeed, we should aim to know more about how the commercial and capitalisable infrastructures of care provision and nurse recruitment entangle with respective regulatory state apparatuses, and what the impact of these entanglements are for transnational capital accumulation and public welfare in the concerned countries. In such analyses, the concept of migration infrastructures would aid in expanding the focus from human bodies to various material and financial flows that both support the emergent infrastructures and depend on their emergence. Furthermore, from the perspective of the global biopolitical economy of needs, these flows, relations, mobilities, and processes should be examined as enacted by bodies in need of care - steered by their differential global value.

Finally, the future analyses should bear in mind those bodies in need that seem to lie outside transnational care economies, that is, the bodies who do not and cannot move globally to care for others, and from whose needs no profit can be extracted. This thesis too, for instance, fails to discuss the needy bodies in the Philippines, and especially the poorer demographics, whose care needs the transnational remittance economy ignores in the midst of deteriorating public services. Yet, during our field trip in 2014, we visited both a charity and a state-led elderly care home in the vicinities of Manila, which provided shelter to elderly Filipinos abandoned on the streets, often because of extreme poverty. We learned that the public sector provision of serviced housing is rare in a society, where the common understanding is that the family takes care of its elderly. However, when the family's resources of care fail for one reason or another, or there is no family, those who have nothing may be left without care. (Key Informant Interviews and Field Notes: Golden Reception and Action Center for the Elderly and Other Special Cases, 16 June 2014; Protective Services Bureau/Department of Social Welfare and Development 19 June 2014). That such bodies and their needs barely exist in the policy or research

discourses of transnational care economies (see however Green and Lawson 2011, 647), is a question for the global biopolitical economy of needs.

The new perspective suggested in this thesis calls for concrete empirical research on how such neglect relates to the transnational care economy, and its financialisation. Indeed, when looking at the world through the perspective of the global biopolitical economy of needs, it becomes possible to see how the *non-existence* of certain needy bodies in our epistemic orders *matter*. Here, the world is to be constantly deconstructed not just at the level of the discourse, but on the level of corporeal relations – through questions *why*, *how*, and for whose benefit particular bodies enact relatedness, whose needs are silenced at the outset, and for which purposes. With these notes for further research, I conclude the more empirically tuned discussion of the synthesis, and move back to my theorisation.

5 POSITIONING THE THEORY

[I]deas that make a difference in the world don't fly about free of the weightiness of their material instantiation. To theorize is not to leave the material world behind and enter the domain of pure ideas where the lofty space of the mind makes objective reflection possible. *Theorizing, like experimenting, is a material practice.*

[...] theorizing and experimenting are not about *intervening* (from outside) but about *intra-acting* from within, and as part of, the phenomena produced. (Barad 2007, 55, 56, emphasis in the original).

In this chapter, I clarify my theoretical positioning, and elaborate how I have used concepts such as biopolitics and the body. I define the lowest common denominator of embodiment, which applies to all living human bodies at all times, while being simultaneously cut through by difference. The notion of the lowest common denominator of embodiment is important for the understanding of the relatedness that needy bodies enact in the world. Towards the end of the chapter, I return to the impending question of the subject and subjectivity, which in this thesis must be written under erasure, so that the body in need of care could be addressed.

5.1 Biopolitics

5.1.1 Biopolitics as a Variable in the Article-Apparatuses

Two of the four articles (*Vulnerable Body* and *Care as the Political*) are explicitly theory-driven and as such bear only a weak link to my ethnographic research materials. Yet, it should be stated that all the theorisation in this thesis somehow derives from and contributes to concrete material-discursive practices observed in global political economies of care. Together with the empirical materials, the theoretical strands of the thesis thus form apparatuses which reconfigure the world examined, while simultaneously making it comprehensible and meaningful. In the apparatuses, I

utilise theory eclectically, in order to prioritise the object of analysis over a holistic reading of any single theorist's work. With this in mind, I now turn to elaborate upon my theoretical position of biopolitics.

In my understanding of biopolitics in this thesis, I largely concur with Thomas Lemke's (2011, 2) literal definition of biopolitics as "politics that deals with life". Thinking about biopolitics this way, openly and generically, has allowed me to oscillate between what Lemke (2011, 3) calls "naturalistic" understandings of biopolitics that takes "life as the basis of politics", and the more "politician" concepts, which "conceive of life processes as the object of politics". It has also allowed me to oscillate between ontological conceptions of the body as a biological organism that has existential needs, and the body as materially-discursively governmentalized particle of a population. Such oscillation is particularly relevant when examining the politics of ageing bodies. As Brett Neilson (2003, 176) explains:

To think about the production of age in the contemporary world is [...] to partake in a radical jumping of scales, from the most intimate spaces of the body to the large-scale spaces of capitalist accumulation and control. The concept of biopolitics has the appropriate ontological depth to bridge this gap.

I am aware that different theories of biopolitics are often in tension with and critical of one another (e.g. Ojakangas 2005; Margaroni 2005; Dillon 2005). Biopolitics, however, is not about a theoretically holistic account of the world. It is a toolkit with which to understand the world in its differential becomings. It is a theory, or a collection of theories that keeps itself on its toes by constantly renegotiating itself and its position with/in the world it examines.³⁵

Whilst I generally define biopolitics as a politics that deals with life, this concept has been adjusted in different article-apparatuses, depending on the phenomena that each wished to grasp and render meaningful. I draw on Agamben (1998) in my thinking of the vulnerable and needy body (*Vulnerable Body*), for instance, and Foucault (2008) in my account of neoliberal governmentality (*Care as the Political*, also *Postcolonial Nursing Industry*). In *Migrant Trajectories* in turn, the concept of biopolitics is rendered absent. This does not mean that biopolitics would be irrelevant or non-existent in the phenomena of emergent global structures that are under scrutiny in

³⁵ In this paragraph, I cite and paraphrase my language editor Cai Weaver's comments on my (mis)reading of biopolitics. Cai is a theorist of biopolitics himself, and here his commentary not only helped me to clarify the language, but also the contents of my argument.

the article. However, the aim of *Migrant Trajectories* is to highlight and make visible individual bodies' trajectories through the global space. Consequently, biopolitics as politics that deals with populations becomes obscured. Similarly, in *Postcolonial Nursing Industry* we return to the Foucauldian conception of neoliberalism only in passing, when discussing the devaluation of human capital.

In Baradian terminology, my understanding of biopolitics might thus be described as material-discursive, where the two are inseparably intertwined. Much like Lemke (2011, 123), I tend to use different conceptions of biopolitics analytically, seeking "to generate problems", locating "questions that have not yet been asked," with an aim to open up "new horizons for questioning and opportunities for thinking" while "transgressing established disciplinary and political borders." In other words, different apparatuses require different types of theorisations, which turns theory from an overarching explanation of the world into a variable that helps to explain the world in its differential becomings. Respectively, my conception of the global biopolitical economy of needs is not an overarching theory of how embodied life and its care are globally governed, or governmentalized. Rather, when I talk about the global biopolitical economy of needs, I simply purport a *perspective* of looking at the world in its becoming. This new perspective is itself an apparatus and a material discourse of the world, which begins with and always returns to the differential power of needy bodies – i.e. the living/dying bodies of us all.

When different theoretical accounts are understood as variables of the apparatus, it follows that tweaking the theory means a modification the entire apparatus, and thereby the phenomena that one *can* examine. This became clear to me in one of the very first international academic conferences I attended. Here, commenting on an early draft of *Vulnerable Body*, an esteemed discussant suggested that I should utilise Foucault's notion of self-care rather than Agamben's bare life (*homo sacer*), when elaborating the political power of the ageing vulnerable body in need of care. This, the discussant pointed out, would make my argument "work better". I disagreed. I could have, most certainly, drawn on Foucauldian theory on the care of the self in *Vulnerable Body*. The argument, however, would not have worked better – or worse for that matter – and this is because it would have been a whole another argument about some another phenomenon, produced in and through a theoretically different apparatus. With Foucauldian rather than Agambenian conception of biopolitics, the article would have illuminated a *different* politics of life than that which I aimed to examine in that particular piece of writing.

In *Vulnerable Body*, my motive is to better understand the political power of the demented bodies, who are dependent on care and can no longer articulate their

subjectivity - yet, somehow, have the power to demand care from the sovereign. I am still not convinced that the Foucauldian apparatus would provide adequate tools to address such biopolitical questions. After all, as Rosi Braidotti puts it, Foucault's work is marked by "residual type of Kantianism" which emphasises individual's responsibility of the self-management of one's health, care, and life in general. The downside of this position is that "it perverts the notion of responsibility towards individualism, in a political context of neo-liberal dismantling of the welfare state and increasing privatization" (Braidotti 2013, 116). In his last lecture of the 1975–76 lecture series *Society Must be Defended* (Foucault 2004, 239- 263), for instance, Foucault defines biopower as "the right to make live and let die" (Foucault 2004, 241). Here, he in passing touches upon the questions of ageing and death, thereby indirectly elaborating the reasons why his understanding of neoliberal biopolitics *cannot* fully capture aged life. These limits of the Foucauldian thought are telling of the limits of the predominant epistemes of global capitalism more widely, and I therefore dwell on the question a little while longer here.

Foucault argues that the biopolitical governance of life necessarily intervenes in certain universal and irreducible conditions of our embodied vulnerability, when calculating and preparing for the moments that an individual becomes "incapacitated" put "out of circuit" and "neutralised". These risks, Foucault argues, are particularly "the problem [...] of old age, of individuals who, because of their age, fall out of the field of capacity, of activity" (Foucault 2004, 244). Effectively this is because aged bodies tend to become incapable of waged labour, while simultaneously incapable of taking care of the self in ways neoliberal governmentality would require. According to Foucault, the biopolitical solutions to this universally ever-present possibility of the body's "incapacitation" are the subtle and 'rational' forms of securitising life through insurance and collective savings (ibid.). Even these technologies, however, cannot fully tame the particular biopolitical problem of ageing life (i.e. the lives of us all as embodied human organisms). Namely, whether or not insured for the costs of care and dying, eventually all life must give way to death. And death, in Foucault's biopolitics, is something that power cannot fully capture. Death becomes "the most private and shameful thing of all", the ultimate taboo "to be hidden away" (Foucault 2004, 247, 248).

In neoliberal biopolitics, death thus emerges as "the moment when the individual escapes all power, falls back on himself and retreats, so to speak, into his own privacy. Power no longer recognizes death. Power literally ignores death". Consequently, in the epistemic orders of neoliberal governmentality, death, and the bodies that die slow deaths without adequate care, cannot speak. In the field of

elderly care in particular, this neoliberal tendency to ignore death easily turns into a form of slow and structural violence. Namely, when power ignores death, it is incapable of comprehending and addressing the needs and realities of bodies that are close to death because of their very age and/or dependency on care: the bodies which, factually, can no longer be *made to live* very long. Indeed, at the moment our bodies become useless for the re/productive economy (or when our rationally articulable subjectivity 'dies' regardless of our living bodies, as in dementia), biopolitics that preserves life but cannot face death exposes us all to the sovereign exception. Thus, as described in *Vulnerable Body* with a reference to in Agamben's biopolitics, as ageing bodies we are all potential *homines sacri*: bare life that can be killed slowly by means of abandonment, without sacrificing the economy, which seems to be the highest order of our times (see Chapters 4 and 6).

Yet, while Foucauldian biopolitics did not suit my purposes in *Vulnerable Body*, it is exactly these kinds of paradoxes between care needs and life in Foucault's thinking that make it so useful for other parts of the thesis-apparatus - particularly those that deal with the rationalities of neoliberal capitalism (e.g. *Care as the Political*). I will return to these questions in the conclusion, where I suggest the 'politics of life of needs' as a biopolitics that can ethically capture both life *and* death. In the following section, I further elaborate the concept of biopolitical economy of needs.

5.1.2 Biopolitical Economies of Needs

Certainly, it is necessary to register the actual and potential agency of the aging body. But to ask what such a body can do is to focus attention on the constitution of the world, to enter the messy nexus between politics and life. (Neilson 2003, 183).

Fundamentally, the biopolitical processes of governing care are always concerned with the indefinite needs of the human body as a living/dying organism. Yet, it is pivotal to emphasise that these processes are never only about individuals. Biopolitics is not simply about "singular human beings" (Lemke, 2011, 5) but rather about *populations* made of differentially powerful bodies and their relatedness. This thesis, for instance, is not about individual elderly bodies in Finland, or about the embodied lives of individual Filipino nurses. Rather, it is about the human body's fundamental need of care from other human bodies, and about how the power differentials between bodies' needs influence and mobilise populations with/in

specific governmental contexts. Together, the articles and this synthesis demonstrate how populations and their governance entangle with each other, as 'care moves' (and is politically made to move) globally towards populations with politically and economically stronger needs.

To elaborate: in the governmental practices of ordering life (and hence care/needs), an aggregate number of bodies form populations. Consequently, the needs of bodies tend to be ordered and responded to in terms of population governance, i.e. in *biopolitical* economies where some bodies' needs become prioritised at the cost of others. When these biopolitical economies intersect and entangle transnationally, we can talk about a global biopolitical economy of needs.³⁶ Here, populations need not be nationally defined (also Lemke 2011). My empirical research on Filipino nurses in ageing Finland for instance, should not be read as methodological nationalism (Wimmer and Glick-Schiller 2002), describing simply a competition over care resources between 'the' Finnish population and that of the Philippines. Instead, examining how the growing *population of elderly Finns* in this particular context of the restructured welfare state (re)directs the trajectories of the global *population of Filipino nurses* to Finland, I illuminate how the entangled governmentalities of care/needs influence and shape the global biopolitical economy.

Here, it should be noted that questions of biopolitics as transnational population governance distinguish my account from existing literature on global care economies, such as the global care chain tradition (cf. also Agathangelou 2004; Guevarra 2010; Mackie 2014). In *Vulnerable Body*, I describe the situation of the ageing Finnish welfare state in terms of a demographic care deficit, which contributes to turning the country into a destination of global nurse migration. As a biopolitical concept, the notion of demographic care deficit differs from care deficits observed

³⁶ In academic literatures, the term *transnational* often refers to people, institutions, or material-discursive flows that operate across international borders beside or regardless of state governmental practices, often through complex networks that defy straightforward territorial definitions. *Global* in turn tends to refer to more abstract processes which are global in scope. In many regards, the term *transnational biopolitical economy of needs* might be a more suitable name for the approach I purport in this thesis. However, in many scholarly fields the terms global and transnational are used interchangeably. I have chosen to emphasise the term global in the thesis for the same reasons I did in *Migrant Trajectories*. As noted in endnote 3 in the article: "I see it [...] politically important to study the transnational [...] in the name of 'the global'. This helps us to deconstruct the myth that the 'global' would be something larger than life, a realm of abstraction that is 'generated outside our own (immediate) environment' (Marchand and Runyan, 2000, 7). The global is not larger than life; it is shaped by and dependent on life." (*Migrant Trajectories*, 200).

in individual lives or households. The latter refers to a lack of care in particular situations when an individual's care needs are not or cannot be met, or are inadequately met so that the quality of the care remains insufficient (Hoppania et al. 2016, 58). With the term *demographic* care deficit, however, I refer to the increasing lack of (embodied) care resources at a population level, which influences the transnational politics of life across borders.

Furthermore, as was emphasised in *Vulnerable Body* and in the previous chapter, demographic care deficits and thereby the biopolitical economies of needs do not occur naturally. They are political phenomena, steered by overlapping and entangled political decisions over which bodies are cared for, and which bodies are met with neglect. Such decisions make national political economies of care (and thereby national population governance and welfare regimes) entangle with one another. In the global biopolitical economy of needs that emerges between Finland and the Philippines, for instance, the Finnish demographic care deficit and its governance entangles with the (re)production of the Philippine nurse reserve in complex ways. All these entanglements involve bodies with care needs, each body imbued with a differential capacity to demand a caring response. The perspective of the global biopolitical economy of needs does not provide an overarching understanding of these complexities. Yet, it will provide tools for disentangling the transnational relations of care needs, and their governance - with the hope that future entanglements would be (made) more just.

With the different dimensions of biopolitics elaborated, including the question of transnational entanglements of population governance, I will now turn to discuss the politics of the body as an existentially needy organism.

5.2 The Body

The challenge is to think of 'need' in terms other than mere lack, as other than a barrier to well-being. Can we think of a need as something other than what must be overcome or satisfied prior to engaging in activities that provide real rewards? (Kittay et al. 2005, 468).

5.2.1 The Lowest Common Denominator of Embodiment

In the four articles, I discussed corporeality from particular perspectives: First, in *Vulnerable Body*, I approached human embodiment as that which enacts care relations

through its bare neediness of the other. Secondly, in *Care as the Political*, we discussed the body in terms of commodified care, and as that which disrupts the neoliberal political economy by its corporeal relatedness with other embodied beings. Thirdly, in *Migrant Trajectories*, I examined the capacity of globally mobile bodies to tie together different networks of relatedness, when moving through, negotiating, and rearticulating the global space. Fourthly, *Postcolonial Nursing Industry* demonstrates how educational investments accumulate in embodied human capital, which is then made tradeable in the global export/import industry that produces Filipino nurses for the world. In what follows, I clarify my theoretical positions vis-à-vis the body, elaborating the conception of human corporeality that lies in the heart of the global biopolitical economy of needs.

As Annemarie Mol (2002) states, the body is ontologically multiple: many things at the same time. Depending on the phenomena under scrutiny, and the particular apparatuses of examination, the body has been examined as inscribed and discursively (re)produced (Grosz 1994; 1997; Dallery 1992; Butler 1993), but also that which writes the world (Kirby 1997, Ch. 6). It is internally governed by gendered and sexualized hormones, organic and synthetic alike (Irni 2013; Preciado, 2013). It is home to a variety of other bodies such as microbes (Fishel, 2015), or featuses (Homanen 2013). It is simultaneously a vulnerable and destroyable target of violence, as well as that which may violently destroy and explode the bodies of others (Wilcox, 2015). Regardless of sex, the body is penetrable, by sexual violence that not only violates the body but also entire political and social orders, particularly in times of conflict (Féron forthcoming; Belkin 2012). The body is differentially grievable (Butler 2004), dis/abled (Shildrick, 2002; 2012; McRuer 2006), and a gendered and sexual(ised) object of desire as well as trade (Agathangelou 2004; Penttinen 2008), while simultaneously subject to sexual norms strictly tied to able-bodiedness and the two gender binary (Butler 1993; Smith 2013; Shildrick 2012; Repo 2015). The body is a space that extends towards other bodies, human and nonhuman alike (Haraway 1991), not only residing in space but also making space when exposed to/with other bodies (Manning 2009a; 2009b; Puumala and Pehkonen 2010). The human body can be simultaneously all this, and much more.

It is not possible, in the space of one thesis to discuss these differentially emergent and complementary ontologies of the body at once. Instead, I focus on elaborating the particular conceptions of embodiment that emerge with the theoretical conception of care as a corporeal relation. My definition of the body organism in this thesis begins with what I call the lowest common denominator of human embodiment. With this notion, I refer to the fact that all human bodies as organisms

have certain fundamental, material needs, which not only concretise when we are fully dependent on others for care, but also make human beings existentially dependent on one another. The most basic needs boil down to the biological fact that, in addition to breathing, all human bodies need be fed and watered, and need to digest, as well as get rid of excess fluids and excrement in an adequately hygienic way. All bodies also age and decay all the time, and may fall ill and become disabled at any moment. While there may be also other fundamental needs, I refer to these because they apply to every single living/dying human body at all times, regardless of age, gender, sexuality, race, ethnicity, class, status, or any other attributes of identity or social position.

Indeed, if we just focus on the fact that everybody must eat, drink, poo and wee, and need care when not capable of doing so independently, the lowest common denominator of embodiment marks a space where even differentiating the feminine from masculine is not self-evident (cf. Isaksen 2002; *Vulnerable Body*). Hence, our bodies as living organisms are not only always potentially dependent on care provided by other bodies, but also fundamentally queer. Because bodies are everywhere, this disgust-materialist³⁷ fact of embodiment is present in all kinds of politics of (human) life, integrated in all systems of population governance, in all relations of violence and peace. The body's dependency on care given by other bodies is thus an ontology of human corporeality that, whether recognised or not, is present in all realistic ontologies of embodiment.³⁸ It is the lowest common denominator.

From the most basic needs of the body follows that no human being can survive without care provided by other bodies: we all must eat, drink, poo and wee, and stay clean, also when doing so requires assistance from other bodies. This inescapable neediness and dependency on care makes us always already related to and with other bodies, as feminist ethics of care has argued for decades. Although the hegemonic political discourses of (neo)liberal individualism leave us with an illusion of disembodied subjectivity (for discussion, see *Care as the Political*), bodies as we are, we are thus never truly individual (Ruddick 1990; Shildrick 2000; 2002; Kittay et al. 2005; Butler 2004; 2011). Of course, one can argue against such claims of existential dependency by saying that we do not need concrete care from others throughout

³⁷ I have borrowed this term from Silva Tedre (2004), who has called for disgust-materialist approaches to care research. Tedre writes in Finnish, using the term *inhomaterialistinen hoivatutkimusote*.

³⁸ Perhaps in some utopian future, the human body is technologically modified in ways that it no longer needs to eat, drink, urinate, or defecate - or need not stay clean - but in this reality in which we live as human beings, this is not the case.

and at each moment of our lives. To this, I can only say (from a secular perspective), we only have one life, tied to one body organism - which can only be prosthetically fixed and enhanced to a certain degree. If we look at the entire life-course of our embodiment, or do the same on the level of populations, the periods of life when we are (presumably) independent from other bodies are limited to passing (and illusionary) moments in able-bodied adulthood. Taking this as the norm leaves out innumerable lives, including the lives of our own bodies at times when our survival and wellbeing depend on care provided by other carnal human beings.

5.2.2 From Sameness to the Difference of Embodiment

Citing Henri-Jacques Stiker (1999, 8), the feminist theorist and critical disability studies scholar Margrit Shildrick (2012, 4) has argued that “[e]ach of us has a disabled other who cannot be acknowledged”, because this Other does not quite fit in to what it means to be human, normatively speaking. In her writing, Shildrick deals extensively with the anxieties that the disabled body injects in the hegemonic discourses of human life (e.g. Shildrick 2000; 2002; 2012). Her focus is not primarily on the relations of care/needs, and thus her argument derives from a different premise than mine. Yet, her call to recognise the disabled other in the bodies of us all underscores the political importance of vulnerable bodies in much the same way as my discussion of ageing life (compare e.g. Shildrick 2000 with *Vulnerable Body*). Whereas Shildrick asks (2012, 10), what it would “mean, ontologically and ethically, to reposition dis/ability as the common underpinning of all human becoming”, I ask the same about the body’s need of care in general, emphasising that neediness is a universally generalizable property of human embodiment. After all, whether because of a named and recognised disability or otherwise, at each precarious moment of our lives, our embodied living/dying existence relies on a range of corporeal relations of care that extend across both space and time (cf. Robinson 2011, 7). As Kittay, Jennings and Wasunna (2005, 443) put it, “[p]eople do not spring up from the soil like mushrooms. People produce people. People need to be cared for and nurtured throughout their lives by other people, at some times more urgently and more completely than at other times”.

Such premises of life have been recurrently emphasised by feminist peace researchers’ accounts on care. Indeed, as already Sara Ruddick (1990) emphasised in her politics of peace, in order for any of us to exist, a male body has had to provide sperm, and a female body has had to lend her womb, nutrition and the whole

complexity of her body-organism, so our own bodies could develop into fetuses that survive birth. Then, during infancy, other embodied human beings have had to give us concrete care to keep us alive. Throughout our lives beyond infancy, the return to such dependency on care provided by other bodies is but one serious illness or dis-ablement away, whereas growing old tends to mean added, if not always complete, dependency on care given by others. As psycho-analysis testifies, in our bodies and minds we also continue to carry the layers or assemblages of the traces of care, neglect, and other forms of connection we have experiences throughout our lives (cf. Manning 2009b; 2010). Only in death are our bodies freed from this existential embodied dependency on other bodies – although even dead bodies tend to be subject to various practices of care.

Each embodied trajectory of life is always unique, defined by particular and innumerable corporeal relations of care and neglect, which extend through both space and time. From one human life to another the quality and quantity of care as well as neglect thus differs. This is because the care *needs* of our bodies are always differentially powerful, when compared to all other bodies at any moment of time. As Fiona Robinson (2011, 5, emphasis added) explains, and as I have tried to emphasise throughout this thesis:

relations of care are constructed by relations of power determined by gender, class, and race. These are, in turn, structured by the discourses and materiality of neoliberal globalization and historical and contemporary relations of colonialism and neo-colonialism. In this view, thinking about care in the context of global politics and security cannot posit a universal need for care as unproblematic and undifferentiated; *needs are themselves constructed and produced by a wide range of relationships and structures.*

Here, I would add that needs are not only produced by various relationships and structures. Furthermore needs, and the *power differentials* between bodies' needs, are also agentive in shaping the governmental relationships and structures, within which they demand a response. These power differentials are not just written *in* our individuated, racialized, gendered, classed, and otherwise historicised bodies. In addition, our needy bodies, too, *write the world by the relations that our differentially powerful needs enact* with other bodies – some of which are simultaneously dependent on care, while others have the capacity to respond caringly. Through the perspective of the global biopolitical economy of needs, it becomes possible to examine how and why such relational differences emerge in particular empirical contexts. Nevertheless, it

is only after recognising *all* bodies as existentially needy of care from one another, and all needs of care as capable of enacting political relations of care/neglect, that analysing the differential power of needs becomes possible at all. When it comes to the body's ontological need of care, there is no exception, only difference.

Thus far, I have emphasised the ways in which "the status of able-bodied is at best provisional rather than a fixed identity" (Shildrick 2012, 8), and how, as bodies, we are all existentially dependent on care. While this should be the most self-evident claim regarding human life, unfortunately the neoliberal politics of social and health care are increasingly being framed *as if* this were not the case; as if the subjects and objects of care were independent and rational, without decaying bodies that start to age and die from the moment they are born. Robert McRuer, another critical disability theorist, has argued that global capitalism relies not only on this illusion of disembodied political subjectivity but simultaneously also on "compulsory nature of able-bodiedness" (McRuer 2006, 8). He explains that our freedom to sell our labour and flourish through economic productivity effectively means that we are "free to have an able body but not particularly free to have anything else". However illusory it may be in our factually needy material existence, this compulsory able-bodiedness is deeply interwoven with our conceptions of how to be human and, consequently, with the political orders that emerge with those conceptions. "[W]ith the appearance of choice" compulsory able-bodiedness covers over "a system in which there actually is no choice" (ibid.).

However, as Shildrick (2012, 8) emphasises, in order to imagine otherwise it is not enough to simply recognise us all as potentially disabled or, in my terminology, to think about the body through the ontology of the lowest common denominator as sameness. It is simultaneously important to uncover "the implication *within* difference that weaves together [...] apparently distinct forms of embodiment" (Shildrick 2012, 8, emphasis in the original). That all human bodies as organisms are the same in their dependence on care does not mean that all needy bodies would be identical. It does not mean that all bodies would need the same care in the same way, demanding it with the same 'strength' or the same 'voice'. Indeed, in the epistemic orders of the global biopolitical economy, the voice of some needs may be silenced altogether. The mobile configurations of class, race, ethnicity, nationality, age, dis/ability and other differences, by which bodies are 'marked', always influence particular bodies' power to be heard, when in need of care (see also Kittay et al. 2005). This is why peace re-search must be complemented with an approach that calls for a recurrent deconstruction of the prevailing material-discursive epistemes,

with an eye on the bodies whose needs cannot speak. This requires, at least for now, that we do not talk much about the subject.

5.2.3 What about the Subject?

[I]f there is not concept of 'the human' that includes all subjects without violence, loss, or residue, then the whole of cultural life, including the formation and evaluation of knowledges themselves, must be questioned regarding the sexual (and cultural) specificity of their positions. (Grosz 1994, 20)

In the political-economic imaginations of our epoch, the Cartesian mind-body split devalorises the (feminised) body so that the (masculine) rationality of the mind could be cherished. This binary turns the body into a liminal concept. As Elizabeth Grosz (1994, 23) elaborates, "the body is the threshold [...] that hovers [...] undecidably at the pivotal point of binary pairs. The body is neither – while also being both – the private or the public, self or other, natural or cultural, psychical or social, instinctive or learned, genetically or environmentally determined". Consequently, as Paul Valéry (1989, 398–399, cited in Kirby 1997, 65) explains, we speak of the body "to others as of a thing that belongs to us; but for us it is not entirely a thing; and it belongs to us a little less than we belong to it". In the prevailing epistemes, it is indeed as if our subjective mind *owned* the body, whereas in the case of severe dementia for instance, our bodies may in reality outlive the speaking 'I' that is commonly understood as subjectivity. Or, as Vicki Kirby (1997, 73) argues, "[i]t is as if we are held hostage *within* the body, *embodied*, such that the site of self, the stuff of thinking and consciousness, is an isolate made of quite different matter".

Asking what kinds of techniques or presumptions would allow for the emergence of non-dichotomous approaches to the body, Elizabeth Grosz (1994, 21–24) emphasises the need to avoid the categorisation of body and mind as mutually exclusive. She stresses the need to think about "altogether new conceptions of corporeality [...] which move beyond the overall context and horizon governed by dualism" (Grosz 1994, 22). At the same time, she highlights that our language(s), and hence ways of thinking, tend to lack adequate linguistic tools for describing the ongoing and necessary entanglements of the body with the mind, which means that "some kind of understanding of *embodied subjectivity*, of *psychical corporeality* needs to be developed" (Grosz 1994, 22). This call is relevant also in the context of the thesis.

Although I write about the body as an organism dependent on care, my theorisation should not be understood as reducing the body to some biologically determinate functions that pre-exist the body's social inscription, or exclude the body's psyche. As elaborated earlier, the body is ontologically multiple, while inseparable from the mind. With different apparatuses, we can try to understand different phenomena of our multiple embodiments. In this thesis, the aim is to highlight the political importance of those aspects of our corporeal being that are utterly and inescapably in need of care from other bodies, including moments of life when our subjective minds are inarticulate; that is, when we appear to the articulate others as mere bodies in need. I focus on bodies-as-organisms-in-need-of-care, or on bodies-as-carriers-of-care. Such apparatuses necessarily obscure the psyche and the lived experiences of *subjective* body-minds. In various seminars and conferences, I have been recurrently interrogated for this dilemma. It is now time to tackle the 'trouble' that the question of the subject poses when speaking about the political power of 'bare' bodies in need of care.

As elaborated at the end of Chapter 3, in all writing and in all epistemes, there is a silenced, heterogeneous Other, whom deconstruction aims to reveal as an erased ~~trace~~ in the text. This haunting, speechless subaltern is that which is marginalised and written out and, yet, is crucially central to the text since, without its very erasure, the epistemic order of the text would simply fall apart. This ~~trace~~ of the Other is the *différance* written throughout the sign system of the episteme, as that which temporally defers and spatially differs from what makes sense. Spivak elaborates this play of *différance* in her translator's preface to Derrida's *Of Grammatology*.

