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# Articulating mobile gendered landscapes: Thinking *with* care cultures

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ABSTRACT

This paper relates work on global neoliberal gendered labor to geographies of care and it provides a tangible example of culturally specific dimensions of the relationship between health and place. The context is a temporary work migration pattern of Bulgarian women in Italy, who provide 24/7, live-in care to elderly, often dying patients. Through a longitudinal ethnographic fieldwork, this paper illustrates how mobile gendered landscapes are articulated and made meaningful by the research participants, offering a different reading of global care regimes. I argue that this articulation is a way of thinking *with* care cultures and showing how these are (re-)imagined by women who care in less than caring institutional/economic/familial landscapes. The paper contributes the concept 'care cultures' as a productive lens, through which to account for how place, people, ethics and care practices grow, merge and (mis-)align in attempts to construct and maintain meaningful lives.

## 1. Introduction

This paper contributes to attempts of reconsidering and articulating anew the notion of culture within health geography by focusing on care practices as culturally situated ethics. I describe and analyse the life paths of Bulgarian women migrants who do temporary work as care givers in Italy. Their stories serve as a conceptual intervention in re-thinking how 'care-ful' places are made meaningful by thinking with the care cultures these places engender and contest. The paper responds to this Special Issue's call for re-engaging culture in developing a global standpoint of 'care-ful geographies' (Milligan and Wiles 2010) and showing how culture may act as a "filter" (this special issue 2021) for articulating caring practices. The goal is to contribute to an understanding of the relationship between health and place, which takes culture seriously. I argue that instead of a difficult to work with, and often criticized, notion of 'culture', we might engage with *care cultures* and their situated articulation instead. The notion of care cultures opens up and enriches discussions on global gendered migrant work by emphasizing how mobile gendered landscapes are constructed with(in) cultural ecologies and particularly situated ethics, which make it possible.

It is this process of articulation that the paper unravels, offering it as one possible way of "thinking *with* culture" in health geography (SI 2021). The paper does so by building on, and bringing together, literature debates on landscapes of care (Milligan and Wiles 2010; Author), therapeutic landscapes (Gesler 1992; Wilson 2003; Hoyez 2007) and global gendered migrant care labor (Hondagneu-Sotelo and Avila 1997; Parrenas 2001; Da Roit and van Bochove 2017).

The link between place and health has long been a research avenue in health geography, yet the notion of culture within these discussions has been problematic and conceptually shallow (Anderson 2020). However, the importance of understanding *how* culture matters has been attested to. For instance, work done on therapeutic landscapes (Gesler 1992; Kearns and Milligan 2020) has noted that what is therapeutic must be interpreted through a cultural lens. Culture must be understood as an "important component of the link between health and place in everyday life" (Wilson 2003: 83), as "certain places are socially and culturally constructed as therapeutic landscapes" (Hoyez 2007:117). Furthermore, scholars have pointed out that assumptions about what is therapeutic are built in Western ideas of health (Wilson 2003; Wang et al., 2018). This insight that no place is intrinsically healthy, but rather relational (cf. Conradson, 2003; Massey 2005) has opened up an avenue for conceptual wealth: 'enabling places' (Duff, 2011) and 'gathering places' (Kingsley at al. 2018) have provided language, with which to understand how health and well-being are relationally produced with and through affective and material, culturally imbued 'landscapes of care' (Milligan and Wiles 2000). Yet, the relationship between place, care, and the cultures they engender has not been explicitly theorised, partly because of the difficulty of defining what culture is (and is not).

