Doctor of Area Studies

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Paid to Care: The Ethnography of Body, Empathy, and Reciprocity in Care Work Among Filipinos in Japan

有償でケアする―在日フィリピン人介護職における身体・共感・互酬性の民族誌―

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Abstract

This dissertation answers the question: in spite of the difficult work, low pay, and challenging work conditions, what meanings do Filipino migrants derive from care work? Studies on the transnationalization of care have often emphasized the low status and precarious nature of care work which is commonly performed by women and migrants. The increasing globalization and neoliberal structures that have created an "international division of reproductive labor" (Parreñas, 2001) saw migrant women performing the manual physical tasks of caring in affluent families in developed nations. Scholars argue that such conditions have created a "global care chain" (Hochschild 2003, Yeates 2004) that seem to extract care from migrant families in developing countries to the families who employ them abroad. That caregiving and nursing are seen together as forms of care work are a result of the fuzzy definition of care work that lies between skilled and low-skilled.

Through an ethnography of care work in Japanese care facilities and interviews of 50 Filipino care workers in Japan from April 2017 to June 2019, this dissertation discusses the care interactions existing between the Filipino migrant caregiver and the Japanese elderly residents who are their direct recipients of care. Japan's participation in the globalization of care as the most aged society in Asia presents a relevant and timely understanding of the evolving nature of care as commodified labor. On the one hand, Japan's aging society drives the need for care laborers, while the embeddedness of labor migration in the Philippines presents itself with a ready supply of able and qualified care workers. The intersection of national interests results in a unique arrangement where care demand and labor supply are negotiated in the premise of international cooperation.

In the first part of the dissertation, caregiving is situated in a transnational space, and unravels how care is shaped as labor through the qualifications required by the migration actors responsible for the migration of Filipinos as paid carers of Japanese elderly residents. Variations in Japan's migration, welfare and employment policies have resulted to four migration channels for migrant care workers to enter the country. These migration channels intersect with the embeddedness of labor migration in the Philippines and creates an impetus for the migration of aspiring care workers composed of professional nurses, technically qualified caregivers, and even those with minimum requirements. A major competency expected of aspiring Filipino care workers is language proficiency, which has resulted to a sudden interest in Japanese language study programs in the Philippines aiming to prepare aspiring migrants for the care work opportunities in Japan. Aspiring migrants appropriate the information of migration channels and configure their intrinsic and extrinsic capitals to suit the needs and requirements of migration channels that will allow them to enter Japan. Moreover, the variations in the migration channels result to a stratification of migrant care workers according to their knowledge, qualifications, and experiences which creates their desirability as migrants and eventually shapes their identities through their visa statuses, salaries, and social positioning in the host country. In the process of their migration, they are stripped off of any status, class, and social identities they held in the Philippines, that places them in a liminal and marginal status in their destination country.

As they transition to becoming migrant care workers, this dissertation finds that the discrepancies in the occupational definition of care work in the Philippines and Japan has resulted to

crucial differences in expectations and understanding of care workers' occupational roles and responsibilities. In the workplace, language skill and ability to gain a certain level of cultural understanding were significant factors to reduce frictions brought about by these differences. Naturally, tensions arise when these expectations are not met. This is especially the case for those with nursing background, retraining as a care worker and being limited in their professional jurisdiction is an obvious occupational mismatch that results to downward mobility and professional frustration. For those with lesser qualifications, to work in a developed country such as Japan offers better opportunities and widens their prospects in terms of gaining employment abroad that is regarded as giving them an advantage than if they continued working in the Philippines. For longterm residents in Japan, the stability and reward of care work adds value to their labor and legitimizes their position as carers of the Japanese nation.

In the encounters at the care facilities, the paid care of foreign care workers is embedded in the traditional and cultural notions of aging, relating, and professional standards of care work in both the Filipino and Japanese cultures. These result to a constant negotiation based on the two cultures' understanding of aging and care as filial piety, reciprocity, social obligation and duty. A discussion on the embodiment of care addresses the longstanding discourse of Japan's homogeneity as a nation that sets itself apart from the successful integration of migrants in the society. Using *embodiment* in understanding the everyday dynamics of caring encounters and relations between Filipino carers and their Japanese elderly wards, the dissertation finds that caring relations, fostered by the intimate acts of caring and intimate knowledge of the elderly residents drives the Filipino care workers' to provide care as if for a family. This points to normalized definitions of care that views ethical or paid caring as aspiring towards natural caring in the family (Noddings 1986).

As they provide care for the elderly residents and work alongside their Japanese co-workers, this dissertation argues that Filipino care workers find themselves in mutual yet unequal relations with the Japanese. On the one hand, because of the expectation of language as a competency to care effectively, being migrants becomes a stark difference that highlights their otherness and hence as unequal; while on the other, they find a sense of mutual relations with the elderly residents as their carers. Filipino care workers "extend" their bodies to enable the maintenance and mobility of Japanese elderly residents that aspire for natural caring similar to that in the family. The embodiment of these values give shape to the texture of care provided by Filipinos that becomes inscribed into their bodies as "innately" suitable for care work.

Finally, their care is reciprocated through affirmations they receive from the elderly residents, which add meaning and value to an otherwise difficult job with low wage, and limited mobility. Their unequal position as migrants places them in mutual yet unequal positions relative to the Japanese in general, and the extent to which they will remain as care workers depends on their perceived value in the host society and on the terms with which they evaluate their work as "reciprocated". What results is a dynamic encounter that rework how we understand the evolving nature of paid care in a globalized and transnational space.

学位論文内容要旨

本博士論文では、以下の問いを立てる。フィリピンからの移動労働者は、困難で低給与、労働条件も厳しいケア労働にどの様な意味を見出すのか。ケアのトランスナショナル化に関する研究は、通常女性や移動者によるケア労働の社会的な劣位や不安定性をもっぱら強調してきた。グローバル化が進行し再生産労働の国際分業体制を作り出してきた新自由主義のもとで、発展途上国からの移動女性が先進諸国の豊かな家族でケアの負荷を担うグローバル・ケア・チェーンが形成されてきた。そこではケア提供と看護はケア労働として同一視され、熟練労働と単純労働の間で曖昧に定義されてきた。

日本の介護施設におけるケア労働の民族誌的調査、および 2017 年 4 月から 2019 年 6 月までの日本における 50 人のフィリピン人ケア労働者へのインタビューを通じて、本論文はフィリピンの移動ケア提供者とそのケアを受ける日本人高齢施設居住者とのケアをめぐる相互関係を論じる。アジアにおける高齢化先進国としての日本によるケアのグローバル化への参入は、労働の商品化としてのケアの特質を理解する機会となる。日本側で高齢社会はケア労働者へのニーズをもたらし、フィリピン側では労働移動の日常化が有能で資格をもつケア労働者の提供を可能にしている。国益の相互作用はケアの需要と労働の供給が国際協力の前提のもとで交渉される独特の設定を形成している。

本博士論文では、まずトランスナショナルな空間におけるケア提供について論じ、日本人高齢者への有償ケア提供者としてフィリピン人の移動を差配する諸アクターが求める資格を通じて、ケアが労働として形成される過程を明らかにする。日本の移民、福祉、雇用をめぐる諸政策の多様な組合せから、ケア労働の移住には四経路がある。これら移住経路はフィリピンにおける労働移動と交差して専門看護師、技術資格を持つ介護者、そして最低限の要件をカバーする介護者までを含む介護従事者の移住の原動力となる。介護に必要な訓練を受けているにも関わらず、介護従事者を目指すフィリピン人介護士に求められる最大の能力は語学力であり、日本での就労機会に向けて移住への意欲を持つフィリピン人のための日本語学習プログラムが急激にブームとなった。一方移動者は、移住経路に関わる情報を適切に利用し、日本への入国を可能にする移動経路の要求に見合った、生来の資質や獲得された技能を適合させる。しかし移住経路の複数性は、知識、資格、経験によって移動介護労働者を階層化することにつながり、それは日本における彼らのビザ、給与、社会的地位などによる選好的な扱いに反映される。時間、資金、努力の投資は、こうした経路を通じた日本への入国という形で結実する。移動過程を通じて、彼らは翻刻で保持していた地位や階層、社会的アイデンティティを剥奪され、移動先の国では周縁的な立場におかれる。

その後、彼らが移動ケア労働者の道を歩み始めると、フィリピンと日本両国におけるケア労働の職業的定義の齟齬が彼らの職業的役割や責任に対する期待や理解に重要な相違を

もたらす。このことを次に論じる。仕事場では、言語能力や文化的理解能力がこうした差異がもたらす摩擦を軽減する要素である。期待が満たされない場合、葛藤が生じる。特に看護経歴を持つ者が介護福祉士として再訓練し専門的な管轄を限定され、明らかな職業上の不一致が生じる場合は、下向きのモビリティと職業上の欲求不満につながる。一方専門資格がない場合、先進国日本で働くことは、本国で働き続けるよりも容易に他の目的地に移動することにつながり、国際労働経験の可能性を増す機会を提供する。更に日本長期滞在者の場合、ケアワークの安定と報酬は、労働に付加価値を与え、日本のケア提供者という地位が彼らの存在を正当化することになる。

続いて、高齢者介護施設での出会いにおいて、外国人介護福祉士の有償のケアは、両文化における高齢化、関係性、ケアの伝統的かつ文化的概念に埋め込まれており、両文化の高齢化とケアに対する親孝行、互酬性、社会的義務としての理解に基づく恒常的な交渉につながっていることを明らかにする。日本という国の同質性に関わる言説が、移動者の社会統合を困難にしてきたことに、ケアの身体化の議論は疑問を投げかける。ここでは、身体化の概念を用いてフィリピン人のケア提供者と高齢の被ケア者とのケア場面での出会いや関係性の日常的な動態を理解することにより、ケアの親密な行為や高齢者に関する親密な知識が、フィリピン人ケア労働者が家族に対するかのようにケアを提供する様態を明らかにする。

次に、高齢入居者にケアを提供する上で、日本人の同僚と職場を共にするなかで、フィリピン人ケア労働者が日本人と相互的かつ不平等な関係にあることを示す。一方で、言語が効果的なケアを行う能力として期待されるため、移動労働者であることは彼らの他者性、そして不平等性を照射する明確な差異となる。しかし他方で、彼らは高齢居住者に対してケア者として相互的な関係を築く。フィリピン人ケア労働者は、彼らの身体を「延長」させて日本人高齢者の可動性を維持し可能にし、家族のように自然なケアを目指す。こうした価値の身体化が、フィリピン労働者が提供するケアの質感と価値を形作っており、それにより彼らはケア労働に「生まれつき」適合しているという印を身に帯びることになる。

最後に、彼らは高齢入居者から受けるケアへの肯定的評価によって報われ、そうでもなければ低賃金、困難で昇進の望みもない仕事に意味と価値を付与することを論じる。移住労働者としての不平等性は、彼らをより一般的にも日本人に対して不平等な立場に位置づけ、それでもケア提供者として働き続けるかどうかは、彼らが受入れ社会における自らの価値付けや仕事が「報われている」かどうかの評価にかかっている。そこに生じるのは、グローバル化したトランスナショナルな空間における有償のケアの展開についての理解を再定義する動的な出会いである。

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I am glad to have made it through and I offer this dissertation to all of you.

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Abbreviations

ADL	: Activities of Daily Living
BP	: Blood pressure
BPO	: Business Process Outsourcing
BSN	: Bachelor of Science in Nursing
CBC	: Competency-based Curriculum
CW	: Care Worker
DOLE	: Department of Labor and Employment (Philippines)
EPA	: Economic Partnership Agreement
JFC	: Japanese-Filipino child(ren)
JICWELS	: Japan International Corporation of Welfare Services
JLPT	: Japanese Language Proficiency Test
JNA	: Japanese Nursing Association
JPEPA	: Japan-Philippines Economic Partnership Agreement
JPY	: Japanese Yen
LTCI	: Long-term Care Insurance
MHLW	: Ministry of Health, Labor and Welfare (Japan)
MOJ	: Ministry of Justice (Japan)
NC II	: National Competency II
NGO	: Non-Governmental Organization
NPO	: Non-Profit Organization
OFW	: Overseas Filipino Worker(s)
PNA	: Philippine Nursing Association
POEA	: Philippine Overseas Employment Agency
QOL	: Quality of Life
RLE	: Related Learning Experience
SSW	: Special Skilled Worker
TESDA	: Technical Education and Skills Development Authority (Philippines)
TITP	: Technical Intern Training Program
UK	: United Kingdom
US:	: United States (of America)

Chapter 1: Cross-cultural Encounters of Elderly Care in Japan

1. Introduction

On a cold February morning, slowly falling snow was visible from the windows of Sakura no Sato. Meanwhile, Rosemary a Filipina care worker was already busy waking up the residents. At 7am, she enters a room with the name Ishida written in Kanji on the wooden plaque hanging by the door. Opening the curtain to let the sunlight in, Rosemary leaned close to the bed and quipped, "*Ohayou gozaimasu, Ishida san. Ii tenki desu ne. Okimashouka.*" (Good morning, Ishida san. It is a good day today, are you ready to get up?). Ishida san slowly opened her eyes and gave a gentle "*Hai*". As soon as she has sat on the edge of the bed, Rosemary pulled the wheelchair and positioned it just beside the old woman's legs. Then she squatted in front of the old woman, asked her to place her arms on her shoulders and wrapped her arms around the old woman's torso while securing her grip by holding the pyjama waistband. "*Seino,*" with a slight grunt she lifts her in one swift move towards the wheelchair. She adjusted the foot rests, unlocked the wheels and pushed her towards the toilet. Before helping her sit down on the toilet bowl, Rosemary pulled down her pants and checked to see if there was urine or feces in the diaper, or if it has been soiled. Seeing it was clear, she guided Ishida san to hold the bars and slowly eased her onto the toilet seat. She waited a couple of minutes until Ishida san finished peeing. Rosemary then asked her to hold the bars again and when the old woman was on her feet, she took a warm towel and wiped her genitals from front to back. She took a new diaper pad and inserted it into the pants before pulling them up together. After toileting, Rosemary wheeled her in front of the sink and prepared her toothbrush. Rosemary lets the old woman brush her own teeth, while she combed and arranged her hair into a neat bun. She fondly calls her "Beppin san" which means "beautiful woman", and the old woman would laugh at their own inside joke. After doing her hair, Ishida san thanked Rosemary with a nod and "Arigatou ne" and joined the other residents in the living room, waiting for breakfast to be served. Meanwhile, Rosemary proceeded to the next room, where she provides the same care to the other nine elderly residents in the unit ward.

The countless times I have talked with Filipino *kaigo shokuin* (nursing care staff) in Japan, ambivalent feelings commonly arise from their caring experiences. Many find it emotionally rewarding, and in the same breath lament the heavy toll of the care tasks on their bodies. "*Masakit sa katawan* (Physically demanding)" is a usual expression they have come to associate with the stresses of doing *kaigo*, the Japanese longterm care for the elderly. It is rather unusual to begin a conversation on care about body pain, and yet this reveals the lived reality of caregiving for paid Filipino care workers in Japan. My Filipino informants readily shared how carrying and transferring elderly residents (*riyousha)*, turning them in their beds twice in a shift, bending over while changing their diapers (*omutsukoukan*) on the bed, and doing all these to about 10 to 15 residents a day has taught them two things: proper body mechanics, and to have a ready supply of Salonpas[1] at home. Our conversations usually begin with, "How was your shift?" I was interested with how my informants *experienced*

[1] A brand of medicated patch that relieves muscle pain.

caring for the Japanese elderly, and as Filipinos, how they understand and perform care for "strangers" in the context of their migration to Japan as paid care workers.

My interest in this subjective and bodily experience of caring emanates from my own training as a nurse in the Philippines. The nursing profession is replete with understandings of care as a vocation, profession, ethic, and moral disposition that sets it apart from the other allied medical professions as specifically dealing with the care of human beings towards their wellbeing. On the one hand, I am guided by these earlier perspectives which has established my training as a nurse, however my encounters with Filipino care workers exposed me to the host of meanings of care that goes beyond the mindset of nursing as a profession. Keeping these in mind, I ventured into an ethnography of care work that distinguishes on the one hand, an understanding of care as a profession, and on the other, notions of care as a collective experience of Filipino care workers in Japan.

2. Filipinos and their care labor

In the four decades since migration has been institutionalized in the Philippine state, Filipinos migrate mainly as service providers: nurses, domestic workers, seafarers, caregivers, factory workers, construction workers, and other occupations that are predominantly labor-intensive and capitalize on the migrants' labor power. Filipino workers have been branded and marketed as "able minds and able hands" (Rodriguez 2010), while Filipina migrants are regarded as especially suited for jobs that capitalize on their "productive femininity and added export value" (Guevarra 2010). Such labeling or branding of the Filipino migrant create an image and imagining of the Filipino worker: their bodies are made for jobs that are labor intensive.

With this interest in the increasing globalization of care where care providers move between one part of the world to another, is the question that underlies their own migration. Why do they do it? Why travel so far to take up a job that is hard, not so well-paid, become a second-class citizen, and separated miles away from family and friends?

The pursuit of a better life has undergirded the discourse of migration of Filipinos, who have for one reason or another succumbed to a migratory life leaving behind families at their wake. Scholarly studies have focused on the various motivations that supported migration decisions, and has often pointed to a common human condition: the pursuit of a better life. Such desire has launched masses of Filipinos on a journey that strives for *maalwang buhay* or a comfortable life (Aguilar 2009a), a search for *swerte* or luck (Hosoda 2018), continuing the performance of kinship roles and practices through remittances and the sending of *balikbayan* boxes (McKay 2008, Camposano 2012), building houses (Aguilar 2009b, Ortega 2018), funding town *fiestas* and religious investments in the family and in the community (McKay 2010), among many others. As these studies have illustrated, it is not simply the achievement of economic gain, but a continuous performance, reexamination and negotiation of a migrant's aspirations that materializes in the continued performance of his roles in the family and in the community, which sustains his migration regardless of the distance from his "home". This transnational kin-making is also what Tadiar saw among Filipina domestic workers as the "subjective power to feel, care and nurture expressed naturally to their kin and friends is extended to those they look after in ways that often go beyond mere market-driven contractual relations" (in Aguilar 2002, 8).