The sign [in all writing] marks a place of difference. (Spivak in Derrida 1978, xvi).

Derrida's ~~trace~~ is the mark of the absence of a presence [...]. (Spivak in Derrida 1978, xvii).

For 'trace' one can substitute [...] 'différance', or in fact quite a few words Derrida uses the same way. (Spivak in Derrida 1978, xv).

Focusing on the political relatedness of the body organism in need of care, I too in this thesis have worked with margins that represent silenced centres. For instance, in *Vulnerable Body*, I worked with the 'bare' body organism as the margins and centre of political relations of care. In *Care as the Political*, we wrote about care as both the margins and centre of the neoliberal political economy. In the thesis as a whole, the relations that needy bodies enact denote both the margins and the centre of a

potential politics of peace. Indeed, while following care in the global political economy during my research, I have come to see how the embodied realities of care needs very often operate as an erased yet central ~~trace~~ in the present neoliberal epistemic orders: as “an always already absent present, of the lack at the origin that is the condition of thought and experience” (Spivak in Derrida 1978, xvii). Consequently, whenever a person is fully dependent on care for wellbeing and survival, and incapable of being a “responsible self”, they become potentially meaningless for today’s hegemonic epistemic order (Shildrick 2012, 12) – while nevertheless heterogeneously related with the world that (re)writes the needy body’s meaninglessness, muteness. In neoliberal capitalism, this is particularly so – especially at the time when the body’s care needs are no longer capitalisable and thus economically productive (cf. Green and Lawson 2011).

That care-dependent bodies are muted by default enables a variety of processes of slow, structural, and even direct violence, which cannot be tackled because they are non-representable. Therefore, I would suggest that, being written out from the prevailing political orders, *the subalterity of the body in need of care* (that is, bodies of us all, albeit differentially so) is a most central field of epistemic violence in our neoliberal times. It is then exactly for this reason that Peace and Conflict Research needs a new perspective, that of the global biopolitical economy of needs. This new approach emphasises the constant necessity to deconstruct the world with an eye on the ~~trace~~ of the needy body.

Sketching this new perspective has required me *not* to address the question of the subject. This is because ‘the subject’, as we know it, sits very uneasily with the conception of care as a corporeal relation *enacted by the needs* of ‘bare’ life. As soon as we start talking about ‘the subject’, we necessarily obscure that part of our embodied lives which no longer can articulate itself as subjective - for instance, a mind lost in dementia, or otherwise mute or physically paralysed bodies that depend completely on care provided by others. In short, talking about subjectivity as we know it (as a thinking, agentive, responsible ‘I’) creates epistemes, where the body *merely* in need cannot be heard, and cannot be addressed. It is exactly those epistemes that this thesis attempts to shake. Hence the erasure of ~~the subject~~.

I have already used, on several occasions, a writing method where words are struck out. Here, I refer to Derrida’s philosophy of deconstruction, which involves the technique of writing ‘under erasure’. As elaborated by Spivak (1978, xvii-xviii), the ~~trace~~ for Derrida is not simply the inarticulable. It is *différance*, “the mark of the absence of a presence, an always already absent present, of the lack of origin that is the condition of thought and experience”. By putting ~~the subject~~ temporarily under

erasure, I thus write ~~the subject~~ as temporarily absent from the predominant discourses. As clarified above, it is almost impossible to write about anything – and particularly about the body – without the immediate and overarching presence of ~~the subject~~. Therefore, in order to make space for writing about the body, as a body organism with nothing but ~~an erased trace of subjectivity~~, I have chosen to write ~~the subject~~ under erasure.

This does not make the questions about subjectivity and subjective agency simply go away and, indeed, they can and should be asked in the wider political context(s) of my case study. Yet, I am determined that addressing vulnerable bodies in need of care must, for now, mean *not* addressing ~~the subject~~. This erasure is a deconstructive move that the thesis as a whole makes. I am not able to make a double move in the course of this writing, in that the binary hierarchy between ~~the subject~~ and the body-in-need would be “reinstated” with a complete “reversal that gives it a different status and impact” (Culler 1998, 150). Nevertheless, to examine how the body as ‘bare’, needy human life might operate as an opening for peace/violence, I must refuse to talk about ~~the subject~~ or *its* embodiments, even if I thereby leave the deconstruction of embodied subjectivity suspended. But then, deconstructing ~~the subject~~ was never the aim of this thesis; providing tools for deconstructing epistemes where the needy body cannot speak is. I will return to the alternative epistemes of needy bodies that can *write* in the concluding chapter. In the following section, I position my account of corporeal care vis-à-vis existing literature.

5.3 Trajectories of Care/Needs

Just like the body, care has multiple meanings and ontologies. It can be understood as a form of reproductive labour, as feminist international political economy and feminist economics usually does (Bakker 2007), as a moral-political relation enacted by caring practices as in feminist ethics of care (Ch. 2), or as a combination of the two (Mahon and Robinson 2011). It can be analysed as sentient activity (Sointu 2016), a special kind of logic (Mol 2008), as material-emotional body work (Tedre 2004a; Twigg 2000; Rajala 2016), or as a concretely situated rationality that differs from the distanced scientific reasoning (Waerness 1984). Care has also been conceptualised as dependency work, which touches the lives of us all and is “among the most essential of social interactions” (Kittay 1995, 12; see also Kittay 2001). Both as work and relatedness, care can be analysed in terms of intimately proximate relationships between the caregiver and care-receiver, as well as more widely in terms

of socio-political structures. Care can also be examined in terms of nationally and/or locally specific welfare services, which shape the relationship between the state, the citizen, and the markets (Anttonen and Sipilä 2000, 103–146; Anttonen 2009; Meagher and Zebehely 2013). Care is also always a site of political struggle (Hoppania 2015), as well as a field where the hierarchies of race, gender, sexuality, nationality, and skills intersect in complex ways with regards to who does the work and who is eligible to it (see *Migrant Trajectories; Postcolonial Nursing Industry*).

My contribution to these literatures is the concept of care as a corporeal relation enacted by needs, and its specific conceptualisations of embodiment. This understanding has been inspired by literature on corporeal relatedness of care, which focuses on the concrete embodied encounters and the presence that care necessitates (e.g. Twigg 2000; Tedre 2004a; Isaksen 2002; also, Sointu 2016; Hamington 2004). In my conception, however, I emphasise needs over work, practices, and encounters, while also bringing in the wider question of biopolitics, thereby drawing corporeal connections between the micro-level care encounters and macro-structures of transnational capitalism. Like critical global ethics of care (Robinson 2011a), I highlight how the corporeal relation of care is not just a linear, singular trajectory that connects the caregiver with care-receiver, but a vehicle through which needs shape entire political economies. Furthermore, in my account, the corporeal relations of needs always entail the potential of neglect, or other forms of violence (see also Kelly 2017). In this regard, my conception goes beyond care – or does not *necessarily* reach the event where caring takes place. After all, to paraphrase Erin Manning (2009b, 34), the relations that our needy bodies enact are about “reaching-toward” intervals that are “active with tendencies of interaction”, while never limited to interaction. They are “quantum leaps [...] occur[ing] in a fractal mode of relation where events build on events” influencing simultaneously both the body in need and its environment (paraphrasing Manning 2009b, 36).

As I elaborated in the introduction, the concept of care as a corporeal relation enacted by needs is the common thread that runs throughout the four articles, albeit only implicitly in *Migrant Trajectories* and *Postcolonial Nursing Industry*. In these two articles, migrant trajectories are understood as partially directed by the needs of the Finnish ageing population. Yet, the Filipino nurses who here operate as ‘global carriers of care’ are not just exportable/importable labour of care. They, too, are human bodies with their own care needs and care responsibilities: corporeal relations of various kinds. In *Migrant Trajectories*, I address this living corporeality of mobile bodies quite explicitly, regretting how imagining bodies’ movement in space – as I do in the article – might easily reduce bodies to a level of abstraction. It is therefore

important to bear in mind that, in which ever way one discusses migration, the body of the migrant, too,

is always a concretely fleshy, organic and lived body of a human being. The body's 'movement in space' is made of sweaty armpits in airport queues, for example; nervousness when applying for visas or their extensions; needing to pee just when the official asks you in for a visa or job interview; a pressing pain somewhere in the abdominals, inner chest, or tear ducts when having to leave to the other side of the world for work; the incompleteness of the self when unable to touch gently the bodies of the loved ones 'back home'; tears of distance; laughter in the moments of proximity; controversial feelings of duty, tiredness, frustration and joy when adjusting to a foreign culture, or learning a new language; one's own bodily concrete needs of nurturing. All this is not only *involved* in the movement but also *generative* thereof. (*Migrant Trajectories*, 197, emphasis in the original).

Rachel Brown has taken cue from my work and this particular paragraph in *Migrant Trajectories*, arguing that these kinds of recognitions of how "migrants' bodily sensations generate interaction with other bodies, policies and with the political economy itself" can "bring us closer to a 'theory in the flesh'" (Brown 2016, 215). Brown draws on Encarnacion Gutierrez-Rodriguez's (2010) work on migrant domestic work and affect, as well as Sara Ahmed's (2004) notion of affective economies, to "make visible the shifting subjectivities, experiences and sites of resistance that characterize the daily lives of migrant caregivers" (Brown 2016, 211). In these accounts, affects do not denote emotions, but rather the traces and impressions that are historically inscribed or 'stick' to particular bodies, while having an impact on how bodies interact and orient themselves towards other bodies (Brown 2015, 215–216; Ahmed 2004).

Indeed, as scenes of writing, bodies always also operate as their "own historical and cultural context[s]" (Kirby 1997, 62; see also Grosz 1994, 142), carrying within themselves complex trajectories of the past, while simultaneously capable of enacting new histories and alternative politics when relating to other bodies. Whilst affect theory, ~~subjectivity~~, and resistance are themes beyond the scope of this thesis, the corporeal stickiness of affects is relevant to the question of differential power by which bodies enact relatedness. Here, some bodies are marked with affects and pasts that help the bodies to enact relations of care, rather than neglect. However, due to a range of historical reasons and governmental technologies, revolting affects (Tyler 2013) such as disgust, abjection, and indifference easily stick with the bodies of

others, which then tend to enact aversive corporeal relatedness, rather than relations of care. In such affective “cultural politics of emotion” (Ahmed 2004) historicised postcolonial scripts of racial difference materialise on bodies and in their interrelations, as do scripts of dis/ability, gender, sex, age, and various other entanglements of differentiation.

The sticky affects influence the processes through which bodies become worthy of care, while simultaneously building and maintaining epistemic orders where some bodies’ needs are barely noticeable at all. In her article, Rachel Brown (2016, 211–212) further argues that rearticulating the migrant care worker as an embodied

‘nodal point’ in an ‘affective’ economy is [...] to ‘unmake’ the gendered, racialized Third World migrant mother who moves along an a priori chain of care (Ahmed 2004, 89, 59, 46; Vaittinen [2014] [*Migrant trajectories*]). An affective lens therefore historicizes and politicizes the effortful labor of care workers by linking embodied lives to a history of emotional associations with similarly raced and gendered bodies.

This brings me to the second way in which corporeal relations of care are implicitly present in *Migrant Trajectories*. Namely, as Brown too emphasises, as corporeal human beings, the global nurses transport in their bodies not simply the ‘mobile care’ for needy bodies in Finland or elsewhere, but a whole range of affective relations that entangle in her mobile embodiment. As I emphasised in *Migrant Trajectories* (198–199):

In this regard, the embodied migrant moving through the global space is her/himself *an intersection of disparate trajectories*, indeed a *site of negotiation*: both as a site where the negotiation takes place and as an object of negotiation (Puumala and Pehkonen 2010; Puumala et al. 2011). This multiplicity of concretely lived, space-time *relatedness moves with the migrant body*, intersecting with other trajectories of movement. This process, all encounters, controversies and troubles included, necessitates constant negotiations on what the global space should look like.

Here I referred to the negotiations that take place in different institutional nodes of global care chains, such as educational institutions, migrant authorities, *et cetera* (cf. Yeates 2009). However, when the space-time relatedness intersecting on, and carried by the mobile body is understood *as relations enacted by care needs*, it becomes possible

to imagine what the global biopolitical economy of needs looks like, how it operates, and how it emerges as a constantly tensional hierarchy of competing needs.

It is important to understand that the migrant care worker's body, or any other care providing body, is never simply a carrier of care *as work*. The human body is always also a carrier of a multiplicity of complex relations enacted by care needs. This multiplicity includes not simply the relations where a body responds with care to the needs of others, but it always involves also the body's own care needs – which enact political relations with other bodies in the world. Furthermore, the mobile body also carries a variety of embodied necessities and obligations to prioritise between the different needs that a single body *can* respond to. Although we humans as embodied beings may be responsible for various embodied others, each body's corporeal *response-ability* to the needs of others is limited in the concrete, epistemic space-times where needs elicit relatedness. To whom response-able bodies relate and how, are thus political questions of constant, often unconscious, decisions and priorities, which go beyond individual responsibility. The response-ability to the needs of others thus always carries within it elements of structural, slow, and epistemic violence; after all we are only capable of responding to those needs that we can see and that make sense in our epistemic realities.

Furthermore, the prioritisations between responses to different needs not only involve the choices between responding to the needs of some bodies rather than others, but also choices between self-care and the care of others. In the case of a global Filipino nurse, for instance, the mobile body may move towards the needs of those politically-economically valuable populations whose care is paid for (or whose care pays an adequate salary), while that salary may well be needed for meeting the care needs of some other body somewhere else – the global nurse's family member in need of care for instance. In these moral economies (Guevarra 2010; Näre 2012a), the migrant nurses' own care needs always play a role, as does the possibility to temporally defer some responses for the priority of others. Very often, the nurses' own present needs are sacrificed for the better future of close others. Alternatively, saving for one's own future care needs may be exactly the reason to work hard now - even when this means neglecting one's own needs in the present. (Field notes, *passim*). In the embodied political economies of needs, the play of *différance* as difference-deferral is thus present.

In this chapter, I have elaborated upon my theoretical positions vis-à-vis biopolitics, the body, difference, and ~~subjectivity~~. In the following chapter, I conclude the discussion by summarising my argument of the global biopolitical economies of needs. Here, I argue, the body in need of care is best understood as

différance: a bundle of relatedness that writes the world with the relations its needs enact. I then briefly summarise the contributions of this thesis to Peace and Conflict Research, arguing that understanding embodiment and needs in ways I have suggested provides a range of openings for the further re-search of peace, in the realm of care and beyond. In the very end of the conclusion, I return to the question of biopolitics as a politics of life. I suggest that the politics of life of needs might well be a more ethical alternative, in its capacity to care for the dying, too.

6 CONCLUDING OPENINGS

6.1 The Needy Body as *Différance*

Each human³⁹ body in this world produces and carries with it an ever-changing bundle of corporeal relatedness, enacted by differentially powerful care needs, which move bodies (affectively as well as spatially) in some ways rather than others. Be it the body of a global nurse or that of a demented citizen of a Nordic welfare state, each human body *lives and moves as* an intersection of a unique set of corporeal relatedness. This weave of relatedness, which the body simultaneously both carries and produces simply through *living*, is defined by the needs of the body itself, as well as by the needs of those multiple others who demand care and presence from that particular body. The (human) population of the world can thereby be imagined as comprised of over seven billion *bundles of relatedness*, also known as bodies. As the innumerable corporeal relations elicited by needy bodies intertwine in tension with one another, what emerges is the global biopolitical economy of needs.

Here, the human body that is existentially in need of care from other bodies is best understood as *différance*, that is, a sheaf of relations and potential politics, which “permits the different threads [...] of force [...] to go off again in different directions, just as it is always ready to tie itself up with others” (Derrida 1982, 3). Understood as *différance*, the body is not just “a sign, a function of discourse”, as it is sometimes understood in feminist theorisation of body writing (Dallery 1992, 63), but a *vehicle of temporised movement of differentiation*. This means that the differentiation between bodies worthy of care and those that deserve neglect is never inscribed on the body from outside in an over-arching manner. Rather, as temporised movement of differentiation, the body in need of others constantly calls for the recognition of its needs. The differentiation takes place *not on the body, or in the body*, but in the corporeal relations that the body in need enacts.

³⁹ This thesis is limited in its focus on the relations of care and neglect that human bodies enact when in need of care from other human bodies. However, to go beyond my anthropocentric approach, the perspective suggested in the thesis may well be expanded to the examination of biopolitical economies of needs that non-human bodies enact in the world, when demanding care from other bodies, human and non-human alike.

Derrida argued that “*différance* is also the element of the *same* (to be distinguished from the identical) in which these oppositions are announced” (Derrida 1972, 9). This supports my understanding that power relations between bodies in need should be examined at the level of the lowest common denominator of embodiment, where *all* bodies need care, albeit differentially so. All needy bodies are the same, yet never identical in their power to enact relations of care. Ultimately, when ripped from all other identifications, it is on this level of political life where oppositions and differences become ‘announced’. Indeed, when all needy bodies as *différance* enact their relatedness in and with other bodies of *différance*, what emerges is a *différential* play or a struggle - over which needs come to matter as relations of care, and which materialise as relations of neglect. In this play of *différance*, new material-discursive epistemic orders are always in the making, as bodies expose themselves to others as vulnerable, and needy.

Understanding the body in need as *différance* also supports Derrida’s claim of *différance* being “the most general structure of the economy” without which “there is no economy” (Derrida 1972, 9, emphasis in the original). In my reading, this means that *différance* is a constant struggle over the (re)appropriation of value that draws the boundaries of epistemic orders. In the global biopolitical economy of needs, the needy body that enacts relatedness emerges as such a *shifting point of origin* for economic orders: As *différance* the body that demands concrete relations with other bodies *is* the most general structure of the economy (or of emergent economies in the making). Without it there would not be the differentiation camouflaged as sameness that economies depend on.

As implied in *Care as the Political*, economies that emerge from the relations that needy bodies enact are always open for the political. This is because the body as *différance* obligates a constant rewriting of human relatedness. Or, to put it otherwise, the needy body as *différance* writes the world in its constantly changing relatedness. Writing here of course is not to be confused with its literal meaning, but is to be understood in the general sense, where bodies are never simply passive surfaces of inscription, or texts to be written from ‘outside’ by historicised discourses of differentiation. As Vicki Kirby (1997, 61) elaborates with reference to Derrida (1978, 9), when writing is understood in its most general sense, even “‘the most elementary processes of the living cell’ are [...] a ‘writing’ and one whose ‘system’ is never closed”. In the general sense of writing also “nature scribbles” and “flesh reads” (Kirby 1997, 127), and in my account it does so because the human body is existentially dependent on care provided by other carnal human beings.

Such intercorporeality necessitates the constant mobility of bodies towards other bodies, as well as simultaneous turning away from others, as bodies write the world with the corporeal relations their needs enact. It thus becomes possible to see that, when the ~~subject of the speaking and thinking “I”~~ is written under erasure, the differential power of bodies make a language of the world that is not written in words, but in corporeal relations - of care, as well as neglect. Here, all human bodies are the same at the level of the lowest common denominator, and yet always *différential* in power. While some bodies' needy scripts are readable in the predominant epistemes as demands of care, the scripts written by needy others are ~~erased~~, and rendered incomprehensible, unspeakable. As a novel perspective to Peace and Conflict Research, the global biopolitical economy of needs is a call to deconstruct this kind of body writing, with respect to the subaltern bodies that cannot write the kinds of texts that those response-able can read.

Bodies' capacity to write the world with the relations their needs enact does not mean that corporeal relations of care and neglect would just freely float in the air, or cut through political voids. As I exemplified in *Migrant Trajectories*, relations and trajectories of care both disrupt and are limited by the changing structures of governance. The corporeal relations of care and neglect are also never simply intercorporeal relations between two individuals. They always cut through a range of biopolitical governmental orders and material-discursive practices, which aim to manage the very relatedness of life, across populations. These governmentalities operate as grammatical rules, by which bodies' writing of relatedness must abide - in order to make sense. The various grammars of population governance indeed issue their subtle instructions on how to relate to the needy, and which needs are to be read as response-able. However, due to the bodies' capacity to operate as *différance*, these grammatical rules of governmentality are recurrently rewritten, as needy bodies enact relatedness in unexpected ways. It is through such play of *différance*, where the writing bodies connect with biopolitics.

In *Care as the Political*, we showed how care and its unmanageable needs disrupt the neat order of the neoliberal 'household' (*oikonomia*) – i.e., how care is 'the political' that forces the economy to reorder itself, repeatedly. In a similar vein, in the global biopolitical economy of needs, the needy body as *différance* is that which demands the rewriting of the pre-established grammars of governance in the global political economy. The Finnish elderly bodies in need of care for instance, have enacted relations of care that rewrite the position of the welfare state in the transnational care markets. This body writing certainly abides by many of the grammatical rules of postcolonial, neoliberal capitalism. Yet, each trajectory of needs

also cuts through the global space-time in particular ways, depending on which bodies are response-able at any one moment, and how. In this process, the structures of the world emerge anew, reiteratively (cf. *Migrant Trajectories*). To cite Vicki Kirby (1997, 63), in such “rhythm of *différance* the body is never not musical. The body is the spacing [...], the ma(r)king of an uncanny interlude”.

6.2 Contributions to Peace and Conflict Research

6.2.1 A New Approach to Peace and Conflict Research

From the understanding of the body as *différance* emerges a new approach to the study of peace and violence, entitled the global biopolitical economy of needs. Methodologically, the argument has emerged through a multi-sited and non-local examination of Filipino nurse mobility to ageing Finland, which illuminates the ways in which care needs of populations entangle in the global political economy, as care moves towards those with stronger and economically more profitable needs. I began the thesis by following care, but ended up emphasising needs through a deconstructive reading of feminist care theory, the so-called global care chain tradition, and finally political economies in general. I positioned the thesis in the old tradition of feminist Peace and Conflict Research, which focuses on care, but then moved on, sensitive to epistemic violences against bodies in need.

I maintain that, regardless of where one looks today – in an era, where the rationally articulate subjective self is at the centre of politics – the bodies that depend on care are the subaltern that cannot speak. Indeed, these bodies may literally not be able to speak. Yet, they can write, and do so through the differentially powerful relations of care/neglect they enact in the world. As speaking subjects, we might never be able to completely translate and decipher this body language (for it is the subaltern), yet I argue that a perspective is needed, which at least tries.

The global biopolitical economy of needs is then a perspective, which seeks to read the world in the language of the relatedness that needy bodies write. It is a reading, which operates on another level and *reality* than the traditionally written and spoken language of subjects. It attempts to comprehend the power differentials between most fragile bodies, and between the relations these bodies write, all of which have an impact on how the world works. As a new approach to Peace and Conflict Research, the global biopolitical economy of needs aims to uncover the

various forms of injustice and violence – slow, structural, epistemic, and sometimes direct – that emerge as relations enacted by needs entangle through complex political-economic processes. This is important, since only after the violences are uncovered, can the world be made more just, and for a peace re-searcher this task is an endless one.

In attempts to make the entanglements of needs more just and ethical, we ought to understand, whom the presently emergent entanglements benefit and how – and at the cost of which bodies in need specifically. As I have elaborated in Chapter 4, in the global biopolitical economy of needs, which is presently emergent in the transnational space between the Philippines and Finland, the main beneficiaries are the transnational market actors. They manage to accumulate capital simultaneously from both the care needs of elderly bodies in Finland, and the global mobility of Filipino nurses as ‘carriers of care’. To steer the benefits towards people, and bodies in need of care in both Finland and the Philippines, I suggest that the state, especially at the receiving end, should assume a position of ethical governance. In particular, the government should aim at governing transnational capital and markets, rather than embodied care and its need. I will return to this in the end of the chapter.

There are, however, no definitive political solutions that would render the governance of the transnational entanglements of needs ethical for good. This is a continuous process. Indeed, the global biopolitical economy of needs, and its ethical governance, requires a constant deconstruction of the world, with an eye on the needs that cannot speak, in the particular epistemic orders in which we operate at any one time. Deconstruction works through double moves (and indeed here comes a methodical description of the global biopolitical economy of needs): In particular empirical realities, the first move is always to uncover whose care needs are visible and how - and whose needs must be silenced (absented) for the presence of the particular needs that are addressed. In the second move, one works with the *relations between* the differential needs that were uncovered, and does this in ways that makes it possible to render visible both: the corporeal needs that dominated in the beginning, and those that were silenced and absented. This rendering visible, however, no longer presents the two ‘sets of needs’ as opponents of one another - as a presence and its shadow, or as pairs of a binary - but as somehow much more complexly related.

In the empirical work of this thesis, for instance, the Finnish elderly body with its relatively powerful needs is not to be understood as an opposing force to the globally mobile Filipino nurses, or to the poorest elderly Filipinos, whose care needs the remittance economy ignores, and whom I, too, have failed to address. These bodies

- indeed the bodies of us all - are part and parcel of the same global biopolitical economy of needs, embedded in neoliberal global capitalism. Their differentially powerful needs are entangled in ways that *the entanglements* contribute to the transnational accumulation of capital. This process relies not only on the differentiation between bodies and their value/profitability, but also on the silencing of some bodies' needs altogether. Through the perspective I suggest, the *value of such differentiations and silences* can be uncovered in ways that reveals and helps to concretely tackle the violences imbued in the emergent global structures. In the next sections, I clarify the contributions of this perspective to Peace and Conflict Research beyond feminist care ethics, after which I return to biopolitics.

6.2.2 What about the Basic Human Needs Theory?

Within Peace and Conflict Research there is an existing tradition that begins with the concept of needs, namely, the basic human needs (BHN) theory. This theory – or a set of theories – has been influential particularly in conflict resolution, in the thinking, explaining, and resolving aggressive human behaviour amongst different social groups, within and across societies (e.g. Burton 1990; Maslow 1943; Sandole 2001; see also Väyrynen 2001). My account is not interested in 'behaviour', actions of individual ~~subjects~~, or social groups, and thus it has little to do with the traditional basic human needs accounts. The BHN approach is, however, a relatively influential tradition in the discipline of Peace and Conflict Research, and I therefore briefly address it here. Reading the tradition from the perspective of the global biopolitical economy of needs, I maintain that the BHN theory's conceptualisation of needs is rather masculine. Indeed, while the perspective I purport in this thesis is unlikely to contribute to the basic human needs theories directly, it provides critical openings for a feminist re-reading of needs in Peace and Conflict Research more widely.

The widely shared argument of basic human needs theories is that "all people have basic needs [...] and that when needs are denied, individuals will have to struggle to have those needs met, even if those struggles result in antisocial behaviour" (Hancock 2016, 5). In other words, the BHN theories construct norms for acceptable 'human behaviour', which societies can gain by fulfilling the basic needs of the population. In particular, the theories maintain that as long as basic human needs are satisfied, violence is less likely to take place – and when needs are not satisfied, violence occurs (Sandole 2001). The basic human needs are thus

“hidden sources of action” (Väyrynen 2001, 47), biological drives that motivate and determine behaviour.

Additionally, Johan Galtung (2004, 122), whose understanding of peace is highly relevant for this thesis, writes about basic needs, arguing that all “[h]uman beings need food, water, air, clothes, housing, sleep, health, sex, children and education”. While care for some reason is lacking from Galtung’s list of basic needs, too, for him meeting these needs is important since it not only helps to avoid violence in general, but also transforms the types of violence human beings perpetrate on one another. In other words, satisfying human needs will not eradicate all violence for good, but it helps to reduce the most brutal forms of violence. Elsewhere, however, Galtung (1990b, 326) has also criticised the human needs approaches for not adequately accounting for the questions of inequity and inequality.

While the main tenets are widely shared amongst BHN theorists, there are various different definitions, categorisations, and typologies of what basic human needs are, and which are the most important ones. In her critical reading of human needs theory, and particularly the work of John Burton, Tarja Väyrynen distinguishes two main categories of needs. Firstly, there are the physiological needs of the human body to stay alive, and secondly, there are different sets of psychological human needs, which are portrayed as leading to general welfare (Väyrynen 2001, 32). The BHN theories that build on Burton’s work often emphasise the human need of identity, recognition, and security (e.g. Sandole 2001), but others also stress the needs of response, stimulation, distributive justice, meaning, rationality, as well as the human need to control (Sites 1990, cited in Väyrynen 2001, 33). Similarly, Mary E. (Clark 1990, 44) has emphasised “meaningful social bonding” as a basic human need, without which “babies fail to become people”. Indeed, the capacity of developing into a fully recognised and functional social subject underlies many categorisations of basic human needs. The BHN theorists have also been particularly interested in finding “the real human person” (Burton 1990, 2), and as further discussed below, this implies the theories’ tendency to make universalising claims regarding human nature.

It must be commended that, in their recognition of the biological body (Sandole 1990), and the functions of hormones even (Sandole 2001), BHN theories are somewhat exceptional in the study of international conflicts. After all, not many mainstream traditions in Peace and Conflict Studies explicitly recognise the socio-biological body as political. Unfortunately, the BHN theories treatment of the body is rather masculine, and therefore exclusive. Especially the feminist perspectives on embodied care needs seem to be missing from the BHN theories, too. Indeed, while

there are many different definitions of basic human needs, none put the need of care in the centre of the analysis. This means that the BHN theories defy a realistic recognition of the corporeal relations of care, which the fulfilment of basic needs *always* necessitates. Consequently, the body's dependence on care and its necessary counterpart, feminised labour, are yet again erased from malestream Peace and Conflict Research.⁴⁰

The BHN theories also inherently prioritise the masculine and ableist ideals of political *subjectivity*, in ways that serve the (neo)liberal project I have criticised throughout the thesis. Landon Hancock (2016, 5–6) for instance emphasises “active interaction and participation, productive work” as dimensions of basic human needs, as well as “autonomy and the ability to exercise choice”. Similarly, for Burton, the basic human needs are to be satisfied for the individual “if he [sic] is to be an *effective unit* in a harmonious society” (Burton 1979, 78, cited in Väyrynen 2001, 40, emphasis mine). From the perspective of the global biopolitical economy of needs, these statements are alarming. When the *capacity to choose* is named as a *basic human need*, the BHN theories lend their support to the often violent politics of (neo)liberal individualism, which constantly neglects the needs of those, who do not have the capacity to choose, or articulate their preferences. Furthermore, when turning individuals into ‘effective’ units of society is a motive for fulfilling basic human needs, a whole variety of needy life is excluded from the conceptions of what it means to be ‘fully human’, or a ‘real human person’. Such normativity of the BHN theories is highly problematic.