While working with the concept of culture has been said to be difficult (Singer et al., 2016; Anderson 2020), it is worth exploring how it may act as a 'filter' in producing care practices and landscapes. I do this by unpacking the case – and sharing the stories – of Bulgarian migrant women caregivers in Italy and tracing the ways, in which they make meaning through mundane, culturally-informed, and globally-inflected practices. I engage with the notion of culture in this

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paper indirectly, proposing to work with the notion of *care cultures* instead, which I define as the culturally inflected situated ethics of making meaning in and through place. Instead of working with a monolithic and often reductive ideas of 'Bulgarian culture' or 'Italian culture', the paper explores how care cultures connect within different physical, temporal, and affective landscapes. Attending to care cultures allows me to reveal the travels, interactions, discontents, and ambiguities of caring across borders, be they national, institutional, temporal or generational. Therefore, the paper focuses an analytical lens not on 'culture', but rather on a plurality of cultures and specifically on *how care cultures matter for care ethics and practices in place.*

The first section of the paper briefly discusses the literature debates on global gendered migrant work and landscapes of care, pointing to how these insights converge and complement each other in this argument. The second section presents the methods used in the study, introducing the participants and sketching the context and fieldwork sites. The following sections outlines the results, articulating in three steps how mobile gendered landscapes are constructed *with(-in)* cultural ecologies, ethics and practices. I argue that care cultures should be understood as an articulation device, which makes 'a good life' and 'good care' possible in the context of global neoliberal care markets. In the final sections of the paper, the results are summarized and discussed in relation to working with(-in) 'care-ful geographies', while thinking *with* 'care cultures' as an analytical vector.

## 2. Mobile landscapes of gendered work

The advances of global capitalism have created unequal relations between nations and from this asymmetry emerges a global division of labor, where developing countries provide low-wage labor to advanced capitalist nations in a relationship of marked inequality (Sassen 2001). An important consequence of this division is 'the feminization of the international labor force' (Anthias and Lazaridis 2000). Women are now 'on the move' across the globe in pursuit of work possibilities, but most of them find themselves on the bottom ring of the global economy (Hochschild 2000). Feminist literature on global labor migration has provided an important lens for analysing gendered practices of the global care market (Hondagneur and Avila 1997; Boris and Parrenas 2010), linking transnational care practices to neoliberal forms of exploitation and experiences of 'partial citizenship' (Parrenas 2001). In her study of Filipina caregivers in Italy and the USA, Parrenas (2001) conceptualized the intricate web of care arrangements, stretching over borders, generations and temporalities as 'care chains' (cf. Yeates 2004). Filipina migrant women took caregiving jobs in Italy and the USA – often caring for Italian or American children – making enough money to pay other Filipina nannies, who cared for their own children back in the Philippines. These 'care chains' represent both the invisible affective connections spanning the globe and the positioning of migrant women workers in the global neoliberal care market – or as Parrenas calls her research participants: "servants of globalization". As much work on the matter has rightly noted, these care chains are decidedly gendered (Lutz 2008) and mobile (Morokvasic 2004). The latter has been theorized with the term 'settled in mobility' to draw attention to practices of transnational entrepreneurship among women migrants in East Europe.

In attempting to illuminate these linkages, many studies have examined how caring has become a global affair; a market of affective relations, operating across distance and cultures and producing institutionalized care regimes (Da Roit and van Bochove 2017). Da Roit and Weicht (2013: 78) have analysed the various interactions between healthcare and migrant employment in Europe, concluding that the different 'regimes' they delineated are produced by "the intertwined regulatory, political and *cultural* features that characterize the ways in which care, migration and employment, respectively, are organized within a society" (emphasis added by author). This context should therefore be understood as assembled through multiple (migratory, institutional, regulatory and cultural) landscapes, engendering ambiguities of caring locally and across borders.

Milligan and Wiles (2010) have addressed these ambiguities by theorising the concept 'landscapes of care'. Troubling the idea of 'proximity' in human geography, the authors conclude that physically distant caregivers may be affectively proximate, suggesting that the notion of landscapes of care may do analytical work and defining it as shaped by "issues of responsibility, ethics and morals, and by the social, emotional, symbolic, physical and material aspects of caring" (p.740). Caring may sometimes feel unjust or cause pain; often it constitutes 'a job' and is performed for money; can be heavy, ugly and burdensome. In other ways, caring may bring joy and a sense of agency. This is where an analysis of mobile migrant landscapes might be helped by work done on therapeutic landscapes (Gesler 1992). While most studies have focused on specific locales, some have explored how movement may also be therapeutic (Kearns and Milligan 2020) and yet others have argued that what is therapeutic should not be understood as anchored within a single place, but rather produced in a dynamic process of connecting many (digital and physical) sites (Trnka 2021).