The Filipino experience of caregiving has been well studied over the years. Most studies have used "care work" in referring to the experiences of domestic workers, caregivers, and health professionals who are in one way or another involved in the provision of care as a service in various capacities and competencies. Filipinos have largely figured in the study of care labor through scholarship on domestic workers in various countries such as in Malaysia (Chin 1998), in the US and Italy (Parreñas 2001), in Hong Kong (Constable 2007), and caregivers in Israel (Liebelt 2011; Mazuz 2013). Ethnographic studies of Filipino nurses and caregivers in the UK, US, Canada (Pratt 1997, Kelly 2012), Singapore (Amrith 2016) have shed light into how capitalism created connections that have driven the mobility of health workers around the globe, furthering the connections and continuities of care between the North/South, migrants/citizens, paid/unpaid, formal/informal, men/women, and young/old.

Different studies of care that highlight its nature as a kinship practice (Radziwinowiczówna, Rosińska, and Kloc-Nowak 2018, McKay 2016, Alber & Drotbohm 2015, Isaksen 2012, Aguilar 2009a, Baldassar, Baldock & Wilding 2007, Parreñas 2003) point to various directions in which care is viewed across practices that define and shape kinship in a globalized age. Extending Carsten's culture of *relatedness*, Aguilar (2009a) offers an analysis of care among Filipino migrant transnational families as making possibilities to continue the care of the family and kin through a renegotiation of caring roles and responsibilities in the absence of the main carer, usually the mother who migrates. Such imagining allows us to view care migration as not necessarily creating a "care drain", but instead shows how families and kin are able to reorganize caring demands and delegate it among those who are *present*, while not negating the care of the distant family member. Nor does it lessen the care of the distant other, since they are still included within the web of caring relations, such arrangements only rework how care is perceived, performed, and received in various forms and ways. Indeed, transnational care provided a lens to understand the complexity of family-making and kin-work among migrant families as a result of negotiations of care roles and responsibilities between those who left and who were left-behind.

Most studies of migrant care workers have emphasized the dynamics of race, class, and gender in their lives as carers for more affluent societies (Lutz 2018; Ogawa 2017; Amrith 2016; Friedman & Mahdavi 2015; Christensen & Guldvik 2014; Huang, Thang, & Toyota 2012; Duffy 2011; Liebelt 2011; Rodriquez 2011; Stacey 2011; Boris & Parreñas 2010; Constable 2007; Meyer 2000, among others) which were instrumental in making visible the undervalued nature of care work by different women across race, lifespan, and social class. Studies of the lived experiences of migrant workers illuminate the embedded inequalities that define care work. More importantly, ethnographic work on migrant care workers reveal local specificities and subjective understanding of their migration experiences, which gives texture to the larger phenomenon of globalization of care. The ties that they forge, negotiate and reconstruct with their families back home provide a significant understanding of how transnational care is managed and sustained in the course of their migration. However, they are also building and negotiating new forms of caring relations in their host countries. How do foreign care recipients and their families view the care they provide, and how is their care evaluated against the local cultural ideals of care of their host societies? It is in this context that I situate my study with its focus on the experience of paid care work in Japan.

In the case of Japan, ethnographic studies of Filipino longterm residents and care worker candidates under the Japan-Philippines Economic Partnership Agreement (JPEPA) doing care work situate their experience within the context of Filipinos' historical migration to Japan as entertainers, marriage migrants, wives to Japanese men, and of Japanese Filipino children, and as care workers (Suzuki 2007; Takahata 2016) in the past half century. The longstanding image of Filipino migrants as a sexualized and docile *other* has dominated the discourse of Filipino migrations to Japan (Suzuki 2008). Tadiar (2004) argues that the prostitution of the Filipina entertainer by the Philippine state represents the national (re)production of the nation, where feminization of its labor was co-constitutive of its modernization project. In this sense, the body of the Filipina has been co-constituted by the workings of globalization on a personal and national level through her participation in the global exchange of affection and sexual services. Even with the increase of professional Filipino workers entering Japan in the 2000s, the persisting image remains unchallenged, especially when these occupational services are feminine-oriented, such as in the case of nursing and care work. Lopez (2012) argues that the transformation of their affective capacities from the sexualised and exotic entertainer to the affective carer reflects a reconstitution of their caring labours. Takahata (2016) foresees a process of intermarrying between Filipino EPA nurses and care workers with the Japanese as another strategy to remain in Japan due to the temporary nature of their working conditions and statuses in the country, much like the former entertainers who came earlier. This is problematic as both entertainer, marriage migrant, care worker and nurse are lumped together and viewed as affective, sexualised labor, which is not necessarily the case. Despite the increasing ties with Japanese people in the context of intermarriages and multicultural family making, Filipino migrants have largely figured in the Japanese national imagination as a marginal yet intimate participant in the society's intimate spaces (such as the night club, rural households, and now in elderly care facilities). The participation of foreign care workers in the care of Japan's aging population presents an emerging phenomenon which could be understood not only through the discourse of multiculturalism and skilled labor migration, but also and perhaps more importantly through the perspective of care work, which this study aims to provide.

Looking at the relations of Filipino migrants in their everyday social context, this dissertation presents how the body figures in the migrants' "search of a better life" in their everyday realities and bodily encounters as carers of elderly Japanese. It traces how the body and its labor power enable the migration of aspiring migrants in the Philippines though care work in Japan, and how they negotiate their aspirations and desires through their labor power as care workers. This dissertation takes the embodied aspect of care work to understand the inter- and intrasubjective dynamics that sustain their experiences as foreign care workers, and how the embodied foreignness is constructed and co-constructed to enable them to bargain and create their search for better lives in Japan.

The idea of "caring for" which is premised on a spatial and temporal proximity emphasizes the importance of the body in caring activities. The body and its representations in migration studies has been analyzed as a marker of otherness that often contributes to migrants' marginalization in destination countries. For many Filipino migrants, have often been stereotyped as docile, subservient, exotic (Suzuki 2011, Tyner 2004, Tadiar 2004) needing disciplining and civilizing in order to participate as legitimate members of the social class, while in the Philippines they move within and

against the socio-economic classes of the rich and the poor. Their corporeality shapes the experiences and trajectories of their lives in the context of migration, as they are seen as members of a minority group whose marginalized existence lies within the peripheries of the host society.

Recent studies on transnational care of migrants have highlighted the cross-territorial activities that migrants, especially women, do to maintain and sustain their roles and responsibilities in their homes in their countries of origin. Why they do care work seems to have been taken for granted and has not been problematized in deeper analysis. Most studies on transnational care problematize the care drain that migrants create in their families back home, while the nature of care and their relations with the people they care for in the receiving societies have often been viewed as oppressive and precarious. In the case of the Philippines and Japan, such perspective is also emblematic of the two countries' positions in the hierarchy of global order. The Philippines from the Global South represents the developing other whose care is characterized by the "warmth" of bodies, while Japan represents the "cold" modern postindustrial country in the Global North.

3. Aging, care work and migration in Japan

In this dissertation, I use "care work" to specify an occupational category that provides a particular set of care tasks specific to the care of elderly people. This is to distinguish the nature and scope of care work as a profession in Japan, which differs with other countries. These differences include variations in educational level, professional status, work setting, nature of work, and visa status. In Japan, *kaigo* or long-term care refers to the system of elderly care in the home or in an institutional setting. Care workers in Japan are expected to have at least two years of educational training in a care work training school, and are also licensed to become *kaigo fukushishi* (certified care workers) by passing a national examination. Meanwhile, I use "migrant care work" to refer to both short-term and long-term migrants who engage in care work in their destination countries. It is important to note that when we talk of Filipino care workers in Japan, the term refers to those who work as nursing care staff (*kaigo shokuin*) in nursing care facilities for the elderly. There are no in-house or domestic workers in Japan, unlike in other East Asian countries such as Korea and Taiwan. This arrangement is a result of Japan's welfare regime, where the state has a dominant control over the welfare arrangements and services targeted for the elderly population.

Longterm care facilities and welfare services for the elderly have become a major industry in Japan, as a result of the revised Longterm Care Insurance in 2000, which saw an increased marketization of elderly care services. Elderly individuals being admitted into care facilities are categorized as needing high and specialized levels of care, which can no longer be provided by family members, such as special care for dementia and for bedridden individuals.[2] Japanese care facilities focus on providing total care and ensuring the elderly residents' medical well-being, safety, and security (Wu 2004). The availability and professionalization of care services in Japan have significantly transformed how, where, and who provides care, significantly changing the role of the family as the traditional and ideal

[2] Japan Ministry of Health, Labor and Welfare. Long-term Care Insurance in Japan. URL: https://www.mhlw.go.jp/english/topics/elderly/care/2.html

providers of care.[3] The elderly residents are referred to as *riyousha* or users, which reflect their status in the institution as purchasers and consumers of the care service. This sets the economic, as well as utilitarian and instrumental relationship between the institution, the elderly, and the care workers. At present, the changing landscape of elderly care in Japan that taps on the labor of migrant workers underscores the question whether care changes depending on *who* provides it.

The nexus of Japan's welfare and migration regimes, market, and family or kin results in the unique arrangement of care work in the country, or what Razavi (2007) calls the care diamond. Other scholars refer it as the care culture (Radziwinowiczówna, Rosińska, & Kloc-Nowak, 2018; Zechner 2008), which is the constellation of different norms, practices, ideals, values, services, arrangements, and welfare systems that structure the shape of elderly care in a given country.

The economic partnership agreements (EPA) of Japan with three Southeast Asian countries (Indonesia, Philippines, and Vietnam) beginning in 2008 allowed for the formal acceptance of foreign professional nurses and care worker candidates in health care sectors, such as hospitals and longterm care facilities for the elderly, which was unprecedented in the country. The formal acceptance of foreign labourers in Japan's care labor market through EPA has been initially met with apprehension and resistance,[4] especially from the Japanese Nursing Association (JNA) who viewed it as potentially lowering the standards of care (Tsukada 2010; Ueno 2011), and competing with local workers.[5] However, Ogawa (2012b) points out a contradiction in the perception of care work in Japan as a low-skilled work, and in the political construction of care work as highly-skilled work in the country's migration policy. The EPA requires migrant care workers to satisfy the requirements for highly skilled work, which includes a university degree and work experience; while in practice, Japanese care facilities employ care workers with national certification, and those who only hold home helper or nursing care staff certification which has a shorter training course and accredited at the prefectural level. From the perspective of skilled work, Ogawa (2012b) and Asato (2013) argue that the migrant care workers experience deskilling for doing a job that they are more than qualified for. Due to the Japanese migration policy that does not accept low-skilled laborers, several visa categories have been created especially for the entry of migrant care workers to Japan. There are currently four pathways for migrants to become care workers in Japan: (1) economic partnership agreement (EPA), (2) students, (3) Technical Intern Trainee Program (TITP), and (4) Specified Skilled Worker visa. In addition to this, are longterm residents who are also engaged in care work. Therefore, there are several

[3] Scholars agree that decision-making about elderly care in Japan, especially at the end of life, is not a straightforward process (Elliott and Campbell, 1993; Ogawa and Retherford, 1993; Long 2005) and underwent significant changes over the years especially after the WWII. The availability of resources, family relations, living arrangements, presence of spouse or child who can provide care, and the elderly's preference all play an important role in deciding how an elderly member is to be cared-for in old age.

[4] The Japanese government has promulgated the acceptance of skilled workers, but the inclusion of care workers as "skilled" challenges the concept due to the largely "low-skilled" nature of care work. Since this is the first time that Japan accepts a substantial number of foreign care workers, concerns were made on the level of Japanese ability and nursing skills, and the workplace adjustment and relations with care recipients and their families (Kawaguchi et al. 2008 in Ogawa 2012).

[5] The Japan Nursing Association, in particular, requires foreign nurses to be familiarised with Japanese culture, lifestyle and social life, as well as to be able to conduct smooth communication in Japanese to avoid confusion and medical errors (Tsukada 2010).

categories of people with various levels of educational and skill qualifications doing the same care work job.

Meanwhile, other scholars view the migration of foreign care workers as a challenge to multicultural coexistence (*tabunka kyosei*), which reflects Japan's reluctance towards the social integration of migrants (Switek 2016).[6] Scholarly discussions on migrant care work in Japan are situated within the literature of the migration of foreign nurses and care workers to Japan via the EPA (Switek 2016; Nunoo 2016; Hirano & Tsubota 2016; Hirano, Ogawa & Ohno 2012; Ogawa et al 2010; Asato 2007) and skilled workers in general (Vogt 2018, 2014; Akashi 2014; Vogt & Achenbach 2012; Asato 2013; Ford and Kawashima 2013).

In the study of Indonesian care workers in Japan who came through as EPA candidates in 2009, initial reluctance and discomfort to be "touched" by foreign hands was attributed to their lack of Japanese cultural knowledge as symbolic of their "otherness" (Switek 2016). However, there have been more encounters with foreign care workers not only through the EPA, but even earlier with longterm migrant residents, such as Filipina wives of Japanese men and former entertainers, who have been working in the care sector prior to the implementation of the EPA in 2008 (see Ballescas 2009; Lopez 2012).

4. Research questions

This dissertation answers the main question, "In spite of the difficult work, low pay, and challenging work conditions, what meanings do Filipino migrants derive from care work?" To further elaborate these meanings, the following sub-questions explore other related issues in my informants' experience of paid care:

1. How do Filipino care workers make sense of their experiences within the migration policy, welfare regime, and employment policies in Japan?
2. What do Filipino care workers bring to their jobs, and to what extent do they bring the skills, ideals, and care practices they developed in their domestic culture? How is care embodied, configured, transformed, and practiced in intercultural caring encounters with the Japanese elderly residents?
3. What meanings do they attach to caring for the elderly in their experience as migrant care workers? How do they perceive their obligation to care for the Japanese elderly? How do they imagine and compare their relationships with those they care for to those they care for at home? What kinds of tensions arise in the daily interactions between Filipinos and Japanese in the care facilities?
4. How do they imagine their position in the Japanese society as migrants and as carers of the elderly? How does this shape their relations with the Japanese elderly and their co-workers?

[6] For instance, Switek's (2016) analysis of the encounters of Indonesian care workers and Japanese elderly in residential care facilities during the first few years of the EPA as "reluctant intimacy" emphasised how the national reluctance towards migrants affected and shaped the individual encounters at the care facilities. Scholars critical with the multicultural politics in Japan (Mackie 2013; Nagayoshi 2011), see the accommodation of difference not as a threat to the homogeneity of the 'nation' but as a further reinforcement of "Japaneseness" (Nagayoshi 2011).

Through a multi-sited ethnography of care work in Japan, and interviews of 50 Filipino care workers in Japan from April 2017 to June 2019, this dissertation discusses the care interactions existing between the Filipino migrant caregiver and the Japanese elderly residents who are their direct recipients of care. To participate with my informants in their lived experiences, I followed them in their usual places of work and in the social spaces of their homes, occasional social gatherings, and even in public offices where their experiences and notions of being a "migrant" is seen and exercised. Their individual interactions and personal journeys shed an understanding of what it means to work as caregivers in the larger phenomena of the globalization of care where they participate. This dissertation also analyzes how the body and its labor power is constructed, mediated, and negotiated in the lives of Filipino care workers in Japan. Looking at their daily experiences of providing care for the elderly Japanese, how do these experiences fuel and sustain their pursuit of a better life?

In the course of my fieldwork, I saw the complexity of living and working in Japan as migrant care workers: how their daily experiences are shaped by the caring relations and expectations in the care institutions, the stratification of migrant care workers according to educational and skill qualification, as well as visa status; the existing discourse on Filipino migrants in Japan as feminized laborers; the precarious nature of care workers in Japan, their questionable position in the care site as not having the cultural and linguistic skills; their temporal positions as migrants in the Japanese society; and their negotiated identities as transnational carers of their own families in the Philippines.

A day in the life of a care worker in Japan consists of constant touching: assisting, feeding, transferring, manipulating, wiping, holding, guiding, and comforting the elderly. Many of my informants often characterize giving care as if they are caring for the family. This finding is also found in most studies of paid care (Rodriquez 2014, Wu 2004, Foner 1994, Diamond 1992), but what aspect of care work creates such a kin-like connection between carers and care receivers who are not related by blood, kin or intimate ties? How do they understand their position as migrants and their *obligation* to care as paid carers? What do they bring as foreign carers and how do these configure the caring practices of the elderly in Japanese institutions with their own cultural practices and ideals of elderly care?

What this dissertation finds is that care is a negotiated process that varies on one's context, age, background. As caring and its tasks are filled with a lot of intercorporeal interactions, how is caring negotiated and understood between Filipino care workers and Japanese elderly residents? In this case, actual observations of my informants at work provided the context for which these embodied reactions and interactions are understood. While individuals would have very different subjective experiences of caring in their everyday lives, their narratives lend us a view of the shared or collective understandings of their experiences as carers and as Filipino migrants in the Japanese care setting. Through interpretive phenomenology, narratives provide an insight into the perspectives and mindsets that govern the behavior of individuals, which could not be apparent or obvious at the outside.

On a larger scale, this study contributes to the ongoing discussion of the transnationalization of care, by providing an ethnographical account of migration and care among Filipino care workers in Japan. In the past 10 years since the arrival of foreign nurses and care workers in Japan, ethnographic

accounts of foreign care workers' lives and experiences in Japan have remained few (with the exception of Switek's ethnographic analysis of the Indonesian EPA care workers' experiences) due to the limits of institutional access to care facilities encountered by researchers especially foreign scholars. As a Filipino student living in Japan, gaining access to a Japanese institution, being integrated into the Filipino migrant network and community, having the necessary (native) linguistic capability of Filipino and a working knowledge of Japanese, and having a nursing background all contributed to this dissertation's analysis of what it means for Filipino migrants to care for Japanese elderly residents in a care facility.