The main tenet of BHN theories is convincing: if the basic needs of human beings are not satisfied, they will try to get their needs satisfied by aggressive and violent means. Many human beings in need, however, are completely incapable of aggression. Indeed, the BHN theories appear to be concerned only with the needs of those bodies who are capable of violence, or whose suffering (e.g. children's) enacts violent responses amongst able-bodied others. The theories fail to recognise that the corporeal *capacity* to exert frustrations for the lack of basic needs is itself a privilege reserved for the able-bodied, and for those whose needs the able-bodied are ready to defend.

⁴⁰ Mary E. Clark (1990, 49) briefly touches upon care, while arguing for the basic human need for “meaningful social bonds”. She also criticises the Hobbesian individualism imbued in some BHN theories’ understanding of human nature. However, Clark’s concern seems to be more on the developmental psychology of how we become “fully human”, rather than on care as a means to ensure the wellbeing of embodied human beings at all phases of life – also at times when we are no longer or not yet capable of articulating our ‘fully human’ subjectivity.

In the BHN theories thus, again, the basic needs of the elderly, chronically ill, disabled – and many others who have no means to become the rational choice-makers and productively working ‘effective units’ of society – are erased. No wars have ever been fought for the needs of the elderly, and the poor treatment of the disabled or chronically ill rarely mobilises political upheaval, or mass demonstrations on the streets. The unmet needs of these Others of liberal individualism are unlikely to erupt violent conflicts, which means that they can be silently written out from the masculine theories of needs in Peace and Conflict Research. This thesis, and its argument for the global biopolitical economy of needs, calls attention to such silences, this time as regards the disciplinary understanding of human needs.

Tarja Väyrynen (2001) has also criticised the BHN theories for their tendency to make universal assumptions on human nature, on the grounds of the shared needs of the socio-biological body. Väyrynen argues that this leads to the disregarding of cultural difference, which is particularly problematic when the BHN approaches are applied to conflict resolution: when the emphasis is on shared needs, conflict resolution seeks to find similarities between the parties, rather than seeking to understand and appreciate difference. My account does not deal with conflict resolution. Yet, there is a risk that my argument about the needy body as a fact of human existence is read as argument about universal ‘human nature’ that disregards difference. I have discussed the sameness of differentially needy bodies at length in Chapter 5, but I will briefly return to the arguments here, in relation to the BHN theories and Väyrynen’s criticism thereof.

In her criticism of BHN theories, a central concern for Väyrynen is the BHN approaches’ tendency to prioritise the socio-biological body in their explanation of conflicts, at the cost of socially constructed realities. When needs are “assumed to arise from man’s [sic] biological nature [...] they are universal” (Väyrynen 2001, 32), and such “logic of universalistic thinking assumes that what is true of human nature must [...] be true of all individuals in all cultures” (Väyrynen 2001, 46). In Chapter 5, I defined the lowest common denominator of embodiment as a fact of existence that applies to each and every living human body at all times in history. These needs (to eat, drink, urinate, and defecate, while maintaining adequate levels of hygiene) make us dependent on care, and hence always already corporeally related to other bodies, in a shared world of needy existence. This is a fact of embodied human existence that is universally valid, for all living human bodies in all ‘cultures’.

Whilst I share the BHN theories’ understanding of the universality of certain biological needs, my understanding of shared basic needs is far more limited, however, since unlike the BHN theories I do not discuss the questions of political

agency, subjectivity, identity etc. Indeed, I believe that an account of ‘human nature’ in these regards can never be universal – or ‘biological’ for that matter – not least because of the questions of ableism explained above. The biological body organism, however, and its fundamental disgust-materialist dependence on care is something that all bodies share. Yet, this sameness on the level of the body organism’s needs does not mean that all bodies would be *identical* in their needs. Quite the opposite. Not only are the norms that govern our most basic needs to eat, drink, urinate, defecate, and stay clean socially constructed, but also the bodies’ power to enact care when incapable of doing all that independently varies. In my ‘universalist’ account of the needy body thus, the sameness of embodiment is always already cut through by difference, and differentiation. Furthermore, because the body in need is *différance*, this difference does not pre-exist in ‘culture’, but emerges as bodies in need enact relatedness in the world – while simultaneously writing its ‘cultures’ and their former differentiations anew.

6.2.3 Relational Ontologies of Embodiment, Peace, and Security

A central contribution of the thesis to Peace and Conflict Research is its thinking about peace and violence through the vulnerability and relationality of the needy body. Instead of focusing on embodied subjects of peace (e.g. Berents 2015), I have written ~~the subject~~ under erasure and focused on lowest common denominator of embodiment, which applies to all human bodies at each living moment. Because bodies are everywhere, this disgust-materialist fact of embodiment is present in all kinds of politics of (human) life, integrated in all systems of population governance, in all types of political economies, in all relations of violence and peace.

Elsewhere, I have analysed the notion of the lowest common denominator of embodiment with a reference to feminist security studies (Vaaitinen, forthcoming b), and consequently in relation to themes such as military and warfare, which are also central in Peace and Conflict Research. In these frames, embodied vulnerability is very often understood in terms of threats that are external to the body, rather than on the body’s existential exposure to its own decay (also *Vulnerable Body*; Cohn 2014). To the extent that questions of direct violence and warfare predominate contemporary Peace and Conflict Research, it may be argued that it relies on another lowest common denominator of embodiment, compared to the one purported in this thesis. Namely, whereas my conception emphasises the inherent vulnerability of the body to its own decay, contemporary Peace and Conflict Research very often

analyses violence in terms of the body's existential exposure to external threats: a world, where all living bodies at all times can be harmed by other bodies, directly or indirectly. Ultimately, at stake here are the same contending gendered ontologies of human relatedness, which were discussed by Sara Ruddick and others almost three decades ago, and through which different politics of peace can be formulated: feminised dependency on other bodies for care, against the masculine perceptions of the bodies of others as primarily threatening.

Both these ontologies are true descriptions of human embodiment. Yet, the peace politics they (re)produce are fundamentally different. When politics of peace is imagined through external threats only, what emerges is a masculine conception of peace and conflict that disregards the threats that each body organism poses to itself by its mere being alive. In these, largely prevailing conceptions of peace/violence, care related questions such as disease, dis/ablement, birth, infancy, as well as the sheer decay of ageing appear as lesser concerns, as do the more feminised functions of the state and global politics, such as social and health security.

Yet, existentially, and from the perspective of the species, it may well be that our need of care from other bodies is more real and true at all times, compared to the threat of violence posed by the bodies of the Other. In this regard, the feminist perspectives on peace discussed in this thesis may be more applicable to the re-search of peace in all situations and contexts, than is the more limited focus on the threats of external violence. Indeed, even in contexts of war, when bodies are exposed to and engaged with the most brutal forms of direct violence – as victims, perpetrators and survivors – the lowest common denominator of embodiment as neediness remains. The perspective of the global biopolitical economy of needs is thus applicable to each and every context one might examine, when re-searching peace. The perspective I suggest in this thesis returns to the wider ethos of Peace and Conflict Research, where the questions of peace and violence are not simply about war-torn and deeply divided societies, but about the potential for peaceful co-existence of the humankind more generally.

6.2.4 Everyday Peace

In contemporary Peace and Conflict Research, my argument also contributes to an emergent tradition, which focuses on everyday peace (e.g. Richmond 2009; 2010b; Mac Ginty and Richmond 2013; Mac Ginty 2014; Berents 2015; Podder 2015; see also McLeod 2015; Millar 2016). Sometimes referred to as the 'local turn' of Peace

and Conflict Research, these approaches develop understandings of how “simple everyday activities present the realm of the possible” (Podder 2015, 56) in situations where conflicts between social groups are ongoing, or are likely to erupt. Unlike my work, the studies of everyday peace are usually set in the traditional contexts of Peace and Conflict Research, addressing the practices of peace building or conflict transformation in war-prone settings. Roger Mac Ginty (2014, 549), for instance, defines everyday peace as:

the routinized practices used by individuals and collectives as they navigate their way through life in a deeply divided society that may suffer from ethnic or religious cleavages and be prone to episodic direct violence in addition to chronic or structural violence.

Here, the emphasis is on social practices and “bottom-up, localized and particularistic conflict-calming measures” which go beyond “a negative peace of conflict-calming and avoidance, towards everyday diplomacy or people-to-people activities that can move a society towards conflict transformation” (ibid.). Turning its attention to specific lived experiences of conflicts, the everyday peace literature grows from the criticism of liberal approaches which “often end up sacrificing concern for community, local needs, and everyday experience because [...] the tenets of liberal peace are inherently rational and universally applicable” (Berents 2015, 191).

To the extent that my account contributes to discussions of everyday peace, it is important to emphasise that I come from a completely different genealogical tradition. Building on feminist Peace and Conflict Research that focuses on care, I have not had the need to go as far as critiquing liberal peace theories in order to arrive at the everyday. After all, in the tradition I build upon the everydayness of peace was always there. Focusing on the necessities of care and human relatedness, the feminist peace scholars discussed in Chapter 2 have already done the job of subverting the liberal onto-epistemologies, which the contemporary everyday peace literature criticises. In this regard, three decades ago feminists such as Ruddick were perhaps ahead of their time, discussing peace from perspectives, which today are perceived as novel. One ambition of the thesis has been to reinvigorate this particular tradition of feminist scholarship, and bring it to the centre of contemporary Peace and Conflict Research. Nowhere is it more relevant to engage with this feminist tradition than in conceptions of everyday peace.

Yet, the feminist tradition of Peace and Conflict Research that begins with care seems to be completely erased from the contemporary interrogations of everyday

peace. Even feminist peace theorists today, who may explicitly touch upon questions of care, fail to refer to the feminist peace and care theorists of the past. To give an example, Helen Berents (2015) provides an important and engaging account of embodied everyday peace, illustrated through her field work with Colombian youth in the midst of a protracted conflict. Her empirical discussions involve examples of motherhood, care, and death caused by the lack of affordable care, and the situated ethical struggles such experiences involve. Yet, in developing her notion of embodied everyday peace, which “begins in and at [...] bodies,” Berents (2015, 190) draws on Richmond’s post-liberal conceptions of peace, rather than feminist Peace and Conflict Research on everyday practices of care. Berents does build on feminist approaches to peace and conflict, but on a newer tradition within feminist security studies (e.g. Parashar 2011; Wibben 2011), which rarely positions care in the centre of the analysis (Robinson 2011a, 14–15).

Furthermore, Berents (2015, 194) stresses that there is an “ethical demand for attention that bodies require each other when occupying spaces together”. Much like feminist care ethicists, she explains that this kind of perspective is important in its capacity to challenge the alleged, yet often unrealistic, impartiality of liberal thinkers, such as Kant and Rawls. Here, Berents’ starting point is phenomenology rather than feminist Peace and Conflict Research, however. With reference to de Certeau’s theory of the everyday, she further emphasises, that communities are bound together by “interrelations *between* people”. For her, “the everyday [...] holds the potential for solidarity, resistance and creativity” finding “their origin and performance in the physical presence of people”, and their concrete relatedness (Berents 2015, 195, emphasis in the original). Many of these same premises and arguments are explicit in feminist Peace and Conflict Research discussed in Chapter 2.

My point here is not to criticise the tradition of everyday peace in general, or the important openings provided by Berents in particular. I merely wish to emphasise that there is, *within Peace and Conflict Research*, a long-forgotten *existing* tradition of everyday peace. Compared to the recent openings, it comes from a different (and arguably marginalised) genealogy. Yet, everydayness of peace has always been in the centre of feminist Peace and Conflict Research, and this demands recognition. Of course, it is possible and permissible to arrive at arguments of everyday peace through different genealogies. Yet, I believe it would be highly beneficial, for Peace and Conflict Research and beyond, to bring these traditions together. Effectively, this would require that the contemporary, masculine genealogies of Peace and

Conflict Research finally account for the feminist past of the discipline, which places embodied relations of care in the centre of the agendas of peace.

Finally, when it comes to the body in the everyday, the approach suggested in this thesis provides further openings not yet found elsewhere in Peace and Conflict Research. Although Berents (2015) develops an embodied account of everyday peace, and Sukanya Podder (2015) interrogates “subaltern agency”, their discussions still operate on the level of the subject that is embodied, rather than the body beyond subjectivity. Writing ~~the subject~~ under erasure, and going beyond the question of experience, my approach to embodied everyday peace thus widens the perspective, adding a whole new dimension to the thinking of everyday peace. This said, my perspective should not be understood as a contending approach, or a replacement to the existing analyses of everyday peace, but rather complementary thereof. It is equally important to continue to examine everyday peace/violence on the level of subject formation and embodied experiences – but we should not simply stop there.

Although the substance of this thesis seems far removed from the contexts of peacebuilding, where everyday peace is mostly examined, I believe the theoretical advances provided can contribute to this emergent tradition in multiple ways. With its emphasis on care needs as an opening of peace and violence, my account expands the discussion of everyday peace to societies that are not seemingly ‘deeply divided’, but live ‘in peace’ (i.e. in the absence of war/conflict). Further, my account helps to examine how societies with considerable physical distance from one another are deeply entangled in their responses to their populations’ everyday needs. To compare, the existing accounts of everyday peace help to understand and examine how mundane everyday practices open possibilities for peace in societies torn by violence and enmity. My approach contributes to that, by calling attention to the ways in which differential relations of needs and their entanglements shape the everyday of everywhere, with some needs enacting relations of care, and others neglect, or even direct violence. These processes take place in simultaneous, parallel realities, which are often entangled with one another. The everyday is multiple, and its examination requires multiple, mutually exclusive yet complementary apparatuses.

In particular, my approach calls for the recurrent deconstruction of the seemingly peaceful everyday - that is, the epistemic orders which *seem* peaceful, yet are maintained and come into existence through the subalterity of some bodies’ needs. My approach calls us to turn our attention to the neglected and silenced bodies, which haunt the everyday peace with their sheer incapacity of speaking. Thereby, my approach perhaps provides ‘a check and balance’ to the radical potential of everyday peace. It ensures that the everyday peace approaches are not co-opted by the

(neo)liberal urge for order, and turned into yet another technology of governance. My approach is a reminder that everyday peace is always but an emergent peace: it is an opening, a situated becoming, rather than a structure and order to be achieved.

6.3 The Politics of Life of Needs as a Peaceful Biopolitics

In the introductory chapter, I formulated two sets of research questions for the thesis. First, I asked how differential bodies in need of care enact relatedness, and how to understand as political also those needs that do not elicit relations of care, but rather neglect (i.e. indirect violence). I also pondered how the corporeal relations elicited by needy bodies could be examined. Examining this first set of questions has led me to form a new perspective on the world and for Peace and Conflict Research, that is, the global biopolitical economy of needs. Secondly, in relation to the empirical case study I asked, how the ageing of the Finnish welfare state entangles with the transnational care economy in general, and the Philippine nurse reserve in particular. Here, I also asked, whether the entanglements that presently emerge between ageing Finland and the nurse-exporting Philippines are just and peaceful. As for the second set of questions, in *Postcolonial Nursing Industry* and Chapter 4 in particular, I started to uncover the ways in which the racialized entanglements of care needs in this specific transnational context are not always just, and peaceful.

On the more macro-level of global governance, it should be recognised that the Philippines, as any other global labour reserve, is a creature of the postcolonial restructuring of the global political economy. For many Filipinos, migrating overseas for racialized work is a necessity, perhaps the only means to gain a better future, even if at the cost of family relations and the social structures more widely. The situation is partly a consequence of the large sovereign debt of the state, as well as the structural adjustment programmes of the past, which emerge as forms of both structural and slow violence. The seeds of these global inequalities have perhaps been sown long ago, yet each Overseas Filipino Worker's migrant trajectory today both challenges and reproduces them. Now that the migrant trajectories of Filipino nurses have been directed to Finland, the Finnish state and population are entangled with these histories, accountabilities and responsibilities. As of yet, Finland has not taken seriously its international ethical responsibilities as a receiving state of professional nurse migration, but it is about time it did.

As a policy-relevant opening, it should be emphasised that there is international soft law that instructs states to embrace their accountability for the injustices of

transnational nurse recruitment. The most important of these is the World Health Organization (WHO) Global Code of Practice for the International Recruitment of Health Personnel (World Health Organization 2010; 2011; 2016; see also Buchan et al. 2014; Siyam et al. 2013). In Finland, its recommendations are not currently followed. Instead, as shown in *Postcolonial Nursing Industry*, the (non)governance of professional nurse migration leads to the devaluation of non-EU nurses' skills in the national labour markets, and thereby to racialized hierarchies and inequalities in domestic health care professions. With enough political will, relatively simple policy changes could help correct the situation considerably – many of which are detailed in the WHO Global Code of Practice. Such policy changes range from the provision of clear and efficient (re)qualification paths for migrant nurses to ethical family reunification policies to the provision of adequate language training for migrant professionals to the state supervision of transnational recruiters and their practices. All of this would demand the Finnish state to recognise its postcolonial role in the transnational care economy, and to take accountability for its role in the (re)production of the global structures. In particular, what is needed is the governance of transnational care market actors in ways that ensures a more ethical politics of life across borders – rather than the governance of life for the purposes of transnational care markets.

The case of Filipino nurse migration to ageing Finland shows how populations, their mobility, and care are transnationally governmentalized, by various actors and often with a priority on the needs of transnational capital rather than the care needs of the populations in question. This takes place at both ends of the migrant trajectories, in Finland as well as in the Philippines, albeit in different ways and through the governance of different bodies and populations. In the process, *all* bodies become capitalisable, this time not only in terms of living labour, but also regarding our living needs. The risk in such an order is that only those needs that can elicit profitable relations of care in the transnational political economy count, whereas those that cannot be capitalised turn into bare life: killable without sacrifice. In such an order, aged life is particularly vulnerable to abandonment, and neglect. Sometimes, the way in which market logic is applied in the field of care makes me wonder whether this is already the order that we are living in.

The incapacity of neoliberal biopolitics to engage with dying, decaying and care-dependent life makes it a politics of life, where life is given care and made to live only insofar as the living body is either economically productive through its labour, or profitable through its bare needs – after which it may as well be left to suffer and die, without care. Such slow violence against non-productive bodies may be immoral,

yet it does not necessarily count as a sacrifice for the economy, which is the *sine qua non* of the neoliberal political reason. Consequently, no effective political intervention is deemed as necessary. Such neoliberal politics of life is very difficult to resist, however, regardless of its implicit violence towards the speechless bodies of the needy. This is particularly so today: in an era where even the formerly strong welfare states deem it necessary to surrender their public care services to the whims of the market. For if, in the world of states, the state refuses to defend its population against the desire of transnational capital to extract profit from needy bodies, what is left to defend us?

The entangled empirical context(s) of the thesis demand me to defend a strong welfare state, defined through the universal right to public care services that cannot be capitalised. Only in such an order, I believe, is it possible to respect the promise of care when death approaches, and no profit is left to be extracted from the living body. In an era of transnational biopolitics, however, defending the welfare state ethically is not a simple task. The welfare state is, after all, largely a *national* project of biopolitics, which tends to rely on some form of state racism, and where the politics of making live and letting die requires 'living off' other populations (Foucault 2004; Kelly 2015). The utilisation of 'third world' nurse reserve as a solution to 'first world' demographic care deficits is one instance, and M.G.E. Kelly (2015) for example calls this the "parasitism" of the first world, and "biopolitical imperialism". Such criticism must be taken seriously in the context of the Finnish ageing welfare state, where the demographic care deficit is typically treated as a question of domestic politics and social policy, with little or no consideration of its global repercussions - that is, the political processes that 'our' ageing populations enacts in the world, across borders. Indeed, in defence of the Finnish welfare state, it is crucial to remember that, in the age of global capitalism, purely national dilemmas do not exist. The welfare state is no longer a matter of domestic politics and domestic accountability only, if it ever was.

Yet, from the perspective of the global biopolitical economy of needs, it is also somewhat simplistic to argue that a nationally defined 'first world' population would be a homogeneous parasite that sucks the life out of the populations of the 'third world'. I, for one, do not want my thesis to imply that the ageing bodies in need of care in Finland would be 'parasites' living off the care of Others, when cared by a recruited Filipino nurse. Nor do I suggest that Filipino nurses should be denied the possibility to migrate for better-paid work outside the Philippines, because of having some nationalistic moral obligation to serve their 'own people' instead. As this thesis shows, the transnational entanglements between populations and their needs are

much more complex than that, and such arguments would strangely responsabilise individuals on nationalistic grounds, rather than question the justice of the wider transnational structures in which care needs become entangled.

In transnational neoliberal capitalism, as discussed above, the limits between life that is made to live and that which is le(f)t to die are not drawn simply on the basis of national, racialized distinctions between the worthy and the non-worthy. As phenomena and a politics of peace, the global biopolitical economy of needs is not about a simple struggle between *nations* over care resources. It is about an imperative to ask how the limits between making live and letting die are recurrently drawn anew, as needy bodies enact relatedness with various other bodies, simultaneously. Here, the power of the nation state, and the importance of domestic social and health care politics are still to be valorised, as a means to a more ethical, equal and equitable politics of life. However, they are not to be understood as structures for their own sake, but rather as something that emerges in response to bodies in need of care. When the responses to the needs of a national population cross national boundaries, so must the responsibilities for the needs of Others exceed the nation.

Even still, the question remains, whether a kind of transnational biopolitics is possible at all, where life can be sustained without living off other populations, where making live allows for the respecting of death, and where care is valuable also when it is no longer economically profitable. Although I refer above to the existing tools of global governance, such as the WHO Global Code of Practice, and suggest policy changes to the Finnish state, I do not think any kind of transnational system of governance could solve the problem for good. After all, the problem of national biopolitics as a politics of making live and letting die derives from the corporeal ontology of care, and the material resources it requires: when taking care of someone - or some population, as in the welfare state - it is an ontological necessity to turn your back to some others.

One may care *about* a whole variety of corporeal needs in the world, but for no embodied subject, population, or institutional construct it is ontologically possible to concretely *take care of everybody* at the same (cf. Fisher and Tronto 1990). In the global biopolitical economies of needs, corporeal relations of care and neglect are deeply entangled, and these entanglements emerge all the time, everywhere, through the choices and decisions as to whose needs count for the response-able. As I have emphasised throughout the thesis, the needs of some count more because their bodies are economically as well as politically more powerful, compared to the neglected and silenced bodies of Others. When care is defined as a corporeal relation enacted by needs, these material-discursive hierarchies of needs become a property

of care. This means that the care that is absented, erased and denied, in order to make care present elsewhere, is part and parcel of the corporeal relations of care. Neglect is ~~care~~ that could have been, and it is the job of Peace and Conflict Researchers to try and address such relations of ~~care~~, so they could transform into care. Such a perspective makes care – including the care of populations – always political, and always potentially a question of neglect/violence, too. For those that see this perspective as ruining the sacred realm of care, I only say: perhaps the realm never was so sacred to begin with. As for saving the welfare state, my perspective may be of help, since it reminds us that the project of the caring state is never quite finished, and the welfare state does not ‘mature’. It is a political project and as such a struggle that must be kept alive.

Finally, when striving for a peaceful politics of life, we must remember that, regardless of all the possible care in the world, eventually all living bodies die. Indeed, if the sole goal was to sustain life, care would be forever doomed to fail. But then, care is not only about the sustenance of life, even if biopolitics may be. Care is about responding to the needs of Other bodies, about corporeal relations where *needs rather than life itself* count as originary for politics. Consequently, the biopolitics of needs, which I have put forward in this thesis, is not just about the politics of life. Namely, if biopolitics is understood as politics of life, then biopolitics *of needs* is literally *the politics of life of needs*. In such politics, it is possible to account for death, too, since the life of care needs exceeds death, and dying.

In the politics of life of needs, we are still dealing with the lives of populations. Yet, the question is not about making live and letting die, but about the constant response-ability to the needs of Others, and the *excessive* responsibility this involves. Here, as discussed above, the very ability of response to some needs necessitates neglecting the needs of Others. Hence, for care to be an *ethical relation*, we must let the needs of Others haunt the epistemic orders that are presumably caring - including the welfare state. In this regard, the global biopolitical economy of needs is a new perspective not only for research, but for an ethical politics of care more widely.

Thus, to conclude, I suggest that the perspective of the global biopolitical economy of needs is a route to a new, potentially more peaceful kind of biopolitics. It is an understanding of politics of life of needs, which requires the recognition of the conflicts, violences, and difficult choices that care, as a response to the living needs of others, always demands. It is an approach that necessitates a constant deconstruction of the transnational and national entanglements of needs, so that attention is turned recurrently to those bodies, whose needs are *not* recognised and

responded to. The global biopolitical economy of needs always returns to those, to whom our backs were turned when care was provided, and does so collectively, recognising that care and the survival of the species was never simply about individual subjects, their gendered labour, or rational decisions, but about bodies existentially dependent on one another. The global biopolitical economy of needs returns to the excess of life that the neoliberal biopolitics fails to account. It returns to the impossible limits of care, recurrently, persistently, chronically.

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APPENDIXES

Appendix 1: Field work in Finland		
15 March 2011	Key informant interview with a representative of an HR consultant of a recruitment company	Capital region
27 May 2011	Key informant interview with representatives of the Republic of the Philippines, Embassy of the Philippines	Helsinki
30 May 2011	Meeting with the president of the Filipino Nurses Club in Finland, also a registered nurse (RN), who had migrated to Finland because of marriage. We discussed informally about the situation of Filipino nurses in Finland. Afterwards, she provided me with help in making further contacts in the Filipino community in Finland.	Capital region
2 June 2011	Life story interview with Maria, a Filipina who migrated to Finland through marriage in the 1990s. In Finland, Maria has worked as a cleaner, and as a nanny in kindergarten and as careworker in elderly care. She has no professional degree in practical nursing (PN), however.	Eastern Finland
19 June 2011	Mingling with the Finnish Filipino community at Pagtitipon, Philippine Independence Day Celebrations and 150th birthday of Jose Rizal, the national poet.	Tampere
27 June 2011	Life story interview with Deb, a Filipina who migrated to Finland through marriage in the 1990s. After moving to Finland, Deb worked as a house wife first, then as a nanny in kindergarten, after which she took a professional degree in practical nursing. Graduated as a PN in 2010, and worked in elderly care (in home care services) at the time of the interview. Deb has studied business administration in the Philippines.	Eastern Finland

30 June 2011	First face-to-face meeting with Anna, a Filipino registered nurse from Western Finland, after an exchange of long emails. Anna turned out to be a key contact, who enabled my work with the young Filipino nurses who migrated to Finland to study practical nursing. (See <i>Migrant Trajectories</i> and Chapter 4).	Western Finland
22 Aug 2011	Coffee with Iris, an RN who has migrated to Finland. I later did a taped interview with Iris and her brother at their home (27 November 2011).	Western Finland
24 Aug 2011	Dinner party at Cindy's, a well networked Filipina in Finland. She organised a social gathering at her home, with food and karaoke, for me to meet some of the recruited nurses. There, I acquainted with three recruited Filipino registered nurses, as well as several other Filipinos. In discussions with the nurses, I sensed that they have received already a lot of attention, and were not too keen to participate in research. (See Chapter 4).	Western Finland
15-16 Sept 2011	First visit at the vocational school, where I later conducted participant observation. Meeting with the principal of the welfare sector to negotiate entry to the field. I also visited the student halls of residence for the first time; in one of the same flats I would later spend my nights when visiting the school. Anna provided me with accommodation at her house, but when she picked me up from the school, I met two of the Filipina students for the first time, one of whom (Divina) I interviewed in 2014. Met also an Indian male student/nurse, whom I interviewed later, in 2014. All three had only just arrived in Finland.	Western Finland
16 Sept 2011	Networking at a Karaoke and Disco night, organised for charity fundraising by the Filipino Nurses' Club in Finland.	Capital region

3 Nov 2011	Meeting with a key informant at the European Migration Network at the Finnish Migration Service (Migri), to map out the governmental structures from the viewpoint of migration management.	Helsinki
3 Nov 2011	Participated in a panel discussion on Filipino nurse migration to Finland, organised by Finnish-Philippine society; networking.	Helsinki
7 Nov 2011	Key informant interview at Tehy - the Union of Health and Social Care Professionals in Finland.	Helsinki, Finland
9 Nov 2011	I am informed that the board of the vocational school has granted me with a permission to conduct research with their students on the school premises.	Western Finland
27 Nov 2011	Life story/group interview with Iris and her brother Gustavo. Iris has migrated to Finland through marriage in the 1990s. She is a registered nurse in the Philippines, and has later done the Finnish RN degree in order to be able to practice her profession. At the time of the interview she had a small nursing enterprise, which provided home care services. Over the years, Iris has been able to reunite with siblings in Finland, including her younger brother Gustavo, who migrated as a student. He studied engineering at first, but later changed to nursing, graduating with a Finnish RN degree in 2010. At the time of the interview, Gustavo worked as an RN at a public health centre.	Western Finland
1 Feb 2012	Second visit at the vocational school, to introduce myself to the class and agree about practicalities of field work to come.	Western Finland

15-16 Feb 2012	Third visit at the vocational school; staying overnight at a vacant flat of the student dormitories, following the daily routines of the Filipino nurses/PN students, and spending time with them in and out of the classroom.	Western Finland
16-17 April 2012	Fourth visit at the vocational school; staying in "my own" dorm, following the daily routines of the Filipino nurses/PN students, and spending time with them in and out of the classroom.	Western Finland
16 April 2012	Key informant interview with a former head nurse of a private care home, which has employed several Filipinos, including some former graduates of the English language PN programme.	Western Finland
16 April 2012	Life story interview with Anna, who was a central figure in tailoring the English language PN programme in the vocational school particularly for Filipinos (see <i>Migrant Trajectories</i> and Chapter 4). Anna is a RN herself, and has migrated to Finland through marriage in late 1990. Anna's help in my research has been irreplaceable.	Western Finland
17 April 2012	Life story interview with Daniel, a young Filipino registered nurse who migrated to Finland to study practical nursing in the English language degree programme. At the time of the interview, Daniel had graduated and had a permanent position as a PN in a private elderly care home. Daniel's story is central in <i>Migrant Trajectories</i> .	Western Finland
20-22 May 2012	5th visit at the vocational school; staying for two nights in my "own" dorm, following the daily routines of the Filipino nurses/PN students, and spending time with them in and out of the classroom.	Western Finland

7 June 2012	Meeting with the new head nurse of a private care home, where some of the graduates of the English language PN programme worked, including Daniel. While we also informally discussed about the head nurse's experiences of migrant workforce, the main aim of the meeting was to agree about research permissions at the home. Later, I joined Daniel for participant observation, during two shifts only (see below). I would have had the permission to do more participant observation there, but due to the physical distance between my home and the site, this turned out to be impossible (see Chapter 3). On the way back, I also accidentally met Clara (one of the Filipino nurses who study at the vocational school), and we chatted on the train, all the way back to my home town.	Western Finland
Summer 2012	Sporadic contacts with the field, online and over the phone. I also followed the recruitment business from a distance, hearing e.g. about a new company's vague plans to set up a recruitment and training programme in Finland, in collaboration with a private educational institution. To my knowledge, this company never started to recruit nurses, however.	Online
26-28 Sept 2012	6th visit at the vocational school; staying for two nights in my "own" dorm, following the daily routines of the Filipino nurses/PN students, and spending time with them in and out of the classroom.	Western Finland
27 Sept 2012	Life story interview with Corazon at the vocational school. She is a young Filipino nurse (RN) who migrated to Finland to study practical nursing in the English language degree programme mentioned above. Corazon was in a different course than Daniel, migrating to Finland after Daniel's class had already graduated.	Western Finland