It is these mobile landscapes of care that this paper unravels by presenting a tangible example of how care cultures 'filter' through ethics and practices, as migrant women, children, and other women care together to maintain and repair (Tronto 2013) systems, relationships and imaginaries in a landscape, best characterized by flux. Multiple care cultures are constructed and contested as care 'travels' across borders, temporalities and imaginaries. I argue that these (newly articulated) landscapes of care may be disruptive in generative ways by challenging the economic, national, subnational and global care market arrangements, precisely because they are culturally inflected and made meaningful in culturally specific ways.

## 3. Methods

The paper reports results from 9 years of interrupted, interval study in both Italy and Bulgaria.

### 3.1. Fieldwork

This research is based on a longitudinal study between 2010 and 2019. I spent 6 months in Italy's west coast in 2010, followed by 9 months in 2013. In 2016, I re-visited the research site in Italy for a two-weeks immersive fieldwork. Between 2011 and 2016, I kept close contact with 16 research participants via Skype and phone calls. We exchanged numerous photos and videos, sharing important life changes and updates, as well as mundane events and general information.

These fieldwork periods can be roughly divided into three cycles: early (2010), main (2013) and late (2016). These were intense and immersive engagements with the field, while the periods in-between (and between 2016 and 2019) can be characterized as slow and incidental data collection.

The research has benefitted from a long-lasting engagement with the same group of migrants., which allowed for the development of excellent rapport and in-depth understanding of the participants' life stories and context. The initial focus of the fieldwork was on understanding the migration pattern, as data on Bulgarian migrant caregivers in Italy specifically was scarce (and continues to be such). The research focus during the main fieldwork period (2013) was on the importance of place and place-making within the context of temporary migrant work. This focus allowed me to gather much data on how my participants experienced and strategically navigated life in and between two countries. The emphasis on place-making gradually developed into an interest in the moral geographies of temporary work migration, particularly regarding motherhood. In the process of writing this paper, I re-analysed my data set with an emphasis on care culture (s).

Much of the data is based on participant observations of mundane situations. In the first two fieldwork cycles, most of the data was collected through unrecorded informal conversations, as many of my informants did not wish to be recorded discussing intimate information.

In the latter cycle, most of the conversations were recorded, although this altered the dynamics slightly in favour of formalization. The majority of the Skype and Facetime conversations were recorded with participants' consent.

### 3.2. Participants

Women who worked as badanti[1] at the time of the interview or had been working as badanti in the past participated in the research. In some cases, their families in Bulgaria – their parents, spouse and close friends also met with me for informal conversations in their family home. The research is based on numerous informal conversations and 23 semi-structured, in-depth interviews were conducted with 34 women in person between 2010 and 2018. 5 informal conversation with family members were conducted in 2018.

The group of Bulgarian women who refer to themselves as badanti is diverse. In many cases (14) these were highly education women with university degrees in chemistry, economy and mathematics, with 2 participants who held doctoral degrees. Other women had a high school education and had previously worked in factories, public administration, as cleaners or cooks. Their aged varied between 29 and 58, with the majority being in their 40s (at the time of the first round of interviews). All of the research participants described themselves as badanti[2] and referred to their work as care-giving work, yet not as a profession. The prevailing opinion was that this is "women's work", which required no special knowledge or skill and "anyone can do it".

### 3.3. Research sites

The fieldwork was done primarily in a small town, south of Rome, yet I also visited Brescia, Venice, Milan, the Amalfi coast, Napoli and Rome. In Bulgaria I spent time in the southeast and northwest of the country. The decision to do work in both courtiers, or what Anthias and Lazaridis (2000:10) call the *dual perspective* on migration, proved valuable, as I was able to observe how these places come together in making up badanti's lives.

### 3.4. Analysis

Thematic analysis was applied to all data collected: interviews and fieldnotes, as well as newspaper articles and official documents (both in Bulgarian). Interviews were transcribed verbatim and extensive fieldnotes were made immediately after unrecorded conversations. The emerging themes were then grouped into patterns of similarity and organized based on prominence. The transcribed data were coded in Bulgarian and subsequently translated into English. The codes applied were: 'motherhood', 'good care', 'home', 'emotion', 'guilt', 'agency', 'community' and 'values.