5. Outline of study

The following outlines the discussions for each chapter. Chapter 2 defines care work and situates it within the care cultures in the Philippines and in Japan. It discusses how Filipino care workers engage with the socio-cultural norms, practices and arrangements of care in Japan and how embodiment provides a new way of understanding cross-cultural caring encounters. Chapter 3 presents the methodology, issues and challenges of doing a multi-sited ethnography of migrant care work in Japan.

Chapter 4 discusses how care work is constructed in the context of labor migration between the Philippines and Japan. Looking at the intersection of Japan's migration, care, and employment regimes, the chapter presents how training, skills and qualifications shape the creation of care work as an occupation and how aspiring migrants from the Philippines strategize to fulfill the requirements of the pathways that they choose in migrating. It presents how people respond to the external actors that structure their migration, and how they negate, affirm, or resist such forces in shaping the course of their lives as migrants in the process of their migration journeys. Here I argue that migrants undergo a stripping off of occupational titles, class, and background in the process of their migration which sets them in an unequal position with the members of the host society.

Chapter 5 discusses the discontent of Filipino professional nurses who experience downward mobility when they came to Japan as care workers. It materializes the stripping off of occupational status they previously had and how they come to terms with such differences as they perform their roles and responsibilities not as nurses but as care workers in Japan.

Chapter 6 highlights how these unequal relations with the Japanese pans out in the experiences of Filipino care workers as migrant employees in the Japanese workplace. Being subjected into the institutional hierarchy and cultural work ethics, how do they manage and negotiate their relations with the Japanese counterparts who are also recipients of their care? How do they see themselves as migrants and as care workers across the ethnic, class, and gender stratifications of care work in Japan? This chapter highlights the connections and disconnections in their experience as migrants in the Japanese workplace.

Chapter 7 delves into the embodiment of caring through bodily interactions that shape their care and their relations with the elderly residents. The meanings that they create and attach to the care they give to the residents resist commodification by *giving* a part of themselves. These include extending their bodies to *enable* the elderly residents to live with dignity, sharing in their distanced positions from their own families, and empathizing in their care as they would for their own parents.

Chapter 8 talks about how care work results as a negotiation of Filipino care workers' values, ideals and practices of care with those of the care culture in postindustrial Japan. In particular, it discusses the professionalization and standardization of care in an institutional setting and how they reinterpret "good care" given the differences in the care cultures in the origin and host societies. In return, acts of gratitude and small kindnesses in both material and non-material forms from the elderly residents affirm their care and validates the exchange as a kind of reciprocity.

Finally, the last chapter offers a synthesis that opens possibilities towards an ethics of caring *with*. It proposes an understanding of the Filipino experience of migration as an act of care that is largely embedded in the value of reciprocity within the web of relations where the migrant is located.

Chapter 2: Theoretical and Conceptual Considerations of "Migrant Care Work"

1. Introduction

In making sense of my informants' experiences, I find Bruce Knauft's concept of culture especially helpful: "Culture is now best seen not as an integrated entity, tied to a fixed group of people, but as a shifting and contested process of constructing collective identity" (1996:44). In here, he is not limiting culture to members of a particular ethnic group, but as a collective sharing of certain characteristics, such as professions, hobbies, political ideologies, and so on. In such context, I view my informants' sense of "culture" as a collective group of Filipino migrants who do care work (relative to other Japanese and foreign care workers, as well as with the other Filipinos engaged in other occupational activities) in Japan. This dissertation talks about the meaning-making in the lived experiences of giving care and being paid as Filipino care workers in Japanese care settings.

2. Cultures of care

Many of my informants have referred to "cultural differences" as a way to inform their identity and position in Japan relative to the Japanese. Often in my informal discussions with them, "ethnicity" and "language" was almost used interchangeably with "culture" as if a particular culture corresponds to a particular ethnicity or language. This is usually the case when they refer to Filipino and Japanese care workers, which seem to reflect a dichotomy of an "us" and "them". This referral to "cultural" distinctions in caring practices is also apparent in the assertion of Father Alabag, one of McKay's Filipino informant in her book, *An Archipelago of Care* (2016, 2):

> Father Alabag answered my question, "What is care?" by directing me to sociality and networks. He was adamant that *the Filipino capacity for care was the result of cultural practices* and "bonding". His message was: *No care without culture*. (italics mine)

Thinking about this statement brought me back to my own informants' assertions about being Filipinos and being caring. The danger that is present here is the ease with which we fall prey to the essentialist notions of one culture being predisposed towards one trait or another, as in the case of the Filipinos being more affective, while the Japanese are rather cold and impersonal. And yet, I have come across such essentialist discourses even among my informants that seem to give some weight to the notion that such labels are attributed to and embodied by particular members of a cultural group. It is also problematic that even in health professions, culture is viewed as a matter of set of static traits, practices, and norms attributed to ethnicity, nationality and language (Kleinman & Benson 2006). This is what Kleinman and Benson (2006) highlights as the problem of cultural competency in health professions that reduce culture to a technical skill.

In studies of migrants caring for their elderly family members in the context of transnational care, "cultures of care" is referred to as the set of norms, practices, and values "created through interweaving of action, meanings and patterns of social resources and relations" (Zechner 2007, 40). Radziwinowiczówna, Rosińska & Kloc-Nowak (2018,15) widens the definition of what they call care

culture to contextualize it with the existing care regime of a country, thereby giving a more inclusive definition: the "standards regulating the gender-specific division of labor in caring for dependents…transportation policies…and working time regulations". This aligns with the framework of transnational care elaborated by Fiona Williams (2014), highlighting the nexus of migration policies, welfare regimes, and employment policies as essentially contributing in how migrants perform care to their families across borders and nation states. Identifying the cultures of elderly care in the Philippines and Japan is essential in situating the experiences of Filipino care workers as they encounter the Japanese culture of care which may be different or similar to their own in one or more ways. For one, Japan and the Philippines are very different in terms of economic development. I refer to Japan as a postindustrial country, while the Philippines is developing country who has not yet fully industrialized, and instead capitalizes on the export of the labor power of its working population. The relationship of industrialization to care culture explains the availability and strength of choices in eldercare present in a society. Susan Orpett Long (2005, 7) in her study of dying in Japan poignantly notes that:

> "Culture encourages the development of certain technologies, establish a system of conventional meanings, and represents a set of interpersonal consequences for various choices. But postindustrial societies specifically provide multiple technologies, multiple meanings, and variations in the responses of others to an individual's choice."

The context of elderly care between the two countries differs essentially in the availability and extent of choice(s) for the elderly people and those involved in their care. In the Philippines, the national constitution has enshrined familialism, recognizing the family as primarily responsible for the care of old people, while Japan has undergone changes in the norms of elderly care practices, from the family to the state and back to the family and community. Moreover, the influence of the state in both countries differs widely, as the welfare state in Japan has taken a more active role in providing services for the care of the elderly population through a nationwide pension system and provision of facilities and services; while in the Philippines, the state has delegated the direct tasks of caregiving to the the family.

3. Meaning-making, interpretive phenomenology and intersectionality

I use interpretive phenomenology in understanding my informants' encounters of the care culture in Japan. I refer to this process as "meaning-making" or the way individuals make sense of the world around them through the variety of meanings they attach on their experiences. The constructivist approach is privileged in interpretive phenomenology, which takes recognition, practices, skills, and habits to make visible the usually taken-for-granted meanings that people hold in their lived encounters with others and with their worlds (Benner 1994, xv). From the nursing perspective, Benner (1994) used interpretive phenomenology in making sense of patients' clinical experiences of illness for nurses to understand their worlds and provide the appropriate therapeutic care. In a context where experiences of pain, disability, and illness are not shared experiences between the care provider and receiver, interpretive phenomenology provides an insight into the worlds of highly individualized experiences far removed from others'. This allows care providers to empathize with their patients despite not knowing going through the same events and experiences in their lives. Using Heidegger's "being-in-the-world" and Merleau-Ponty's "phenomenology", Benner highlights the body as the tool for the capacity to experience, respond, and interact with others. In the same way, this study focuses

on the experience of providing elderly care, where the experience of aging may seem to be a far-fetched experience for most of the Filipino care workers in this study. This dissertation also uses intersectionality theory that emphasizes how ethnicity, gender, age, and class play in migrant care workers' lived realities.

In explaining these encounters of care cultures, I drew from my informants' narratives that reflect the particular "cultural scripts" (Seale 1998 in Long 2005) that they adhere to. These cultural scripts provide a way to understand how people understand particular phenomena or events in their lives through their use of language. Cultural scripts vary according to one's social or class background, knowledge and skills, and for care workers this includes membership in a specific profession which is guided by their respective occupational ethics. In the experience of my informants, Filipinos with or without the practical training and skills on caregiving approach the tasks of care work differently, especially on what they deem as "good care". This reflects the variety of "cultural scripts" that my informants adhere to when describing their roles as carers of the elderly, and reveal values and ideals that influence or shape their actions and decisions. This may seem that caring is highly individualistic and may not allow for theorization. However, the structures within which these care workers move about allows us to see some meaningful patterns in their behaviors and responses to certain situations that shape their caring experiences. In the following section, I discuss various theories on care work and situate their relevance to the experiences of my informants as migrant care workers in Japan.

4. Migrant care work

Over the years, the development of care studies came about as a result of the contributions of the feminist movement that sought to make visible the unpaid caring of women in households, discourses on the ethics of care, and the development of disability studies. De São Josè (2016) traces the historical development of care studies in three consecutive decades that were driven by respective conceptualizations of care: the 1980s saw care as a result of aging and care needs of the aging population in Europe and North America; through the work of feminists, the 1990s saw the redefinition of care according to context and care relations; and the 2000s conceptualized care as citizenship and brought forth discussions on globalization of care, participation of migrants in care work, global care chains , and transnational care work.

When we talk about care work, earlier definitions of what care is shaped how care work came to be viewed. Mayeroff (1971, 1, 3) pointed to the normative definition of caring as "helping another grow and actualize himself" and linking caring and being 'in place' as essential to thinking about the human condition. Among the pioneering care ethicists, Tronto and Fisher (in Tronto 1993, 105) provided a broad definition that views care as "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible". Gordon, Benner and Noddings' (1996, xiii) definition highlighted the relational aspects of care "that foster mutual recognition and realization, growth, development, protection, empowerment, and human community, culture, and possibility" which affirms Noddings' (1986) earlier argument on the ethics of care as relational. This was echoed in later conceptualizations, such as in Cancian and Oliker's (2000, 2) definition of care as the "feelings of affection and responsibility combined with actions that provide responsively for an individual's personal needs or well-being, in a face to face relationship", and in Nakano Glenn's (2010, 5) as "the relationships and activities involved in maintaining people on a

daily basis and intergenerationally". Salient in these definitions is the recognition that care meaningfully exists in relationships. However, the recognition of caring relations as (inter)dependency created the asymmetry of power relations between carers and care recipients, which was criticized by disability scholars. This led to alternative concepts of care as "support" and "assistance" (de São Josè 2016, 65). The scholarship on care in the 2000s took a significant turn with Daly and Lewis' (2000) definition of "social care" which sought to "overcome the dichotomies that have fragmented the concept of care, such as public-private, informal-formal, paid-unpaid" (de São Josè 2016, 66).

The shift in caring responsibilities from the family to the market and state has profound consequences to how societies view and understand care. In general, care arrangements in societies can be categorized as informal (unpaid) care and formal (paid) care. These two concepts, while not exhaustive to all societies, can help distinguish care arrangements in different societies. Despite recognizing differences in informal and formal care, in reality care arrangements would have a mix of both types of care, especially in societies where welfare is not centered on the state, and where the family continues to play a big part in the care provision. The shift from the family to the public required a reconceptualization of care depending on the context, setting, and nature of care provision. In this sense, I find de São Josè's (2016) definition of care, which unifies the dimensions of care identified in the earlier definitions, comprehensively bring together the essential components of care (and I quote it in full):

> "Care is both a disposition and an activity, materialised in a process involving at least one caregiver and one care-receiver, both having their own social identities. Care is intrinsically relational, as it is an action oriented to the other, usually with the ultimate purpose of promoting his/her well-being. The care relationship is based on interconnectedness and interdependence, can be anchored in kinship and/or other kinds of social relations, can take place in the state domain and/or other social domains and in different locations or settings. Care can be founded in love, duty or other rationales and, as an activity, may include different kinds of tasks, which are carried out under certain working conditions and by using a certain approach. The activity of care, as well as the caregiver and the care-receiver, are embedded in contexts of different nature and different level of proximity, which shape the care process, the care practices and the meaning of care for all the actors involved. The consequences of care, for both the caregiver and care-receiver, can be positive or negative. Finally, care can be analysed at the micro, meso, and macro level of the reality.

Studies of care as labor drew from Marx's dichotomy of productive and reproductive labor which characterizes work done in the public and private spheres to highlight the invisible and unpaid caring done by women, and that which is considered *un*productive. This Marxist conceptualization has in turn given way to other terms where care is viewed as labor: care work, domestic labor, intimate labor, which are sometimes used interchangeably. The product of care labor agrees with the intangible aspect of consumable service. Hardt & Negri (2004, 108) included care work as a form of *affective labor,* which produces immaterial products that produce "affect" both in the mind and body. The decline of industrial era saw the rise of "immaterial labor", which contrary to the former, leads to the production of "knowledge, information, communication, a relationship, or an emotional response" (108). They differentiate between two types of immaterial labor, the first is intellectual labor, which

produces ideas, images, symbols; while the other is affective labor, which deals both with the body and mind, producing well-being and satisfaction. Care work falls into the latter category of immaterial labor, which is increasing due to the changing demographic needs of present societies.

The delegation of such occupations to migrants is not only in Japan, being the most advanced aging society in Asia, but has been occurring in the West: migrants are increasingly taking up the work of maintaining and sustaining the society at the expense of low pay, precarity and lack of bargaining power in the labor market. While Hardt and Negri did not specifically attached gender roles as a contributing factor to who performs these types of labor, we have seen that particular types of affective labor, such as domestic work, care work, nursing, flight attendants, customer relations, among others, which require a specific set of attitude and social skills, have often been performed by women. In addition, care work is also seen through the lens of *intimate labor*, which views the face-to-face interactions in the provision of caring tasks and the bodily proximity that highlights the nature of care as intimate (Borris & Parreñas, 2010). England's (2005) five theoretical frameworks on care work: (1) care as devalued labor, (2) as a public good, (3) care workers as "prisoners of love", (4) care work as a commodification of emotion, and (5) care work as sitting between love and money, reflect the dichotomies of paid and unpaid work that shape discussions of the "ideal care". However, as Zelizer (2005) argues, adding an economic value to caring relation does not negate or lessen its reciprocal nature, in fact intimacy can comfortably exist alongside with money.

The beginning of migrant participation in care work was analyzed by Nakano Glenn (1992 in Duffy 2011) in identifying the gendered and classed hierarchies in the division of reproductive labor in North America. Lower-class and colored women were relegated to the manual, physical tasks of caring such as cleaning, washing, and householding, while upper-class women engage in the "spiritual" aspects of caring, such as the activities of caring for through provision of economic needs. Within this division of reproductive labor, Duffy differentiates care work into nurturant and non-nurturant care to conceptualize between, on the one hand the relational and emotional aspects of care, and the tasks salient to care that do not involve face-to-face interactions, such as cleaning, cooking, housekeeping and other related activities (2011, 12). Conceptualizing the relationship between doing caring and being caring acknowledges that the tasks and requirements of care work normally allow people to move between the physical tasks and the emotional burden of giving care. The elevation of the emotions as forms and means of alienating the individual who provides care, thereby enabling their oppression. This assumption of emotions as alienation is conceptualized as emotional labor (Hochschild 1983). However, this is not a simple dichotomy, since caring itself requires the carer to draw from and exert their energies physically, emotionally, psychologically and sometimes even spiritually.

When care has been externalized, the tasks of caring has slowly come out of the private sphere and underwent the division and specialization of labor. This dissertation recognizes the emotional and technical (i.e. competence) aspects of care (Kleinman and van der Geest 2009) as important components of care work. We see this in the development of the nursing profession and care work, both of which claim a certain authority to and set the standard for which care and its outcomes can be objectively measured. The nursing profession, for instance instills in its members the ability to care through knowledge, skills, and attitude, same with the care work profession. With the

professionalization of care, certain of its aspects have come to be specialized and standardized. The nursing profession in particular specializes in such activity, and in gaining recognition as a profession, notes the importance of extensive education, specialized knowledge and skill in establishing itself as a professional occupation (Berman, Snyder, Kozier & Erb, 2008, 15). The knowledge of the body in health and illness, as well as the therapeutic interventions that assist the individual towards recovery from illness and optimum health have become the expertise of the nursing profession. Separating itself from the medical perspective of cure, the nursing profession claims the authoritative knowledge and expertise towards the care of individuals. In addition to knowledge and skills, the nursing profession also emphasizes the right attitude for caring. The nursing profession draws on a specialized process to assess, intervene, and evaluate care known as the nursing process: assessment, diagnosis, planning, implementation, and evaluation.

Based on these existing definitions of care and care work, I identified four characteristics that I find in my informants' experiences of paid care: care as relational, embodied, moral, and reciprocal.

4.1.Care as relational

The criticism on care relations as inter/dependent points to the asymmetrical nature that gives power to the care giver for the care receiver's dependency on the former in a care relationship. This asymmetry has been addressed by moving the emphasis from the caregiver to the care receiver as the main focus of decision-making regarding care arrangements and delivery. This is also the case in the longterm care in Japan where the care is centered on the elderly person's autonomy in choosing and utilizing services according to their needs. This has been enshrined at the core of the care regime in Japan through its Longterm Care Insurance (LTCI) System, which promotes the *jiritsu shien* or self-independence of the *riyousha* (service users). This sets the basis for all care-related encounters between my informants and the elderly residents, that their relations are established and mandated in an economic transaction.