28 Sept 2012	Life story interview with Gabriela at the vocational school. She is a young Filipino nurse (RN) who migrated to Finland to study practical nursing in the English language degree programme mentioned above. Gabriela was on the same class with Corazon.	Western Finland
28 Sept 2012	Life story interview with Lavina at the vocational school. She is a young Filipino nurse (RN) who migrated to Finland to study a practical nursing in the English language degree programme mentioned above. Lavina was on the same class with Corazon and Gabriela.	Western Finland
Oct 2012	In the media, there was news about new 'batches' of Filipino nurses being recruited to Finland, by another recruitment company than before. I had informal chats online about the news, with my informants at the school. The situation seemed unfair to them: the recruited nurses were provided a paid job after a brief yet intensive language and cultural training, whereas they need to study 2.5 years for a full Finnish PN degree, before entering working life. I sympathised with their sense of unfairness.	Online
19 Oct 2012	Tina, a young practical nurse on from the English language PN programme returned her answers to my interview questions in the form of a written questionnaire. Tina was too busy with school and her part-time work that she would rather answer my questions about her life story in writing.	Western Finland
18-19 Oct 2012	Participant observation at Daniel's work place, in an elderly care home: one evening shift and one morning shift. Stayed at Anna's house for the night. When leaving, the plan was to continue participant observation at Daniel's work place at least for a few more shifts, but as life got on the way of the research, and my funding situation changed, these plans were never realised - largely due to the physical distance between the field and my home (see Chapter 3). At the same time, renovations began at the halls of residence of the	Western Finland

	vocational school, which was my other field site in the same town. As a consequence, I no longer had "my own flat" to stay in the town overnight. I did not visit the school again during the degree program, but stayed in sporadic contact with some of the informants.	
13 June 2013	Interview with Felipe, a Filipino RN who had migrated to Finland in 2010 through a recruitment company. He was part of the pilot group of Filipino registered nurses, who migrated to work as registered nurses in hospitals. I interviewed Felipe about questions to do with family reunification (see Vaitinen and Näre 2014), however, and we did not talk much about the recruitment practices.	Place omitted for reasons of anonymity
4 Feb 2014	Life story interview with Divina, a young Filipino nurse (RN) who migrated to Finland to study practical nursing in the English language degree programme. Divina was in the same class as Corazon, Lavina and Gabriela. At the time of the interview, they had already graduated. Apart from two nurses who moved away from Finland after graduation, all had jobs, working in both public and private sector elderly care homes.	Capital region
6 May 2014	Key informant interview at the National Supervisory Authority for Welfare and Health (Valvira)	Helsinki, Finland
Spring 2014	Making preparations and schedules for the Philippines field trip. In touch over emails with several potential key informants, mostly state officials and academics. See Appendix 2 for the final schedule.	Online
May 2014	Correspondence with a Finnish language teacher, who worked for a recruitment company in the Philippines, to teach Finnish to potential recruits.	Online

11 Feb 2015	Meeting at the Ministry for Foreign Affairs of Finland, with key informants. The aim of the meeting was to map out the ministry's role and interests in Filipino nurse recruitment, as a question of global health and development. The meeting confirmed my earlier impression that, in Finland, international nurse recruitment is mainly considered as an issue of domestic labour markets and immigration policy, and not as a concern of foreign policy.	Helsinki
19 May 2015	Meeting with a key informant at the Ministry of Social Affairs and Health, with a key informant. The main aim of the meeting was to share information and discuss a funding application we planned at a time, for a research-based transnational project that would seek to support the recruited nurses, by providing information on labour rights etc. (The application fell through eventually, due to a lack of national funding.)	Helsinki
12 Aug 2015	Meeting with two key informants at the Ministry of Employment and the Economy. The main aim of the meeting was to share information and discuss a funding application we planned at a time, for a research-based transnational project that would seek to support the recruited nurses, by providing information on labour rights etc. (The application fell through eventually, due to a lack of national funding.)	Helsinki
26 Aug 2015	Meeting with a key informant at the Confederation of Finnish Industries. The main aim of the meeting was to share information and discuss a funding application we planned at a time, for a research-based transnational project that would seek to support the recruited nurses, by providing information on labour rights etc. (The application fell through eventually, due to a lack of national funding.)	Helsinki

Appendix 2: Field work in the Philippines

16 June 2014	Taped discussion with a social worker, Golden Reception and Action Center for the Elderly and Other Special Cases (GRACES). The interviewee introduced us to the nature and purpose of this particular 24/7 care facility, which provides temporary shelter and diagnostic services for elderly who have been found on the streets, lost, and are potentially abandoned.	Quezon City, Metro Manila
16 June 2014	Taped discussion with the director of the Golden Reception and Action Center for the Elderly and Other Special Cases (GRACES), about the future of public elderly care in the Philippines	Quezon City, Metro Manila
17 June 2014	Key informant interview with two representatives of Overseas Workers' Welfare Administration (OWWA), about the aims and operation of this government institution.	Manila
17 June 2014	Key informant interview with two social workers at an NGO that provides pre-departure orientation trainings for overseas Filipino workers, and provides support programmes and activities for the children of overseas Filipino workers.	Manila
17 June 2014	Group interview with five young Filipino nurses who were taking a (compulsory) pre-departure orientation training seminar at the above mentioned NGO. Many of these young nurses were heading to Singapore, but someone also had an application pending for Norway.	Manila
17 June 2014	Observing the pre-departure orientation seminar at the premises of the above-mentioned NGO.	Manila

17 June 2014	Informal meeting with a key informant Prof. Lyn Lorenzo (College of Public Health, University of the Philippines Manila). Prof. Lorenzo has researched the impact of Filipino nurse emigration on domestic public health for a long time, and is one of the key experts on the theme in the Philippines.	Manila
18 June 2014	Key informant interview with Director Kenneth Ronquillo, Department of Health, about the management of Filipino nurse emigration and its impacts on the domestic public health.	Manila
18 June 2014	Networking in a seminar, which launched EURANET, an EU-funded international research project on transnational migration, which also involved partners from the Philippines (PI Prof. Pirkko Pitkänen/University of Tampere; partner in the Philippines, Prof. Marla Asis/Scalabrini migration centre). The seminar participants included, for instance, researchers, Philippine state officials, NGO and IGO representatives (e.g. ILO).	Manila
18 June 2014	Key informant interview with four representatives of AYNLA - Alliance of Young Nurse Leaders and Advocates	Manila
19 June 2014	Key informant interview with four representatives of the Protective Services Bureau at the Department of Social Welfare and Development, about elderly care policies in the Philippines.	Manila
19 June 2014	Visit at a charity based elderly care home, which provides shelter to care-dependent abandoned elderly, e.g. street dwellers without family.	Outside Metro Manila
20 June 2014	Visit and a tour at a general public hospital in the provinces. Informal discussions with staff members, including nurses who were planning to migrate overseas for work, and those who were devoted to stay and 'serve the people' in the Philippines.	A provincial city

20 June 2014	A group interview on the impacts of Filipino nurse emigration on public health care in the Philippines. Present in the interview were: Tiina Vaittinen and Margarita Sakilayan-Latvala (as facilitators); a political economist who does research on the related themes; a professor who researches the theme in a school of management, but also teaches nursing; another teacher of a local nursing college; two young nurses, who worked at the local general hospital (one of them was preparing to migrate and another was determined to stay in the Philippines); three senior staff nurses, who worked in the local general hospital.	A provincial city
20 June 2014	Dinner and informal discussions with two experienced nurses, male and female. One of them had a job overseas but was now visiting home, and the other was working at a local private hospital, with the spouse working in Finland.	A provincial city
20 June 2014	Dinner with a local contact, who had connections also to Finland.	A provincial city
21 June 2014	Visit and a tour at a private hospital, including informal chats with the staff members.	A provincial city
23 June 2014	Meeting with Prof. Edelina P. Dela Paz and Prof. Gene Nisperos at University of the Philippines Manila, Social Medicine Unit. Both are medical practitioners, teachers and experts on the Philippine public health and its challenges.	Manila
23 June 2014	Meeting with Dr. Jaime Galvez Tan, a former Secretary of Health, a medical practitioner and an academic, who has researched ethical recruitment practices, and is also familiar with some of the Finnish recruitment practices.	Manila

23 June 2014	Meeting with Dr. Shelley dela Vega, the founder of Institute of Aging at the National Institutes of Health, UP Manila, to hear about research and policies of elderly care in the Philippines.	Manila
25 June 2014	A key informant interview with five representatives of the Philippine Overseas Employment Administration (POEA), on the Philippine policies of migration management, and the Finnish case.	Manila
25 June 2014	An informal meeting with the Decent Work Across Borders (DWAB) project coordinators, at the International Labour Organization (ILO) Manila office.	Manila

Article I: *Postcolonial Nursing Industry (abstract only)*

Vaittinen, Tiina, Sakilayan-Latvala, Margarita and Päivi Vartiainen (forthcoming). "Registered Nurses for Export, Nursing Assistants to Import? Filipino Nurse Education as a Devalued Commodity in Finland", in Anna Popovic and Fred Dervin (eds.) *Education for Sale: The New Faces of Educational Colonialism*. Palgrave MacMillan.

Due to reasons of copyright, the book chapter has not been appended in the electronic copy of the thesis.

ABSTRACT: Research shows that the 'market value' of foreign qualifications is generally less than that of native-born citizens, particularly for immigrants coming from outside the West, and belonging to racialized minorities. This has been referred to as the devaluation of immigrants' human capital. The phenomenon is prevalent also, if not particularly, in health care professions, where the more menial basic care has become a 'migrant's job', whereas the white 'natives' are responsible for the clinical, higher skilled work, often regardless of the immigrant's prior professional qualifications. In this chapter, we empirically examine what happens to the value of the Filipino registered nurses' professional skills as they enter the EU-embedded labour markets in Finland. Examining the production networks of the 'globally competitive Filipino nurse', we describe the manufacturing of the nurse and her/his human capital as an export commodity. We then trace how the *value* of the nurse's human capital decreases, when being transformed from a highly skilled, exportable health professional into an importable nursing assistant. In the end of the chapter, we outline some political changes required to make the process more ethical.

Article II: *The Vulnerable Body*

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The Power of the Vulnerable Body: A New Political Understanding of Care

ABSTRACT: Through a critical Agambean reading of aging Finland's care deficit, I argue that the human body is politically powerful in its "bare" vulnerability. Even in feminist care theory, however, the neediness of the body is barely recognized as political. This is somewhat paradoxical, given that the vulnerable body is discursively deeply feminized. Thus, through a deconstructive reading of feminist care theory and Joan Tronto's (1993) ethics of care in particular, I argue for a new political understanding of care, defined as a corporeal relation. In this conception, the political dimensions of care are no longer understood in terms of *work* or the moral dispositions enabled by *caring*, as the existing literature largely suggests. Rather, the political relevance of care is seen as departing from that which makes the work of care an absolute necessity: namely, the needy body that belongs to each and every one of us. Through its neediness, the vulnerable body exposes itself as a constant opening of the political, the recognition of which also leads to an alternative type of ethics.

KEYWORDS: care, biopolitics, ethics of care, body, vulnerability, corporeal relatedness

INTRODUCTION

Finland is a Nordic welfare state where receiving adequate care is a constitutional right, meaning that all citizens are to be ensured care and a life of dignity regardless of their socio-economic status. Therefore, the Finns are provided with a wide range of public services from health care to child and elder care. At present, however, the state is facing a situation where the population is aging rapidly. The demographic dependency ratio, which measures the number of children and aged against the size of the working age population, is worsening each year, making it difficult for the state to meet its high standards of welfare.⁴¹

⁴¹ Since the 1970s, Finland's dependency ratio has been at the level where each person of working age supports approximately 50 dependents. The ratio is estimated to be 60 by the year 2016 and 70 by the year 2026 (Rapo 2009).

In Finland, the elderly are normally cared for in public or private nursing homes, where care work is a paid profession of practical and registered nurses.⁴² Municipalities are responsible for producing the services and the funding comes from taxation. The aging of the population means, however, that not only is there a dramatic growth in the need of services but also a diminishing workforce and less tax money available for the production of the services. Thus, the demographic care deficit poses serious challenges to the national political economy. As a response, the local government structures are being radically rearranged, with an aim of making the municipalities economically strong enough to cater for the growing demands of care. The shortage of labor makes this difficult, however.

No change in governmental structures can escape the fact that care services require working bodies, and that there is a national shortage of those bodies. The lack of nurses is a reality, and the situation is worsening. According to the Local Government Pensions Institution 2012 estimate, by year 2030, 56.5 percent of practical nurses and 45.1 percent of registered nurses will have retired (KEVA 2012). The younger populations being smaller in size than those retiring, it is difficult for the labor market to fill this gap. The situation in elder care is particularly worrying. The care of the aged is not only poorly paid but also physically straining body work that is socially constructed as “dirty,” and thus perceived by many as an uninviting occupation.

In this context, labor immigration is seen as a solution. Although the Finnish migration regime is one of the strictest in Europe and the entry of internationally educated nurses to the Finnish labor market remains difficult (Nieminen 2011), small numbers of nurses have been recruited from the Philippines and Spain. Presently, more of such initiatives are being both planned and realized. Through labor migration, the care deficit as a national crisis is hence turned into a question of international political economy (IPE).

I argue that the care deficit of aging Finland must be understood as a biopolitical crisis. Drawing on Foucault, Vera Mackie (2013) has recently made a similar argument in the case of Japan. She draws attention to the ways in which the management of national care deficits through labor migration tends to take the form of transnational and racialized biopolitics, where

⁴² “Practical nurse” refers to an occupational group found in several sectors of social and health care from kindergartens to hospitals and nursing homes. In health and elder care, they are usually responsible for the manual care work, whereas registered nurses have more clinical training and responsibilities.

populations are managed across borders. Mackie's argument, however, largely focuses on the (bio)politics of labor, whereas my paper focuses on the needy bodies that require this labor.⁴³

Compared to Mackie's account, I thus approach an aging nation's biopower from a slightly different angle. In particular, I look at the ways in which the aging population of a welfare state can exert pressure on the sovereign power, forcing the state to adjust its political economy to the citizen's bodily needs of care. Here, the "frail" bodies of the aging emerge as politically powerful, capable of putting in motion entire political processes that can, by means of transnational biopolitics, reach across the globe. In my account, the bodily needs of the population thus trigger the kind of biopolitics that Mackie describes.

The main contributions of the paper are theoretical, and the situation of aging Finland provides an illustrative example and a point of departure for my theorization, rather than an empirical case study. The theoretical argument is threefold. First, through an Agambean reading of an aging nation's care deficit, I argue that the human body is politically powerful in its "bare" vulnerability. Secondly, I argue that feminist care theories have failed to fully account for the political power that derives from our corporeal vulnerability and neediness. Thirdly, I maintain that in order to grasp the political power of vulnerability, we need a new political understanding of care. Here, the politics of care can no longer be understood in terms of *work* or as the moral dispositions enabled by *caring*, as the existing literature largely suggests. Rather, the politics of care must be seen as deriving from that which makes the work of care an absolute necessity: namely, the vulnerable body.

The argument proceeds through four sections. In the first, I clarify my conceptualization of the vulnerable body, and situate my account vis-à-vis existing feminist accounts of vulnerability, such as that of Judith Butler (2004). In the second section, I present a biopolitical reading of the Finnish care deficit. This is done with the help of Giorgio Agamben's (1998)

⁴³ Broadly speaking, biopolitics refers to modern politics that places life in the center of governance. Different theorists have different understandings of biopolitics (see Lemke 2011), and Foucault's work is perhaps the most well-known. Foucault (e.g. 2008), however, focuses rather exclusively on the governance of populations through *individual(ized) bodies*, consequently failing to address the political value of bodies that are incapable of living without the help of others. In this regard, I have found Agamben's (1998) account more helpful here (cf. Dillon 2005: 38).

conceptualization of *homo sacer*, or “bare life,” as the mere apolitical existence of the body.

I turn to Agamben, since his concept of “bare life” aptly describes the hegemonic political discourses, where the body in its most vulnerable and inarticulate existence is reduced to a level of non-politics. My reading of Agamben is critical, however, in the sense that I do not take his words for granted and perceive the apolitical nature of “bare life” as an ontological condition. Rather, Agambenian biopolitics represents to me a powerful political discourse that is inscribed on the bodies of modern subjects. This is a script that has the purpose of excluding our bodily vulnerability from the realm of politics, so that the fallacy of autonomous rationality can be maintained as the basis of political subjectivity (cf. Bacchi and Beasley 2002). I maintain that the political potential of the vulnerable body is not quite overwritten with this discourse, however. Reading Agamben through the care deficit of aging Finland, I argue that the “bare life” of the aging population can, by its very neediness, exert pressure on the sovereign power.

In the third section, I demonstrate how the political potential of the vulnerable body is not adequately accounted for in feminist political analysis of care. This is done mainly through a deconstructive reading of Joan Tronto’s (1993) political approach to the ethics of care.⁴⁴ I also briefly discuss feminist IPE literature here, arguing that its tendency to analyze care as a form of reproductive labor⁴⁵ overshadows the political potential of the vulnerable body. The argument is not oppositional to the existing feminist care literature, however. My method of argumentation is deconstructive. To deconstruct is not to destroy; the aim of deconstruction is to work with existing dichotomies, to “undo” and to “displace” them, and eventually to “situate them differently” (Culler 1998, 150). Respectively, in my deconstructive reading of feminist care analysis, I reveal in the literature an overemphasis on care as *work*, and hence a bias towards care-givers’ subject positions. In doing so, I perhaps direct attention to the marginalized position of the care-recipients. However, rather than leaving it there, or denying the obvious differentiation between the

⁴⁴ I focus on Tronto (1993), since the book is perceived as seminal for the thinking of care ethics as political.

⁴⁵ Reproductive labor includes the biological reproduction of the species, the reproduction of the labor force as well as care provisioning (cf. Bakker 2007, 541). As *work*, care is thus but one dimension of reproduction, and it is debatable what types of reproductive labor should be called “care” (e.g. Parreñas 2012, 270). I aim at theorizing the politics of care *beyond labor*, and hence will not go into that debate here.

two positions, I “reinstale” their relationship “with a reversal that gives it a different status and impact” (Culler 1998, 150.). This double move of deconstruction then leads to a new political understanding of care, where the needs of the vulnerable body are pivotal for the emergence of political relatedness.

Thus, what results from my deconstructive exercise is an *understanding of care as a corporeal relation*. I clarify this new political conception of care in the concluding section. Here, I also briefly discuss the applicability of my theorization beyond the Finnish welfare state. I point out that neglect, the negation of care, is also a political relation that begins with vulnerability and needs. This recognition, in turn, leads to an emergence of an alternative type of care ethics.

THE VULNERABLE BODY

To write about the vulnerable body is to write about a deeply feminized field of discourse where two effeminate realms of life come together: the body and vulnerability. In the Cartesian mind/body dualism(s) that dominates modern political thinking, the mind tends to be associated with masculine forms of autonomous, rational, and public (political) life; whereas the body is linked with femininity, irrationality, and the private (apolitical) life (cf. Grosz 1994; Isaksen 2002; Bacchi and Beasley 2002). These are discursive divisions, where some things are gendered as feminine and others as masculine, even though the body, of course, belongs to everyone.

Similarly, vulnerability is a fact of all human life. Yet, particularly in the modern era, it too has been associated with feminine attributes that, like the body, are excluded from the realm of the political (Beattie and Schick et al. 2013, 5). This means that when a person—regardless of sex—is perceived as vulnerable, s/he is simultaneously coded as effeminate. This is particularly so when the question is about bodily decay that has to do with aging, disability or simply dependency on others for one’s most basic needs (Isaksen 2002). Requiring someone else’s assistance to urinate or defecate, for example, is not a feature of life that one readily associates with masculinity. It is a private matter, and hence not associated with the autonomous ideal of the “political man.” At the same time, such semi-public emptying of the body does not necessarily imply femininity either. Rather, exposing the bestial nature of bodies, it has to do with the socially constructed limits of decent human

behavior (Isaksen 2002, 797-800, 803-804). Yet, decent or not, embodied as we are, all human beings need to urinate and defecate. Oftentimes in life, we are incapable of doing so without others' assistance. This, however, makes us no less political beings, but perhaps more so.

It thus needs to be emphasized that my arguments about the vulnerable body apply to sexes of all kinds: As a *living organism* (Isaksen 2002), the vulnerable body belongs to each and every one of us, and I argue that this body is in itself political, even in its bare neediness. The argument is important since it aims, yet again, to shake the modern fallacy of the political agent as autonomous and independent. This aim is not new for feminist theory. Many have analyzed, for instance, how the modern notions of political subjectivity are based on bodily control, so that those in control of their bodies are included, and those controlled or stigmatized by their bodies are not (cf. Bacchi and Beasley 2002; Isaksen 2002; also Shildrick 2002).

Similarly, in a recent anthology devoted to vulnerability, Beattie and Schick et al. (2013) argue that the vulnerable subject must be taken seriously if one wants to find alternatives for the rationalist thinking of global politics. While endorsing their argument, in this article I resolutely write about the body rather than the subject. This is done to emphasize that the body in itself is politically powerful, even when incapable of articulating itself as a subject (cf. Puumala et al. 2011; Puumala forthcoming).

I write about a *particular kind* of corporeal vulnerability. Hutchings (2013, 25, my emphasis), for example, argues that “[t]o be vulnerable is to be able to be wounded, painfully transformed *from outside*, in ways over which one has no control.” She thus explicitly reduces the body’s vulnerability to external and dramatic things such as “violence, disease and want” (Hutchings 2013, 26). From my perspective, this definition misses an important fact about the vulnerable body, namely, the body’s vulnerability to life itself. Thus in this article, the vulnerable body is to be understood as a living organism that is internally and persistently *vulnerable to life itself*: to aging and decay and, ultimately, to death. This corporeal vulnerability is part and parcel of our very embodiment, and there is nothing dramatic about it. It is just life.

Empirically, my theorization derives from the context of an aging population, and hence this paper risks inscribing elderly bodies as vulnerable *par excellence*. This arguably risks strengthening the stereotype of all elderly persons as “frail,” and defined by their frailty. I do regret if this text becomes read that way. However, it is a fact that, as bodies, we all are vulnerable to

frailty. Becoming old is one reason for the body's decay. To deny this does not solve the "problem" of our vulnerable embodiment, but only constructs frailty itself as a politically unacceptable condition. Thus, instead of strengthening the stereotype of the "frail elderly" as negative, I want to do the opposite: I argue that not only is it acceptable to be frail, but that it is a political necessity that we all are. In the political understanding of care that I propose, there are *no* autonomous subjects without needs, only degrees of embodied vulnerability that continue to elicit political relatedness.

In a similar vein, Judith Butler (2004) perceives the body's vulnerability to others as an ontological condition of being human. While Butler's analysis, too, focuses on the body's exposure to violence, there is a relational aspect in her argument that is highly relevant for this article. Butler argues that the political potential of our corporeal vulnerability is intimately linked with loss and mourning, and that mourning over lost bodies implies an unavoidable connectedness between human beings (Butler 2004, 19 ff.). Losing someone not only reveals the body's mortality, but also the ways in which "we're undone by each other" (Butler 2004, 23). In losing someone, we not only lose the other's body but also the relationship with this particular other, and hence a relationship that makes us what we are (Butler 2004, 22). Even though I focus in this article on vulnerable bodies in need of care, rather than on bodies exposed to violence, the kind of relatedness that Butler describes is pivotal for my argument. Namely, care is given, and relations of care are maintained *in order to avoid or delay loss*. In fact, also neglecting particular needs often has to do with the maintenance of an existing order, where some bodies' needs can be neglected in the favor of others'. Indeed, when a political apparatus is securing care for its population, this is often done at the cost of neglecting other populations' needs. Otherwise, the existing sovereign relations of governance could be lost.

In the case of aging Finland, for instance, the present biopolitical crisis makes it necessary to reorganize the national political economy in ways that there are enough caring bodies available to those in need. If this is not done, the juridical relations upholding the welfare state are at risk: *they* can be lost. As explained below, what is at stake is nothing less than the Constitution, and the relations of care that it inscribes on the bodies of the Finnish citizenry.

THE CARE DEFICIT AS A BIOPOLITICAL CRISIS: AN AGAMBEAN READING

The Finnish care deficit

Those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care.

Everyone shall be guaranteed by an Act the right to basic subsistence in the event of unemployment, illness, and disability and during old age as well as at the birth of a child or the loss of a provider [...] (The Constitution of Finland, Ch. 2, Section 19)

These words from the Finnish Constitution inscribe the bodies of Finnish citizens with substantial power, even in the most vulnerable stages of life. When the needs of care grow among the population at large, the power of the citizens' vulnerability can be quite concretely observed. This is the situation now in Finland as the elderly bodies *en masse* place the very Constitution at risk, and do so simply because the neediness of the aging and embodied population places rightful demands on the state apparatus.

That it is a constitutional right to receive adequate care does not mean that adequate care is provided, however, and the above excerpt of the Finnish Constitution certainly does not mean that a "life of dignity" is automatically guaranteed. As a text, the law can only ever be made meaningful by embodied, concrete beings responding to concrete, embodied needs. This means that the materialization of care, even as a constitutional right, requires adequate resources: bodies to do the work of care, adequate time for these working bodies to meet the demands of the needy, and money to pay for the embodied hours of work. In a care deficit of an aging nation there is a shortage of all these.

In the Finnish welfare state, the resources in elder care services already fail to respond to the actual needs of the elderly. Nurses leave the profession for other types of work because the present conditions do not allow them to do their job properly, and because the pay is poor compared to the skills and responsibility. Nursing homes are understaffed, residents do not get to go outdoors regularly, and are medically sedated so that they would not ask for assistance during the night. The personal hygiene of the residents is neglected, and the staff may not have the time to help the residents to the bathroom, using

diapers for persons who do not suffer from incontinence. Persons in need of care are refused a place in a nursing home, simply because there is no space. (Cf. Banks and Nøhr et al. 2012, 213-222; YLE 2009) Thus, even if it is a constitutional right of a citizen to lead a dignified life, this right is concretely dependent on the availability of others' embodied assistance. This is because the citizen is always embodied, and the body is vulnerable to life and decay, and thus completely dependent on others for survival and dignity.

In this setting, Finland must also respond to the growing needs of its population. In the present conditions, the state is faced with a choice: It can either amend the Constitution and its promise of care *qua* dignity, or it can reorganize its share of the international political economy in ways that there are enough caring bodies available for those Finns whose bodily needs so require.

Also in Finland, neoliberalism has undermined the welfare state and the provision of public care services. This shows in the emergence of the market logic in the public care sector, in the pricing of care as a commodity rather than public service, as well as in the growing role of for-profit care providers in the production of services (cf. Anttonen & Häikiö 2011). Nevertheless, erasing the promise of care from the Constitution itself still remains *politically unacceptable*. Doing so would erase the existing system of governance, and the juridical relations underlying the welfare state would be *lost*. Asking for this in a country where the welfare structures are a matter of national pride would be politically unfeasible.

Hence, the state must opt for the choice of reorganizing its segment in the international political economy in ways that there are enough caring bodies available for the Finns in need. Consequently, policies of labor migration are being promoted, pilot projects of international nurse recruitment are launched, and educational institutions are providing particularly tailored nursing programs for migrant nurses as routes of qualification.⁴⁶ In short, the governance of care is made to go international.

None of this is an automatic result of demographic change, however. Needs or demographic facts never “speak for themselves,” but “it is *the politics of needs*—and the power relations they reflect—that determines which needs are placed on the public agenda” (Mahon and Robinson 2011, 2; my emphasis).

⁴⁶ This knowledge derives mainly from my in-depth ethnographic research with Filipino nurses in Finland. (See however, e.g. Huuskonen 2013; YLE 2013)

It is, indeed, from the politics of needs where the present care deficit opens up as a biopolitical crisis.

The biopolitical crisis: An Agambean reading

I do not have the space here to go into the different biopolitical discourses, and I can only provide a beginning for the thinking of vulnerability in biopolitical terms. Although I focus on the Agambean frame, I wish to emphasize that, on its own terms, this frame is inadequate for the understanding of the vulnerable body as political. In my reading, Agamben's views on modern political life do not reflect some ontological reality; rather, the Agambean biopolitics represents but one of the many scripts that are written on our bodies so as to define our political being in the world (cf. Grosz 1994). This discourse is a very powerful one in that it dominates the modern political understanding of the vulnerable body as *apolitical*. Yet, as Dyck et al. (2005, 176) note, "dominant writings of the body can be resisted, [by] providing alternative 'scripts' or ways of reading the body."

In simplified terms, Giorgio Agamben's (1998) biopolitical thinking begins from the ancient division between *bios* as the politically relevant life and *zoē* as the mere fact of living, or "bare life." Here, the former is defined and can only ever exist through the exclusion of the latter, meaning that life in itself—as mere corporeal, inarticulate existence—bears *no* political value (Agamben 1998, 7-9). In other words, if you cannot speak, or articulate your being in the world in comprehensive terms, if you only *just* corporeally exist, you do not represent politically valuable life. You are *homo sacer*—bare life that can be killed but is not worthy of sacrifice.

For Agamben, the distinction between the *homo sacer* and politically valuable life is drawn by the sovereign power that thereby not only (re)establishes the boundaries of political existence, but also its very own sovereignty. Thus, the power of sovereignty derives from its capacity to define what, or who, counts as politically relevant at any one moment; what/who does *not* count is banned into the space of exception as "bare life" (Agamben 1998, 104-111). What this means is that, for its very existence and reproduction, sovereignty requires a constant division between *bios* and *zoē*: that is, constant biopolitical governance of its subjects, where politically qualified life is

distinguished from the “bare” fact of living (Agamben 1998, 6).⁴⁷ This applies to state sovereignty in particular, including the system of governance that draws the boundaries of care in the present-day Finland.

Furthermore, in modern times, life has also become so completely politicized that *bios* and *zoē* have entered “into a zone of irreducible indistinction” (Agamben 1998, 9), meaning that anyone, or *anybody* at any moment can be banned by the sovereign as “bare life,” and thereby excluded from the sphere of political existence (111, 115). Indeed, if the human *need of care* (the body’s inescapable vulnerability) is recognized as “bare life,” it is difficult to think of a life that would not always be imbued with forms of “bare” apolitical existence. Namely, despite the passing moments of seeming independence, our bodies never truly rid themselves from needs and vulnerability. Given that we live in and through a body, there is no escaping neediness. There is no escaping the fact that, as embodied human beings, our life is always potentially “bare.”