## 4. Results

The analysis revealed that a plurality of care cultures meet, grow and (mis-)align as migrant women construct an ethics that articulates their routes as meaningful, showing that articulation may be a powerful way of claiming agency over their life stories. This section demonstrates that situating care ethics culturally allows for a rich analysis of how culture 'filters' through mundane practices of care and, further, for how this culturally localized 'filter' relates to global care market arrangements. The results are presented in three steps: a care continuum, situating care ethics and articulating meaning.

[1] This is an Italian term, which refers to household help with for instance cleaning, care for older people or care for young children. Many badanti in Italy are lived-in, immigrants and predominantly women.

[2] I therefore use the same term to refer to them here, with their permission.

### 4.1. A care continuum

> "Look at me - I am here, away from my father, who is 78 now and away from my daughter, who is about to get married. I am so far from my home, so that she [the Italian women she cares for] can stay in her home. You know, her daughters, when they visit, they go on and on about how important it is that she still lives in her own home, that she can only be happy here. It sometimes makes me feel bad … We [Bulgarian women] don't have that luxury [laughs]." Elitza

Who cares for whom in this story and how are these care-ings interdependent? In Italy, care for the older people is "delegated almost entirely to the family" with little participation from the state (Bettio et al., 2006: 272). This pattern is coupled with overwhelming demographic changes: absolute fertility rates have dropped dramatically and life longevity, typical of post-industrial societies has increased. Commodification of care work – a process Lyon (2006: 213) calls the "defamilization of care" – was born out of necessity as families could not cope with the burden of their older people. This led to 'a new division of labor' in Italy, where "female migrants [are] gradually replacing unpaid care by native women', constructing thus a 'new, immigration-based care model" (Bettio 2006:271–272; Van Hooren 2012). Bulgarian women were among many other female migrants who took up live-in care jobs. After the fall of socialism, Bulgaria's economy was being re-structured, with this 'transitional' period especially hard on women (Johnson and Robinson 2007), because during socialism the state provided a large number of administrative jobs to them and those were the first jobs to be lost due to privatization and welfare policy reform. The pattern grew and in the 2000s it had been cemented as a migratory route, with many women choosing to join a sister, friend, an old classmate or a neighbour, working in Italy (Komanderev 2010).

The motivations for becoming a live-in caregiver – 'a badante women' – vary. Contrary to popular belief, it is not the poorest who migrate (Parrenas 2001), but rather women who saw an opportunity to achieve goals that they would otherwise be unable to reach. Elitza – the woman who 'spoke' in the opening quote of this section remembers clearly how her daughter's teacher asked her to come to the schoolhouse on a Friday afternoon. She had to take the afternoon off from her shopkeeping job in one of the two supermarkets in the small village she had lived all of her life. She was worried that her daughter was not doing well at school. Instead of trouble, it was good news ("of sorts") – the teacher told her that her daughter had a talent for languages and that she should go to school in the capital. "Here in this village, there is not much we can do …"- he had said. Elitza could not financially afford moving, so she bought phone credit ("that was back in the stone age, you know") and called her childhood friend Valentina, who had been working as a maid and a caregiver in Italy for the past year. Elitza went to the south of Italy and her daughter – who is currently working in the Ministry of Foreign Affairs – went to a language school.

In Italy, Elitza took a number of jobs in the first 5 years, losing some to death, other badanti ("Italians like Cape Verde women more than us, because they are Catholic") or not liking the employers. Since then, she's found a "great place" in the home of Severina, who needs help with shopping and cleaning, but is otherwise "very agile and lively for her age". Severina's two daughters come to visit every Sunday and Thursday ("at 10 in the morning; they are like Swiss watches, those two"), giving Elitza personal time, which she uses to call her family. Her own daughter had just gotten engaged and Elitza is planning the future:

> "I will work 3 more years here and make enough money to live off in my old age. By that time my daughter might have a baby, so I will be able to care for it full-time. Day care is very expensive these days, and my daughter has a career to care for …" *Elitza*