This dissertation views the care relations between the care workers and elderly residents as one of interdependence, as opposed to complete dependence. As the succeeding chapters will reveal, while kaigo emphasizes the full autonomy of the elderly residents in their care, this is not always the case. As most of the residents in care facilities have severe levels of physical impairments, even psychological (i.e. different forms of dementia), decision making becomes a product of concerted efforts of the care manager, doctors, nurses, care staff, and the family. In practice, the everyday care of the elderly residents results from an embodied perceived need and response between them and the care workers that arises out of years of knowing and being cared for in the facility.

4.2.Care as embodied

Caring is a deeply subjective experience that is unique to individuals giving and receiving care. In this dissertation, I view the care workers as agents embedded in a system of culture, practices, knowledges, and meanings, and who actively respond to these systems as these very systems also act upon them. They are not merely acting and responding independent of their external environment, but are acting on and within it. The idea of phenomenology views the individual as "being-in-the-world", that is, human beings are not detached from an external objective reality, but are within and living in it.

In the caring experience, a carer's direct engagement with the cared-for results in a myriad of ways of *knowing* and responding to the cared-for's needs. Pain, hunger, anxiety, fear are emotions and states of being that are subjective and are communicated in various ways, verbal and non-verbal. Often, carers make use of multiple ways of communicating and understanding a cared-for who may or may not have the faculties and functions to communicate how they feel or think. Such as in the case of individuals with dementia. And yet, carers often deal with such instances, that most of the care workers in this study could not explicitly verbalize how they have come to know what the elderly resident needs through bodily configuration and behaviors. Merleau-Ponty explains that much of our knowledge of our world comes from embodied experiences, and caring is one activity that is very much embedded in embodied ways of knowing.

As much as caring is an exercise of emotion, both the body and emotion/mind draws strength from each other to care, and also feeds on each other's exhaustion; thus, care is both physically and emotionally draining. Merleau-Ponty's "being-in-the-world" highlights how the experience of care is mediated by the spatial and temporal existence and responsiveness of bodies. Both carer and cared-for have to share in a temporal and spatial presence in order to give and receive care. At the same time, the caring experience becomes two-way: care has to be received, and acknowledged, validated, or refuted. Thus, it is also constituted by a set of practices, or what Mauss refers to as *techniques* bound by the cultural and social constructions of practice in order to be recognized and received. In this study, *intimacy* refers to the process of constructing relations between individuals within a proximal bounded space, and where activities of close physical bodily contact are performed, given, or exchanged (Twigg 2000).

Viewing the body in care makes visible how care negotiates the "boundaries of the body" and elaborates how the body is viewed as both a corporeality and a personhood (Twigg, Wolkowitz, Cohen, and Nettleton 2011, 4). Care as labor also traverses the nexus of intimacy and money, scholars view intimate labor as service that ranges from the bodily to household maintenance mediated by bodily proximity, including sexual intimacy (Boris & Parreñas 2010). A focus on the body is not meant to undermine the emotional and psychological aspects of care, but, rather, to approach caregiving in one of its most ubiquitous form, a manipulation of the body and its functions. Indeed, elderly care is not simply "body work" (Twigg 2000), but also calls for a knowledge of nursing and biomedical care. In the nursing profession, practice is regarded as one of the four fundamental patterns of knowing, designated as *esthetics* or the art of nursing; the other three are (1) empirics or the science of nursing, (2) personal knowledge of the patient, and (3) ethics or the morality of nursing care (Carper 1978). Practice constitutes the development of *tacit knowledge*, which reflects the highly experiential nature of nursing care that becomes refined through its constant and time-based performance (Benner 1982). Care practices are context-based, and culture shapes how these practices are perceived, performed, and recognized. Benner & Gordon (1996, 43-44) views practice as being "culturally constituted and socially embedded way of being", and as containing "a variety of implicitly or explicitly articulated common meanings" performed in a given context.

4.3.Care as moral

Understanding the morality of care is not simply concerned with the principles of right and wrong, but also the individual principles and ideal virtues of the individuals in a caring relation. In caring for one's family or what Noddings (2013) calls as "natural caring", the intent to care is grounded on inclination or love, so to speak, for one's intimate relations. This, she argues is the ideal condition that all other forms of caring aspire to. The other form, "ethical caring", refers to caring for others through obligation or an ethic to care, where love or inclination may not be present, but morality compels us to do so (Noddings 2013). Taking off from Noddings' circles of care, Pulcini (2016) offers three paradigmatic typologies of care depending on the care recipient's relational distance to the care giver: care out of love (care linked in personal relationships), care work (care as remunerated service), and care of the distant other (an extension of the thought of care to unseen or unknown others, such as strangers). Both scholars emphasize that care work is hardly motivated by love which is seen to exist in kinship practices, rather is dictated by moral reasoning as an obligation to care as part of a professional or occupational responsibility. These conceptualizations of the morality of care underscore kinship and intimate ties as the "natural" ground for the "ideal" care, which reflects the normative definition of care. I argue that this is a somewhat short-sighted view of care that places the primacy of the family as the traditional and ideal carers. Given the social changes and economic developments in the present, the norms, values and arrangements of eldercare also change, as can be seen in the case of postindustrial societies like Japan.

Instead, I refer to what Radziwinowiczówna, Rosińka and Kloc-Nowak (2018, 1) calls as "ethnomorality of care", consisting of "multiple existing ethno-moralities: within and between beliefs, intentions and care arrangements; within and between countries and regions; and in regard to gender, migrant families, and stayers". In the analysis of migrant care work, I look at the ethnomoralities of care in origin and host countries in understanding what it takes to care for strangers, others who are not related by blood or intimate ties, but because of their obligation as care workers, they are obliged to care for.

4.4.Care as reciprocal

In his experience of caring for his wife with Alzheimer's, Arthur Kleinman (2013, 1377) claims that the morality of caregiving is enveloped within the practices, values, relationships, ideals and emotions of caregiving, and that these "turn on processes of reciprocal exchange…patient and caregiver (lay and professional) reciprocated affirmation, acknowledgment, emotion and presence (i.e. meanings) as much as they exchanged information".

Caring for someone is not simply a matter of *doing.* For the most part, and as what Heidegger posits, caring is a matter of *being.* Tronto and Fisher (1993, 106) expands this and identifies four phases of caring: caring about, taking care of, caregiving, and care receiving, where the acts of caring for are further categorized into taking care of and caregiving, and adding the component of care receiving where the cared-for acknowledges the care given. The aspect of care receiving recognizes the contribution of the care receiver in the caring relations, making it a two-way interaction where care in order to be "caring", has to be given and acknowledged. This acknowledgment of care or reciprocity, completes the caring as a process and as an experience.

Chapter 3: An Ethnography of Care Work among Filipino Migrants in Japan

1. Introduction

Doing an ethnography allowed for the tracing of the connections, continuities, and entanglements accompanying care and viewing it as labor, as kinship, and across one's life span (Alber and Drotbohm 2015).

2. Entering the field

While arguably this dissertation is an ethnographic account, the discussions that explain certain events and instances in the lives of my informants have tried to seek the relations between race, class, and gender as underlying currents in their shared experiences. Ethnography helped in providing the nuances in their lives as Filipinos, as care workers, and as distant kin who are engaged in a continuous negotiation and configuration of their lives in Japan and their presence in the Philippines. In a way, merging the methodology of ethnography with the conceptual framework of intersectionality helped in unraveling how their experiences resonate and/or differentiate from the other migrant care worker experiences in Japan and in other countries. Taking the theoretical framing of intersectionality from sociology, and the methodological rigor of ethnography from anthropology, this dissertation sets out to complement the strengths and weaknesses of both disciplinal framings (Degnen and Tyler 2017).

This dissertation is about migrant care work, doing an ethnography of migratory experiences of the care workers entails looking at multiple sites. For this dissertation, I followed some of my informants from the time of their applications in Manila until their arrival in Japan. The diversity of their backgrounds also forces one to look at their places of origin within the Philippines, and how they established, managed and pursued the connections that paved the way for their migration projects. From January to February 2018, I interviewed several recruitment agencies and attended some of the Japanese training classes they conduct for care work applicants to Japan. I was able to interview about 37 individuals who were applying. I also joined the annual job fair and interview of the Japan International Corporation of Welfare Services (JICWELS) and the Philippine Overseas Employment Agency (POEA) in Manila in July 2018. These two organizations are the institutions directly in charge of the management of the mobility of professional nurses and care workers within the economic partnership agreement between Japan and the Philippines. Through these nodes, I was able to trace how the demand for care work becomes embedded in the migration network from the sending country that enables the movement of Filipino care workers to Japan.

Other informants I have met when they are already working and settled in Japan. I met them through the Filipino community activities that brought co-ethnics together. The local Catholic church is also a good place to meet fellow Filipinos and establish connections. Once I have talked with a Filipino care worker, it is much easier to know others through their referral and introduction. As I am a fellow Filipina, these introductions were done without need for much explanation. The only thing I had to adjust to is meeting them on their schedules, as they often work in shifts, their rest days (*yasumi)* are

often scattered. Their backgrounds represent the variety of Filipino care workers in Japan as: 1) Japan-Philippines Economic Partnership Agreement (EPA) care workers, (2) foreign students (*ryuugakusei)* of Japanese language and subsequently care work training course doing part-time (*arubaito*) care work, and (3) former entertainers and longterm residents engaged in longterm care work. They are working in the following types of residential care facilities for the elderly: (1) special nursing care facilities for the elderly (*tokubetsu yougo roujin homu)*, (2) geriatric health care facilities (*roken)*, and (3) day service centers for the elderly. Furthermore, my participation in the activities of the Filipino community as a co-ethnic allowed my access to the group and its members. This was furthered when I came to represent the Filipino student body in Kyoto and enabled my participation as one of them, instead of simply being a passive distant observer.

Data gathering for this study began with an initial field assessment in July 2017, where I conducted a two-month participant observation as a volunteer in a care facility in a city in Kansai, where two Filipino care worker trainees are employed. Accompanying one contact in her usual duties at work, I was able to observe firsthand interactions between her and her Japanese elderly wards. In November 2017, I joined Ryukoku University's Prof. Ruth Carlos' data gathering for her own research project, where I was introduced to other Filipino care workers through her network. In total, I did participant observation in two facilities employing Filipino nursing care staff: (1) a *tokuyo* in Kansai from July to August 2017 and again in February 2019, and (2) a *tokuyo* in Kyushu from May to June 2019. I have also attended the care training classes of a training institution for nursing care staff training (*kaigoshokuin shoninshakenshuu*) in Osaka from April to July 2018. Most of their target students are longterm Filipino migrants and permanent resident holders, who have no background on care work but wish to work as care workers. As they are also tied with a recruitment agency, the graduates can be introduced to their affiliated nursing home employers who are in need of care workers. At that time, there are about 14 Filipino students, 1 Thai and 1 Japanese.

The data for this study is taken from multiple in-depth interviews of 50 Filipino care workers in the Kansai and Kyushu region in a period of two years from July 2017 to June 2019 (see Appendix: Table 2). In addition, I also interviewed 37 care worker applicants in the Philippines from January to February 2018. Since the locations of the care workers were spread out all-over Japan and not regionally confined, face-to-face interviews were at times supplemented by online conversations and calls through social media applications, such as Line and Facebook Messenger. This reflects the migration pattern of Filipinos to Japan, which is not concentrated on a particular region. Service jobs are concentrated in Tokyo, while In Nagoya, there are a lot of manufacturing companies and industrial factories where many Filipino trainees are working. The selection of the two locations where I conducted my research was not based on the population of Filipinos residing geographically.

3. An ethnography of migrant care work in Japan

Sakura no Sato was built in 2015 within the Kansai region and houses about 100 elderly tenants. It is equipped with in-house medical and dental clinics, a salon, karaoke room, and conference room for big activities. The facility is divided into the east (*higashi),* center (*naka),* and west *(nishi)* wings. For each wing, there are two elderly tenant areas, each composed of 10 rooms. About 3-4 care workers are assigned to these tenant areas per shift, with a total of 3 shifts in 24 hours. A doctor and nurses are available from Mondays-Fridays, on certain hours. Sakura no Sato only has unit type wards. In

Sakura no Sato, I was assigned at Higashi 1-chome (東１丁目), where my Filipino informants are working as part-time *shokuin*. There, I met the 10 elderly residents and some of the staff whom I had regular contacts with during my volunteer work.

Meanwhile, Himawarien is a renovated *tokuyo* opened in 2016 in Kyushu, which is the southern island of Japan. There are two types of ward units, *juuraigata* or the traditional type where four residents share in one room, and the unit type, where the care is customized for every individual. The main difference between the two is the way care is arranged and delivered. While both types observe a schedule of activities, the pace of care in unit type depends on the clients' preferences, while in the juuraigata, there is a routine schedule that is commonly followed. There is also a slight difference in the cost paid by the residents, as the unit type is more expensive and care ratio is 1:10 compared with the communal arrangement in the traditional type. Figures 1 and 2 show the typical floor lay-out of unit type and conventional type (juuraigata) respectively.

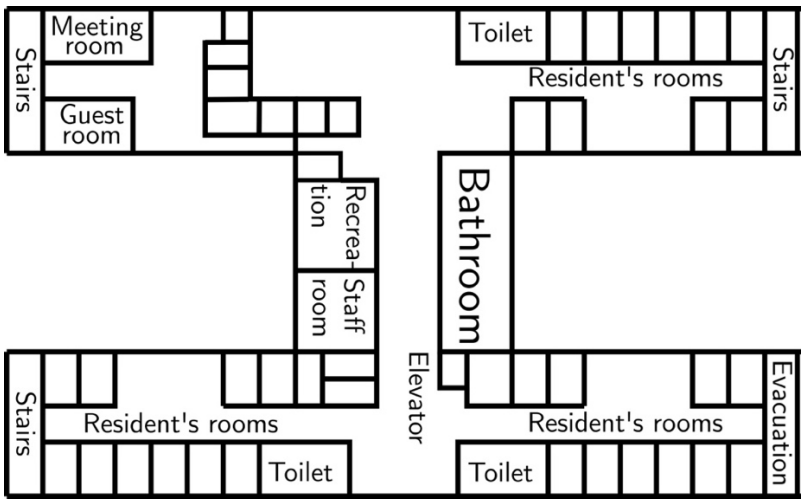


Figure 1. Floor lay-out of unit type

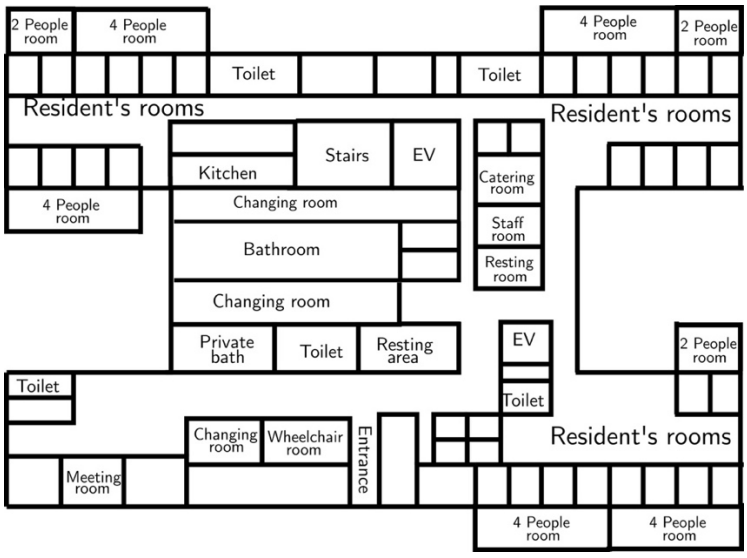


Figure 2. Floor lay-out of traditional type

The real challenge is finding a Japanese care facility that will allow me to conduct participant observation over a long period of time. Unlike in the Philippines where informal introductions could potentially result in instant agreements, I had to go through the formal process of contacting the company by a formal letter in Japanese. While this is the strategy I used initially, it did not lead to any affirmative responses. It took me half a year with no responses from my prospective facilities. Only then did I learn the importance of having a Japanese mediator who can bridge the connection and "vouche" for my credibility. It was a process of getting to know the company and giving them an assurance about the purpose of my fieldwork and research. I visited first the care facility sometime in March of 2019 before I started one month long fieldwork from May to June of the same year.

4. Researching fellow nurses, caregivers, and health professionals

I viewed care not only from a single point in time, but as a continuation of their personal journeys as a Filipino migrant in Japan doing care work. Viewing their care experience as part of bigger personal narratives allowed me to locate care in their lives. My encounters with them revealed to me the meaning of care as a livelihood, as a carer relative to the elderly residents they care for, as a migrant relative to their Japanese co-workers and employers, and as a migrant elderly care worker relative to the Japanese society.

Coming from a nursing background, I received the theoretical foundations of caring as profession. My training as a nurse allowed me to understand the principles and rationales behind the technical procedures, as well as an understanding of the body and disease processes. At the same time, I was afraid that taking these knowledges for granted, it would be more difficult for me to view the caring experience of my informants objectively, and instead focus on the *proper* ways of delivering care. However, my lack of clinical experience in the hospital and other clinical setting provided the necessary distance that familiarity would otherwise hinder my appreciation of the differences in the way Filipino care workers provide care. This is especially reflected when observing groups of care workers with different backgrounds: those who receive a four-year education and training as nurses in the Philippines, those who have had 6-month short courses of care giving, and those who have had no background in care work at all. Although my informants know that I am a nurse by profession, knowing my lack of clinical experience somehow lessened the "threat" I imposed as I watched them perform their work. In a way, I did not exude the expertise of a clinical instructor observing their work, but like an equal whose knowledge of practical care work is limited to a certain degree and learning the ropes in our everyday encounters.