Are we then apolitical by definition because we are needy? I argue the opposite. Namely, our inescapable neediness may well be the most powerful script ever to be written on a human body. This provides a critical viewpoint to the governmental pressures imposed on the sovereign state at the verge of a national care deficit. In a care deficit of an aging nation, the state is dealing with a *politics of needs* that is triggered by nothing else but the corporeally vulnerable, aging citizenry; in many instances, the needs of “bare,” inarticulate, and aged life. In the Agambenian frame, the situation could perhaps be perceived as a matter of pure biopolitics, where the sovereign is asked to decide between bodies that are cared for and those that are not, to draw lines for adequate care, lines between lives that are politically valuable and the *homines sacri* void of political agency. In the case of the aging welfare nation,

⁴⁷ Agamben’s (1998, 15-29) juridico-political conception of sovereignty begins with Carl Schmitt’s theory of sovereign exception. Here, the sovereign marks the limit of the juridical order, in that it is both inside and outside the law: it has the power to make the law by suspending it. The sovereign power (re)establishes itself in these *decisions of exception*, where some lives become included in the realm of law merely through their own exclusion. Consequently, the sovereign power always has an intimate relationship not only with its subjects, but also and in particular with the *homines sacri* who are banned from the realm of political subjectivity. Sovereignty, thus, is not “an exclusively political concept, an exclusively juridical category, a power external to law [...], or the supreme rule of the juridical order[...]: it is the originary structure in which law refers to life and includes it in itself by suspending it” (Agamben 1998, 28).

this may mean decisions on who is eligible for a place in a care home and who is not, on how many nurses per shift is enough, and whether this should be amended by law. Here, the sovereign power is asked to govern its subjects as care-givers and care-receivers, thereby not only producing subjects of care but also defining their interrelations (power relations) of utmost intimacy.

As a biopolitical crisis, the national care deficit thus unfolds on bodies: of those in need as well as those in the capacity to respond and in their complex interrelations. To say so, however, does not mean that these corporeal relations of care are entirely governable. This is also where I depart from Agamben. Namely, while the Agambenian biopolitical paradigm provides a neat frame for understanding the ways that our corporeal life as “bare” existence is excluded from politics and the political, it does not provide a way out. Indeed, for Agamben himself, the only way out from the modern politics of sovereign (in)distinction is to deny and refuse distinctions altogether (Agamben 1998, 187-188). Yet, he does not show how or where such refusals are possible (see also Edkins and Pin-Fat 2005).

I do not think that it is possible or even desirable to refuse distinctions altogether. Rather, in line with the deconstructive logic of this article, my suggestion would be that we *rework the distinctions* in ways that the body as bare life starts to count as valuable. Thus, we need to rework the distinctions between our political agency and vulnerable embodiment; between our neediness and the capacity to respond; between the articulation of needs and their mere existence. This I do in the following sections.

THE VULNERABLE BODY IN FEMINIST CARE LITERATURE: A DECONSTRUCTIVE READING

The empirical reference point of my argumentation is the care deficit of a nation growing old. Whatever the level of society in which the care deficit is experienced, it always needs to be filled somehow, by *somebody*. As Silva Tedre (2004, 52) emphasizes, the absolute prerequisite for the realization and materialization of care is that two persons encounter each other in the same physically delineated place at a particular, shared moment of time. Care is thus concrete, often disgusting, and physically straining bodywork that *obligates* “corporeal closeness stronger than touch, caused by the *necessities of the body*” (Tedre 2004, 46; my emphasis and translation; also Twigg 2000; Isaksen 2002). As such, care *necessitates* physical proximity, it necessitates

movement. For two bodies to be in the same place at the same time, at least one of the two *must* move. Usually, it is the care-giver who does so, sometimes across the world.

In feminist political economy, this movement is usually analyzed with a focus on the one who moves (i.e. the global care worker, often, but not always, female) and the political implications of her/his lived experiences, perhaps also the care deficits s/he leaves behind (e.g. Ehrenreich and Hochschild et al. 2003). In this literature, the political dimensions of care are usually analyzed in terms of reproductive labor and its absolute necessity for the valorized masculine forms of production. Attention has been drawn, for example, to the ways that women's work in the private sphere enables the making of official international politics, through the work of diplomats' wives, for instance (Enloe 1989), and how women's accomplishments in the market economy are being disregarded in dominant discourses (Tickner 1992, 70). It is also widely accepted that the de-valorization of care as work intersects with different kinds of gendered, racialized, and class hierarchies (Näre 2010; Mackie 2013), and an emergent body of literature now recognizes also male care workers in the global political economy (cf. Manalansan 2006; Sarti and Scrinzi 2010).

For the understanding of international political economy, the value of the above literature cannot be overestimated. It is irreplaceable. Yet, with its exclusive definition of care in terms of *labor*, feminist IPE tends to disregard the political value of the bodies that need this labor in the first place. While vulnerability is a central focus of this literature, it is largely analyzed in terms of the vulnerable, embodied subject positions of the care laborers. Paradoxically, this means that the feminist IPE literature leaves unexamined a pivotal element of care that is also discursively feminized: namely, the vulnerable body that tends to be excluded from all modern readings of the political.

As the ontological condition of human life, however, the vulnerable body is part and parcel of all political economies, *regardless of who does the job*. Thus, the global politics of care cannot be theorized only in terms of labor movement but must be perceived in broader terms: with recognition of the needy bodies that may not move, or barely move, but nevertheless *make entire political processes move*. Within feminist IPE there are attempts to perceive the value of care work beyond the production/reproduction binary. This is usually done through recognizing the moral-political relatedness that derives from care work (cf. Tickner 1992, 91-92; Mahon and Robinson 2011). This

political dimension of caring is further analyzed in the ethics of care tradition, which represents another major strand of care theory that feminists have applied to the global context (Robinson 1999; 2011). Here, too, the vulnerable body is only marginally present.

In the ethics of care it is argued that caring practices provide a source of moral thinking that derives from the existential fact of human vulnerability and relatedness, from the human need of care as well as the capacity—necessity—to respond to the needs of others. Care, in this sense, is not only about labor, or the “burden” of social reproduction, but about the moral-political *relatedness* that springs from practices of care (cf. Tronto 1993; Robinson 1999; 2011). Given this framework, care ethicists have worked hard for the appreciation of weakness and vulnerability as defining features of human life, hence underlining the fact that dependency is as much part of political life as is autonomous subjectivity (e.g. Tronto 1993, 110, 134-135; Robinson 2011, 8, 9-10, 90-91; Mahon and Robinson 2011, 9-10).

Tronto (1993), for instance, pays attention to the position of the care-recipients in multiple ways. She acknowledges that one of the reasons why care is devalued in modern societies is that it represents weakness and need and hence the exact opposite of autonomous rationality that defines political life (Tronto 1993, 117). The needy are constructed as “pitiful” others, which results in the loss of their political voice and recognition (Tronto 1993, 120, 123, 145). She also argues for a diverse and contextual understanding of needs (Tronto 1993, 138), and argues that care-recipients must be taken seriously in the processes of care (107-108, 134-137). Yet, in her overall political analysis, Tronto largely focuses on the de-valorized positions of those who have the *corporeal capacity* to actively practice care. This emphasis, and particularly the failure to question the otherness of the “pitiful,” marginalizes not only the subject positions of the needy, but also the vulnerable body in itself. This becomes evident through a reading of the four phases of care that Tronto, together with Berenice Fisher, have devised as making up an integrated conception of care.

Fisher and Tronto (1990; Tronto 1993, 105-108) have argued that, as an ongoing process, care should be understood in terms of four analytically separate but interconnected phases. Here the first, *caring about*, refers to the processes where a need of care is recognized, whereas the second phase, *taking care of*, refers to assuming responsibility for the other’s needs (Tronto 1993, 106). The concrete bodywork of care is then the third phase, labeled as

care-giving (Tronto 1993, 107), and the fourth and final phase is about *care-receiving*, which “recognizes that the *object* of care will respond to the care it receives” (Tronto 1993, 107; my emphasis). As Tronto notes (1993, 114-115), the first two phases are often the more distanced and bureaucratic processes of care, whereas the latter two phases—work and neediness—fall on the less privileged.

The value of these four analytical categories is that they help us recognize how care in society is organized through hierarchical and gendered divisions of labor and responsibility. Yet, if these four phases of care are meant to describe the processes from which moral and political relations emanate, it becomes evident that here, too, the vulnerable body lacks political meaning. Namely, while the entire normative approach of care ethics is grounded in the understanding that moral-political relations derive from care, Fisher and Tronto’s (1990) account reveals that the vulnerable body does not quite count as a carrier of this relatedness. Here the moral-political relations derive from the positions of the able-bodied: those who are attentive enough to care about, responsible enough to take care of, and competent enough to give care—that is, from the subject positions of those who are *bodily capable* of assuming caring positions in society. The person in need is recognized, but only as a care-receiving *object* (cf. Fisher and Tronto 1990, 40-41).

Hence, although criticizing the hegemonic discourses’ representation of moral-political agents as autonomous,⁴⁸ in this account the *political implications* of care are inscribed on the positions of the less dependent and more autonomous subjects, and their *power to care*. Tronto and Fisher (1990) portray the practices of care as generic of moral-political relatedness. Yet, simultaneously, they come to represent the need of care as a political void—the lack of. Here, too, the focus is largely on the *subjective mind* of the care-giver, whereas the *needy body* of the care-recipient vanishes into the position of bare life: the mere object of politics as well as care. Consequently, the attempt of care ethics to define care as a source of the political is biased with

⁴⁸ In fact, Tronto (1993, 163) does not fully reject autonomy as a precondition of political life. “Indeed,” she argues, “we can probably assert that one of the goals of care is to end dependence, not to make it a permanent state.” I do not think that we can end dependence.

the modern tendency to exclude the vulnerable body. Therefore, in order to resist the modern script of the vulnerable body as apolitical, we need an alternative political conception of care.

CONCLUSION: CARE AS A CORPOREAL RELATION

In the Finnish welfare state, the increasing needs of the aging citizenry have resulted in global nurse recruitment. These processes of globalization *do not begin from responses* to the needs, but from a different place altogether. When the care deficit of an aging nation is recognized as a biopolitical crisis, it is possible to see how these international relations of care originate in the most vulnerable bodies of society: in the *corporeal existence* of the demented, fully paralyzed, aphasic persons in need of intensive care, for example, and the capacity of their needy bodies to call for response and thereby to exert pressure on the sovereign.

Care and its need constantly draw bodies towards each other. This latent movement creates unavoidable relations between human bodies, and these relations are political. They are not only some immaterial trajectories of morality, however, brought into existence because we care. Rather, the political relations of care derive from human vulnerability and our concrete, corporeal need of care from embodied others. Thus, the political relations of care are oddly material trajectories. They originate and realize themselves in the embodied and relational human existence, and they do so because of the body's necessity of embodied others for survival and dignity. Care is, always, a corporeal relation.

Within the structures of political economy, however, the corporeal relations of care are never only about the two persons directly involved in the practices of care. Care always cuts through entire institutional structures (cf. Yeates 2009, 64, figure 3.4). It is constrained by the structures, but also challenges and shapes them. Thereby, through corporeal relations of care, the allegedly apolitical “bare life” influences, challenges, and shapes the structures of political economy. This implies that even the “barest” of lives with absolutely no subjective agency left in terms of capacity to articulate one's needs—the fully demented, paralyzed, and aphasic person in intensive care, for instance—can exert pressure on the sovereign power.

The vulnerable body exerts this pressure through the embodied others who s/he relates with, and who have the capacity to respond. Such “[r]elationships,

however, do not simply arise naturally,” as Robinson (2011, 5) notes, but “they are constructed by material, discursive, and ideological conditions in a given context.” Indeed, that “bare life” can exert pressure on the sovereign does not mean that it would always do so on similar terms. Even as “bare life,” some bodies have more leverage vis-à-vis the sovereign power than others. Whether anyone can recognize a particular body’s needs, or cares to respond, depends on the context—on the politico-economic webs of relatedness in which the body articulates its neediness.

In this article, I have focused on the context of the Finnish welfare state. Inscribed with the Constitution’s promise of care as well as a global politico-economic privilege, the Finnish bodies are perhaps particularly powerful. Even here, however, the Constitution’s promise of care does not materialize automatically, and some bodies have more *relational power* in eliciting political processes than others. At the same time, it need be recognized that most countries do not have the kind of welfare structures that Finland has. The transnational biopolitics that governs care across borders influences bodies very differently in these contexts than it does in the case of elderly Finns. In fact, the transnational biopolitics *relies* on these very differentiations (cf. Mackie 2013).

However, that the law, welfare regimes, and global politico-economic hierarchies inscribe our vulnerable bodies as differentially powerful does not mean that even the most vulnerable bodies of the world would lack the kind of political *potential* I theorize. Namely, an inability of a needy body to trigger relations of *care* does not mean an incapacity of generating political relatedness altogether. It only means that care is replaced by its negation: neglect. And relations of neglect are political, too. They, too, begin with vulnerability and needs. Indeed, as Agamben (1998, 29) notes, “[t]he ban is a form of relation.”

Care as a corporeal relation materializes itself in innumerable embodied encounters: between those who need care, those who can give it, and those who can provide resources. That the needy body is political means that it provides an *opening* for political relatedness. With what kinds of relations and responses this opening is filled is a matter of moral-political decisions. Yet, because the body is limited, the resources of an individual moral agent to respond are always limited too. Thus, as embodied subjects, we very often come to respond with neglect rather than care. By so doing, we may negate

relations of care, but do not escape our political relatedness with those who need us, or with those on whom our own vulnerable existence relies.

Thus, the body's need of care opens up a political space that extends beyond *caring*: The needy body provides an opening for moral-political decisions that *must* constantly be taken (cf. Derrida 1992). Not all decisions result in relations of care. Yet, since the vulnerable body remains an inescapable fact of life, there is no closure as long as there is life. In this realization, it is then possible to see an alternative type of care ethics as emerging. Namely, the moral-political dimension of care is not imbued only in our responsibility to care. It is, rather, in the openings that the needy body continues to provide, forcing us to make choices of whether or not to respond, and if so, how. These are choices that the vulnerable body obliges us (and the sovereign) to make, over and over again, incessantly. Margrit Shildrick (2002, 7; my emphasis), for example, has noted that "[e]thics is not about finding solutions, but about creating openings in and through the *certainty* of strange encounters." The vulnerable body's need of the embodied other ensures this certainty.

What needs to be asked, therefore, is *why* particular bodies in particular encounters can trigger political relations of care, whereas others elsewhere elicit only relations of neglect. This is a question that must be studied empirically, in different contexts, with different kinds of research designs, in micro as well as macro levels of the global political economy. The question is not new. However, when the vulnerable body and its political relatedness are placed at the center of the analysis, the research designs as well as the findings are likely to be different.

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Article III: *Care as the Political*

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A Household Full of Bodies: Neoliberalism, Care and 'The Political'

ABSTRACT: This paper explores “the political” of political economy through an analysis of neoliberalised care. Borrowing Glyn Daly’s metaphor of the political economy as a disorganised household, where the “political” disrupts the neat order of the *oikonomia*, we argue that in neoliberalism care is a central site of the political. Through Foucauldian biopolitics we define commodification as a central logic in the governance of care, and situate it in the wider context of neoliberal governmentality. Conceptualising care as a corporeal relation, and following Annemarie Mol’s logic of care, we show how despite the constant attempts to domesticate it, the hegemonic discourse fails to fully subsume care within the “order of the household”. Examining the ruptures produced when care resists its governance, the paper demonstrates how the corporeal relatedness of care continues to open up spaces for the political, hence ensuring that the economy remains political.

KEYWORDS: care, the political, biopolitics, body, commodification, neoliberalism

INTRODUCTION

The political is never more or less than the body-worlds we create and that create us. The *potential* of the political must remain in the interval – preaccelerated and poised.⁴⁹

The political theorist Glyn Daly has noted that the very term “political economy” denotes an ambiguous, if not impossible relationship: While the term economy, derived from the Greek *oikonomia*, “designates a certain domestication; the keeping of good order”, the political is always that which

⁴⁹ Erin Manning, *Relationescapes: Movement, Art, Philosophy* (Cambridge, MA/London: The MIT Press, 2009), p. 231, n. 19.

upsets and challenges the “order of ‘the household’“, hence constantly creating novel orders of political economy.⁵⁰

In the study of political economy, this is not news. It is widely agreed that all economic orders are politically constituted, and that the political economy is never natural, nor complete. This means that all politico-economic orders are lacking in essence: they always have their limits, and that which is excluded forms a constitutive outside that constantly disrupts the order’s logic. At the limits of an order, then, one always finds ruptures that are produced by “the political”.

As a discursive construction, neoliberal capitalism of today also aims at concealing its essential lack. As a discourse, it attempts to *appear complete*. By so doing, it tends to do away with the political: to obscure that which disrupts its logics of operation.⁵¹ But there is no “economy” without the “political”, and when the political cannot be completely erased, it is subsumed in the economic thinking of politics. Through discursive delimitations of the possible, the political becomes “economised”, so that alternative orders become unthinkable. Therefore, if one wants to understand and even resist the operation of a politico-economic order, one must try and uncover *that which is hidden at the limits* of the order, and nevertheless continues to mess up its “household”. One must try and uncover *the political*.⁵²

In this article, we follow the post-structuralist tradition and distinguish between “politics” and “the political”, where the latter is an open concept, understood as pertaining to power relations more widely than the former’s association with traditional political institutions. More precisely, our aim is to uncover a particular site of the political within the present neoliberal order. Focusing on the neoliberal logic of commodification and its incapacity to fully “domesticate” the relations of care we argue that, in the context of the prevailing neoliberal discourse, *care provides a constant opening of the political*.

The paper contributes to two discussions in the study of political economy. First, we address the corporeality of capitalist political economy, underlining

⁵⁰ Glyn Daly, “The Political Economy of (Im)Possibility”, in M. De Goede (ed.), *International Political Economy and Poststructural Politics* (Basingstoke and New York: Palgrave Macmillan, 2006), p. 177.

⁵¹ *Ibid.*, p.181.

⁵² *Ibid.*, pp. 191–193.

the political significance of the body for the present order.⁵³ In examining the corporeal limits of neoliberal governmentality, we also examine the corporeal limits of capitalism. Secondly, we contribute to those largely feminist discussions of political economy, where the embodied care is taken as the centre of analysis. Analysing the political power of care in neoliberalism, we mainly draw on the latter body of literature. Yet, it is perhaps worth emphasising that our argument is more about the nature of the political economy than it is about the nature of care.

We will position our argumentation vis-à-vis the existing literature in the subsequent sections. Here, we first discuss two main strands of analysis in the study of the political economy of care, and then elaborate our own positions by conceptualising care as a *corporeal relation*. This concept is instrumental for our argumentation about care as an opening of “the political” within the neoliberal order. After delineating our conception of care, we move on to distinguish between the more technical “politics” of care and the wider conception of “the political” within care. Here, also the post-structural politics/the political distinction is further elaborated. We will then move on to analyse the ways that the neoliberal logic of commodification pursues to govern care, eventually failing to do so. Drawing on Foucault’s 1978–79 lectures on the *Birth of Biopolitics*,⁵⁴ as well as his concept of governmentality,⁵⁵ we argue that in the neoliberal order, commodification has emerged as a powerful technology for the biopolitical governance of care. We explain how the commodified care is already present in our empirical reality, and situate the commodification of care in the wider neoliberal order of the “enterprise society”.

⁵³ E.g. Angus Cameron, Jen Dickinson and Nicola Smith (eds.), *Body/State* (Farnham and Burlington: Ashgate, 2013); Silvia Federici, *Caliban and the Witch* (Brooklyn: Autonomedia, 2009); Elina Penttinen, *Globalization, Prostitution and Sex-Trafficking: Corporeal Politics* (London: Routledge, 2008); Sébastien Rioux, “Embodied Contradictions: Capitalism, Social Reproduction and Body Formation”, *Women’s Studies International Forum* (2014, in press, DOI: <http://dx.doi.org/10.1016/j.wsif.2014.03.008>).

⁵⁴ Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-1979* (New York: Palgrave Macmillan, 2008).

⁵⁵ Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France, 1977-1978* (New York: Palgrave Macmillan, 2007); see also Thomas Lemke, “The Birth of Biopolitics: Michel Foucault’s Lecture at the Collège de France on Neo-Liberal Governmentality”, *Economy and Society*, Vol. 30, Issue 2 (2001), pp. 190–207.

In the midst of the neoliberal global restructuring,⁵⁶ processes of commodification often seem over-arching and insurmountable. Indeed, the discursive order of neoliberalism easily makes the commodification of care to appear as natural and necessary. On a closer look, however, it is possible to see that, *imbued in the limits of the neoliberal order itself*, there is another, persistent but subaltern logic that constantly challenges and disrupts the processes of commodification. This is the logic of care as articulated by Anne-Marie Mol.⁵⁷ It is a logic that recognises the needs of the material body as unpredictable, unlimited and, hence, impossible to fully manage within any given “household”, indeed in any economic order.

In the political economy thus, we argue, care is a constant disruption: an opening of the political that cannot be tamed, or erased. This means that as long as our bodies need other bodies for survival and subsistence, there is relatedness of care that continues to make the economy political.

THE POLITICAL ECONOMY OF CARE: TWO STRANDS OF ANALYSIS

Roughly speaking, the discussions regarding the political economy of care may be divided into two main strands of analysis.⁵⁸ Particularly in the field of feminist political economy, care is often analysed as a form of reproduction, “the intimate other” of production.⁵⁹ In wider terms, social reproduction includes the biological reproduction of the species and the reproduction of labour force as well as care provisioning to those in need.⁶⁰ Thus, as a form of reproduction care is analysed as one type of reproductive *labour* which, in the global political economy, makes a highly gendered, ethnicised and classed site

⁵⁶ Cf. Marianne Marchand and Anne Sisson Runyan, *Gender and Global Restructuring. Sightings, Sites and Resistances*, 2nd ed. (London and New York: Routledge, 2011).

⁵⁷ Annemarie Mol, *The Logic of Care: Health and the Problem of Patient Choice* (London: Routledge, 2008).

⁵⁸ Rhianna Mahon and Fiona Robinson F., “Introduction”, in Mahon R. and Robinson F. (eds.) *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care* (UBC Press: Vancouver and Toronto, 2011), p. 1.

⁵⁹ Kimberly A. Chang and L.H.M.Ling, “Globalisation and its Intimate Other: Filipina Domestic Workers in Hong Kong”, in Marchand M. H. and Runyan A. S. (eds.) *Gender and Global Restructuring: Sightings, Sites and Resistances* (Routledge: London and New York, 2000), pp. 27–43.

⁶⁰ Isabella Bakker, “Social Reproduction and the Constitution of a Gendered Political Economy: Review Essay”, *New Political Economy*, Vol. 12, Issue 4 (2007), pp. 541–556.

of politics and inequality.⁶¹ Here both formal and informal care is understood as service, work which in principle can be priced.

The other major strand of analysis builds on the ethics of care tradition.⁶² This literature offers alternative ethical viewpoints, sometimes explicitly combining its views with the politico-economic analysis of reproductive labour.⁶³ In these accounts care is not defined only as a form of labour. Rather, the ethics of care perceives care as a moral orientation and a wider set of practices⁶⁴ that underline the vulnerability and interdependency of human beings, hence challenging the predominant notions of autonomous subjectivity as detached, neutral and objective. In particular, care ethicists argue that practices of care create moral-political relatedness that should be taken seriously in politics. For care ethicists, caring practices create relatedness that calls into question the subject's alleged independence.

In our understanding of care, we perhaps rely more on the ethics of care tradition than on the literature on social reproduction, and this is because of the care ethicists' explicitly relational ontology. As noted by Joan Tronto, care

⁶¹ E.g. Pauline G. Barber, "Women's Work *Unbound*: Philippine Development and Global Restructuring", in Marchand, M. H. and A. S. Runyan (eds.), *Gender and Global Restructuring: Sightings, Sites and Resistances*, 2nd edition, (Routledge: Abingdon & New York, 2011), pp. 143–162; Chang and Ling, *op. cit.*; Cynthia Enloe, C., *Bananas, Beaches and Bases: Making Feminist Sense of International Politics* (Pandora: London, 1989); Barbara Ehrenreich and Arlie R. Hochschild (2003), *Global Woman: Nannies, Maids and Sex Workers in the New Economy* (London: Granta, 2003); Nancy Folbre, *The Invisible Heart: Economics and Family Values* (New York: New Press, 2001); V. Spike Peterson, *A Critical Rewriting of Global Political Economy: Integrating Reproductive, Productive, and Virtual Economies* (Abingdon & New York: Routledge, 2003), pp. 78–112; Jan Jindy Pettman, "Women on the Move: Globalisation and Labour Migration from South and Southeast Asian States", *Global Society*, Vol. 12, Issue 3 (1998), pp. 389–405; Rioux, *op. cit.*

⁶² Virginia Held, *The Ethics of Care. Personal, Political and Global* (New York: Oxford University Press, 2006); Selma Sevenhuijsen, *Citizenship and The Ethics Of Care: Feminist Considerations on Justice, Morality and Politics* (London: Routledge, 1998); Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993); Fiona Robinson, F., *Globalizing Care: Ethics, Feminist Theory, and International Relations* (Boulder, CO: Westview Press, 1999); *The Ethics of Care: A Feminist Approach to Human Security* (Temple University Press: Philadelphia, 2011).

⁶³ E.g. Rhianna Mahon and Fiona Robinson (eds.), *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care* (UBC Press: Vancouver and Toronto, 2011).

⁶⁴ Cf. Berenice Fisher and Joan Tronto, "Toward a Feminist Theory of Caring", in Abel, K. and Nelson M. K. (eds.) *Circles of Care: Work and Identity in Women's lives* (Albany: State University of New York Press, 1990), pp. 35–61.

is a concept that, if taken seriously, can quite fundamentally “shift the terms of political [and economic] debate”. She further argues that “[t]he world will look different if we move care from its current peripheral location to a place near the center of human life,” and this is because we “will need to rethink our conceptions of human nature to shift from the dilemma of autonomy and dependency to a more sophisticated sense of human interdependence”.⁶⁵

Here, we almost fully agree with Tronto. Only we think that for its full political valorisation care need be moved *not* “near the center of human life”, but rather recognised as a political relation that defines life itself.⁶⁶

To fully understand what this means, care must be conceived as a *corporeal relation*. Namely, while the ethics of care tradition perceives relatedness in immaterial “moral” terms and as deriving from the practices of *caring*, in our definition, the body-in-need lies in the very origin of all care relations.

CARE AS A CORPOREAL RELATION

Maia Green and Victoria Lawson have noted that even feminist work, while valorising the economic importance of care labour, fails to “fundamentally challeng[e] the care/economy dichotomy” that predominates neoliberalism and excludes the body’s neediness from the official domain of the political economy.⁶⁷ For the very same reason, feminist political economy and the ethics of care literature prove only partially helpful for our present purposes. Namely, in this paper, our interest is not on the corporeal *labour* of care as such, or on the political-economic significance of *caring*. Rather, our aim is to uncover “the political” of the neoliberal order in the embodied relations of care, and in the challenge and the disruption that they present. To do so, we must encompass the body’s neediness in the very definition of care.

Certainly, we are not the first ones to write about the corporeality of care relations.⁶⁸ Across disciplines, feminists have shown how vulnerability,

⁶⁵ Tronto, *op.cit.*, p. 101, our emphasis.

⁶⁶ Cf. Eva Feder Kittay, with Bruce Jennings and Angela A. Wasunna, “Dependency, Difference and the Global Ethic of Longterm Care”, *The Journal of Political Philosophy*, Vol. 13, Issue 4 (2005), pp. 443–469.

⁶⁷ Maia Green and Victoria Lawson, “Recentring Care: Interrogating the Commodification of Care”, *Social and Cultural Geography*, Vol. 12, Issue (2011), pp. 639–654.

⁶⁸ Maurice Hamington, *Embodied Care: Jane Addams, Maurice Merleau-Ponty, and Feminist Ethics* (Champaign: University of Illinois Press, 2004). Lise Widding Isaksen, “Toward a

dependency and bodies-in-need challenge the neoliberal conception of political-economic subjectivity that is based on gendered individualism, disembodied rationalism and the fallacy of independence⁶⁹. With this article, we wish to contribute to these discussions by providing an explicit analysis of how care forms a core dynamics of political economy: a key disruption that makes the economy political.

We understand care as a “corporeal relation”⁷⁰. This is a form of political relatedness that does not begin with the practices caring, as care ethicists would argue, but from the living organism of the vulnerable body that makes the labour of care an absolute necessity for human beings as individuals and as a species. Since all bodies are vulnerable to decay and disease and *no* body can exist without the aid of other bodies, the vulnerable body belongs to each and every one of us. This is, indeed, an existential fact of human life.

In the ethics of care tradition, the corporeality of caring relations or the political importance of needs are not specifically emphasised. Nevertheless, the need of care and the responses that the need invites always involve bodies, and care relations also always require specific dispositions from these bodies. There simply is no escaping the body in care or, better said, there is no escaping relations of care in the body.

Sociology of (Gendered) Disgust: Images of Bodily Decay and the Social Organization of Care Work”, *Journal of Family Issues* Vol. 23, Issue 7 (2002): 791-811; Silva Tedre, “Tukisukkahousut sosiaalipolitiikkaan: Inhomaterialistinen tutkimusote”, in E. Jokinen, M. Kaskisaari and M. Husso (eds.) *Ruumis töihin! Käsite ja käytäntö* (Tampere: Vastapaino, 2004), pp. 41–64.; Julia Twigg, “The Spatial Ordering of Care: Public and Private in Bathing Support at Home”, *Sociology of Health and Illness*, Vol. 21, Issue 4 (1999), pp. 381–400; *Bathing – the Body and Community Care* (London and New York Routledge, 2000).