These caring arrangements are linked and interdependent, despite taking place across borders. I have come to refer to this particular type of trans-local landscape as a *care continuum*. It involves different caring practices – mundane care in place, such as supplying medicines, doing laundry or cooking; financial care for family members, most often

children, but also parents, back in Bulgaria; affective care for loved ones who are far away, longing for their physicality, for holding them. For Italian employers, caring for family members is also an important element of this continuum; they care by arranging a badante woman, which is often experienced as a difficult decision; ideally, one would take care of their parent on their own. This decision is also culturally informed – the care market in Italy is saturated enough with (predominantly) female migrants from many countries; Italian employers tend to prefer religious women (depending on the part of Italy), as they try to surmise whether a badante candidate would be "caring" and can be trusted to be "kind" to their parent. Furthermore, these care practices stretch into the future (via the imagination) – Elitza plans to care for a baby that is not yet conceived; the imaginary she uses may be considered wishful, yet it is also very concrete. In this sense, the continuum is not only geographical, but also temporal and affective.

In Puig de la Bellacasa's (2017) account of care as a web of relations, the example of an ecology of care is poignant, because it weaves in an undeniable relational view of existence. If we apply such a lens, we may see multiple care-ings being done in multiple contexts, yet all with the hope of maintaining, adjusting and repairing what is broken, needs help or has promise to become better: there are old bodies that need medicine and young minds that need educating; there are women who have cared for their daughters and now must be allowed to grow old and die in the home they took years to create and spend decades maintaining; and there are unborn babies that will need their grandmother's care. It is within this web of relations that care ethics take place as a process – these are developed, questioned, critiqued, and constructed *together*.

### 4.2. Situating care ethics

> "Yes, it is good [to be there]. But my children are teenagers now. Do they need me to tuck them in at night? They need to be able to study, go to university, and buy clothes. I am a good mother because I am here [in Italy]." *Milena*

How is good care imagined and performed and how does it change, as it 'travels' across geographical, institutional and temporal borders? In this section, I describe how badanti women construct and contest normative epistemologies of good motherhood. In doing so, these women migrant workers create a different care ethics that the one they grew up with, often challenging its validity *together*, as a community. In describing this process, I relate to discussion in care geography about 'proximity' and 'distance' (Milligan and Wiles 2010), arguing that these should be understood in their culturally produced care landscapes.

Every Thursday afternoon I joined the Bulgarian badante women working in Nettuno and the nearby town of Anzio at the beach café. Sitting in plastic chairs and enveloped by thick cigarette smoke with a panoramic view of the Tyrrhenian Sea, badanti discussed everything from local news, practical issues and gossip to politics and 'the economy'. The most frequent topic of conversation, however, revolved around being "a good mother". All of the women around the table were mothers, whose children were growing up far away. And yet, being a mother was discussed with urgency and affect: some ideas were questioned, others were mocked; often, notions of good motherhood were affirmed when a newcomer had joined, or someone needed reassurance. At other times, there was gossip about women who, according to those present, were not being "a good mother". These conversations were without fail very animated and emotive – it was not unusual for someone to cry or get angry; a few times fiery arguments around the subject caused schisms in the community and took some time to be resolved.

These discussions formed alongside the dichotomy of staying or leaving. Of course, everyone agreed, the best thing would be to stay close to you one's child: that's what mothers are supposed to do. Yet, the "situation" was such that this was not possible; moreover, sometimes staying can mean being a bad mother:

> "It means you are not strong enough and you care more about yourself … Of course, it feels better to be able to hug your child, but really – is this what your child needs? Think about it – your child needs a future, and you can do that. Maria (another woman who returned to Bulgaria) cared more about herself [that's why] she went back home …"Albena

Maria, who had worked in Nettuno for "only" 3 months had missed her son too much and had left Italy. Her choice was discussed at length by the badanti, who felt she had made a selfish choice on the one hand, but also understood her decision on the other:

> "We all want to go home … A mother wants to be close to her child, how else will they know we love them?"Milena