5. On Japanese language and the language of *kaigo*

During the course of my fieldwork, I have interacted mostly with the Filipino care workers. I had considerable limitation in speaking the Japanese language and I was unable to have conversations with the Japanese staff that perhaps could have provided a meaningful insight into their perspectives and experiences of working with the Filipinos in the care setting. My interactions with them have been limited to casual greetings and short talks about my purpose in the care facility. In several instances, I was able to talk in length with two Japanese care workers regarding their views on elderly care in Japan and working with foreigners and took notes. My reluctance to record these conversations is due to the short nature of our acquaintance, I felt that I might not get sincere feedback since our

relationship was still new and short-lived. Instead, I sought them out as a volunteer needing guidance on how to do things in order to establish rapport and conversations between us. One thing I have difficulty is to talk to them at length and in depth, and also they may have found my presence as a temporary "volunteer" rather ambiguous. At first, they were unsure about the tasks I want to do and things I want to learn, and soon I learned to ask them myself.

Similar to the practice in hospitals, elderly care institutions in Japan make use of medical jargon. While my nursing training allowed me to understand the pathophysiological definitions of certain concepts, it required me to learn the terminologies in Japanese. A handy wordbook specifically for foreign care workers published by The Japan Foundation helped me in this regard. I also referred to the actual *kaigo* textbooks used in the short-term training for nursing care staff to give me ideas about the concepts used in the care of the elderly in Japan. In particular, learning the Japanese medical jargon is a similar experience my informants shared about adjusting in the Japanese workplace. Especially those who are nurses and/or have nursing background, language became a big hurdle, a "wall" that they had to scale over. Many of them noted that it took about a year to find themselves comfortable with a certain level where they can understand others and explain themselves in Japanese, but that even for someone with 5 years or 6 years of experience with the language, they are continuously and perpetually learning new words every day.

It also became easier for me to converse with my informants using terms that they use in their shifts, like *hayaban* (morning shift)*, nikin* (mid shift) *osoban* (late or afternoon shift)*, yakin* (night shift)*, ake* (post-night shift duty)*, yasumi* (rest day) which structures their daily lives as care workers. These words act as temporal signifiers and give definition to how tired they are because the bulk of care tasks and responsibilities differ according to the shifts. Conversations became smoother as they did not need to explain what it means to be in hayaban compared with osoban, since most of the time, hayaban requires waking up the residents, feeding in the morning and afternoon, changing their diapers twice (one in the morning and another in the afternoon).

6. Interviews and analysis of data

During my fieldwork in the two care facilities, I took down notes during breaks, in between moments, and at the end of the day highlighting events which interest me, and those pointed out as significant by my informant. Because of my interest in the embodied nature of care work, I involved myself in some actual care tasks especially in feeding and had included some personal notes on the activity itself.

Aside from fieldnotes and direct observations of my informants in their actual place of work, I relied on in-depth interviews of selected informants in various stages of their careers as care givers. Their work experiences vary from 1 to 10 years, and also reflects how they became care workers. In analyzing the interviews, I had these transcribed verbatim, and went through each and every transcript for oft-occurring terms, concepts and words that I felt were significant for my informants. I then coded these into selected themes based on their occurrence in the pre- and post-migration phases. In addition, I looked for common and shared events that seem to produce important moments in their lives in Japan. Often in the course of our informal (unrecorded) conversations, some topics would keep on coming up even among other informants, and I included them in the analysis. For this

dissertation, Table 1 lists the background of the people and institutions I have talked with in the Philippines and Japan.

Table 1.Overview of informants

	Philippines	**Japan**
Educational institution	1	1
Language institution	3	1
Recruitment agencies	4	2
Employers (care facilities)	1	4
Filipino care worker	37	50
Filipino EPA returnees	3	0
Japanese nursing care staff	0	4
Government agencies	1	1

Going through the interviews of my informants and scenes in my fieldnotes illumines the connections and disconnections that they associate with caring, as well as the relationships that have formed through the nature of their work. In analyzing these findings, it made sense to view it against the dominant structures that shape their everyday experience, that is how race and ethnicity, class, and gender influence their subjective meaning-making. The themes that were highlighted and discussed in the following sections present important junctions and instances in my informants' lives, in a way painting a picture of their lifeworlds. While at the outside, social structures do continue to shape their experiences, their agency and sense of identities and belonging give texture to their everyday lived realities, and the meanings they ascribe to themselves as Filipino migrants, as care workers, and as men and women giving care in Japan.

This dissertation also made extensive use of narratives gleaned from recorded audio interviews of Filipino care workers during the two-year fieldwork. To aid in the transcription, I hired Filipino transcribers to do the transcription verbatim and took note of any pauses, silences, or expressions that denote surprise, sadness, anger and other emotions. I ensured the accuracy of the transcripts by re-reading and listening to the recorded interviews for several times. Since I conducted the interviews myself, I knew if there were lapses or significant expressions that were not noted, and which helped to further ensure the accuracy of the transcription. I translated all of the selected quotations, and in referring to them in the text, I provided both the original (in Tagalog and/or English) followed by a translation in English in brackets. In cases where only English quotations appears alone, the interviewee is speaking in English and is being quoted directly. If there had been any modifications in the English translation, it is mostly concerned with grammatical and aesthetic appropriateness to provide the proper context in cases where a literal translation could not be rendered. In most cases, I identify myself in the interviews as "Kat", in cases where I conducted the interview with other researchers as a focused group discussion, I identified them as "Interviewer" in the transcripts.

Chapter 4: Migration and the Construction of Filipinos as Migrant Care Workers

1. Introduction

As I entered the classroom of a Japanese language school in Metro Manila, I was welcomed by the sight of young Filipino men and women in white shirts greeting me with "*Konnichiha*" in unison. In fact, every visitor who enters the room is being welcomed by a chorus of the Japanese greeting, a result of the school's policy to speak Nihongo at all times within the classroom premises. Afterwards, these Filipino students learning Japanese all scrambled to their seats as their Japanese *sensei* arrives, and with their heads bowed performed the routine *aisatsu* (greeting) with a lively, "*Ohayou gozaimasu, Inoue sensei*".

Japanese-language study in Metro Manila and in several urban parts of the Philippines has suddenly garnered interest among Filipinos who are eager to find work in Japan. News of job opportunities in Japan as care givers (as they are called in the Philippines) has been widely circulated in the national media, and as a result, recruitment agencies and language training centers for caregivers to Japan have sprang up like mushrooms. These language schools also act as, or are tied to a *hakengaisha* (literally introduction companies) that target applicants for EPA, technical intern trainees, and foreign students to learn Nihongo in Japan.[9] During my fieldwork in Manila from January to February 2018, I visited three language schools, where I was able to interview 37 language students, ages varying from 20 to 35 and who came from various provinces to learn Nihongo.

The minimum requirement of Japanese language proficiency level for care workers is N4, which simply put, renders "the ability to understand *basic* Japanese"[10] (JLPT, italics by author). Regardless of how vague this competency seems to be, the expectation is to be able to listen and understand daily conversations "provided they are spoken slowly" (ibid). Thus, this is sufficient for the understanding of basic commands that do not deviate from the standard format (and without the use of dialect), otherwise comprehension would be difficult and confusion is likely to occur. As Nihongo has become a necessary skill to work in Japan, aspiring Filipinos with or without caregiving background are eager to acquire Nihongo proficiency in order to hedge their chances of working in Japan.

This chapter offers an analysis of how care work becomes linked with the migration dynamics in the Philippines. It analyses how education, skills, and qualifications are used to distinguish a sense of class belonging among the aspiring Filipino migrants who are driven by their respective migration projects. The four migration pathways to enter Japan as a care worker reflect the class-based

[9] At this time, the Special Skilled Worker visa has not yet been approved by the Philippine Department of Labor and Employment. Meanwhile, the guidelines for the recruitment for the TITP has not officially been released by the POEA, in spite of this, training institutes and recruitment agencies have begun the unofficial recruitment of potential trainees through their language training. The process is through a study-now-pay-later scheme which attracts potential migrants since they don't have to spend money for the study until a guaranteed visa is given to them. However, other institutes charge matriculation fees to those who are not willing to sign a contract with them after finishing the course.

[10] https://www.jlpt.jp/e/about/levelsummary.html Accessed 27 September 2019.

hierarchies that segregate aspiring Filipino migrants according to their socio-economic capitals. Professional nurses, bearing the highest educational qualifications and skills are targeted by the EPA recruitment process, while the other routes offer alternative pathways for those that do not meet the standard criteria of the EPA. For those with limited work experience, they are lured by the market to hedge their resources and go through the lengthier and more expensive care work training, which gives them an easier entry as students in Japan. It does not end there, as aspiring migrants without the necessary education and training can enter as intern trainees which gives at least three years of entry to Japan with a minimum allowance. Finally, those with family networks in Japan or with affiliation to Japanese blood are given a special leeway to enter the country as long-term residents provided that they satisfy the legal policies that prove their identity and lineage.

All these dynamics hew in to the current care migration system that connects the Philippines and Japan. But why care work? This comes as a result of the demand for healthcare professionals to fill the labor gap in the domestic care labor market. What were the precursors for an increased demand for Filipino migrants to work as care workers in Japan? The following section provides an overview of the elderly welfare system in Japan and developments that led to opening its labor market for foreign care workers.

2. Care regimes and welfare arrangements for elderly care in the Philippines and Japan

2.1.The socialization of care in Japan

Japan's aging problem (*koreikashakai mondai*) for the last half century has seen considerable developments.[11] The earlier notions of *obasuteyama* carried with it images of dire elderly situation in the pre-war years, but the aging discourse in Japan has significantly shifted the discourse towards socialization beginning in 1963 when the Welfare Law for the Elderly was first implemented (Campbell 1992 in Campbell et al 2014). This introduced the very first services provided by nursing homes and home helpers as a response to the growing care needs of frail elderly people. The most significant shift came when elderly people who have been hospitalized for long periods, known as "social admission" became a burden on government spending, that the idea of *shakai fukushi* or social welfare came about. In 1989, the implementation of the "Ten-Year Strategy for Health and Welfare of the Elderly" of the "Gold Plan" saw an increase in the number of services and facilities available for the elderly people. This system is based on the Scandinavian model of longterm care. However, Japan customized its own welfare system by means of co-sharing the insurance premium with the pensioners, unlike the arrangement in Scandinavian countries which is completely socialized. The result is the Longterm Care Insurance in 2000. Yongmei Wu's (2000) ethnography of institutional elderly care in Japan provides a seminal study of the new system in place, and much has changed since then.

Understanding these historical developments in Japan's pension and welfare system provides a clearer view of what it means to grow old and become an elderly individual in Japan. In the course of my fieldwork, I have often encountered remarks about how foreign care workers embody a

[11] For extensive discussions of history of Japan's aging problem and the developments in the welfare system in place, see Long 2000; Campbell & Ikegami 2003; Peng 2002, 2016; Coulmas 2007)

"traditionally warm and affective care" which seems to have been lost in the modern Japanese society (Onuki 2009). Such notions of "traditional" care where care of the elderly is ideally situated within the family seems to reflect the decline in family values as societies develop and modernize. This normative view of care presents a dichotomy of good vs bad care, where good care is presumed to be provided by family or kin, and bad care as being provided by non-familial "others".

2.2. The welfare system in the Philippines

On the other hand, elderly care arrangements in developing countries such as the Philippines still remains largely within the family. A recent study on the provision of caring support to elderly Filipinos with difficulty in performing activities of daily living found that the family continues to play a key role in the direct caregiving of their elderly family members, particularly the women: wife and daughters (Abalos, Saito & Cruz, 2018). This has remained unchallenged for decades, which seems to have solidified the stereotype that Filipinos are essentially "caring".

Notwithstanding the fact that the elderly population in the country is significantly increasing, but the availability of elderly welfare services remain inadequate and largely under market influences. This is because, the state has constitutionally mandated that elderly care be an exclusive responsibility of the family. This has effectively relieved the state of further obligation to secure the welfare of its elderly population, especially at a time when more pressing problems include the inability to provide a nation-wide medical insurance coverage for its larger population. Needless to say, while the elderly population is increasing, it has remained a low priority for the Philippine state whose focus has been to establish and secure insurance for the younger and able-bodied productive population. This is why it has been actively exporting its productive-age population towards labor migration.

3. The regional demand for care workers

The current debate in Japan problematizes the lack of labor supply that is needed to sustain the increasing numbers of elderly individuals needing care. Meanwhile, the embeddedness of labor migration in the lives of Filipinos dovetails with the current increase in demand for care work in Japan. Moving in various levels of formalization and professionalization of care, Filipinos have engaged in domestic work, caregiving, and nursing profession in different countries. Despite the increasing globalization, I agree with Tyner's (2004) argument that "migrants" are a result of the discursive construction of the institutions, individuals, and actors directly engaged in the production of knowledge about migration and those who migrate. Likewise, I view care work as a socio-political construction that emerged from the negotiations in the crafting of the Japanese national immigration policy, which created care work as a highly-skilled work.

Both the Japanese and Philippine governments have placed their stakes in the crafting of the migration policy that created a way for Filipino nurses and care workers to penetrate the Japanese market. The EPA is in essence a trade agreement, but the impetus to include manpower in the exchange was originally from the Philippine government through President Arroyo's proposal to include Filipino domestic workers, nannies, caregivers, and nurses (Asato 2013). Meanwhile, Japan's Federation of Economic Organizations (Keidanren) was not opposed to the idea, in fact it welcomed the proposal as a means of preparing for the challenges in the impending labor demand of an aging society (Asato

2013).[13] The incorporation of foreign labor in Japan's health sector has been a matter of debate among the policy makers, professional associations, business circles, and the public. Various fears about the inclusion of foreign care workers in the care of the elderly Japanese have been voiced out as lowering the standards of care (Ueno 2011), demotivating the local care workforce as the entry of migrant care workers could undermine the Japanese nursing profession (Ogawa 2012a).

It is important to recognize that compared to the nursing profession, with an established body of knowledge and professional body that regulates entry into the profession, the occupational category of care worker came about "in response to the needs of aging societies in developed countries" (Ogawa, 2012b, 97). The professionalization of care workers in Japan began in 1987 under the Certified Social Workers and Certified Care Workers Law (Hiraoka 2014 in Campbell et al 2014, 204). Ogawa (2012b) highlights the fundamental difference in the status of nursing as a profession and of care work as a technical skill.

As of 2018, there are 1,623,451 nationally certified care workers (*kaigo fukushishi)* in Japan (Ministry of Health, Labor and Welfare 2018). The prefectural governments regulate the care service providers (such as non-profit organizations also known as "social welfare corporations", as well as private companies) and dictates the subsidies according to the number of residents for each institution. This means that since there is no market competition, the salary of care workers is dependent on the government subsidy that covers the labor, resources and other expenses of the care facility. In 2018, the average basic pay of care workers in Japan is at 181,220JPY; while facilities receiving support from the government has raised the gross monthly salary of its care workers up to 300,970JPY.[14]

4. Care work training and qualifications in Japan and in the Philippines

There exists a fundamental distinction in the definition of care work as "professional" in Japan, as well as the concept of "care worker" in the sending Southeast Asian countries. Professions, Freidson states, are characterized by: "(1) specialized work grounded in a body of theoretically based, discretionary knowledge and skill, with a special status; (2) exclusive jurisdiction in a particular division of labor created and controlled by occupational negotiation; (3) a sheltered position in labour markets based on the occupation's own qualifying credentials; (4) an occupation-controlled, formal training programme that produces the qualifying credentials; and (5) an ideology that asserts greater commitment to doing good work than to economic gain" (cited in Paulsen 2011, 203).

In the Philippines, care workers are called "caregivers", who provide care and support to infants, toddlers, children, elderly, and people with special needs by maintaining healthy and safe environment and attending to their household needs (TESDA). They undergo 6 months to 2 years of technical training by private caregiving schools and regulated by the national Technical Education and Skills Development Agency (TESDA). The caregiving training course in the Philippines is

[13] The positions of the four Japanese Ministries that crafted the policy are the following: Ministry of Economics and Trade and the Ministry of Foreign Affairs is generally positive, the Ministry of Justice is not in opposition as long as it is in alignment with the existing immigration control framework, while the Ministry of Health, Labour and Welfare which became in charge of the EPAs later maintained a "cautious stance" (Asato 2013, 67).

[14] Nippon.com. 'Monthly salary of home care workers tops 300,000 yen'. Published 10 April 2019. URL: https://www.nippon.com/en/news/yjj2019041000876/monthly-salary-of-care-home-workers-tops-300-000-yen.html

composed of 786 hours of competency-based theoretical and practical learning. The core competencies of caregiving includes provision of care and support to infants/toddlers, children, people with special needs, and the elderly (TESDA Caregiving Competency-based Curriculum) (see Table 2).[15] Furthermore, with the addition of two years of secondary schooling (K-to-12 education) to general education in the Philippines beginning in 2015, the Department of Education has included caregiving among the technical and vocational livelihood track programs that provides 640 hours of caregiving course.

Table 2. Philippines Caregiving National Competencies II (TESDA)

Competencies	**Units of competency**
Basic competencies	1. Participate in workplace communication 2. Work in a team environment 3. Practice career professionalism 4. Practice occupational health and safety procedures
Common competencies	1. Implement and monitor infection control policies and procedures 2. Respond effectively to difficult/challenging behavior 3. Apply basic first aid 4. Maintain high standard of patient services
Core competencies	1. Provide care and support to infants/toddlers 2. Provide care and support to children 3. Foster social, intellectual, creative and emotional development of children 4. Foster the physical development of children 5. Provide care and support to elderly 6. Provide care and support to people with special needs 7. Maintain a health and safe environment 8. Respond to emergency 9. Clean living room, dining room, bedrooms, toilet and bathroom 10. Wash and iron clothes, linen and fabric 11. Prepare hot and cold meals

Source: TESDA Competency-based Curriculum (CBC). URL: http://www.tesda.gov.ph/Download/CBC?SearchTitle=&Searchcat=Regular+-+Competency+Based+Curriculum+%28CBC%29

Originally, the caregiving curriculum was heavily patterned after Canada's Longterm Care Insurance requirements for caregivers, which is also a main destination for Filipino care givers (TESDA).[16] Upon completion of the training, the caregiving graduates are awarded with a National Competency II level. The competency-based curriculum "specifies the outcomes which are consistent with the requirements of the workplace as agreed through the industry or community consultations"

[15] Technical Education and Skills Development Authority. (No date). Accessed 18 May 2018. URL: http://www.tesda.gov.ph/Downloadables/Caregiving%20NC%20II.doc

[16] TESDA. "Caregivers: Special Breed of Health Workers" Issue No. 15. Accessed 13 September 2019. URL: http://www.tesda.gov.ph/About/TESDA/67#

(TESDA).[17] This is important to highlight since there is no distinguished caregiving professional body in the Philippines that regulates and sets the standards for the practice of caregiving in the country.