⁶⁹ Cf. Martha Fineman, “The Vulnerable Subject: Anchoring Equality in the Human Condition”, *Yale Journal of Law and Feminism*, Vol. 20, Issue 1 (2008), pp. 1–23. Carol Bacchi and Christine Beasley, “Citizen Bodies: Is Embodied Citizenship a Contradiction in Terms?” *Critical Social Policy*, Vol. 22, Issue 2 (2002), pp. 324–352; “The Limits of Trust and Respect: Rethinking Dependency”, *Social Alternatives*, Vol. 24, Issue 4 (2005), pp. 55–59. Christine Beasley and Carol Bacchi, “Envisaging a New Politics for and Ethical Future: Beyond Trust, Care and Generosity – towards an Ethic of Social Flesh”, *Feminist Theory*, Vol. 8, Issue 3 (2007): 279–298; Seyla Benhabib, “The Generalized Other and the Concrete Other: The Kohlberg-Gilligan Controversy and Feminist Theory”, *Praxis International*, Vol. 5, Issue 4 (1986), pp. 402–424; Green and Lawson, *op. cit.*; Kittay, *op. cit.*

⁷⁰ For a thorough discussion, see Tiina Vaittinen, “The Power of the Vulnerable Body: A New Political Understanding of Care”, *International Feminist Journal of Politics* (2015). Our conception of care as a “corporeal relation” seems to come close also to Carol Bacchi and Chris Beasley’s concept of “social flesh”, albeit the two have been developed through different theoretical exercises. See Bacchi and Beasley, *op. cit.*, Beasley and Bacchi, *op. cit.*

Therefore, the relations of care are not *only* a matter of immaterial moral relatedness, as the ethics of care implies. They are at once both concrete-material and psychic-affective, producing bizarrely material trajectories: *bizarre* in the sense that the corporeal relations of care cannot be seen or touched, and yet they are material extensions of the body that concretely remake the space.⁷¹ In these processes, it is crucial to understand the body as a complex, lived, material and agentive “thing” that defines human life.⁷² The body is never only about the materiality of our existence, but deeply entwined with the alleged non-materiality of our minds, emotions and rationalities. The body is a discursive construction, a realm for the discursive governmentality of life, but it is also a material “fact” of life that eludes discursive control.⁷³ The body is “multiple”:⁷⁴ created in and through various simultaneous practices, it can be myriad things at the same time. Through the relations that it carries with it, the body transcends space-time, but this transcendence is material: in our body-minds we carry the effects and traces of care we have received and given, as well as the traumas of the absence of care. These embodied traces direct our being in the world, enabling as well as restricting us through our embodied senses. Consequently, no moment in our lives is independent of care, not even in passing. As bodies, we are constituted in and through corporeal relations of care.

While articulating care as a corporeal relation may be an abstract exercise, care is ultimately about the most mundane encounters and banal facts⁷⁵ that influence and are influenced by the wider political-economic structures. Care as a corporeal relation begins with the body’s needs. Meeting the basic needs of the body requires concrete work that other bodies do on the body of the one

⁷¹ Cf. Manning, *op.cit.*

⁷² Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Bloomington Indiana University Press, 1994);

Manning *op. cit.*; E. Manning, “What if It Didn’t All Begin and End with Containment? Towards a Leaky Sense of Self”, *Body & Society*, Vol. 15, Issue 3 (2009), pp. 33–45; “Always More than One: The Collectivity of a Life”, *Body & Society*, Vol. 16, Issue 1 (2010), 117–127; Annemaria Mol, *The Body Multiple: Ontology in Medical Practice* (Durham and London: Duke University Press, 2002); P. Moss and I. Dyck, “Body, Corporeal Space, and Legitimizing Chronic Illness: Women Diagnosed with M.E.’”, *Antipode*, Vol. 31, Issue 4 (1999), pp. 372–397.

⁷³ Moss and Dyck, *op. cit.*

⁷⁴ Mol, *The Body Multiple*, *op. cit.*

⁷⁵ Cf. Foucault, M. (1982), “The subject and power”. *Critical Inquiry*, Vol. 8, Issue 4 (1982), pp. 777–795.

in need. It may be about helping the other to eat, to urinate and defecate, about changing nappies, washing genitalia, bathing and clothing, being present and showing affection. All this *obligates proximity* between bodies, meaning that care providers must move to and with those in need.⁷⁶

Simply put, to sustain life and avoid neglect and social disintegration,⁷⁷ care relations require bodies to move. In capitalist political economy, however, no movement takes place without the political organisation of human and other resources. When the care needs of *somebodies* requires that resources be reorganised (perhaps at the cost of some other bodies' needs), the existing order of the "household" is disrupted and exposed to change. Julia Twigg, for instance, has pointed to the ways that bodywork of care "disrupts the normal ordering of home".⁷⁸ We argue that it does the same to the entire order of neoliberalism.

THE "POLITICS" OF CARE AND "THE POLITICAL" WITHIN CARE

The neoliberal governance of care has been an interest for much of care research, and there are various policy analyses on the restructuring of care in individual societies, welfare states and internationally.⁷⁹ These works, however, tend not to explicitly discuss what it is that they talk about when they talk about the politics of care, or governance of care. Rather, the terms are taken for granted and the hegemonic discourses' definition of the politics of care goes unchallenged. Consequently, the politics of care becomes presented as a struggle over the resources of care, and care itself appears as a battleground for politics, rather than a field of life that affects and partakes in

⁷⁶ Cf. Tedre 2004, *op. cit.*; Twigg, "The Spatial Ordering of Care...", *op. cit.*, Twigg, *Bathing, op. cit.*

⁷⁷ Cf. Green and Lawson, *op. cit.*, p. 647.

⁷⁸ Twigg, "The Spatial Ordering of Care...", *op. cit.*, 397.

⁷⁹ Anneli Anttonen and Liisa Häikiö, "Care 'Going Market': Finnish Elderly-Care Policies in Transition", *Nordic Journal of Social Research*, 2 (2011); Mary Daly and Jane Lewis, "The Concept of Social Care and the Analysis of Contemporary Welfare States", *British Journal of Sociology*, Vol. 5, Issue 2 (2000), pp. 281–298; Birgit Pfau-Effinger and Tine Rostgaard (eds.), *Care Between Work and Welfare in European Societies* (Basingstoke: Palgrave Macmillan, 2011); Tine Rostgaard, "Care as You Like It: The Construction of A Consumer Approach in Home Care in Denmark", *Nordic Journal of Social Research*, 2 (2011); S. Wrede, L. Henriksson, H. Høst, S. Johansson, and B. Dybbroe (eds.), *Care work in Crisis: Reclaiming the Nordic Ethos of Care* (Lund: Studentlitteratur, 2008).

politics on its own terms, and in its own logic. In this paper, we wish to provide an alternative view.

Like many other post-structural political theorists and analysts of political economy,⁸⁰ we distinguish in this paper between “politics” and “the political”. Here, the former stands for narrowly defined, bureaucratic *conduct of politics*, or “political reality as we have been describing it”,⁸¹ while the latter provides a broader, more enabling and more open concept of *the political*, and is not confined to any particular social space or domain of practices.⁸² As Jenny Edkins puts it,

‘the political’ has to do with the establishment of that very social order which sets out particular, historically specific account of what counts as politics and defines other areas of social life as *not* politics.⁸³

In this view, the political represents *the moment of openness or undecidability*, when a new social order is on the point of establishment, *when its limits are being contested*.⁸⁴

This also reflects our understanding of power in Foucauldian terms. When the field of political relations is seen to potentially extend beyond existing institutions, power emerges as a question of government, in the broadest meaning of the term. Power is thus exercised when “the possible field of action” is being structured,⁸⁵ incessantly. In the neoliberal governance of care, power is exercised so as to determine the possible field of action for care. Here, as we shall see, the body sets its own limits of (im)possibility.

⁸⁰ Marieke de Goede (ed.), *International Political Economy and Poststructural Politics* (Palgrave Macmillan, 2006).

⁸¹ Yannis Stavrakakis, *Lacan and the Political* (Routledge: London, 1999).

⁸² Jason Glynos and David Howarth, *Logics of Critical Explanation in Social and Political Theory* (London: Routledge, 2007), p. 113.

⁸³ Jenny Edkins, *Poststructuralism and International Relations: Bringing the Political Back in* (Boulder and London: Lynne Rienner, 1999), p. 2, emphasis in the original.

⁸⁴ *Ibid.*, p. 126, our emphasis. There is no single definition for “the” post-structural definition of “the political”, but a wide array of theorists have developed it, each with their own nuances. The present paper is not the place to go into that debate in any detail. We cite Edkins, since she has built on the work of a range of theorists, including Ernesto Laclau, Claude Lefort, Philippe Lacoue-Labarthe, Jan-Luc Nancy, Chantal Mouffe and Jacques Lacan among others, while linking the distinction of politics/political also to Max Weber’s work on bureaucracy. We think her account provides an adequately broad point of departure for our argumentation.

⁸⁵ Foucault, “The Subject and Power”, *op. cit.*, p. 790.

It is important to note that the political “moment of openness” does not necessarily refer to some revolutionary founding moment where one political-economic order is radically and visibly replaced by another. Rather, the moments of the political incorporate also the mundane processes of everyday life, where the social order is constantly being challenged by minuscule ruptures that require the order to renew itself, from within itself. For instance, media scandals of violence and neglect in care homes, or someone dying because of inadequate care practices,⁸⁶ or care-givers going into strike because of inadequate resources to care properly,⁸⁷ may well resemble revolutionary moments of “the political”. At the same time, the minuscule incidences of failed care that *led to the situation without making the news* count just as much. They too are symptoms of the system’s malfunction and, hence, moments of the political that contest the limits of the order.

Here, we may return to Daly’s metaphor of the economic order as a (dis)organised household. Within political economy, “the political” denotes the impossible excess that continues to disrupt the order of the household. The ruptures are constant, yet the change is never complete. There is no closure, since “the political” cannot, by definition, be erased from the political economy.⁸⁸ We would thus use the term “politics of care”, when referring to the organisation of the resources and relations of care according to the rules of the neoliberal “household”. Many analyses of political economy of care

⁸⁶ E.g. The Local, “Carema admits flaws in patient's starvation death”, *The Local. Sweden's News in English* [online], 3 December, 2011. Available from: <http://www.thelocal.se/37714/20111203/> [accessed 16 October 2013]; E. Kersey, “Accusations of neglect after maggot-infected leg needs amputation”, *Digital journal* [online], December 2012. Available from: <http://digitaljournal.com/article/340182> [accessed 16 October 2013]; A. Sutcliffe, “We all have a responsibility to improve elderly care”, *The Guardian* [online], 5 May, 2014. Available from: <http://www.theguardian.com/commentisfree/2014/may/05/responsibility-improve-elderly-care-home-abuse-panorama> [accessed 26.8.2014].

⁸⁷ E.g. Daniel Boffey, (2014) “The care workers left behind as private equity targets the NHS”, *The Observer* [online], 9 August, 2014. Available from: <http://www.theguardian.com/society/2014/aug/09/care-workers-private-equity-targets-the-nhs> [accessed 26 August 2014]; R. Carroll, “Striking Los Angeles social workers: ‘social worker-to-child ratios’ unsafe”, *The Guardian* [online], 6 December, 2013. Available from: <http://www.theguardian.com/world/2013/dec/06/los-angeles-social-worker-strike-excessive-child-abuse-cases> [accessed 26 August 2014]

⁸⁸ Cf. Barbara Cruikshank, *The Will to Empower. Democratic Citizens and Other Subjects* (Ithaca and London: Cornell University Press, 1999), p. 2.

focus on this household, and its changing rules.⁸⁹ This is important. In this paper, however, we are interested in the situations where the rules of the household *just don't work*, and in the challenges that these moments pose on the entire order. In short, we are interested in “the political” within care. This is perhaps something more radical⁹⁰ than the “politics of care”. It refers to the latent forces of disruption that are imbued in the corporeal character of care relations that challenge the logics of the present order. In the subsequent section, we discuss this logics and, hence, the “rules” of the neoliberal “household”.

NEOLIBERAL GOVERNMENT OF CARE AND THE BIOPOLITICS OF COMMODIFICATION

The empirical reality of the neoliberal restructuring is characterised by ongoing reforms of care policy. Especially in the OECD countries, the reforms are justified with reference to population decline and dramatically worsening dependency ratios. While resources for both informal and formal care work are recognised as insufficient, market based solutions are perceived as a cost-efficient way to respond to the care deficit at hand.⁹¹ In the production of social

⁸⁹ The changes also have a gendered dimension. Many neoliberal processes of restructuring have to do with the disintegration of the patriarchal rules of the “household”, and their replacement with a neoliberal organisation of care resources. In patriarchy, responsibilities of care and reproduction were women’s responsibilities, and hence the order “was not simply a means of privileging men [but also] a means of ensuring an adequate supply of care” (Folbre, *op. cit.*, p. 20). Today, the devalorised care work is increasingly the responsibility of not necessarily women, but of lower classes and ethnic and racialized minorities.

⁹⁰ “Radical” may not be a term easily associated with the seemingly ‘soft’ realm of care. Yet, if taken seriously, recognising care as a corporeal relation is one of the most radical moves one could take in the present neoliberal order.

⁹¹ The creation and shape of care markets differ considerably between countries with different employment and institutional structures. Marketisation is also intertwined with attempts to sustain the ideal of informal family care. In practice these developments have largely led to mixed systems of care provision, increases in private provision, family care and cash-for-care-schemes, and to a somewhat invisible development of often undeclared jobs in the household oriented service industry. E.g. V. Spike Peterson, *A Critical Rewriting of Global Political Economy: Integrating Reproductive, Productive, and Virtual Economies* (Abingdon & New York: Routledge, 2003), pp. 84-112; C. A. Simonazzi, “Care Regimes and National Employment Models”, *Cambridge Journal of Economics*, Vol. 33, Issue 2 (2009),

as well as health care, the enterprise model has taken over, and the marketisation of care expands.

There is thus a visible “global trend towards the commodification of care within market logics of choice”.⁹² Here, the neoliberal ideology that emphasises choice and consumerism permeates care reforms,⁹³ whilst financial sustainability remains a policy priority.⁹⁴ Through migration of care workers, the restructuration has also transnational dimensions. The so called global care chains extend from poorer societies to richer,⁹⁵ linking together not only households but, through the movement of professional nurses, doctors, and care capital, also a range of public or state institutions and business actors, revealing the importance of care in the operation of global political economy.⁹⁶

This global restructuring of care is enabled by the neoliberal forms of biopolitical government in general, and the logic of commodification in particular. With the commodification of care we refer to the processes where the practices of marketisation qualitatively reconstitute care in ways that it

pp. 211–232. Ungerson, “Commodified Care Work in European Labour Markets”, *European Societies*, Vol. 5, Issue 4 (2003), p. 377–396.

⁹² Green and Lawson, *op. cit.*, p. 640.

⁹³ Fiona Williams, “Migration and Care: Themes, Concepts and Challenges”, *Social Policy and Society*, Vol. 9, Issue 3 (2010), pp. 390–392; Hanna-Kaisa Hoppania, “Elder Care Policy in Finland: Remedies for Crisis?” in Jónsson and Stefánsson (eds.) *Retrenchment or renewal? Welfare states in times of economic crisis*, (Helsinki: NordWel Studies in Historical Welfare State Research 6, 2013).

⁹⁴ F. Colombo, A. Llana-Nozal, J. Mercier and F. Tjadens, *Help Wanted? Providing and Paying for Long-Term Care*. Organisation for Economic Co-operation and Development, 2011.

⁹⁵ Ehrenreich and Hochschild, *op. cit.*; Arlie R. Hochschild, “Global Care Chains and Emotional Surplus Value”, in W. Hutton and A. Giddens (eds.) *On the Edge: Living with Global Capitalism* (London: Jonathan Cape, 2000), pp. 130–146; S. Huang, L.L. Thang and M. Toyota, “Transnational Mobilities for Care: Rethinking the Dynamics of Care in Asia”, *Global Networks*, Vol. 12, Issue 2 (2012), pp. 129–134; Lise Widding Isaksen, *Global Care Work: Gender and Migration in Nordic Societies* (Lund: Nordic Academic Press, 2010); Helma Lutz, *The New Maids: Transnational Women and the Care Economy* (London: Zed 2011); Helma Lutz (ed.), *Migration and Domestic Work: A European Perspective on a Global Theme* (Aldershot: Ashgate, 2008).

⁹⁶ Tiina Vaittinen, “Reading global care chains as migrant trajectories: A theoretical framework for the understanding of structural change”, *Women’s Studies International Journal*, (2014, in press, DOI: <http://dx.doi.org/10.1016/j.wsif.2014.01.009>); Nicola Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains* (New York/Basingstoke: Palgrave Macmillan, 2009).

becomes understood as a commodity. In another context, Nancy Fraser argues that when things that have typically been outside markets are produced for sale, they become “really subsumed” within capitalism – as opposed to being merely formally subsumed.⁹⁷ This means that marketisation goes far beyond the simple incorporation into the circuits of exchange things that were previously outside them. The good or service in question is not merely privatised for sale on the market, while leaving it otherwise intact. In the process, it is qualitatively reconstituted, from the inside out.

Thus, while the marketisation of care would stand for the quite straightforward and empirical a process, where care is turned into a market product, commodification underlines a more pervasive material-discursive change in the realm of care. It refers to the onto-epistemological level, whereby the understanding of care changes more thoroughly. Care is simplified, subdivided and rationalised – to the extent that it turns into a commodity. However, the processes of commodification not only turn care into a service product, but they also – and in particular – reconstitute and rearrange the concrete and embodied relations of care. In the realm of care, commodification operates directly on life, producing care-subjects and objects that are subsumed in the biopolitical order of expanding capitalism.

In general, biopolitics refers to the modern form of governance where power operates directly on life. In Foucault’s earlier work,⁹⁸ the sovereign power operates through disciplinary practices such as incarceration and surveillance of populations, data gathering and classification. The government of people through normative categories such as sane and insane, deserving and undeserving, and the coupling of these categories with spatial arrangements such as the prison or the clinic, is closely connected with the emergence of social policy and the modern welfare state. In this regard, the organisation of care through institutionalised systems of welfare is certainly biopolitical by definition.⁹⁹

⁹⁷ Nancy Fraser, *The Wages of Care: Reproductive Labour as Fictitious Commodity*. Lecture by the Humanitas Visiting Professor in Women’s Rights, Cambridge, 9 March 2011. Available from: <http://www.crash.cam.ac.uk/events/1535/> [accessed 23 August 2013].

⁹⁸ Michel Foucault, *The Birth of The Clinic: An Archaeology of Medical Perception* (London: Tavistock, 1973); Michel Foucault, *Discipline and Punish: The Birth of the Prison* (Harmondsworth: Allen Lane, 1977).

⁹⁹ Nikolas Rose and Peter Miller, “Political Power Beyond the State: Problematics of Government”, *The British Journal of Sociology*, Vol. 43, Issue 2 (1992), pp. 173–205.

In our biopolitical reading of commodification, however, we are less interested in the disciplinary practices by which care and welfare are being governed, and more on the ways in which neoliberal biopolitical governance seeks to *rationalise* human life in all its forms to enable more efficient and expansive profit extraction and accumulation. Here, “[t]he strategy of biopolitics is to capture and regulate life itself”,¹⁰⁰ and this is done cunningly through “the conduct of conduct” rather than by directly disciplining the body. This “art of government” Foucault has coined as governmentality.¹⁰¹

Neoliberal governmentality consists of specific forms of intervention by various actors and agents, such as institutional and legal practices, while also denoting a discursive field in which certain forms of power emerge as rational. For the effective operation of the political economy, concrete interventions are a governmental necessity. What is required, however, is *not* interventions on the market mechanism itself – for the market must be allowed to freely verify or falsify the effectiveness of the governmental reason.¹⁰² Rather, the neoliberal governmentality necessitates interventions on the *conditions* of the market, so that the social environment and legal framework are optimal for sustaining the market as free from governmental interventions.¹⁰³ In other words, “the market must be a cleared space free from intervention”.¹⁰⁴ This, however, is not secured by means of *laissez-faire*, but through an “indefinitely active policy”¹⁰⁵ that strives for constant competition on the market rather than fair exchange. In neoliberalism “[o]ne must govern *for* the market, rather than because of the market”.¹⁰⁶

This form of reasoning and practice is clearly evident in the contemporary government (and commodification) of care across societies. In order to secure an efficient and competitive production of care services so that the market can function and “freely determine” their “truthful” price, it is both not quite possible and not enough that care simply be turned into a market product. The government must actively create the conditions in which the market logic

¹⁰⁰ Jemima Repo, *The Biopolitics of Gender*. Academic Dissertation, University of Helsinki (Helsinki: Unigrafia, 2011), p. 173.

¹⁰¹ Foucault, *The Birth of Biopolitics*, *op. cit.*; Foucault, *Territory, Security, Population*, *op. cit.*; Lemke, *op. cit.*

¹⁰² Foucault, *The Birth of Biopolitics*, *op. cit.*, pp. 30 ff.

¹⁰³ Foucault, *ibid.*, *passim*.

¹⁰⁴ Foucault, *ibid.*, p. 118.

¹⁰⁵ Foucault, *ibid.*, p. 120.

¹⁰⁶ Foucault, *ibid.*, p. 121, our emphasis.

dominates, so that care as a commodity can be competitively exchanged, and surplus of it extracted. This is done by means of legislative measures and concrete institutionalised practices. The examples are myriad. For instance, the legal reforms concerning public procurement laws and service provision (e.g. EU competition laws, or the GATS treaty) create and open markets for social services, bringing along standardization, and valorization of that which can be documented and calculated, which in turn enables competition while slicing up the lived processes of care into sellable “products”.¹⁰⁷ Similarly, new techniques are developed for the precise measurement of care-receivers’ ability and needs. For example, the resident assessment instrument RAI in long-term care, and other standardised evaluation tools enable the administrators and planners to compare caseloads and outcomes across care settings, while losing sight of the particularity of care needs in particular (embodied) situations of care.¹⁰⁸ Indeed, the evaluation and management of patients is now a key concern in social and health care, and new assessment tools, scales and mechanisms are constantly developed for this end.¹⁰⁹ As a consequence, administration (of life) swells.¹¹⁰

We may also consider the “innovations” in education, or the care worker categories which create new subclasses of low paid, low skilled care workers while hinging on assumptions of gendered and ethnic stereotypes.¹¹¹ Or, we

¹⁰⁷ E.g. Hanne Marlene Dahl, “Neo-liberalism meets the Nordic welfare states: Gaps and Silences”, *NORA*, Vol. 20, Issue 4, (2012) pp. 283-288; “A View from the Inside: Recognition and Redistribution in the Nordic Welfare State from a Gender Perspective”, *Acta Sociologica*, Vol. 47, Issue 4, (2004), pp. 325-337.

¹⁰⁸ L. Gray, K. Berg, B. Fries, J. Henrard, J. Hirdes, K. Steel and J. Morris, “Sharing Clinical Information across Care Settings: The Birth of an Integrated Assessment System”, *BMC Health Services Research*, Vol. 9 Issue 1, (2009). Available from: <http://www.biomedcentral.com/1472-6963/9/71> [accessed 23 August 2013]; Brett Neilson, “Ageing, Experience, Biopolitics: Life’s Unfolding”, *Body & Society*, Vol. 18, Issue 3-4 (2012), pp. 48-49.

¹⁰⁹ I. Gélinas, L. Gauthier, M. McIntyre and S. Gauthier (1999), “Development of a Functional Measure for Persons with Alzheimer’s Disease: The Disability Assessment for Dementia”, *The American Journal of Occupational Therapy*, Vol. 53, Issue 5 (1999), pp. 471-481.

¹¹⁰ S. Woolhandler, T. Campbell and D.U. Himmelstein, “Costs of Health Care Administration in the United States and Canada”, *The New England Journal of Medicine*, Vol. 349, Issue 8, (2003) pp. 768-775.

¹¹¹ K. Brunila, T. Kurki, E. Lahelma, J. Lehtonen, R. Mietola and T. Palmu, “Multiple Transitions: Educational Policies and Young People’s Post-Compulsory Choices”, *Scandinavian Journal of Educational Research*, Vol. 55, Issue 3 (2011), pp. 307-324; Hanna-

may think of the legal reforms for the privatisation of care services, and how they create precarious niches in the labour market by means of tax reforms, for instance,¹¹² or how certain areas of economy are left unregulated so that the grey market can freely operate in the field of care provision.¹¹³ These kinds of transformations are all *necessary* for the production of the kind of environment in which a market economy of care can emerge and function. In other words, they are necessary for the maintenance of the neoliberal political economy, indeed the “order of the household”.

These measures make the commodified care appear natural, while simultaneously necessitating the processes of commodification. However, it need be emphasised that, in the neoliberal order, the commodification of care or its measurable exchange are not ends in themselves. Rather, they are necessary to the extent that they feed into the neoliberal project of governing life in terms of enterprise. What is sought in the neoliberal government of life is not a “supermarket society, but an enterprise society”.¹¹⁴ This requires that the “social fabric” is constructed in a way that its “basic units would have the form of the enterprise”.¹¹⁵ In the domain of care this means that work life and gender relations are to be structured and maintained so as to serve the enterprise model of society, and existing care relations be severed so as to re-create them in a commercial context. All this is already visible in the governmental discourses and practices of care. For example, the individual and family units are expected increasingly to evaluate risks concerning their expected future care needs;¹¹⁶ prices are increasingly put on informal care work (e.g. through different forms of family carer’s allowances); global care workers migrate for marketised settings of care, while reorganising their familial care relations;¹¹⁷ and the whole social sector is characterised by

Kaisa Hoppania, *Care as A Site of Political Struggle*, academic dissertation, University of Helsinki (forthcoming).

¹¹² Caterina Calleman, “Ett marginellt problem? Om den arbetsrättsliga, skatterättsliga och socialrättsliga bakgrunden till produktionen av otruggt (‘prekärt’) arbete i privata hem”, in B. Nyström, Ö Edström & J. Malmberg (eds.), *Nedslag i den nya arbetsrätten* (Malmö: Liber, 2012), pp. 194–221.

¹¹³ Ungerson 2003, *op. cit.*

¹¹⁴ Foucault, *The Birth of Biopolitics*, *op. cit.*, p.147)

¹¹⁵ *Ibid.*, p. 148.

¹¹⁶ E.g. Anttonen and Häikiö, *op. cit.*

¹¹⁷ E.g. Ehrenreich and Hochschild, *op. cit.*

growing contractualism.¹¹⁸ Similarly, maternity care in many welfare states today is imbued with regulatory nursing practices that emphasise self-care and responsible citizenship in the field of sexual reproduction, mothering and family-making.¹¹⁹ In this context, the foetal body makes the corporeal relations of care more complex than in any other area of health and social care.¹²⁰

All these different processes of commodification underline the Foucauldian scenario, whereby an individual's life is lodged – from the very beginning – within the framework of diverse enterprises that are entangled with one another, and the individual's life itself is to be seen through the prism of the enterprise.¹²¹ The organising principle here of course is the economic logic, which operates through individualisation.

Following the economic logic, the policies of care have to merely assure “that every individual has sufficient income to be able [...] to insure himself [*sic*] against risks”.¹²² As Neilson notes, this is particularly visible in contemporary policies of elder care, where the tendency to perceive ageing as “more of an individual risk and less of a collective responsibility means that increasing numbers of people are compelled to care for themselves”, or utilise the markets for buying care services.¹²³ None of this is a matter of teleological development of capitalism. Rather, the neoliberal restructuring of care

¹¹⁸ Laura Kalliomaa-Puha, “Contracts as usual? Pros and Cons of the Social Sector Client Contracts”, *Juridiska Föreningen i Finland*, Issue 3-4 (2009), pp. 343–350. In fact, some care research seem to embrace these abovementioned, neoliberal discourses in its analysis. E.g. S.A. Butler, “A Fourth Subject Position of Care”, *Hypatia*, Vol. 27, Issue 2 (2012), pp. 390–406.

¹¹⁹ E.g. Maria Fannin, “The Burden of Choosing Wisely: Biopolitics at The Beginning Of Life”, *Gender, Place and Culture: A Journal of Feminist Geography*, 20, Issue 3 (2013), pp. 273–289; Riikka Homanen, *Doing Pregnancy, the Unborn, and the Maternity Health Care Institution*. Academic Dissertation, University of Tampere, School of Social Sciences and Humanities (2013). Available from: <http://urn.fi/URN:ISBN:978-951-44-9014-9> [accessed 25 August 2014].

¹²⁰ Cf. Homanen, *op. cit.* This is not to say such policies of maternity care cannot have emancipatory and empowering potential. Our aim here is not to judge which of the tools of neoliberal governance are commendable and which are not, but merely to underline the political nature of the policies that are often represented as apolitical technical improvements. On the complexity of governance, citizenship and empowerment, see Cruikshank, *op. cit.*

¹²¹ Foucault, *The Birth of Biopolitics*, *op. cit.*, p. 241.

¹²² *Ibid.*, p. 144.

¹²³ Neilson, *op. cit.*, p. 45.

manifests particular governmental interventions that secure the prosperity of an enterprise society. In the process, what becomes governed is life itself, *through* the practices of care that sustain life. Indeed, what becomes governed is the *relational, corporeal existence of human beings as bodies*: of those in need and of those who respond. What is more, when commodification puts prices on care that sustains bodies, the very existence of bodies becomes commodified. Thus, the neoliberal household's capacity to extract profit from bodies expands to the field of needs. Simultaneously, it becomes glaringly apparent that, in the neoliberal household, it takes money to be a body. How to spend that money is, allegedly, one's own *choice*.

HOMO OECONOMICUS AS THE NEOLIBERAL SUBJECT

In the commodified domain of care, the current neoliberal governance produces freedom of choice, but it precisely has to *produce* this freedom.¹²⁴ Simultaneously, a market oriented caring subject is produced. This is the *homo oeconomicus*, the neoliberal subject *par excellence*: entrepreneurial, risk-assessing and consuming, in essence, the “economic man” [*sic*].¹²⁵ The neoliberal subject is always rational in that her/his “conduct responds systematically to the modifications in the variables of the environment”.¹²⁶ This is the assumption on which neoliberal governmentality operates on, and the assumption that makes the neoliberal subject of care “eminently manageable” through “systematic modifications *artificially* introduced in the environment”.¹²⁷

Thus, in the processes where care is commodified, the environment of care is moulded so that the *homo oeconomicus* cannot but operate according to the logic of choice, and “choose wisely”.¹²⁸ Instead of accepting and addressing human corporeal neediness, focus is put on need management. As a *homo oeconomicus*, the care subject emerges as an internally divided individual subject: needy, but also a need manager; care receiver, but primarily a consumer and an entrepreneurial utility maximiser; never only a care worker,

¹²⁴ Foucault, *The Birth of Biopolitics*, *op. cit.*, p. 63–65.

¹²⁵ *Ibid.*, 268.

¹²⁶ *Ibid.*, 269.

¹²⁷ *Ibid.*, 270, our emphasis.

¹²⁸ Fannin, *op. cit.*

or a consumer of care services, but also a producer, manager, entrepreneur of care needs and services, within her/his intimate and professional life.

In the artificially produced figure of the *homo oeconomicus*, the corporeal neediness and relationality that are the defining features of our existence simply disappear from view. The bodily needs that the *homo oeconomicus* cannot provide by and for her/himself, but which *somebody* must provide, are not recognised in this order. Or perhaps more accurately, in the neoliberal order, the subjects who are incapable of filling the subject position of *homo oeconomicus* are denied a subject position altogether.¹²⁹ What is problematic for the neoliberal household is that these incapable subjects cannot be done away. This, in turn, shows that the rules designed for the housing of the “economic men” *just don’t work*. The problem is not so much that the neoliberal household is always asked to house also *some* fundamentally dependent bodies, who keep messing up the order because they cannot manage their own needs. The real problem is that *nobody* can.