Distance is crucial here, as a rather simplistic idea of "being there" for one's children becomes complex. Badanti women wanted to offer the "warmth" of motherhood, with which they were raised: they often talked of their own childhoods, remembering the role their mothers had played in it. "Being there" (or not) is what children will remember, it was often said. However, children also need "things" – they need clothes and English language lessons and going to school. These things are also important for their future. Will my child go to a good school? Will she get a good job? Will she also end up away from her family for work? These were the questions discussed at the beach café in Nettuno, as good motherhood was being qualified and re-considered in light of the "situation". By that, badanti meant the difficulty of finding a well-paid job in Bulgaria and the fact that they made more money working in Italy. The idea of good motherhood with which these women were raised, needed a thorough re-consideration.

Next to distance, time was another important qualifier in these discussions. It mattered *when* one left: if your child is a toddler and you are here in Italy, eyebrows will be raised, and many questions asked. Perhaps there was absolutely no other choice? Your children need your "warmth", you must hold them and "be there". However, if your children are teenagers and you are here, then you are a good mother – you want to stay with them, but that would be "selfish"; they now need "things", they need to be able to buy a nice pair of jeans and not be ashamed when going to school, they need to be able to go to university and pay the rent of a student room in Sofia. The timing of migrating is therefore the most telling sign of good motherhood, demonstrating that you know your children well:

> "I left a bit earlier than I would have liked, but my daughter is so mature for her age …. She was always older than her friends; she had different needs."Albena

Together, badanti constructed new normative landscapes, as care practices 'traveled' in space and time, reconfiguring what 'good care' and 'good mother' may mean. The care ethics they deliberated formed a disruption of the good mother norm, challenging expectations of what a good mother should be or do. The staying or leaving dichotomy is stretched into a continuum of good and bad choices here, which allow badanti to claim and articulate the notion of a 'good mother' differently, reaffirming it within their community.

Furthermore, this ethics represents an articulation of anti-victimhood and re-claiming of agency by badanti. In making the hard choice of leaving, they form an intervention in global care marketization, disrupting it temporally:

> "My daughter will not be a badante in Italy. I took care of that. Look where she is now, she speaks languages." *Elitza*

We may say that the care continuum described above is both produced (as Bulgarian migrant women caregivers lead mobile lives) and challenged (as the care market is disrupted temporally) through an articulation of the ethics of 'good care' and 'good mother'. These notions are not monolithic, culturally frozen tropes here; there is no singular understanding of them. Instead, they are being produced through deliberation and are dynamic; they

change with the element of time and in the context of different "needs". Furthermore, these ethics are decidedly relational and situated within a plurality of care cultures acting as a filter, through which migrant lives are articulated as meaningful.[3]

### 4.3. Articulating a meaningful life

> "You know, yes, I agree that they pay us too little. And yes, I studied and have a degree, so working as a maid feels low. But I am so proud that I can take care of my children, and I don't need to ask my ex-husband for help. Living here is good […] I have less stress and the climate is nice. I mean, it's complicated … Do I live the life I've always wanted? Well, who does … But I am in a place that feels good now: I live here, but I have good relationships in my life, good people; I am proud of my children; my parents are alive." *Albena*

The above quote was spoken by Albena, a woman in her 40s,[4] who has two children and had worked in Italy for more than 5 years. At the beach café in Nettuno, a flaming cigarette in hand, she shared information and gave advice to newcomers and would often be the one to contact the Bulgarian embassy in Rome in cases where their cooperation was necessary. She has studied chemistry on a university level, but had left in her second year, when he first son was born. She often said to new badanti, almost like a mantra: "I am not ashamed of what I do. You shouldn't be, either – look at what you're able to give your children!"