In comparison, the nursing education and training in the Philippines is composed of more than 2,703 hours of related learning experiences (RLE), laboratory and clinical skills and is usually completed within four years in college. In addition, nurses are required to pass a national licensure exam in order to practice their profession, and adhere to the ethical codes of conduct and professional standards set by the Philippine Board of Nursing under the Professional Regulation Commission. There is a clear distinction between nursing as a profession and caregiving as a technical skill qualification in the Philippines.

In Japan, care workers are considered professionals with expertise and knowledge to provide "care for a person with physical disabilities or mental disorder and intellectual disabilities that make it difficult to lead a normal life" (Certified Social Worker and Care Worker Act, Japan, 1987). In addition to the maintenance of high ethical standard, the Japan Association of Certified Care Workers[18] stipulated the following competencies of a certified care worker:

1. Providing care that supports personal dignity and independence;
2. Capable of developing care processes autonomously as a professional;
3. Capable of providing not only physical but also psychological and social support;
4. Capable of providing support that focuses on the empowerment of the care recipient and his/her family members, etc., addressing the increasingly complex, versatile and sophisticated care needs;
5. Capable of addressing the changes in the state of the care recipient from the prevention of care to rehabilitation and further to end-of-life care, with the perspective of maintenance and improvement of Quality of Life (QOL);
6. Capable of supporting the lifestyle the care recipient wishes to have in the community, irrespective of being in a care facility or at home;
7. Understanding the basics of the related areas and providing team care collaboratively with members in various job categories;
8. Capable of communicating with the care recipient, his/her family and team members and creating records and descriptions appropriately;
9. Capable of responding to the needs of the community and society with the understanding of the system; and
10. Playing a core role among the care workers.

Care workers in Japan are accorded a professional status after passing a certification exam, completing a care worker course, and presence of a regulatory body, the Japan Association of

[17] TESDA Competency-based Curriculum (CBC). URL: http://www.tesda.gov.ph/Download/CBC?SearchTitle=&Searchcat=Regular+-+Competency+Based+Curriculum+%28CBC%29

[18] Japan Association of Certified Care Workers. URL: http://www.jaccw.or.jp/home/index_en.php

Certified Care Workers. The focus of elderly care in Japan is based on the concept of individual autonomy (*jiritsu shien*) which is based in the active healthy aging context of the World Health Organization's International Classification of Function (ICF) model of individual functioning. Individual autonomy is the goal of elderly care, and care workers are expected to know and understand the changes and effects of aging to the health of elderly individuals and provide appropriate support to their activities of daily living (ADLs).

5. Care worker migration systems from the Philippines to Japan

The categorization of the migration pathways is shaped by the politics buttressing Japan's migration policy and the care regime that governs the employment of care workers in Japan's welfare system. This can be seen through the different qualifications for migrant care workers.

Currently, there are four official pathways for migrants including Filipinos to become care workers in Japan: (1) as care worker candidates under the Economic Partnership Agreement (EPA), (2) as students enrolled in care worker training school in Japan, (3) as technical intern trainees under the Technical Intern Training Program, and (4) as Special Skilled Workers (SSW).[19] As of this writing, the third and fourth pathways are still under processing and no Filipino care worker has arrived in Japan yet through these avenues. On the other hand, the EPA has brought in about 1,682 Filipino care worker candidates to Japan since 2009, and the language students mentioned at the beginning of this chapter are aiming to proceed to enroll in care worker training schools in Japan, which will be discussed in detail in the succeeding discussion.

In addition to this, longterm Filipino residents, such as spouses of Japanese men, former entertainers, Nikkeijin (Japanese descendants), former Japanese Filipino children (JFCs) and their mothers, have also been engaged in care work jobs. However, the nature of their residence in Japan permits them to engage in various occupations unlike those who are coming to Japan specifically for care work. Thus, the number of longterm residents doing care work is hard to ascertain. However, I have included them in Table 3 which summarizes the current migration pathways for Filipino migrants to work as care workers in Japan.

[19] MHLW. (no date). Guidebook for care service providers on employment of foreign care workers. URL: https://www.mhlw.go.jp/content/12000000/000526603.pdf

Table 3. Migration pathways to Japan for care workers in the Philippines

Migration pathway	Educational background	Professional qualification	Years of work experience	Level of Japanese language skills	Recruitment	Fees and other migration costs	Status of residence	Salary	Length of stay in Japan	Year since started	Acceptance support
EPA	Graduate of nursing or related course, or Graduate of caregiving course	Has government certification as care worker in home country (NC II in Caregiving from TESDA)	Not necessary	N5 at the start of employment	Through the POEA	None	"Designated activities"	110,000JPY to 190,000JPY	4 years; After obtaining certified care worker qualification, can be renewed without limit	2009	JICWELS
Student of care worker school (Nursing Care is used by the MHLW with the expectation that they will acquire certified care worker qualification)	Not specified, usually at least graduate of high school	Not necessary	Not necessary	Generally, care worker training schools require JLPT N2, that is why most students enroll in a Japanese language school as preparatory course before enrolling in care work training schools.	Through language institutes and recruitment agencies	Cost of enrollment fees, airfare, accommodation, and recruitment agency fee	"Student" (Once they acquire care worker certification, they can change to "Nursing care" status)	None; However they are allowed 28hrs/week as part-time work (average salary per hour of about 850-900JPY as part-time care workers)	Duration of training course; After obtaining certified care worker qualification, can be renewed without limit	Undetermined	None (voluntary hiring by institution)
Technical Intern Trainee	Graduate of caregiving	Has government certification	At least one-year work	Generally JLPT N4 level or its	Through sending organizations	None	Year 1: "Technical	None; They receive a monthly	5 years maximum	2019	Supervising organization

	training course; or Graduate of any 4-year healthcare related course	as care worker in home country (NC II in Caregiving from TESDA)	experience as care worker or in similar profession	equivalent as minimum requirement at time of entry; one year after entry should have N3 level			Intern Training (1) Year 2-3: "Technical intern training (ii)" Year 4-5: "Technical intern training (iii)"	training allowance set by the receiving organizations			
Special Skilled Worker	Not specified	Not specified, but has to pass the computer-based Nursing Care Skills Evaluation Test	Not specified	Not specified but must pass the computer-based Nursing Care Japanese Language Evaluation test	Individual	None	"Specified skilled worker (i)"	Unspecified	5 years maximum	2019	Support by registered supporting organization
Longterm Filipino residents*	Not specified	At least Nursing Home Care Staff Training	Not specified	Not specified	Individual	Not applicable	Spouse or child of Japanese national, Permanent residents, Longterm residents	Same as salary for local care workers	Indefinite	Not applicable	Not applicable

Sources: Ministry of Health, Labor, and Welfare, Japan, 2019; Department of Labor and Employment, Philippines, 2019

*Note: Entries on Longterm Filipino residents are compiled by the author.

5.1.Economic partnership agreements (EPA)

The number of EPA foreign care workers from Indonesia, Philippines and Vietnam who came to Japan from 2008 to 2019 is 5026 out of which 1,967 came from the Philippines directly for work (MHLW).[20] Though small in number compared with the number of locally certified care workers, EPA nurse and caregiver candidates have received media attention especially during the initial years since their arrival, expressing various sentiments of the media and the Japanese public that challenge the underlying ideologies of the "nation" (Switek 2016).

In the recruitment of care workers from the Philippines, POEA had a freehand in constructing who are the "suitable" individuals for care work by laying out the following criteria: (1) graduate of any four year college course and certified caregiver by the Technical Education and Skills Development Academy (TESDA), or (2) graduate of nursing course (POEA Circular No. 03, 2009). At one level, the EPA targets the "professional" caregivers to apply, such as trained caregivers certified by TESDA, or nursing *graduates,* this emphasis refers to those who are not board exam passers. Typically those without the professional license such as non-board exam passers cannot engage in proper nursing jobs in the hospital and rural health units in the Philippines, thus most of them engage in non-nursing occupations.

From the beginning, the EPA recruitment of Filipino nurses was heavily opposed by the Philippine Nursing Association (PNA). In three position papers released in 2010 and 2011, they view that the structure of the JPEPA sees Filipino nurses as "cheap labor" by treating them as trainees for three years when their qualifications meet the professional standard.[21] This was originally directed against the nurse recruitment process, but since then, the recruitment for care workers have now expanded to include nurses, which was also later opposed to by the PNA as inappropriate treatment of Filipino nurse professionals.[22] The POEA requirement for JPEPA nurses requires at least 3 years of hospital work experience (POEA 2019), and many trained nurses who do not meet this criterion are given the option to apply as care workers instead. Selective preference is institutionalized in the recruitment process for nurses, effectively leaving out many nurses with less than adequate experience either as care workers, or to apply in other countries with lower requirements. However, the ability to migrate even not as a nurse continues to hold sway over many aspiring migrants, such as in the case of Lisa, a Filipina registered nurse who arrived in Japan as an EPA care worker candidate in 2009:

> Because it's a timing that the POEA offered me a work. I have an application in Saudi as a nurse, but when the POEA called me, "If you want to fill-in because there's some applicants that are backing out." Or, uh, you know, their requirement is not good, so they asked me if I want to take the chance. But not a nurse because I don't have three years experience in the hospital. So, if I want to be a caregiver in Japan, they will allow me to apply. Comparing from Saudi Arabia to Japan, I chose Japan. [chuckling] I choose Japan. Even if it's not my

[20] MHLW. Keizai renkei kyōtei ni motodzuku ukeire no wakugumi. Acceptance framework based on the Economic Partnership Agreement. Accessed 2 March 2020. URL: https://www.mhlw.go.jp/content/000595174.pdf
[21] Philippine Nurses Association's Position Paper on the plight of Filipino Nurses under JPEPA Implementation. August 23, 2010. Accessed 9 September 2019. URL: https://www.pna-ph.org/component/attachments/download/251
[22] Position Paper on Filipino Nurses as Caregivers/Care Workers in Japan. (No date). Accessed 10 September 2019. URL: https://www.pna-ph.org/component/attachments/download/280

real, you know – I want to be a nurse, 'no? But it's okay. So, I took the chance.

Despite the seeming deskilling and downward mobility for nurses, nurse applicants from the Philippines intentionally reconfigure their qualifications in order to find jobs abroad, even as care workers. For instance, Angel is a registered nurse in the Philippines before she came to Japan in 2012 as an EPA care worker. She graduated and obtained her nursing licensure in 2010, and worked as a staff nurse in a public hospital in Bataan for less than two years. Since she did not meet the minimum requirement for EPA nurse candidates to have a three-year work experience, she decided to apply as a care worker instead. Even then her application was denied. At that time, it was stipulated in the memorandum that only graduates of nursing course (excluding licensed nurses) are accepted for care work, that is why when she decided to resubmit her application for care worker, she did not declare that she was a board passer, and only submitted a nursing diploma. During that period, she was also under a training and recruitment agency that sends prospective care workers to employers in Japan. The second time around, her application was successful and she was able to depart for Japan in 2012. Figure 3 shows EPA care work applicants attend the annual job fair organized in Manila by JICWELS and POEA.

Figure 3. The POEA and JICWELS job fair in Metro Manila in July 2018.

When asked about her experience in applying for the EPA, she said that she had more than "luck", she had already been introduced to a Japanese care facility who will employ her. To go around the matching stage, which is a double blind selection process for both the applicants and employers to ensure fairness and equality, applicants are required to enlist 10 employers ranked in order of

preference. In Angel's case, she placed only one choice which ensured that she will be matched to that employer who also "selected" her from their end.[23]

When asked what attracted her to come and work to Japan, she answered without hesitation: Japan came to us, and provided us with the job without paying anything (which was the case for EPA), and practically providing for everything (i.e. language training, stipend during the language training, care worker training, flight to Japan, accommodation in Japan, and even a modest stipend for the first three years before they take the licensure exam).

Lisa and Angel's stories reflect how migrants work around the larger structures that govern their migration. The requirements of the EPA recruitment policies serve a filtering function for the suitable candidates according to their qualifications, which reflect the interests of the policymakers who were behind the crafting of the labor agreement between the Philippines and Japan. The standards of the professions involved were obviously not met, and both the professional nursing associations in the Philippines and Japan were critical of the labor arrangements for the migration and acceptance of Filipino nurses. Given these external structures in place, migrants renegotiate their qualifications to pass through these structures and successfully push forward their individual agendas across the migration system in place. Lisa and Angel's cases eschew the victim narrative of exploitation, since they themselves intentionally reconfigured their qualifications in order to work abroad, even if as a care worker. This contributes to understanding migrant motivations behind their deskilling, as a result of configuring their qualifications to suit the requirements of the migration policies (and successfully migrate) at the cost of downward occupational mobility in their nursing careers. However, as I will discuss in Chapter 5, the material impacts of such a decision are only fully realized once they work in their new occupational identities as care workers.

While many would want to take the legitimate route, in most cases migrants do not always satisfy the minimum entry requirements of certain migration pathways. In the case of the EPA, some of my informants circumvented such barriers by reconfiguring their qualifications in order to pass through the migration barrier even if it means accepting a job that is below their skills. The following discussion on the entry of prospective students in care worker training schools shows the market intervention in capturing migrants who are willing to take higher risks for the sake of their migration projects.

5.2.Foreign students of a certified care worker training school

Surprisingly, many of my non-EPA informants said that they have never heard about the EPA program. This is the case for two Filipina nurses, Rosemary and Leonora, who despite being

[23] The matching process involves random selection on both sides (from the applicant and the Japanese employer). A candidate lists 10 employers, and if any of these selected employers also choose the candidate, then a successful match is made. However, more than luck plays into this process as several candidates had already met potential employers through the fair or some introductory event, and if they are liked by the employer, they are advised to put the employer at the top of the list. Thereby, the "pre-matching" secures the candidate the employer selects, after a discussion and informal interview before the actual matching occurred. Thus, Angel was able to secure her seat among the selected few from hundreds of hopeful Filipino nurse and care worker applicants aiming for a work in Japan.

registered nurses in the Philippines, decided to undergo a language training program to go to Japan and undergo training as care workers.

Non-EPA pathways for Filipinos include the language education program run by training institutes and recruitment agencies. This pathway recruits potential care workers and arranges for their entry to Japan through foreign student (*ryuugakusei)* visa, where they have to be enrolled in a language school. Prior to departure, they are introduced to a potential employer who provides them *arubaito* (part-time) as care worker in the nursing homes for the allowable limit of 28 hours per week. Since care worker schools require a high level of Japanese language (usually N2), prospective foreign students study the language first, hence they enroll in Japanese language schools as the first step. Meanwhile, recruitment agencies in the Philippines take advantage of this by promoting schemes that help in the placement of prospective migrants in language schools in Japan. Applicants pay the cost of the matriculation fee, airfare, and accommodation for the first six months prior to their departure, and recruitment agencies introduce them to employers where they can work part-time to earn their payment for the remaining matriculation fees for the rest of the language programs. In essence, they market the program as a scholarship (study-now-pay-later) with work opportunity (exploiting the 28 hours a week of allowed part time work)

The proliferation of study-now-pay-later scholarship programs to learn Nihongo has increased recently, especially aiming for nursing graduates. The costs of coming to Japan through this pathway is high. Language students are required to pay the cost of one year of language program, amounting to 600,000JPY besides the recruitment and departure fees, which total to about one million JPY at the time of their departure. Figure 4 is an example of the online advertisement used by a training institute that sends their applicants to Japan as language students:

Figure 4. An online advertisement targeting potential care workers to Japan on a Study-Now-Pay-Later scheme.

The problem with this is that the aspiring migrants expect that they will come to Japan as students initially, and that they can easily transition to a work visa as long as they can find an employer. However, the process is not as easy as it seems since their visa status as students is dependent on the institutions supporting their stay. Problems arise when they are unable to continue paying for the matriculation fee which could lead to their withdrawal from the course program. This is the case for one Filipina care worker in Fukuoka who defaulted on her matriculation payments for five months and the school took their own means to have her deported back to the Philippines. The controversy for this pathway is that it has become an escape route for migrants who want to enter Japan and stay illegally. This has alerted the Japanese government where they issued vigilance and responsibility to fall under the language schools to keep their students from going undocumented. Such measures has resulted to harassment of some Filipino migrants who are unable to pay the matriculation fees from the meager income they get from their part-time jobs.

However, there are those who are more fortunate to find channels that do not take advantage of the situation. In the case of Rosemary and Leonora, their arrival in Japan in July 2016 was a result of more than a year's effort of learning Nihongo under the recruitment program for nurses operated by a school and recruitment agency in the Philippines. Both finished a degree in nursing in 2012, and passed the Philippine licensure exam in the same year. They are unmarried and with no child dependents upon their arrival in Japan. At the time they accepted a scholarship program to study in a

care worker school where the Japanese employer promised to sponsor their education in Japan. They paid about Php50,000 (roughly about JPY100,000) for the one year language training in the Philippines, and for the airfare to Japan. Towards the end of their language training, only 3 of them were hired to be trained as care workers to Japan.