In other words, the *homo oeconomicus* may well exist in the neoliberal discursive order but placed in our fleshy reality, s/he is an extreme and misleading abstraction. In fact s/he has, or rather is, a body, and that body has uncontrollable needs of care that cannot be provided by the self alone. S/he can only exist embedded in corporeal relations of care. Indeed, the problem of neoliberalism is that its “household” is full of bodies entangled in corporeal relations of care: bodies that sit uneasily with the economic role assigned to them. It is then here that we must recognise the neoliberal order as incomplete.

THE REBELLIOUS CARE

As implied above, the *homo oeconomicus* and the neoliberal “environment” through which s/he is produced and governed are, after all, discursive constructions that do not account for the material corporeality imbued in subjectivity. Deceitfully thus, the neoliberal rationality conceals the fact that ensuring the survival of the *homo oeconomicus* requires quite a bit of concrete, physical and material bodywork and relationality: it requires care that cannot be produced by the self alone, but that requires the bodily presence, attention and physical work of another person. No one can escape this fact of life.

¹²⁹ Bacchi and Beasley, “Citizen bodies...”, *op cit.*; Vaittinen, “The Power of the Vulnerable Body...”, *op. cit.*

Foucault too acknowledges that the individual never becomes fully governmentalizable, since “power gets a hold on him to the extent, and only to the extent, that he is a *homo oeconomicus*”.¹³⁰ Nevertheless, focusing on the self-care of the “economic man” [*sic*] as the (dis)embodied correlate of the neoliberal order, he fails to explicitly examine the moments when the biopolitically governed body is *not* an “economic man”. Hence, for a sharper analytical focus on the moments when power fails to get hold of the subject, we need alternative conceptual tools.

Already Marx has argued that “the abstraction of living labour into measurable units is intrinsic to the process of capitalist valuation”.¹³¹ In the realm of care, however, creating the market requires the commodification and abstracting of not only living labour but also *living needs*, and turning them into measurable units. This is of course problematic. Namely, treating care as a vehicle of capital accumulation requires that it be understood in terms of measurable, i.e. commodified, services and choices, which in turn require set parameters for care needs and caring deeds. Such parameters do not simply arise naturally, but they must be artificially created. Annemarie Mol has examined these contemporary processes by juxtaposing the logic of choice with the logic of care.¹³²

In Mol’s account, the logic of choice is used as a foil against which the logic of care emerges. Through ethnography of the daily life of diabetes patients, she uncovers the logics incorporated in practices of good care. These findings are then juxtaposed with the logic of choice that prevails in care policies across neoliberal societies. Whilst choice is, in many instances, a positive thing, Mol shows how it carries with it a world of ambiguity. The logic of choice requires thinking about care in terms of transactions, and this requires that things become fixed. Consequently, the logic of choice assumes that things are fixed when in fact they are fluid, like the circumstances in which the alleged *homo oeconomicus* makes choices, or the alternatives between which s/he chooses and indeed the boundaries around the “care products” on offer.¹³³

The logic of care, by contrast, does not perceive care in terms of singular transactions. Instead, caring means that we interact and shift our actions

¹³⁰ Foucault, *The Birth of Biopolitics*, *op. cit.*, p. 252.

¹³¹ Cited in Neilson, *op. cit.*, p. 56.

¹³² Mol, *The Logic of Care*, *op. cit.*

¹³³ *Ibid.*, p. 83.

around, so as to *best accommodate the exigencies and specificities of the situation at hand*, recognising the corporeal capacities and limitations of both the one in need and the one who cares. Care, for Mol “is not a limited product, but an ongoing process” that starts from what people need – not from what they know, or want, or know to want.¹³⁴

What emerges here is an incompatibility between care as a corporeal relation and an open-ended process on one hand, and the neoliberal logic of choice and commodification that necessitate clearly defined products and services. A dependent body in need of care – a child’s body, a sick body, a frail body, a mind lost in dementia – commands attention of particular kind; lest he or she be neglected and left to die. Care requires personal attention, bodily presence of another, the capabilities, possibilities, time and resources that allow for this particular corporeal relation. When these elements of care are moulded into care-products, they become sliced up and recombined in ways that fail to accommodate what bodies need and can do.

The logic of choice and commodification requires that the processes of care are sliced up. It also requires that individual care practices are monitored and documented, so as to secure the cost-effectiveness and competitive exchange of commodified care. This further limits the carers’ possibility to listen and respond to the actual needs at hand. Braithwaite *et al.*, for example, have argued that aged care today is characterised by “regulatory ritualism”, where means of “securing regulatory goals” are institutionalised and ritually followed, while simultaneously the aims of good care are lost from sight.¹³⁵ The practices of monitoring that commodification requires have rather perverse consequences, when the *management* of care reduces the quality of care that is actually given.¹³⁶ Similarly, research suggests that public reporting of “quality information” may inadvertently reduce, rather than improve, the quality of health care.¹³⁷ Reforms of social work, in turn, have increased

¹³⁴ *Ibid.*, pp. 11, 22.

¹³⁵ John Braithwaite, Toni Makkai and Valerie Braithwaite, *Regulating Aged Care: Ritualism and the New Pyramid* (Cheltenham and Northampton: Edgar Elgar, 2007), p. 7.

¹³⁶ *Ibid.*; R. C. W. Hall, “Ethical and Legal Implications of Managed Care”, *General Hospital Psychiatry*, Vol. 19, Issue 3 (1997), pp. 200–208.

¹³⁷ E.g. R.M. Werner and D.A. Asch, “The Unintended Consequences of Publicly Reporting Quality Information”, *The Journal of the American Medical Association*, Vol. 293, Issue 10 (2005), pp. 1239–1244.

bureaucracy, while reducing the face-to-face service with clients.¹³⁸ Research also suggests that the RAI family of instruments, while routinely used in long-term care settings, do not capture all the relevant care contributions, such as care workers' unique knowledge based on proximal familiarity and biographical information of patients. Consequently, an exclusive institutional reliance on RAI in the production and management of care has a tendency to undermine the quality of care.¹³⁹

According to Hanne Marlene Dahl, this "bureaucratisation of care as an attention to regulations and the documentation of care has been reinforced by neo-liberalism".¹⁴⁰ Care is a corporeal relation that derives from the needs of the body. As opposed to neglect or abuse, it is constituted through adequate, intra-active¹⁴¹ responses to those needs. The response often means concrete bodywork that requires time. Given that needs are unpredictable, and that the body also responds to care in unpredictable ways, it can never be ascertained beforehand how long a particular care task will take. The neoliberal logic of choice and commodification, however, requires predictability that the corporeal circumstances of care cannot live up to.

Thus, in the middle of all the monitoring and documenting of singular care practices – which also require bodily resources in spite of their technical nature – it often happens that the embodied resources of the care-giver simply run out before the actual needs are met. Responding to the requirements of regulation, technical documents and reports, the caregiver might in fact fail to care, fail to respond to the corporeal situation at hand. The care-giver may fail to feed the patient adequately, for instance, or s/he may have to neglect a person's urgent need to go to toilet, when having to fill in a report on the daily care practices. As a result, the management of care leads to malnutrition and poor hygiene, indeed substandard levels of *care*.

Such mundane situations of failed care result in minuscule ruptures in the neoliberal order. These ruptures can be articulated through the body in need,

¹³⁸ K. Postle, "The Social Work Side is Disappearing: I Guess it Started With Us Being Called Care Managers", *Practice*, Vol. 13, Issue 1 (2001), pp. 3–18.

¹³⁹ P.C. Kontos, K. Miller and G.J. Mitchell, "Neglecting the Importance of the Decision Making and Care Regimes of Personal Support Workers: A Critique of Standardization of Care Planning through the RAI/MDS", *Gerontologist*, Vol. 50, Issue 3 (2010), pp. 352–362.

¹⁴⁰ Dahl, "Neo-liberalism meets the Nordic welfare states", *op. cit.*, p. 285.

¹⁴¹ Karen Barad, *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning* (Durham: Duke University Press, 2007).

by the caregiver who is in the position to respond, or by some other agent indirectly involved in this concrete political-economic relation of care. The ruptures may take the form of a tragedy, when the person in need can no longer sustain her/his body, and dies because of inadequate care, due to malnutrition for instance. Furthermore, when the basic needs of the body are not responded to – a person is not fed, or cleaned up after soiling oneself – the body may respond with uncontrollable and unintentional anger. A seemingly immobile, senile and even completely bed-ridden patient may forcefully grab the hand that is meant to feed or bathe the body-in-need, for example. In situations of care, such rage is often directed at the care-giver, who may also use force in response. Indeed, violence, as well as the compassion fatigue and burnouts of care-givers, are recurrent elements of formal care work today.¹⁴² This violence ensues from the lack of caring resources,¹⁴³ and may well be understood as individual incidents in the private sphere of care. However, like Banerjee *et al.* have shown, there is also a structural element to it.¹⁴⁴

While it is, directly, the care-giver who fails to respond to the need at hand, her/his incapacity is produced by the neoliberal governmentality that structures her/his (im)possible field of action. The incapacity is produced by the very same discourse and artificial parameters by which the neoliberal governance aims to turn care into a commodity. When this is recognised the mundane but recurrent conflicts in the realm of care may well resonate to

¹⁴² Malin Åkerström, "Slaps, Punches, Pinches – But Not Violence: Boundary-Work in Nursing Homes for the Elderly", *Symbolic Interaction*, Vol. 25, Issue 4 (2002), pp. 515–536; Wendy Austin, 'Compassion Fatigue: The Experience of Nurses', *Ethics and Social Welfare*, Vol. 3, Issue 2 (2009), pp. 195–214; Albert Banerjee, Tamara Daly, Pat Armstrong, Marta Szebehely, Hugh Armstrong and Stirling Lafrance, "Structural Violence in Long-Term, Residential Care for Older People: Comparing Canada and Scandinavia", *Social Science and Medicine* Vol. 74, Issue 3 (2012), pp. 390–398; Folbre, *op. cit.*, p. 51; Gladys C. Keidel, "Burnout and Compassion Fatigue among Hospice Caregivers", *American Journal of Hospice and Palliative Care*, Vol. 19, Issue 3, pp. 200–205; L. Lloyd, A. Banerjee, C.F. Harrington, F. Jacobsen and M. Szebehely, "'It's a Scandal!' Comparing the Causes and Consequences of Nursing Home Media Scandals in Five Countries", *International Journal of Sociology and Social Policy*, Vol. 34, Issue 1/2, (2014), pp. 2–18; Thomas J. Rippon, "Aggression and Violence in Health Care Professions", *Journal of Advanced Nursing* Vol. 31, Issue 2, (2000), pp. 452–460.

¹⁴³ Donna Baines, "Staying with People Who Slap Us Around: Gender, Juggling Responsibilities and Violence in Paid (and Unpaid) Care Work", *Gender, Work and Organization*, Vol. 13, Issue 2 (2006), pp. 129–151.

¹⁴⁴ Banerjee *et al.*, "Structural Violence..." *op. cit.*

society more widely, through care-givers' strikes or media scandals for instance.¹⁴⁵

The violent conflicts in the realm of care may be understood as symptomatic of the failure of neoliberalism to account for care in its own logic.¹⁴⁶ They are ruptures in the neoliberal household's order of things. It is in situations like these where the system meets its limits. Here, neoliberalism can no longer incorporate within itself the pressing, corporeal relations of care – in spite of its constant attempts to domesticate them.¹⁴⁷

“THE POLITICAL” WITHIN CARE

Care as a corporeal relation is a defining feature of *life* and hence our political existence. As such, care is always present in some enabling form, if often latent and unnoticeable. However, when care is not adequately accounted for in some sphere of life, it starts to challenge that very sphere – it requires to be noticed, thereby opening up a space for “the political”, calling for change in the very order in which it is being governed. Sometimes, these calls take the form of individual conflicts in the realm of care, when a needy or caring body violently protests the system's incapacity to provide adequate care. Other times, *somebody* has to die before the crisis of care becomes noticed.

The changes that such allegedly private incidents impose in the political economy as a whole are often microscopic, barely noticeable on the level of the “politics”. However, bearing in mind that the moments of the political do not necessarily denote epochal or revolutionary changes, *these incidents emerge as openings of the political* where the present order is challenged at its very limits. As individual cases, the crises of care seem like small distractions, mere hiccups in the system. Yet, as corporeal relations of care, these crises are occasionally articulated more widely on the societal level.

¹⁴⁵ Boffey, *op. cit.*; Carroll, *op. cit.*; Lloyd *et al.*, *op. cit.*

¹⁴⁶ It must be noted that, while the neoliberal system does not recognise the need and allow adequate resources for care, it also does not recognise the positive spillovers, side-effects and externalities of caring that it relies on. E.g. Folbre, *op. cit.*, p. 50; Kathleen Lynch and Judy Walsh, “Love, Care and Solidarity: What Is and Is Not Commodifiable”, in K. Lynch, J. Baker and M. Lyons (eds.), *Affective Equality: Love, care and injustice* (Basingstoke: Palgrave Macmillan, 2007), pp. 35–53.

¹⁴⁷ Cf. Daly, *op. cit.*, p. 185.

Namely, the corporeal relation of care is never only a matter of the two persons involved in the practices of care. It is a form of political relatedness that, in the biopolitical order of neoliberalism, is an object of dispersed modes of governance. This also means that all corporeal relations of care involve a range of actors from the families of care recipients to care providing public and private institutions to municipal and state actors to labour unions.¹⁴⁸ Each of these actors has stakes in the governance of care. Thus, when the hiccups of inadequate care, caused by the system's failure, become recurrent, also the politicians and officials operating beyond the immediate praxis of care will have to respond. Being directly involved in the neoliberal governance of care, these actors' responses are likely to bring more notable changes also in the system itself. This is because it is their responsibility to try and keep the "household" in order. Each time the politicians or responsible officials tidy up the havoc caused by a crisis of care, the order becomes reorganised, slightly reformed. Obviously, the result is unlikely to be a completely new economic order. Perhaps only a new apparatus of monitoring is introduced, or some new legislation becomes passed,¹⁴⁹ so as to avoid further distractions of similar kind, and in order to get all these needy and caring bodies and their relationships under control – indeed, so as to enable the constant extraction of profit from those bodies.

Yet, an ultimate control of the bodies remains impossible. The corporeal relations of care simply cannot be "domesticated". Consequently, the neoliberal household remains full of bodies that cannot control themselves – and this is good news! It means that, in spite of its endlessly totalising tendencies, the neoliberal political economy remains incomplete and open for change. For as long as our bodies need other bodies for survival, there is relatedness that continues to make the economy political.

¹⁴⁸ Cf. Vaittinen, "Reading global care chains as migrant trajectories...", *op. cit.*

¹⁴⁹ Cf. Lloyd *et al.*, *op. cit.*; Hoppania, *Care as A Site of Political Struggle*, *op.cit.*

Article IV: *Migrant Trajectories*

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Reading global care chains as migrant trajectories: A theoretical framework for the understanding of structural change

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SYNOPSIS

In the study of the global restructuring of care work, the 'global care chain' (GCC) has emerged as a predominant analytical framework. The GCC literature addresses gendered social change from myriad angles of mobility, but it also takes the structures of global political economy (GPE) somewhat for granted. The literature focuses on the unequal global structures and their role in the production of mobile care workers. However, it does not address the ways in which this global movement of care also constantly transforms the structures at the micro-level. After reviewing the GCC literature, the article argues that, in order to understand these incessant transformations, the global care chains should be read as migrant trajectories. The article provides a general definition for the term migrant trajectory, as well as an empirical example of how it can be used in the study of the global movement of care.

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Introduction

For any emergent material configuration, infinitesimally small causes can transform successive conditions for interaction among elements such that they end up having massive but unanticipated effects.

[Coole & Frost, 2010: 14]

The global restructuring of reproductive labour has intensified over the past decades. The migration of care workers from poorer to richer societies on a massive scale brings about social change in host countries as well as in the countries of origin. A central dynamic behind this movement is the gendered realm of care and its embodied need. Feminist analysis has provided the most compelling accounts of the phenomenon. Here, the 'global care chain' (GCC), originally devised by Arlie Hochschild (2000: 131) as 'a series of personal linkages between people across the globe based on the paid or unpaid work of caring', has emerged as a predominant frame of analysis.

In this article, I aim at understanding the changing structures of global political economy (GPE)¹ by reading the global care

chains as migrant trajectories. Through a literature review, I show how the GCC approach addresses gendered social change from myriad angles of mobility, but nevertheless takes the structures of GPE somewhat for granted. The GCC perspective focuses on the unequal global structures as producing mobile care workers.² Yet, it fails to systematically analyse the ways that this mobility also shapes the structures at the micro-level.

I do not deny that the structures of GPE are indeed unequal and that this is a major reason for the migration of care workers from poorer to richer societies. Nevertheless, I wish to redirect the attention slightly away from what the global structures are and towards their constant processes of becoming. In particular, I wish to illuminate the ways in which the movement of care influences the making of the structures. Thereby, I underline the transformative power of care in the global political economy.

I claim that the gendered realm of care, its global need and the consequent *embodied movement* produce structural change not only in the host societies or the countries of origin but also in the space of their interrelations. I emphasise the words *embodied movement* so as to underline that the agentive force I am interested in is *not* the migrant care

worker per se, but her or his embodied trajectory through the global structures (see also Vaittinen, *in press*). In this regard, the paper relies on a new materialist ontology that 'testifies to a critical and nondogmatic reengagement with political economy, where the nature of, and relationship between, the material details of everyday life and broader geopolitical and socioeconomic structures is being explored afresh' (Coole & Frost, 2010: 7).

The new materialist ontology 'is not about being, but becoming' (Coole, 2013: 453). Hence, the global political economy is to be understood as an 'emergent material configuration' (Coole & Frost, 2010: 14, my emphasis) rather than an insurmountable structure. Indeed, I understand GPE itself as being in constant movement, going through processes of transformation that are caused by infinitesimal changes within its very structures.

I do refer to *existing* structures when talking about the institutionalised practices and discourses that dominate the operation of GPE. At the same time, however, I want to maintain that these structures *never* 'exist' in complete stability, but they are constantly being rearticulated. There is an incessant turbulence imbued in the very micro (or perhaps quantum) level of GPE. When the turbulence transforms the structures on the micro level, also the whole is being transformed, including the level of the 'macro'. Consequently, the global care economy and GPE as a whole are irreversibly entangled with each other. Just like the 'micro' is not really separable from the 'macro', the global care economy is *not* a realm separate from the wider structures of GPE. It is part and parcel thereof, even a rather central one, given the necessity of care for human life and hence for any form of political economy. Namely, in spite of its multifarious post-human tendencies (cf. Coole & Frost, 2010) the operation of the global political economy is ultimately dependent on embodied human beings. No human embodiment can exist without care, which makes the political economy ultimately dependent on care. Thus, when the global care economy changes, it is obvious that so do the wider structures of GPE that *depend on care*.

My argumentation requires that we give up the idea that the global political economy can be empirically sliced up into different levels of analysis. Fiona Williams (2011), for example, has suggested that the transnational care economy³ be best studied by separating the micro practices of everyday care from the meso-level of national and supranational institutions and yet again from the macro-processes of globalisation. While perhaps analytically useful, in ontological terms this is an artificial distinction. Namely, the *embodied movement* of the migrant care worker cuts through each of these levels, as she/he moves through the global structures. There simply is no clear separation between 'global', 'national' and 'local', since the migrant trajectory unites them all in the same global process.

The article proceeds as follows. I begin by reviewing the global care chain literature, with a focus on how it addresses the thematic of this special issue, that is, gendered social change *vis-à-vis* migration and mobility. On the basis of this (necessarily limited) review, I argue that although the literature does indeed address gendered social change from myriad angles, it does not systematically theorise the transformative power of care in the structures of GPE.

Thus, after the literature review, I develop a theoretical framework for the understanding of the structural change that is brought about by the global movement of care. Here, I build on Nicola Yeates' (2009) extended model of GCCs. Her model effectively illustrates the structures in which care labour is being globally reorganised. Yet, this model too fails to address the migrants' *embodied movement as transformative of the structures*. Suggesting a deviant reading of Yeates, I thus argue that the global care chains should be read as migrant trajectories. I devise a general definition for the term migrant trajectory, as well as elaborate its usage through an empirical example.

The empirical example consists of Daniel's⁴ migrant trajectory. He is one of the twenty-six Filipino nurses, male ($n = 12$) and female ($n = 14$), who have participated in my on-going PhD project, where I study the global care economy of ageing Finland by means of multi-sited ethnography (Marcus, 1995). Mainly, my research focuses on a group of Filipino registered nurses who have migrated to Finland with a student visa, so as to study practical (auxiliary) nursing in a Finnish vocational school.⁵ The ethnographic research material has been collected during the years 2011 and 2012. During several shorter periods that lasted from one to three days at a time, I followed the nurses' daily lives at the vocational school. I participated in the lessons, stayed in the same dormitory flats where they lived, joining their spare-time activities, sometimes 'helping' with the school assignments in the evenings. At the time, Daniel had already graduated from this school and was in working life. I joined his working days at a private elder care home, if only for a couple of shifts.⁶

Due to the limited scope of this article and its primarily theoretical ambitions, I will not present an in-depth empirical analysis of the material here. Rather, Daniel's trajectory serves the purposes of illustration. The trajectory is constructed through an analysis of his life-story interview, which is read through my ethnographic field notes, as well as an interview with another Filipino, Anna, whose trajectory is highly relevant for Daniel's story. Daniel's trajectory underlines the profound change of perception that follows, when the GCC is read as a migrant trajectory. It shows that the global care chain does not exist *prior to* the care worker's movement in the global space. Rather, the 'chain' designates an *embodied trace* that migrant leaves in the global structures, as she/he moves through them. As such, the global care chain is the migrant trajectory: always a unique space of negotiations, where the global is recurrently made anew.

Global care chains and gendered social change: a literature review

In Arlie Hochschild's (2000: 131) original definition, the GCCs are imagined as global 'linkages' that tie together individuals and their households on the basis of paid or unpaid care work (Fig. 1). Thus, the care workers in Hochschild's model are connected to one another through the care deficit that each has moved to fill or left behind. Archetypically, a chain is formed when a woman in the 'First World' fills her need of child care at home by hiring a migrant nanny from across the globe, who then has to leave her own

children in someone else's care. According to Hochschild (2000: 136),

the chains often connect three sets of care-takers — one cares for the migrant's children back home, a second cares for the children of the woman who cares for the migrant's children, and a third, the migrating mother herself, cares for the children of professionals in the First World.

Thus, the Hochschildian care chain reaches from one end of the globe to the other, through individual households and their (available) strategies of filling the needs of care. These chains of labour and emotions bend by the unequal structures of GPE so that the individual 'nodes' of the chain do not have an equal standing. At the Western end of the Hochschildian chain, there is 'surplus love' where a child is eligible to the loving presence of the nanny as well as the parents. Simultaneously, children at the other end are deprived of the concrete presence of their mothers, the global nannies (Hochschild, 2000; Parreñas, 2001, 2003, 2005. For criticism, McKay, 2007; Dumitru, *this issue*).

While influential, Hochschild's conceptualisation of GCCs has received its share of criticism. This has often resulted in empirical and theoretical expansions of the framework. Much of the critique deals with the relative simplicity of the Hochschildian model. Dumitru (*this issue*), for instance, points to the sexist tendencies imbued in the Hochschildian analysis of global care work, calling for the recognition of care workers as skilled labour. Spanger, Peterson, and Dahl (2013) argue that the internally complex nature of the state is not adequately accounted for, and McKay (2007) criticises the GCC's universalising perception of emotions. Importantly, McKay also points out that the GCC approach overshadows the agency positions of the migrant nanny, by representing her as 'a migrant-victim best understood in terms of [...] her role as the object of global capitalist expansion and restructuring' (McKay, 2007: 177). My own attempt to read the GCCs as migrant trajectories is motivated by a criticism similar to this.

Others have also noted that with its almost exclusive focus on female migrants and motherly care, the GCC foregrounds heteronormative experiences of migration, gender, family and care (Manalansan, 2006). Thereby, it reinforces care as the work of particular types of women, namely married, heterosexual mothers. This critique has opened up space for interesting and important studies on male domestic workers, for instance (Bartolomei, 2010; Kilkey, 2010; Näre, 2010; Sarti, 2010; Sarti & Scrinzi, 2010; Scrinzi, 2010; Qayum & Ray, 2010; see also Parreñas, 2012: 272–273).

The early GCC studies did not adequately account for the contextual specificities of their case studies (Yeates, 2009), thereby reinforcing the idea that care, its practices and meanings would be somehow universally transportable (Huang, Thang, & Toyota, 2012; Raghuram, 2012). These critiques are linked with the diversification of GCC studies, which now focus on South–South migration, for example (Huang et al., 2012; Kofman & Raghuram, 2012; see also Onuki, 2011); on the European rather than the North-American context (Lutz, 2008, 2011); on the Nordic welfare state (Isaksen, 2010a); on middle-income countries (Kofman & Raghuram, 2012); on professional nursing rather than domestic care (Gabriel, 2011; Isaksen, 2010b, 2012; Walton-Roberts, 2012; Yeates, 2009); and on other types of

transnational care relations than mothering (Isaksen, 2010b, 2012; Huang, Yeoh, & Toyota, 2012; Thai, 2012; cf. also Lu, 2012). Recently, there have been calls to deconstruct the methodological nationalism (cf. Wimmer & Glick Schiller, 2002) imbued in the GCC framework. Attention has been drawn, for instance, to the GCC's local configurations (Raghuram, 2012; Kofman & Raghuram, 2012: 417–418) and 'networks that do not necessarily transcend international state borders' (Yeates, 2012: 148).

How then, has the GCC literature addressed change? Already before Hochschild (e.g., Enloe, 1989), it has been recognised that the global redistribution of domestic work helps to maintain the patriarchal social order of the host societies. Thanks to migrant nannies, it is argued, societies have not been pressured to provide public child care when the mothers have joined the official labour market, nor have the fathers been pressured to take on more responsibility of domestic work (Ehrenreich & Hochschild, 2003; Lutz, 2008). Thus, to the extent that it helps to *maintain* the *status quo* of traditional family roles in spite of the disintegrating patriarchy, the Hochschildian GCC always has to do with gendered social change (cf. Yeates, 2012).

However, as Kofman and Raghuram (2012) note, in its analysis of the societal dynamics of gendered migration, the GCC research still too narrowly focuses on the South–North relations, and there on a specific selection of countries. They argue for an increased interest in Southern and middle-income states as *care-importers*. Often, the societal structures of care in these countries differ considerably from those in the global North, and the GCCs that emerge in these contexts are thus also radically different.

There is literature that deals with the redistribution of care in the sending countries of the global South. Haidinger (2008) as well as Parreñas (2005) suggest that it is usually other women who take over the caring responsibilities of female migrants and that also men's migration often reinforces the traditional gender roles of parenting (Parreñas, 2005). Manalansan (2006: 241), however, points to Pingol's (2001) work as an example of how the mother's migration can also lead to the husband 'taking over the work of "mothering"'. He furthermore argues that the blindness of GCC analyses to these kinds of social changes in the sending countries signifies their sexist and 'imperialist' tendency to portray 'third world men as lacking the cultural knowledge to be authentic modern fathers' (Manalansan, 2006: 240).

Manalansan's criticism however hides the fact that also the role of the First World men in GCCs remains a largely unexplored question. Omissions like this may further reinforce the understanding of care as women's *and* migrants' work. All in all, it need be recognised that in constructing our visions of the global care relations, us researchers too constantly participate in the (re)making of global political economy, by both reproducing and challenging its existing discursive structures.

Nevertheless, it is clear that when women and men emigrate for work on massive scale (for care or any other types of jobs) leaving their families behind, this changes the gendered societal structures of source countries in complex ways. This is particularly so when it is recognised that the change is tied up with migration of fathers as well as mothers and sons as well as daughters, who can be single as well as married, and represent a complexity of sexual identities (cf. Manalansan, 2006). Indeed, it is now widely recognised that the restructuring of care is about intersectional, classed and

racialised processes, where the global outsourcing of care work not only reproduces gendered social orders but also does this at the interplay of other forms of inequality. In some instances, 'paid domestic work allows middle-class women to obtain greater equality while keeping working-class and migrant women in traditionally feminized nonstandard jobs' (Sarti & Scrinzi, 2010: 5). Similarly, however, the migrant's gendered social position, sexuality and class may be multiply (re)negotiated during the migration experience and often quite strategically so (Näre, 2010; Isaksen, 2010b: 147; also Erel, 2009).

In the processes of migration, and also the societal understandings of care change, as migrants figure out new ways of caring from the distance. Today, new communication technologies allow for concrete forms of transnational family-making (Madianou, 2012; Madianou & Miller, 2011). Remittances play a major role not only in financially empowering the migrant workers vis-à-vis their 'home' communities (Sarti & Scrinzi, 2010: 6), but also by symbolising a concrete form of care from afar (McKay, 2007; Thai, 2012). Within families, such changed relations of care shape the traditional gender requirements, transforming as well as reinforcing them. The 'traditional pattern of the "good mother" who sacrifices herself for the well-being of her children' may become paradoxically reproduced (Sarti & Scrinzi, 2010: 6), but the same applies also to other family members.

While transnational fathering remains an area less explored in the literature (see however Parreñas, 2008; Pingol, 2001), so does the transnational care provided by sons. Thai (2012), however, draws attention to the changing notions of good daughterhood in the context of a Vietnamese diaspora, Baldassar (2011) with a reference to an Italian diaspora, and Isaksen (2010b: 154) in the context of Latvian nurses in Norway. Also the practices of grand-parenting are shaped in transnational families, as shown by Tatiana Tiaynen (2013: 113–151) as well as Loretta Baldassar (2012).

Of course, it has not gone unnoticed in the literature that the global movement of care brings about change not only in the host countries and countries of origin, but also in spaces that cut through the two. Isaksen (2010b: 138; 2012), for example, explores 'the transnational spaces of care' as challenging 'the traditional understandings of the family and the welfare state as nation-state-specific social institutions'. Lopez (2012), in turn, develops a concept of 'curo-scapes' to describe the 'transnational sphere of administering and managing care that now operates as much at a local state level as it does at a trans-regional and global level' (Lopez, 2012: 253). This work helps to perceive the transnational structures of care as dynamic and transforming rather than stagnant and unchanging.