The topic of shame was hotly debated around the coffee table in Nettuno. Some badanti considered it "a shame" that they must "clean houses and buttocks" and engaged in a political discourse, which was very popular in Bulgaria. It qualified Bulgarian women working in Italy's household as "slaves" and "servants of the West", "washing feet" and being a symbol of "Bulgarian humiliation". This discourse was often employed in Bulgarian newspapers, and I heard it repeated by some of the family members of the badanti in this study. Yet, interestingly, the majority of these badanti either nuanced it, or completely disagreed with this "victimhood bullshit". They talked about what it means to be a badante – by far the most important reason given was the ability to raise their children "well", "with things they need". Yet, there were more reasons mentioned:

> "They say I wipe buttocks – ok … I do! But I also care for a lovely old lady, and you know, she is so grateful. She is all alone now, but for me. Her son comes [sometimes] … But I am with her all the time; she tells me 'Milena, you take care of me!' It is a grateful job and they don't write that [in Bulgarian newspapers]" *Milena*

In this quote Milena makes the connection between caring for one's family back home and caring for one's employer, clearly showing that the work of caring is linked across geographical and affective spaces. This underlies a care continuum which is not only institutional, international, and affective, but also one that is culturally produced. Milena was hired to care for her employer, because she is *a woman who is caring*, exemplified by her sacrifice in living away from her children, in order to provide for them. This ethical trope is powerful for Milena personally, but it is also easily 'pluggable' within the context of care market in Italy, where care is largely informal and unregulated, forcing people to search for "caring women", whom they can trust. The social norms in relation to gender, in this example, which underlie the care culture of emigration fit well within the Italian market care culture, revealing the plurality of care cultures in badanti women's universe.

I therefore argue that research participants in this study engaged in creating a different kind of landscape to be inhabited well and on their own terms. This landscape may be described by a few characteristics: 1) it is mobile and marked by uncertainty, 2) it is globally situated and produced in a care continuum of inequality, 3) it is normative and affective, and 4) it is 'filtered' through the encounter of different care cultures. These care cultures are not monolithic, frozen representations of a nation or race, but are rather dynamic ways of maintaining, adjusting and repairing lives (Tronto 2013; Puig de la Bellacasa 2017). Importantly, care cultures serve as both enabling and disabling mechanisms for the women caregivers in this study, making clear that care cultures are not inherently helpful or limiting but it is rather their articulation that matters for meaning making. Elitza may have been limited by her culturally situated understanding of her role as a mother – to accept sacrifice in doing temporary care work in Italy. Yet, this articulation is also where she draws pride and dignity from; her ability to provide for her children allow her agency and deliver a level of satisfaction and purpose. The process of meaning making is communal – the care cultures I describe are constructed, debated and challenged by badanti as a community and through ethics that attempt to articulate meaning. These articulations reveal that we should think of care cultures as a plurality, which requires negotiation and an ethics. For instance, being a "good mother" matters to Bulgarian badanti in Nettuno greatly and making a sacrifice, in order to achieve this norm makes their acts of care – physical or at a distance – meaningful to them. However, doing work that is "grateful" and through which badanti women may find dignity is another way of articulating "a good life".

Relating to the point of care cultures functioning also as limiting mechanisms, badanti are not blind to, and do not deny, the system of care marketization, which connects countries and arranges care regimes in unfair ways. However, they make sense of their positioning by articulating meaning through culturally inflected care ethics and in this way, create life narratives that are both disruptive (temporally, generationally) and hopeful. It is my argument here that studies of global care chains should – next to doing important work of revealing the layers of exploitation in the global care division of labour – also honour and present the ways that women migrant caregivers articulate and arrange their life stories. Care cultures play a crucial role in making sense of, and giving language to, affective relations of connectedness – whether to children back home, to an older woman who is "grateful", or to an identity marker of being "a good mother". Care cultures filter these affective states of being and make them articulable, and therefore legitimate. Importantly, these care cultures are not 'Bulgarian' or 'Italian', but rather are different ways of *living and caring well* for oneself and for others. They are dynamic, plural, and up for discussion around the panoramic café table in Nettuno.

## 5. Conclusions and discussion

This paper addressed the role care cultures play in constructing mobile landscapes of gendered labour. The results showed that participants in this longitudinal study engaged in culturally inflected articulation of meaningful life narratives as a temporal and affective intervention in the neoliberal landscapes, which they inhabit. I have argued that care practices connect different care cultures stretching between Bulgaria and Italy, generations and families; and that these are dynamic and unstable, built upon an ethics of 'good care' and 'good motherhood', in particular.