They arrived in Japan with a *ryugakusei* or foreign student visa, where they had further 6 months of language training. They began as part-time care worker trainees for 2 years after which they are required to take the exam and pass it in order to secure their stay in Japan as certified care workers (*kaigofukushishi)* and continue working in the employing facility. The care work training cost has been sponsored by the employing facility, and their living arrangements are also partly subsidized. They are allowed to do 28 hours of part-time work, to which they are paid about JPY856/hour of care work in the facility about 1-2 times per week. The accumulated salary, which amounts to about JPY60,000/month is what they use for their monthly expenses, such as food and transportation, while their employer subsidized their housing rent. However, they are not legally bound in their workplace as they have no existing contract with the facility, and their work arrangement is merely by trust and verbal agreement. Despite this, both feel that they are indebted to the facility for the cost of their care work training, and that it will be taken against their word if they would not finish (or decide to go home halfway through) the training.

The difficulty of finding nursing work in their home country is reflected in both women's experiences. Rosemary's first work is in a call center, where she worked for less than 6 months. Afterwards, she became a volunteer nurse in a hospital for 3 months, where she is not paid. Most hospitals accept volunteer nurses without pay, and the latter could gain hospital clinical experience and include it in her resume. After this brief volunteer stint, she became a school nurse in a private school for 1 year, after which she transitioned to private duty nursing for 6 months. Her almost 2.5 years after getting her license were spent in various forms of nursing work in different settings, and highlighting short periods of employment. Leonora also had 1 month of volunteer work in a hospital right after getting her license, and after that, spent 2 years of work as an NGO staff member. Their monthly salaries average to about Php15,000 per month.

Unfortunately, it is difficult to ascertain the number of care workers who come through this pathway as their visa indicates foreign students. Even the Immigration Bureau of Japan is unable to track what kinds of part-time work these people engage in, since most part-time work are informal and temporary, and therefore out of the payroll system of companies. Their stay can be extended if they proceed to study care work in a *senmongakko*, whose matriculation was agreed to be subsidized by their employers or deducted from their salaries. With the recent amendment in the immigration law, they might be able to extend their stay for up to 5 years until they are able to take and pass the *kaigo fukushishi* exam.

5.3.Technical Intern Trainee Program (TITP)

The technical qualifications of technical intern trainees for care work include: (1) must have at least 1 year work experience in caregiving or related work, or (2) if without work experience, must have a Caregiving NCII certificate from TESDA, or a completed 4 year health-care related degree course,

and (3) must have N4 level of JLPT or other equivalent exams[24]. Two qualifications are also necessary: (1) at least 18 years of age, and (2) have never participated in any Technical Intern Training Program in the past (DOLE 2018).

Meanwhile, recruitment through the TITP is still undergoing and no intern care worker from the Philippines has arrived in Japan as of this writing. When the fieldwork for this dissertation was done in January 2018, some recruitment agencies in Manila tied up with Japanese language schools, who were actively recruiting language applicants and having them undergo Nihongo training for 3 to 6 months. The language training costs about Php15,000-30,000 for about 306 hours. Other strategies involve free language schooling provided that the applicants enter into a contract with the language institute and recruiting agency to finish the entire duration of the training, pass the JLPT N4 exam, and agree to be deployed to Japan. However, as the system has not officially started, the Philippine Overseas Employment Agency (POEA) released a warning statement on June 21, 2018 against the premature recruitment and pooling of caregiver applicants for Japan's technical internship training program.[25]

With the beginning of Technical Intern Trainee system of hiring care workers this year, a Japanese care facility director says that if they will participate, they will hire trainees from Myanmar or Nepal. Since the EPA will likely to continue, they will continue hiring Filipina EPA care workers, who are expected to go through the care work training in Japan. Unlike EPA, he is anticipating that most trainees' educational level is only high school education, with a Japanese level of N4 and minimal understanding of Japanese culture, they are considered as having less qualifications. Thus, he is anticipating that the trainees' work in the facility will be limited to certain care tasks: changing diapers, preparing meals, and cleaning, all of which involve limited direct body contact and care. Despite the law stating that they should be given 50% of care work tasks, care facilities have to institute security measures to counter the risks due to trainees' expected lack of proper care work training.

5.4.Specified Skilled Worker Visa

The number of Filipino foreign care workers are expected to increase to 60,000 with the inclusion of 'care work' in the occupations under the Special Skilled Work beginning in 2019 within a 5-year period (Department of Labor and Employment, Philippines, 2019). All these hews to the projected need for an additional 380,000 care workers by 2025 according to the MHLW (Hirano 2017). The qualifications for the specified skilled worker visa include the following: (1) must be at least 18 years of age, (2) passed the computer-based test on nursing care skills and (3) nursing care language. There are two types of specified skilled worker visa that differentiates according to the technical skill and language level of applicants.

EPA candidates, while bearing the highest requirements, are limited to a maximum of four years of stay in Japan, unless they pass the exceedingly challenging certification exam for care workers in Japanese. Foreign students, on the other hand, do not go through the same stringent selection process

[24] These include a score of 350 or more in the E-F level test, or 400 or more in the A-D test of the JTEST (Test of Practical Japanese), or level 4 of the Japanese language NAT-TEST.
[25] POEA News release. Published 21 June 2018. URL:
http://www.poea.gov.ph/news/2018/PR_June%202018_advisory%20TITP.pdf

but need to demonstrate financial capital in order to finance the cost of language and care worker education and living in Japan at the same time. Similar to the EPA candidates, they are subjected to the certification barrier, which will grant them the ability to stay in Japan on a semi-permanent basis. Finally, the TITP and SSW presents temporal nature of migration in Japan which caters to those with the lesser qualification. Likewise, they are also the most likely to be abused and subjected to maltreatment because of the weaker governance over them. Moreover, because of their lower qualifications, the TITP interns are treated as "trainees" and will not receive the same wage level as that of a full-time employee. While all four are engaged in the same occupational category of care work, the hierarchies are reflected in the designation of tasks in the care setting: those with lower qualifications are relegated to more indirect bodily activities such as cleaning, washing, and maintenance, while those with more medical knowledge and skills are relegated to tasks with direct contact with the elderly care recipients.

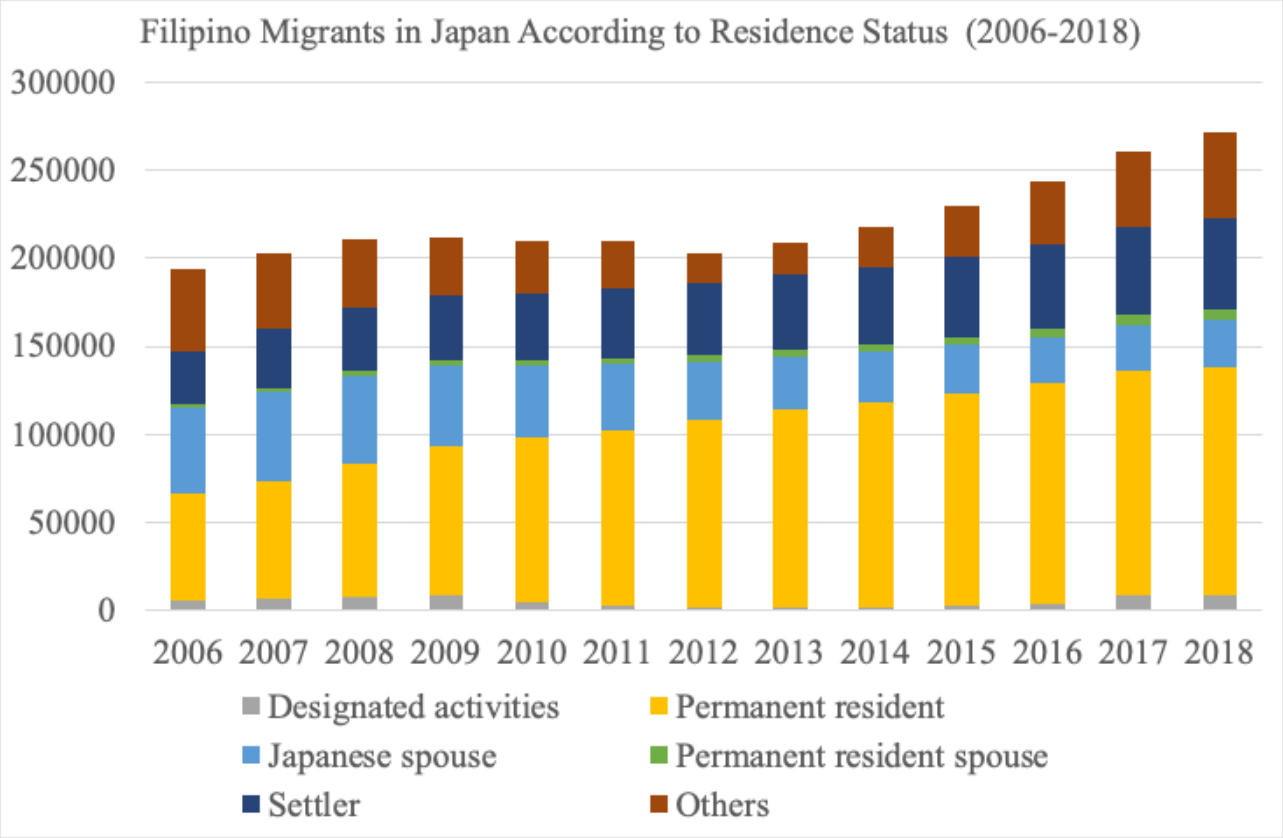
At the initial stages of the EPA implementation, Asato (2012) argued that the participation of foreign nurses in the Japanese labor market creates a dual labor market, but the present developments in the migration system of care workers from the Philippines show a hierarchical stratification of care workers according to their educational and technical qualifications. This is problematic when they arrive in Japan, since they will be practically engaged in the same occupational category of care worker, but their length of stay, salary, and occupational standing vary according to the provisions of their visa status. This does not completely capture the whole system of migrant care workers in Japan. I have merely discussed the recent developments concerning the acceptance of professional and skilled migrant care workers to Japan from their source country, but it is also important to understand the participation of long-term foreign residents who have been in the care labor market of Japan longer than the skilled workers have.

Now let us turn to a discussion about how these new migration systems tie in with the trends in the migration of Filipino to Japan.

6. Filipino migrations to Japan: Entertainers, Nikkeijins, and care workers

Over the years, the categories of jobs filled by Filipino migrants in Japan include entertainers, factory workers, service workers, and more recently care workers and nurses. The movement of Filipino migrants from labor to domesticity is also reflected in the social positioning and status of these migrants. The figure below shows the number of Filipino migrants in Japan since according to the purpose of residence.

Figure 5. Filipino migrants in Japan according to residence status (2006-2018)



Source: Ministry of Justice Bureau of Immigration, Japan (online). Consolidated by the author.

Of the 271,289 Filipino migrants in Japan in the end of 2018, 48% are permanent residents (*eijuusha*), 19% are long-term settlers (*teijuusha*), 10% are spouses of Japanese men, while the rest are composed of skilled exchange workers and trainees, language students, and corporate transfers (MOJ 2018). EPA candidates fall under "Designated activities" but the numbers over the years have shown minimal increase relative to those who have long been residing in Japan. Note that the new visa status for care workers via TITP and SSW are not yet reflected here.

As early as 2000, NPOs, welfare agencies, and private companies have hired Filipino longterm residents in Japan as care workers. Most of these are Filipina entertainers who have married Japanese men, *Nikkeijin* or descendants of Japanese nationals, and mothers of Japanese Filipino children (also referred to as the new Nikkeis or *shin Nikkeijin*). Lopez (2012) details the experiences of Filipina long term residents, most of whom were former entertainers and married to (or divorced from) Japanese men, who have shifted their careers to caregiving.

Meanwhile, networks between the Philippines and Japan have also recently allowed for the entry of Filipino migrants as care workers. For instance, NPOs who assist Japanese Filipino Children (JFCs) in the recognition of their Japanese nationality extend this assistance to their Filipina mothers to come with them to Japan as care workers. For instance, Julieta has a 14-year old son from her divorced Japanese husband, whom she met in a pub while working as a *Japayuki* or Filipina entertainer in Japan. She came to Japan in 1997 with a 6-month contract (considered as one cycle) as an entertainer.

She had 4 contracts before she met her husband in the club, and became pregnant with her first child. She gave birth in the Philippines, and afterwards she and her Japanese boyfriend were also married there.

However, her husband's support did not last and she lost contact with him. She decided to stay in the Philippines and worked as a waitress in a restaurant. In 2009, she was contacted by a Japan-based NPO who supports Filipina mothers of shin-Nikkeijins or JFCs, in gaining the paternal recognition of the child and acquiring Japanese citizenship. The organization also helped her to come to Japan as a care worker in order to sustain the support of her child in Japan through a loan. The NPO paid about JPY500,000 for the initial expenses including airfare, 3 months of language training, and 3 months of care worker training, equivalent to Home Helper. The NPO had affiliated care facilities where they were deployed upon her return to Japan as a care worker in 2011. Since 2011, she had been working as a care worker in a private care facility in Osaka to repay the cost of their departure to Japan shouldered by the NPO. Comparing her present work with her previous entertainer job, she describes the latter as easier:

> *...Kailangan mo lang kumanta-kanta, pumalakpak, okay na. As a caregiver, buong katawan mo patay sa trabaho.*
>
> […(As an entertainer) I only need to sing, clap hands, that's all you need to do. As a caregiver, your whole body is used at work.]

Since then, she had been working as a care worker after being tied to the NPO who brought her to Japan along with her child who has received a Japanese citizenship. She believes that it would have been impossible for her to have come back as an entertainer and that this is the only occupation that she could engage in given her background and qualifications. When asked about her perception of care work during the initial months, she said that she was not used to doing care work, but that she also had no other work besides being a waitress in the Philippines and a former entertainer. She had 2 years of unfinished nursing degree, but this was not enough training for the kind of work she does as a care worker. She worked part-time during her first few months, and being new to this kind of work, she simply said yes to every task given to her. Aside from the limited Nihongo skills, she could not bargain a larger wage per hour and she had to get by for the first few months with a meager income.

Recruitment agencies and NGOs in the Philippines especially target shin-Nikkeijins and JFCs as they have better chances of being granted a resident status by virtue of their affinity to Japanese blood. However, as most of them grew up in the Philippines, they are not fluent in Japanese nor accustomed to Japanese culture and customs. In her study of shin-Nikkeijins doing care work, Hara discusses that the Japanese temporary employment agencies are in charge of placing these individuals in care work, and that Japanese employers in fact prefer them over the EPA workers since they are "non-binding" (Hara 2013, 54) meaning that employers are not subject to the strict EPA regulations, and they are

likely to remain longer in one company unlike other older Nikkeijins[26] who tend to move around jobs more often. The pressure for the mothers of shin-Nikkeijins to finance their lives in Japan forces them to make do with their current employment since they don't have much bargaining power, as explained by Julieta.

In one of the language schools in Metro Manila I mentioned in the beginning of this chapter, I met Glenda, a 4th generation Nikkeijin who at the time was waiting for her visa to Japan. It would have been her 5th time to come back to Japan, she has been going to and coming back from Japan since 2002 through her longterm resident status. She has engaged in various jobs in the manufacturing sectors, and this time will be her first to work as a care worker. It should be noted that while Nikkeijins are granted longterm residence status in Japan, sustaining their lives financially in order to settle on a more permanent basis is a primary struggle for many. Despite their semi-permanent status and relative freedom to engage in various jobs without restriction, most Nikkeijins are confined to jobs that are labor-intensive. It is also because most don't have language proficiency, that they resort to jobs not needing a high language requirement which is most likely factory-related work. In Glenda's case, her "mobility" is tied to the validity of her residence status in Japan. Since most of her work is contractual, she is reliant on her recruitment agent in Manila for her endorsements to potential jobs in Japan. While the agency profits from the introduction payment and exorbitant penalty fees when they do not finish the employment contract and that keep them tied to one employer, she says she cannot complain about the situation since she feels that she is powerless given her lack of network and knowledge about employment opportunities in Japan:[27]

> You know, when you go back to Japan, you have a chance to work again, you have to earn for your kids like my (sic, me) single mother. And then I was super happy that I'm – So I pay attention, I just read the contract which says that you need to pay if you are going to stop before the three year (contract), you need to pay the amount they spent as penalty. I saw there is penalty it's 48 *lapad* I think. If I'm not mistaken, it was 48 *lapad* (equivalent to 480,000JPY). For me, I don't mind. Sometimes you need to think, what kind of penalty is that, right? But I don't want to question it, so, they don't get angry at me (and say), "Why are you questioning? We're just the one helping you to go here in Japan." So I don't want that. So for now, I just continue working.

The narratives of Julieta and Glenda illustrate how longterm Filipino migrants in Japan have been subjected into care work not because of their technical qualifications and skills, but because of their labor power. This furthers the hierarchization of migrant care workers in Japan, who are stratified according to the skills and qualifications they have. Moreover, even with a residence status that does not limit migrants to the options of jobs they can apply for, such as in the case of Nikkeijins and shin-

[26] The difference between Philippine Nikkeijin and shin-Nikkeijin has political and legal connotations. Nikkeijin in general refers to Japanese emigrants and their descendants and historically refers to those who left Japan before and during the wartime era. In the Philippines, Nikkeijin refers to the waves of Japanese descendants whose Japanese fathers died during the war and were left in the Philippines with their Filipino mothers. Meanwhile, Shin-Nikkeijins, also called Japanese Filipino children (JFC), were mostly born during the 1990s to 2000s as a result of intermarriages between Filipino women (mostly entertainers who came to Japan in the late 1980s to the 1990s) and Japanese men.

[27] This was also found by Hara in her 2013 study of mothers of shin-Nikkeis, who often had to rely on the support of brokers in order to find employment in Japan.

Nikkeijins, and even former entertainers with long-term resident status, they are relegated to care work because of the low barrier of the job that accepts with minimal requirements.