Care is 'made over' as it moves transnationally (Huang et al., 2012: 130). The connotations, practices and requirements of care itself change from one society to another, and care cannot thus be seen as a mere commodity being 'transported' (see also Raghuram, 2012). The state specific, politico-judicial care regimes (Williams & Gavanas, 2008) have the power to shape the meanings of care as it crosses an international border, but they also have an impact on who does the work of care. In many Western countries, new laws and policies are presently constructing care as migrants' work. Through legislative measures and taxation, for instance, informal and unregulated niches of care work are created in the labour markets. These precarious niches are

often filled by migrants whose position in society does not allow an entry to formal jobs (Calleman, 2012; Gavanas, 2010, 2013).

Hence, it must be emphasised that while gender still remains a central organising principle in terms of who does the work of care, in many national contexts migrancy appears as almost as crucial (Näre, 2013). The gradual construction of care as a 'migrant's job', rather than a 'woman's job', shows how the links between gender, migration and social change are not carved in stone. They are deeply entwined with the respective legal-political structures at place – which themselves are in constant movement. This change cannot be understood merely by looking at the unequal structures of GPE, but more nuanced, bottom-up heuristic tools are required.

Yeates' extended vision of GCCs

Implicitly, the GCC literature addresses gendered social change from myriad angles of mobility. Here, however, change is largely analysed either in terms of the migrant's intersectional identity, family relations, or on the level of 'host' and 'home' societies. Simultaneously, the global structures in which the changes are negotiated are taken as relatively given. In the remainder of the paper, I argue that the multiplicity of negotiations involved in the migration process does, in fact, shape the structures of GPE too. In this section, I will spend some time in describing the complex structuration of the global care chains themselves. Here, I turn to the work of Nicola Yeates (2009) and her nuanced criticism and extension of the GCC model.

Like many others, also Yeates criticises the Hochschildian notion of GCCs as too simplistic in scope. With its almost exclusive focus on childcare, Yeates argues, the concept fails to address the multifaceted processes in which different types of care work are being globalised, hence neglecting the varying institutional structures involved (also Cuban, 2013; Lopez, 2012; Spanger et al., 2013). She calls for further attention in GCC analyses to five areas in particular: (1) *not only to global nannies*, but also to other groups of migrant care workers, including 'skilled' migrants, such as nurses; (2) *not only to motherly relations*, but also to the varying family situations in which care workers migrate; (3) *not only to child-care*, but also to the different other types of care, including health care, elder care, and so on; and (4) *not only to domestic reproductive labour*, but also to the varying institutional settings in which globalised care work is provided, such as hospitals and care homes. Finally, she emphasises that (5) care chains are always constructed in *historicised contexts*, the analysis of which is essential for the understanding of 'their transformation over time and the confluence of factors bearing on that transformation' (Yeates, 2009: 48–55).

These five elements add to the complexity of GCCs considerably by steering attention towards other actors than the households directly involved in the practices of care. Furthermore, drawing on global commodity chains in more detail than Hochschild,⁷ Yeates (2009: 59–66) suggests that the investigation of GCCs should account for: (A) *'the structure of inputs or outputs'*, such as the education of the care worker, recruitment channels, and the organisation of the care service system; (B) *territoriality*, particularly in the sense of 'geographical spread of networks of labour encompassing individual workers, households, labour brokers' (Yeates,

2009: 60, Fig. 3.3); and finally, (C) the *internal governance* in terms of the nationally specific care and migration regimes (also Williams & Gavanas, 2008). These three elements are analytically important in that they further emphasise the global care chains as historically particular constructions.

Thus, on the basis of Yeates' extended model, and as the below figures illustrate, the global care chains are indeed a matter of far more complex relations than the Hochschildian notion would have it.

Involving a whole range of actors other than individual households, Yeates' GCCs are in fact less reminiscent of a chain than a *network of intertwining chains* (Fig. 2). Arguably thus, her extended model is more capable than its predecessor of representing the complex global political economy of care. Yeates' model requires one to look not only at the linkages between persons and institutions directly related to care work. It depicts the ways that care and its global need cut through a whole range of politico-economic institutions seemingly unrelated to care. Indeed, this vision highlights how the global care chain involves actors from all levels of the political economy, from government authorities to educational institutions to recruitment agencies to financial institutions: all these actors are involved in the nodes where the global trajectories of care are being (re)negotiated. In such 'negotiations', I argue, care and its global movement come to shape the very structures of GPE.

Beyond the structural reading of GCCs

Capable of grasping complexity, Yeates' extended definition of GCCs provides an extremely useful methodical tool: in specific empirical analyses, her schematisation makes it possible to map out and scrutinise the multifarious politico-economic structures that evolve around specific cases of globalised care work. Yet, it is here that I suggest a deviation from Yeates.

Yeates herself has utilised the model in the analysis of international nurse migration, with a reference to what she calls global nursing care chains (GNCCs). These consist of

a nursing institution in the host country [...] the nurse who *moves along* the chain, sometimes an intermediate nursing situation in a third country [...] and the nursing or educational institution in the source country.

[Yeates, 2009: 75, my emphasis]

Such basic GNCC then follows and moves through a complex network of relations that involve recruitment

and training companies, state immigration services, nursing licensing authorities, trade unions, advocacy and service NGOs and various other actors that exert influence on the care chain – in particular historicised conditions embedded on particular national and international legislative regimes, as visualised in Fig. 2 below (Yeates, 2009: 75–122).

What I find as problematic here is that Yeates defines the migrant care worker as *moving along* the chain; as if the chain *pre-exists* the migrant's movement. Indeed, Yeates' global care chain depicts a historical construction that *enables* the mobility of individual care workers, while depending on the *production* of their mobility in one country and deficit in another. Most certainly this is an apt *structural* definition, allowing for a detailed yet complex analysis of the global care economy. Yet, I argue, reading Yeates' model *only* this way risks giving too much emphasis on the 'existing' structures, while erasing out the migrants and their *embodied movement as agentive*.

Imagining the global care chains as pre-structured paths along which the care workers migrate easily leads to the perception that the migrant care workers are but labouring bodies, governed by the rules of GPE; as opposed to lived beings, whose embodied movement through the chained network *leaves its marks on the entire structure*. Indeed, when looking at Yeates' illustration of an extended GCC (Fig. 2) more closely, with an eye on the migrant care worker, one can see that she or he is not there! In the figure, the migrating care worker is not mentioned at all.

Such an erasure of the migrant from the structural presentation of GCCs is highly political. This becomes evident when it is noted that the original title of Yeates' figure is: 'Schematic presentation of the range of *agents* in global care chains' (my emphasis). My point is not that the omission reflects the political position of Yeates herself. In fact, Yeates makes it quite clear that her extended GCC model emphasises 'the *structural characteristics* of care labour', while '*advancing* an agency analysis' as a secondary goal (Yeates, 2009: 218, my emphasis). Yet, the omission tells its own story about the discursive order being depicted. On the one hand, it perhaps shows how the figure of the migrant is easily sketched invisible in modern political economies, even when not intended. On the other hand, it also underlines the difficulty of depicting the GPE in ways that would not erase the *life* that influences the making of its structures. Namely, it is not only the migrant care worker who is missing from the picture: there are *no* embodied agents visible, only institutional actors. Consequently, also the *change that*

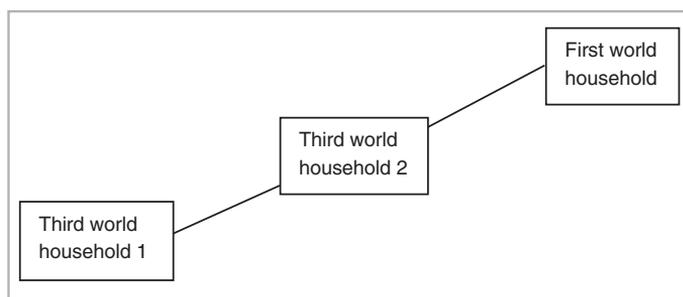


Fig. 1. Hochschild's GCCs (as envisioned by the author of this article).

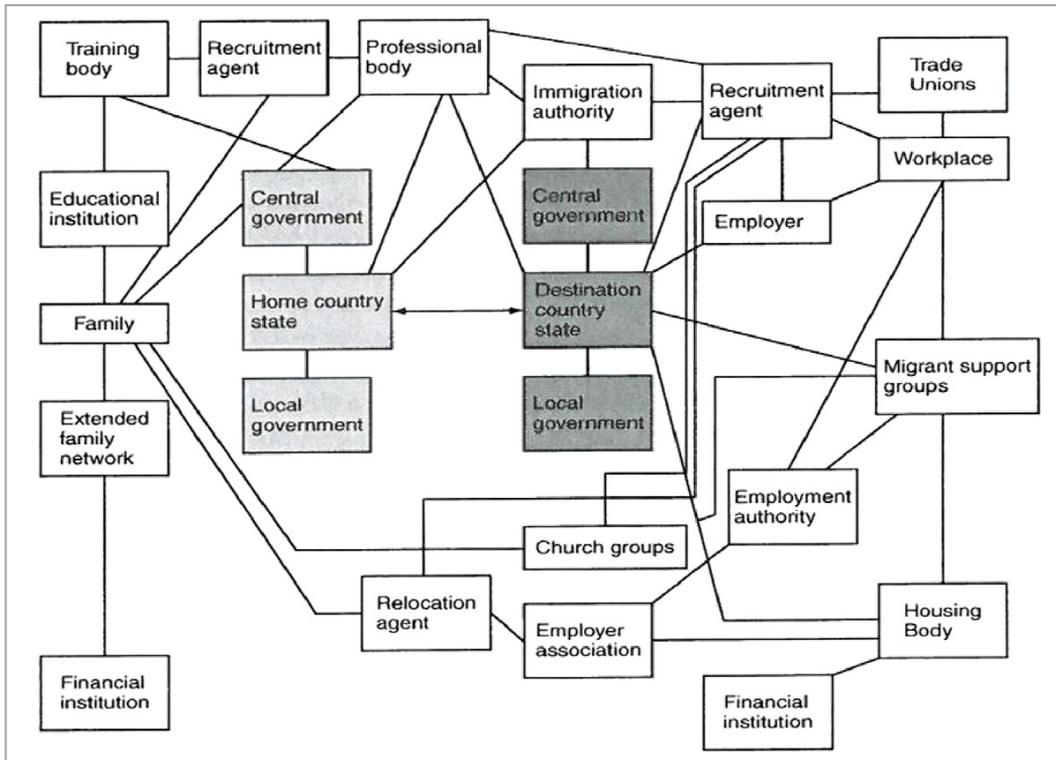


Fig. 2. 'Schematic presentation of the range of agents in global care chains'. Nicola Yeates, *Globalizing care economies and migrant workers*, p. 64, Fig. 3.4, published 2009 (New York and Basingstoke: Palgrave Macmillan), reproduced with permission of Palgrave Macmillan.

occurs in the interrelations of corporeal human beings is rendered invisible.

When the embodied movement of the migrant care worker does not fit in, the GCCs come to be perceived as abstracted, disembodied and stable. Thus, in order to understand the micro-level turbulence that constantly shapes the GCCs, we must try and perceive things differently. In the remainder of the article, I argue that the migrants' movement constantly re-creates the networked structures of GCCs that can then – *only after the movement* – be schematised as something called 'global care chains'. Reading Yeates' figure this way reveals that, while the migrant care worker is not mentioned as one of the 'agents', the *entire figure* of the GCC is but a trace of the migrant's embodied movement, i.e., the migrant trajectory.

GCCs as migrant trajectories: a theoretical framework

Trajectory *n* [...] 1 the path described by an object moving in air or space, esp. the curved path of a projectile.

[Concise English Dictionary, 1999: 1577]

Trajectory, *Physics*. The path of any body moving under the action of given forces; [...] esp. the curve described by a projectile in its flight through the air.

[Oxford English Dictionary, 2013]

The terms 'migrant trajectory' or 'migrant's trajectory' are used in several works of migration research, albeit usually in a study-specific manner and without an explicit definition (Ditchev, 2008; Favell & Hansen, 2002; Gavanas, 2010: 19–22; Grillo, 2007; Haarhaus, 2006; Kynsilehto, 2011; Puumala, 2012). Methodically, these analyses are often based on narratives, such as migrants' life-stories, ethnographic data or literary art; in many ways data similar to that of GCC analyses. Less analytically, the term may be used as a shorthand to a customary understanding of migrants' route from one social position to another, as in 'the traditional migrant trajectory from migrant to citizen' (Favell & Hansen, 2002: 583). However, when the term is harnessed for more analytical purposes, it usually describes the path of a migrant from one 'place' to another, through a certain space of intersecting power relations. These analyses tend to take into account the subjective decisions, relational contexts and structural factors that influence the migrant taking one route rather than another. Thus, each trajectory is perceived as a product of complex forces.

The migrant trajectory does not describe *only* the physical journey from place A to place B. Rather, migration being a lived and embodied phenomenon (Kynsilehto, 2011: 1547), the trajectories are defined also by 'non-material' factors, such as traversing identities of gender, ethnicity and class. Indeed, sometimes, as in Haarhaus' work on migrant poetics, the migrant trajectory is analysed with less interest on the

actual physical movement, as 'an evolution of subjectivity' (Haarhaus, 2006: ii).

Either way, as Puumala (2012: 36) puts it, 'migrant trajectories are rarely, if ever simple. What is consistent in them is almost constant movement'. Yet, when studying migrant trajectories, the researcher necessarily halts the movement at the moment of her or his observation. This means that the usage of the term is necessarily specific to the study in question: describing a path from one 'place' to another, *the migrant trajectory is always an image captioned by the researcher for specific purposes*. It is the researcher and her or his research project that eventually determine the trajectory's starting point A and its ending point B. The researcher also determines, with her or his particular situated knowledge (Haraway, 1988), which elements of the trajectory are to be taken under scrutiny.

In this sense, the migrant trajectory is not some mathematical constant that univocally defines the route of each migrant. It is a method(ological) tool that can be used for several purposes. To me, it is a multifaceted vehicle of corporeal relatedness extracted from a space of complexity. As such, the migrant trajectory is not a linear construction.⁸ As a lived body the migrant carries with her/his embodiment a multiplicity of relations, affects, senses and materialities that extend time as well as space.

When the migrant trajectory is imagined as a body's movement through space, the body itself is easily reduced to a level of abstraction (cf. Coole & Frost, 2010: 1–2). This is regrettable. It is thus important to remember that the migrant body is always a concretely fleshy, organic and lived body of a human being. The body's 'movement in space' is made of sweaty armpits in airport queues, for example; nervousness when applying for visas or their extensions; needing to pee just when the official asks you in for a visa or job interview; a pressing pain somewhere in the abdominals, inner chest, or tear ducts when having to leave to the other side of the world for work; the incompleteness of the self when unable to touch gently the bodies of the loved ones 'back home'; tears of distance; laughter in the moments of proximity; controversial feelings of duty, tiredness, frustration and joy when adjusting to a foreign culture, or learning a new language; one's own bodily concrete needs of nurturing. All this is not only *involved* in the movement but also *generative* thereof, and applies also to the bodies that the migrant encounters, including the 'institutional' ones.

The transformative power of the trajectory is thus *not* imbued in an individual migrant's subjectivity but in the *capacity of the migrant body to tie together different networks of relatedness*, when navigating through the global space. The trajectory is, therefore, a 'crisscrossing movement of the body and between bodies' that transforms the global space. Here, the spaces of agency do not 'simply pre-exist, but are articulated through bodies' movements'. (Puumala, Väyrynen, Kynsilehto, & Pehkonen, 2011: 86)⁹

In the context of this paper, the migrant trajectory is to be understood as describing *the complex paths of the embodied, relational, gendered and racialised migrant care workers, who move through the global space*. Here, unlike in the GCC model, the structures of GPE do not simply pre-exist as (limited) spaces of agency for the migrant care worker. Instead, the migrant's embodied movement constantly renegotiates its

space and, thereby, the limits of agency. In the process, the global structures themselves become rearticulated.

Daniel's migrant trajectory

Daniel is a 31-year old Filipino registered nurse, who works in Finland as a practical nurse. Originally, he wanted to be a doctor, and his first degree is therefore the Bachelor of Science in Biology, this being a preparatory course for medicine in the Philippines. Medical courses, however, are lengthy and expensive, Daniel tells me. Besides, as a Filipino doctor, it is difficult to go and work abroad. This is largely what educated young people are expected to do in the Philippines, thanks to the country's role in GPE as a labour exporting country (e.g., Choy, 2003; Guevarra, 2009). In 2001 and 2002, however, the nursing courses in the Philippines expanded, 'because of the, you can say, global need of nurses, especially in America', Daniel explains. At the time, also more and more men started to take nursing degrees. 'So I'm one of them', he says, explaining his choice of a feminised profession.

Thus, after receiving the Bachelors in Biology in 2005, Daniel did a degree in practical nursing, which could then be 'upgraded' to registered nursing through an 8-month long course. Both the nursing degrees followed an American curriculum. The latter was also sponsored by a US nursing home that had a Filipino ownership, and was helping Filipino nurses to migrate. When graduating as a registered nurse in 2007, it was thus all meant to be set for Daniel to move to the US. Before the plan materialised however, came the global economic crisis. The American care home that was Daniel's sponsor and future employer went bankrupt. The 'global care chain' that was in the making fell apart (interview with Daniel – 17 April, 2012).

Around the same time in Finland, a Filipino nurse, Anna, was involved with plans of recruiting newly graduate Filipino nurses to a Finnish vocational school to do a degree programme in practical nursing. Anna had migrated several years ago because of marrying a Finn, and she is also a nurse. Over the years, Anna had dreamed of seeing fellow Filipinos 'roaming the streets' of her small town and of having Filipino colleagues in the often racist work places she had experienced. The idea to recruit Filipinos to this particular degree programme, however, came from the school's principal, who had contacted Anna for help (interview with Anna – 16 April, 2012).

Like all European states, also Finland is facing a severe demographic care deficit due to its ageing population. The solution for the care crisis is seen in labour immigration. The principal of this particular vocational school was clear that, in the future, elder care would mainly be the work of migrants. Metaphorically, the principal says, she had thought about *herself* growing old. Putting herself in the position of a care receiver, she asked herself who she would want to take care of her in her later life. The wider question here was *which kinds of migrants* would guarantee a good level of care for the ageing Finns. Impressed by the caring attitude of two Filipino nurses studying practical nursing at the school, the principal was assured that 'her carer' would have to be a Filipino (field notes 15 September, 2011 on a non-taped discussion with the principal).

The existing Filipino community in Finland is small, however, and the migration regime remains tight. The boundaries of the national nursing profession are particularly strictly guarded, and it is extremely difficult for internationally qualified nurses to enter the national nursing labour market (Nieminen, 2011). Thus, measures were taken to turn the school and its practical nursing programme into a gate through which Filipino nurses could enter Finland. In other words, the school was *turned into* a critical node of a new global care chain.

Through Anna, the school established links with two nursing colleges in the Philippines. Anna and the principal also visited these colleges, advertising the programme personally to the college staff and, via the staff, to young Filipino nurse graduates and their families. One of the two institutions visited was the college where Daniel had graduated.

At this time in the Philippines, Daniel was going through his options for future employment, now that his dream of going to the US had fallen apart. One day, the college contacted him and told him about the possibility of moving to Finland to study practical nursing. He and his friend applied, they both were accepted in the programme, and after a half a year they migrated to Finland as international degree students. In the same class with Daniel and his friend, there were also other nurses from the Philippines as well as from India. Later, another 'batch' of Filipinos and Indians followed. All Daniel knew about Finland when migrating was Nokia, the mobile phone company.

After one and a half years at the school, however, Daniel graduated with yet another degree – this time practical nursing, Finnish curriculum. He has been employed in the same privately owned nursing home ever since, now with a permanent contract. There, he is one of Anna's Filipino colleagues. He remits about a fifth of his salary back to the Philippines, where he does not have children, but supports his parents' daily living as well as pays their medical bills, when necessary. At the time of our interview, for instance, his mother had been recently injured and Daniel had paid her treatments in a private hospital. Sometimes he says to support also the members of extended family, aunt for example, and of course his younger siblings, two of whom remain in the Philippines. He has recently gotten married to his Filipino wife, who works as a nurse in Asia. The marriage was sealed during the girlfriend's few weeks' holiday in Finland, and they look for ways of bringing her to the country as well. Given the strict migration and professional regimes in Finland, this is likely to be difficult.

Discussion

Like Doreen Massey, I perceive the global space as 'concrete, grounded and real' (Massey, 2004: 7), in the sense that it is constructed in and through concrete, embodied relations between concrete localities. The localities that are of interest in this paper are the 'nodes' of the global care chains (see Fig. 2 above): that is, families and extended families, educational institutions, training bodies, recruitment and migration agencies, work places and financial institutions through and past which the migrant care worker moves, while making care to move globally from one place to another. All such nodes are,

following Massey (2004: 6), locations of 'the intersection of disparate trajectories' and hence 'necessarily places of "negotiation" in the widest sense of the term'.

In the narrative above, there are several nodes in which Daniel's migrant trajectory intersects with other trajectories in ways that transform the global care economy on the micro-level. The American nursing home that sponsored his degrees in the Philippines and its Filipino ownership represent *nodes of potential*: they *almost* created a 'global nursing care chain' through which Daniel could have migrated. But then, the global economic crisis hit this node of intersection, loosening its connection with Daniel's trajectory. Daniel could never 'move along' this *potential* chain, since it fell apart. In fact, this particular global care chain *could not materialise*, because of the lack of Daniel's embodied movement.

Instead, elsewhere, another node started to take shape, as Anna's migrant trajectory approached that of Daniel's. This happened after a principal of a Finnish vocational school reflected on her own trajectory of ageing, pondering who should move to and with her when her own body grows so old that it can only stay put (cf. Vaittinen, in press). These trajectories – Daniel's, Anna's, the principal's and the two Filipino nurses' who impressed the principal in the first place – intersected via the nursing colleges in the Philippines, and eventually at the Finnish vocational school. Consequently, the last mentioned emerged as a concrete point of entry to Finland for Daniel and his classmates, as well as to the nurses that migrated in the second 'batch' two years later. In hindsight, the school may appear as a singular node of a global 'chain' through which the nurses moved. Yet, *the node did not pre-exist the nurses' movement*. Until it was designated as a *potential* migration route by Anna and the principal, the school was but a secondary level educational institution providing practical nursing degrees in English. The school materialised as a concrete node of a global nursing care chain *only because* Daniel and others 'moved through' it.

As far as I know, this particular migration route is now closed, and no new classes are to be recruited. Thus, the 'chains along which the global care workers move' are not only constantly made; they can also be unmade. Consequently, at least the migrant trajectory of Daniel's wife must find some other way to Finland, thereby producing another kind of a GCC and, indeed, another configuration for a global care economy.

Conclusion: how migrant trajectories (re)make the structures

While moving, each migrant care worker carries with her/him a whole range of relations as do the various actors she/he encounters on the way. Paraphrasing Kynsilehto's note on skills (2011a: 1548), it is not simply care 'that cross[es] international borders [...], but corporeal beings with aspirations, networks of family and friends and personal histories of their own'. In this regard, the embodied migrant moving through the global space is her/himself an intersection of disparate trajectories, indeed a *site* of negotiation: both as a site where the negotiation takes place and as an object of negotiation (e.g., Puumala & Pehkonen, 2010; Puumala et

al., 2011). This multiplicity of concretely lived, space-time *relatedness moves with the migrant body*, intersecting with other trajectories of movement. This process, all encounters, controversies and troubles included, necessitates constant negotiations on what the global space should look like.

Paying attention to such 'negotiations' in individual migrant trajectories, I argue, can help us to understand change in the global care economy and, consequently, in the GPE as a whole. Regarding the individual migrant trajectories' power to rupture the structures, what count in particular are those moments where the trajectory is challenged by institutional 'gatekeepers', which the migrant needs to pass in one way or another. What such gatekeepers are depends on the particular trajectory in question and its historical and territorial situatedness in the global configuration (see also Erel, 2009).

For example, when talking about global care workers, in principle we talk about 'labour migrants'. Yet, because of the strictly guarded professional and state boundaries of the host countries and the EU (e.g., Nieminen, 2011), we know that many global care workers cannot utilise an official route to the labour markets they aim at, let alone enter exactly that professional niche where she/he is educated in the home country (Cuban, 2013). In other words, not all migrant care workers *can* simply 'move along' the chain as Yeates describes. Nevertheless, people migrate, and many do so primarily for employment purposes. It may mean entering the country by 'irregular' means, for instance; migrating with a tourist visa though in search for work; or utilising an international degree programme and a student visa as a route to a particular country's labour markets, as in the case of Daniel and his classmates.

As for GCCs, a migrant care worker may first try out one of the more established routes, just like Daniel did with his original plans of going to the US. Because of the global recession, his *intended* 'chain' of migration was broken, however, and he could no longer move 'through' it to the US. He then came across another way, a whole new destination country which he knew nothing about and, indeed, a completely new route of migration that opened up with the student visa.

It is entirely possible to analyse Daniel's and his family's position in the global political economy through the prism of the global care chain. Now that Daniel is in Finland, remitting money for his mother's hospital bills while caring for ageing Finns in a private nursing home, the global care chain certainly 'exists', reminding us about the global structural inequality that seems overarching and insurmountable. Yet, this particular care chain did not exist *until* Daniel's migrant trajectory *made it to become*. In this regard, it is perhaps best to think the global care chains as existing *in potential only*, as something that become *materialised in the migrant trajectories*. Potentialities are not insurmountable. Potentialities are not carved in stone. Instead, they are sites of turbulence; constant openings of change within the emergent material configurations of GPE.

Daniel's trajectory exemplifies how the structural making of the global care economy is also intersectionally complex. In the traditional GCC analyses, the migrant trajectories of interest are usually drawn by women, or racialised men, who migrate from a Southern 'care-exporting' country to a

Northern country accustomed to 'importing' care. Yet, the selection of countries and the intersectional identities involved are not to be taken for granted (cf. Puar, 2012). They, too, are constantly being reconfigured in the migrant trajectories. Daniel's trajectory, for instance, exemplifies the trends of gendered change where the traditionally female profession of nursing, in the particular context of the Philippines, is gradually restructured as a potential male profession. Undoubtedly, these changes are part and parcel of the societal developments in the North that construct care and nursing as 'migrant's work'. However, as the principal's pondering about the most preferable carers illustrate, these kinds of ethnicised and racialised divisions of labour do *not* arise naturally from the structures. They, too, are actively being made, in concrete encounters between embodied actors. In these global processes, more and more countries seem to get involved in the 'global care chains'. Finland, for instance, has virtually no history of international nurse recruitment (Bourgeault & Wrede, 2008). Yet, along with new migrant trajectories – such as that of Daniel's – this history is slowly starting to get formed.

The migrant trajectories of global care workers always make a unique set of connections – not completely unrelated with other similar trajectories, yet *never* completely identical. No one simply 'moves along' the structures as Yeates puts it, but every body takes her/his own path, in and through the structures that both restrain and enable the movement. Most certainly, there are institutional constraints that delimit the migrant care workers' agency as they navigate the global structures. Indeed, as Daniel's wife's difficulty to move to Finland exemplifies, the (inter)national migration, labour and care regulations form concrete frontiers, which the migrant *must* recognise and appreciate. Yet, no migrant ever simply flows forward in these regimes: the global care chain *never simply exists*. It always has to be made – and made again. In this process, disparate trajectories intersect. At the intersections, the global care economy is constantly being shaped anew. Furthermore, when the global care economy changes, so do the wider structures of GPE that depend on care for their very 'existence'.

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Endnotes

¹ The acronym GPE (in capitals) is often used as a reference to the transdisciplinary field of studying the political economy on the global scale (Palan, 2000: 1). Here, however, I use it mainly as a reference to the

globalised structures of political economy, not so much for the scholarly community who study these structures.

² Although this can be criticised as simplifying and universalising the meanings of care (Raghuram, 2012), I argue that one way of following the global 'movement of care' is to follow the embodied movement of care labourers in the global political economy.

³ The global care chain tradition overlaps with a larger body of work on transnational care, and often the terms 'global' and 'transnational' are used interchangeably (e.g., Mahon & Robinson, 2011). The same applies to my argumentation and indeed to feminist sightings on GPE more generally (e.g., Marchand & Runyan, 2000). I see it also politically important to study the transnational lives in the name of 'the global'. This helps us to deconstruct the myth that the 'global' would be something larger than life, a realm of abstraction that is 'generated outside our own (immediate) environment' (Marchand & Runyan, 2000: 7). The global is not larger than life; it is shaped by and dependent on life.

⁴ All names are pseudonyms.

⁵ I have not interviewed all members of this group, but one of the two classes in question has participated in my ethnographic fieldwork at the school. In addition to this group, I have interviewed some Filipino nurses who have migrated because of marriage rather than work; followed the situation of Filipino nurse recruitment in Finland; and interviewed one male nurse recruit, as well as officials and employers with interests in the policies of nurse migration in Finland.

⁶ The ethnographic material gathered in these nurses' daily lives is relatively thin, consisting of bi-monthly rather than weekly visits and sporadic social media contact in between. For the study of their migrant trajectories, however, I consider the nurses' life-story interviews as my primary research material, whilst the analysis is supported by other ethnographic material, including interviews with Finnish and Filipino officials and employers.

⁷ The origins of the GCC lie partly in the concept of global value chains, which 'focuses on a series of activities involved in the production and consumption of manufactured products, including the coordination of those activities [...] and the distribution of risks, costs and profits' (Yeates, 2009: 43). The value chain has been used particularly in the global commodity chain analysis. Here, the focus is on 'the emergence and consequences of a global manufacturing system' (Yeates, 2009: 43), where commodities are produced by internationally dispersed yet coordinated and hierarchically ordered chains of networks. There are two strands of commodity chain analysis. Whilst the first builds on world systems theory, Yeates draws particularly on the 'production network perspective'. Here, the emphasis is on firms as 'key actors', and commodity chains are analysed across the three dimensions of inputs/outputs, territoriality and governance (Yeates, 2009: 44). In Yeates' model of global care chains, the key actors are of course not (only) firms, but the various institutional actors who are involved in the global production and reproduction of care. Yeates recognises the problems of paralleling care with commodities (Yeates, 2009: 55–59), and her extended GCC model is thus a modification of both the original GCC approach and the global commodity chain analysis.

⁸ To see what works for me as a *visual metaphor* of the complexity of the migrant trajectory (i.e. the GCC) in the global space, please use an internet search engine and search for an image of a 'calabi yau' which, in the superstring theory for instance, depicts the extra dimensions of space-time.

⁹ Puumala, Väyrynen, Kynsilehto and Pehkonen (2011: 86; also Puumala and Pehkonen, 2010), prefer the term 'choreography' to movement when describing the migrant body's political potential. This is because the latter 'is often understood as something solipsistic, topographic, mechanical and linear, whereas the notion of choreography implies non-linear embodied relationality, extending and reaching out towards others.' Their discussion is placed in empirically and theoretically different context from mine, but it helps to imagine the migrant trajectory as complex and politically transformative. Due to reasons of clarity, I continue to speak about the global *movement* of care in this article, although we might as well speak about the global choreographies of care.

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