How do these results contribute to our understanding of the 'filter' role of culture in health geography? For starters, I argue that we should focus on care cultures in the plural form, instead of working with the notion of one (Bulgarian or Italian) 'culture'. In attempting to follow a 'cultural' pattern in the mobile lives of Bulgarian badanti, it became clear that there is no one cultural lens to look through; and that working

[3] The reader may wonder where fathers are in these stories, as I often did. The absence of fathers – both in discourse and practice – is too big of a discussion to be addressed in this paper, yet it is an important point to highlight, also in terms of care cultures and the mobile landscapes they produce. In the research participants' articulation of 'their' landscape fathers were sometimes gone, but often considered to be a "poor substitute" for mothers in children's lives. The present or absence of fathers did not relieve any of the guilt, shame or regret that badanti felt and indeed. And indeed, the topic of fathers rarely came up in conversations.

[4] At the time of the interview.

with this concept would only serve to reify it – as many scholars have warned us – offering too simple of an explanation for complex translocal care arrangements. Therefore, working with the idea of care cultures and their connectedness, disjointment and affective entanglement instead allows for a layered and situated analysis of caring that is both culturally specific and globally informed. The paper demonstrates that care cultures – unlike the notion of culture alone – denote the process of constructing and making sense of how we live our lives with (distant) others. Importantly, this is done in culturally inflected ways, pointing to the importance of place in any analysis of cultural practices. I therefore argue that the term care cultures offers an analysis of care practices that takes into consideration the relationship between place and people as a dynamic negotiation of meaning; is ethically situated and requires articulation. I suggest that it is more fruitful to work with the idea of care cultures, as opposed to ethics or culture alone, because the latter two are difficult to separate to begin with and because care cultures presuppose and underlie plurality and negotiation – both of which are crucial ingredients to understand the lives of migrant caregivers as messy and a constant attempt at articulation.

This insight is well-paired with the methodological call of Abu-Lughod (1991) decades ago to write "against culture" and to produce "ethnographies of the particular". Such ethnographies would focus on individuals and their evolving relationships, allowing us to think with their lived experience, instead of imagined cultural affiliations. I have tried to do so in this paper by engaging with a diverse community of Bulgarian badanti in Nettuno and showing how they construct an ethics of care in a landscape of mobility and uncertainty. Their care cultures are not the culture of Bulgarians or of migrant women, but rather of far-away mothers, trying to make the best choice for their children or of well-educated women, trying to find respect and dignity in their life narrative. These are ways of caring that reveal the lived experience of migration, of being a woman migrant and of being a mother (at a distance).

Secondly, the paper's results offer productive insights for discussions on the topic of therapeutic landscapes. This term has proven fruitful in the field of health geography, developing into a number of themes, delineated by Kearns and Milligan (2020). One of these themes is emphasizing movement as therapeutic, as opposed to rather static ideas of landscapes (see Gartell, 2013 for the term 'therapeutic mobilities'). My results push the notion of therapeutic place even further by showing how a landscape that "feels good" is actively constructed as an affective space and may be radically de-territorialized. This is in line with Trnka's (2021) analysis of multi-sited therapeutic assemblages of care, which de-centres place by incorporating digital sites and their interrelations with a plurality of places, together constituting what is therapeutic. I build on this insight by arguing that care cultures may also frame mobile landscapes as therapeutic places, precisely because of an intricate interplay between proximity and distance, informed and propelled by an ethics of care. The case of Bulgarian migrant caregivers presented here furthermore shows that therapeutic spaces are not only culturally specific (Wang et al., 2018; Kingsley et al., 2018), but also that they must be understood in a broader light than personal health; instead, we may think of them as denoting *well-being of relationships and meaning making*.

Finally, relating to this Special Issue's call for employing the term *cultural landscapes*, this paper illuminates the importance of incorporating the health of communities into discussions of the relationship between health and place. Importantly, communities may be mobile or located at a distance – their health should be understood also as relational and as a form of articulation of meaning. Cultural landscapes as an analytical tool are therefore very promising for both broader and more precise discussions on how people do care in, out, and through place.

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