This problematizes the status of care work as a profession in Japan. On the one hand, there are certified care workers who have the proper education and technical qualifications, and on the other hand, are those with no qualifications at all, or barely meeting the minimum (nursing care staff training or *kaigo shokuin shoninshakenshuu*), all doing the same tasks of a care worker in the care facility. In the succeeding chapter, I discuss how these individuals meet in the care site and analyze these differences pan out in their performance in the care site.

7. Class and care work

Filipino migration and social class mobility have become closely intertwined with the transnational social processes. In the analysis of the subjective experiences of Filipino professionals who underwent deskilling in their jobs in Canada, Kelly (2012) offers four typologies to understand class as: position, process, performance, and politics. Occupation is often viewed as an expression of class as position, which situates the position of an individual "in a societal division of labor and a stratified structure of wealth" (Kelly 2012, 156). In the Philippines, caregiving is viewed as low-skilled work, followed by domestic work which is unskilled. On the other hand, nursing occupies a respected position in the professional pool in the Philippines, which is also among the leading source of nurse labor (Ortiga 2014). Relative to nursing and other healthcare jobs which are considered as professions, the perception of caregiving in the Philippines is that of a vocational or technical occupation. The structure of caregiver education and training is also targeted by the government towards individuals from lower class levels who could not afford college education, and instead can capitalize on building their skills for skilled types of work abroad. Caregiving as an occupation reflects a lower-class position in the hierarchy of healthcare professions in the country.

8. Extrinsic and intrinsic capitals of migration

In this section, I will discuss how migrants from lower to middle class levels leverage their capitals in order to drive their individual migration projects. Migration costs forces migrants to have extrinsic and intrinsic capitals to move them forward in their migration. Extrinsic capitals include financial capability to finance their migration, knowledge of migration channels, having existing migrant network support. Intrinsic capitals include their qualifications and desirability as labor migrants, which capitalizes on their docility, governability, and suitability for the migration channel they have chosen. These factors also become selective barriers to one's migration. In my informants' experience, they have to demonstrate that they are suitable carers who can give affective care to the Japanese elderly residents, while also ensuring that they are not going to be a burden to their Japanese employers.

8.1. Migrant networks

One strong pattern among the 37 applicants I have talked with in Manila in 2018 is the presence of a family member in Japan who was instrumental in sponsoring their migration costs. Fourteen (14) of them have mothers, sisters, or aunts, most of whom were formerly entertainers and who have married Japanese men and who have lived/living in Japan for years.

Carla: Nandoon kasi si nanay, so nag-aral muna siya ng pagiging caregiver sa ano, sa (name of school). Noong una kasi entertainer siya dati. Nung nawala na yung entertainer, wala na, nag-ano na, nagfactory worker. After niyang magfactory worker, nasa Fukuoka kasi siya dati, nagdecide siya maglipat sa Osaka.
Kat: Nasa Osaka na siya?
Carla: Ngayon, nag-aano siya sa fastfood. Tapos ngayon, after nun kasi marami siya nakaaway, kaya nagcaregiver.

[Carla: Mother is there. She first studied to become a caregiver, in (name of school). Before that she was an entertainer. When entertainer jobs closed down, she became a factory worker. During that time she was in Fukuoka, after doing factory work she decided to move to Osaka.
Kat: Is she in Osaka now?
Carla: Yes she worked in the bento factory. However, she had relational issues with some people at work, so she resigned and is now a caregiver.]

This has resulted in instances where members of the migrant family also become labor migrants. This reflects a change in the ideal role of women in the family, where economic provision is now regarded as acceptable roles for both men and women. In addition, economic provision now extends not only to the family's sustenance, but also to the individual members who aspire for their luck abroad.

Joshua: Sa akin nagkainteres lang ako dahil sa ate ko. Kasi ate ko, dating care giver.
Kat: Saan po?
Joshua:Sa Japan. Ang ate ko, nakapag-asawa na siya ng Hapon. Kaya nag-interes po ang ate ko dahil para sa akin din naman ito.

[Joshua: I gained an interest in care work because of my sister, who used to be a caregiver.
Kat: Where did she work?
Joshua: In Japan. My sister has been married to a Japanese. She had the idea that I can be a caregiver, for my own future's sake.]

Not only is the pioneering Filipina migrant a breadwinner in the family, but even her negotiations and connections in her footing in Japan becomes a guarantee for the assured passage of her relative's prospective migration to Japan, as shown in David's case below:

Kat: Saan po yung tita ninyo sa Japan?
David: Sa Osaka po.
Kat: Gaano na siya katagal doon?
David: Taon na po, halos 20 plus years.
Kat: Paano po siya napunta ng Japan, sir?
David: Ano po, yung sa work lang din eh. Di ba kasi dati uso yung mga bar? Tapos hanggang sa nakapangasawa siya ng Hapon.
Kat: May anak na rin sila doon?
David: Meron na po. Kaso dalawa yung napangasawa niyang Hapon. Kasi unang

napangasawa niya namatay, tapos yung pangalawa. Kaya may anak siyang dalawa…Bale, yung uncle ko na asawa na Hapon, yun ang mag-ga-guarantee sa akin.

[Kat: Where in Japan does your aunt live?
David: In Osaka.
Kat: How long has she been there?
David: Years. More than 20 years.
Kat: How did she come to Japan?
David: Through work. Before, working in bars was in demand, right? Then she got married to a Japanese.
Kat: Do they have kids with them?
David: They have. But she is with the second Japanese husband now. The first husband died, with whom she have one child. The other child is with the second husband, who will guarantee my arrival to Japan.]

As in the case of these individuals, it is the women migrants in their family who have supported and provided for the costs of their migration, thereby creating a debt of gratitude for financing the migration of their family member. Joshua's sister, David's aunt, and Carla's mother, all of whom were former entertainers were instrumental in their decision to apply as care workers to Japan. The destabilization of the family due to the absence of mothers and female members have resulted to renegotiations of gender roles within the family. As mothers, daughters, and sisters have become the main economic providers in the family, their influence over familial decisions gained an upper hand.

Despite many not having set foot in Japan, my informants share their imaginings as offering a better chance of gaining a successful life outside the Philippines. This impression of "unlimited possibilities of employment in Japan" (Tyner 2004, 115) is also shared by the Filipina entertainers who came to Japan beginning in the late 1980s. This perception, despite the passing of time, has influenced my informants' images of Japan, whose family members and friends, who have lived there for sometime, are more often than not former entertainers who have married (or subsequently divorced from) Japanese men and settled there. In addition to this, they have painted an image based on the depictions in the media, world wide web, and stories of encounters of those who have worked in Japanese manufacturing companies in the Philippines. To a certain extent, their answers reflected images which have been created by those who have experienced Japan and passed onto them, as well as those politically crafted by the media.

8.2.Qualifications and training

The availability of care work jobs in Japan expands the opportunities for Filipinos to migrate.[28] In the case of Filipino nurses who apply as care workers, working abroad as a nurse require a significant number of years of hospital work experience, which becomes difficult to acquire due to the lack of

[28] The Philippines has entered into several bilateral agreements for the export of health professionals, including nurses, care givers, physical therapists, occupational therapists, radiology technicians, among others. These countries include Germany, Canada, United Kingdom, Kingdom of Saudi Arabia, Israel, and Japan, among others. The institutional arrangements entered into by the Philippine government on selected types of professions encourage the migration of professional and highly skilled Filipinos to other countries abroad.

employment opportunities in Philippine hospitals. Because of this many nursing graduates instead find work in other sectors, such as the business process outsourcing (BPO) and call center industries, which provide a relatively higher salary than regular hospital nursing jobs, private duty nursing, public community nursing, pharmaceutical work, teaching, and other jobs. There is a perception in the Philippines that those who engage in non-hospital work setting, such as nursing home, school clinics, and even rural health units are less skilled because of the clinical skills that these settings require. In this sense, hospital nursing is regarded as the ideal setting for the development of clinical competence, and this is seen in the usual job requirements of nursing work opportunities abroad.

That is why with the opening of care work in Japan, Filipino nurses lacking in hospital experience saw this as an opportunity to gain a medically related work experience in a developed country. Of the 21 registered nurses among my informants in Japan, only 4 had relevant hospital work experience before coming to Japan. The rest were involved in private duty nursing, community nursing, NGO work, BPO, and other jobs. Rosemary highlights the frustration of not being able to work as a nurse in the country and the economic plight that most Filipino nurses find themselves in:

> *...Aanhin kung meron ka ngang lisensya nasasabing nurse ka pero hindi naman din makuha yung benefits ng profession mo dahil kung iyong... ipagpapatuloy mo yung profession mo and yet hindi ka naman financially supported, parang wala ring meaning. So eto, napili ko nalang na magtrabaho dito sa Japan.*
>
> [What is the use of having a (nursing) license if you are unable to reap the benefits of the profession…You want to continue being a nurse and yet, you are not financially supported (by it), it doesn't have any meaning. That is why, I am here, I have decided to work in Japan.[29]]

Clearly, Rosemary had measured her career shift decision over the practicality of earning as a care worker in Japan instead of continuing to work as a nurse in the Philippines with a low salary. This resonates with the Filipino nurses who came to Canada as caregivers who experienced a significant downward mobility, however Pratt (1997) argues that the prolonged years of non-nursing work could make it "more difficult to recover a previous occupational identity". Filipino nurses would find it almost impossible to shift back to Nursing due to the professional requirements of the nursing profession in Japan and other countries and the nature of their visa status which restricts them only to care work related activities.

8.3.Language skill

In spite of a high language expectation, the interviewees view mastering another language as a result of one's determination and tenacity. This was underscored by their belief that if many Filipinos are able to acquire fluency in English, then fluency in other languages is also possible. Here Allan, a graduate of 2 years of vocational course in information technology, shares this insight:

Allan: Sa akin, hindi talaga siya sabihing madali (chuckles). Mahirap talaga siya. Pero depende lang sa pagpursigi mo talaga…Kasi nga iyong English nga, ilang taon nating pinag-aralan iyon, di ba?

[Allan: For me, I cannot say it (learning Japanese) is easy. In fact, it's really difficult. But it all depends on one's determination. Didn't we learn English, despite taking several years?]

The photo below shows a student's notes in Bisaya and Nihongo.

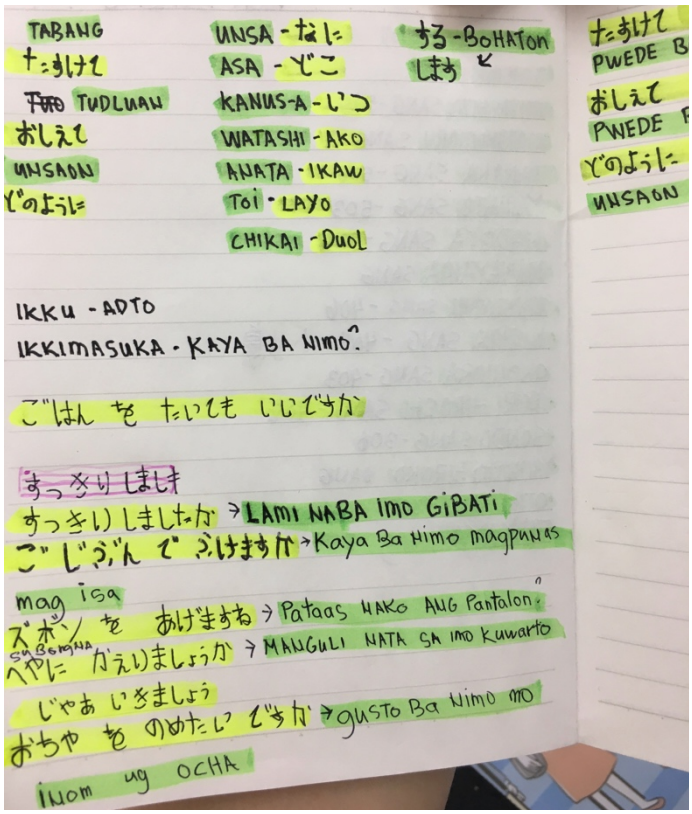


Figure 6. A student's bilingual conversation notes in Bisaya and Nihongo

Language students like Allan had to invest money[30] and time in equipping themselves with the language skill necessary to get a job in Japan. The language course usually take 3 to 6 months. Students from the province[31] had to resign from work and move to Manila if they wish to focus on the language study, while other students manage their fulltime work by day and attending school after work hours or during weekends. The investment of time and money is a risk that is not found in other destination countries where English is used as a language, such as countries in the US, Canada, Middle East, and Singapore, among others. Weighing the cost of their migration, the added cost and

[30] The 3 language schools offer a scholarship program for the Japanese course, provided that the students sign into an agreement contract that they will comply with the requirements of the agency and the language school in Japan. This scheme is in fact, a study-now-pay-later program, where the costs of the language course in the Philippines and in Japan are to be borne by the applicant through salary deduction. This is on the premise that they will be able to work for the allowed 28 hours of part-time work for foreign students in Japan.

[31] The managing director of one language school at that time was planning on establishing branches to Iloilo and Davao to capture the prospective applicants from the provinces.

effort to acquire Japanese should serve as a disincentive if other opportunities that do not require as much investment are available.

8.4.Suitability for care work

Despite the predominance of females in the care work sector, males are not discouraged in applying for caregiving jobs in Japan. In fact out of the 37 interviewees in Manila, 12 are male. For Suzuki (2007), this trend continues to feminize labor migration from the Philippines, where not only women are leaving, but that men are also doing feminine jobs, such as nursing care work. However, as two of my male informants have shared, doing "feminine" jobs does not seem to be an issue since it is considered as "productive" labor. When men do jobs that are considered feminine, they attach practical ideas to the job as meeting their economic needs, and not creating their identities based on their profession.

Kat: Did you have any reservations po bilang mga lalaki na dun sa klase ng trabaho na—
David: Ako kasi, sa akin kasi yung pagiging caregiver naman, kumbaga sa lalaki di mo naman masusukat yan eh. Di porket lalaki ka kailangan dapat mag-iba ka ng—magshift ka ng propesyon mo. Kasi habang tumatagal tatanda ka na, at kung magstick ka dun, magstick ka lang pag nagustuhan, patayo ka nalang pag may pera ka na.
Kat: Kumbaga Sir ang nakikita mo sa caregiving is a profession na pwede mong gawin pangmatagalan?
David: Profession yan kasi ano yun eh, description mo na sa sarili mo na eto ako, ganito ako. Proud ako eto ang ginagawa ko. Ganun yun eh.

[Kat: Did you have any reservations as a man doing care work?
David: For me, being a caregiver is not a measure of a man's worth. Just because you are a man, doesn't mean this is my "profession". As I will eventually age, I have to find a job that I will commit to doing in order to save money, then after that maybe I will consider putting up (a business).
Kat: So, do you see caregiving as a lifelong profession?
David: It becomes a profession when you adapt to the description you use to identify yourself with, that you eventually become proud in doing.]

Others resist identifying with the nature of work as feminine by rationalizing it as productive work.

Kat: Kayo, Sir Allan?
Allan: Wala iyon, ma'am. Sa akin kasi, wala naman sa kasarian iyong pag-aalaga ng matanda eh. Nasa kagustuhan ng tao iyan. Kung gaano mo kamahal iyong trabaho mo ganoon, panindigan mo. Mapalalaki ka, mapababae ka.

[Kat: How about you, Allan?
Allan: For me, it's not a problem. I don't think gender has got to do with caring for the elderly. It depends on one's motivation—how much you are committed to your job, then do it with all your best. Whether you are a man or a woman.]

8.5.Constructing "culturally competent" care workers

In my observation in a Japanese retirement facility in the Philippines that trains Filipino care workers prior to deployment to Japan as EPA care worker candidates, a Japanese administrator shared the view that Filipinos are industrious, but some can be lacking in initiative and focus. As they are housed in a subsidized housing within the facility for 3-6 months as part of their training, they are expected to be able to focus on learning Nihongo. Most of them have no prior knowledge of Nihongo and many have voiced that they find kanji learning as extremely hard. During endorsements at the end of their shift, they are required to make reports of their activities in Nihongo, but they only memorize the script instead of constructing sentences on their own. As the nature of work in a Japanese work setting emphasizes *komakai* [32] or detailedness, the care worker trainees were seen to fall-short on attentiveness to order, delay in executing action, or having more idle time than necessary.

This kind of performance is viewed as inadequate especially if they carry this into the Japanese workplace, where they might be regarded as not giving their full effort, and could sometimes be perceived as having lack of commitment and responsibility over the work they do. Potential problems that may arise once they arrive in Japan, is a perceived unpreparedness especially in communicating with the Japanese elderly residents and co-workers. However, more than 36 of their former EPA care worker trainees who have now become certified care workers in Japan are examples of hard work and successful adaptation to the Japanese working environment. Three of their former trainees whom I met have all passed the *kaigo fukushishi* examination and are enjoying their work as care workers in Kansai. These certified care workers shared that they had to adjust to the expectations at work, and having a good support system from their managers allowed them to devote time to studying, which proved helpful in adjusting to the work and in passing the examination.

At one level, caring is expected to be a product of one's conduct, or practice that can be taught and instilled by correction and habit, and on the other the emphasis on an affective notion of care that results from one's moral disposition. As Japanese and Filipino cultures differ in specific practices that shape the work ethics in the respective societies, Filipinos receive specific emphasis in the instruction of timeliness and punctuality. As the trainees are housed in a dorm within walking distance to the language institute, they are expected to come to work on time. This kind of training instills in them the Japanese norm of valuing time, which will also be expected of them once they become part of the organization. They were asked to synchronize their watches, and to come to the class five minutes before the time, no more no less. They were also asked to memorize Japanese greetings which they are required to say in specific occasions, prior to the start of the class, upon the arrival of the sensei, and as soon as the class ends. For instance, they are taught the proper ways of *aisatsu* (greeting) in Japanese, which is a custom when beginning and ending classes (see Figure 7).

[32] In Japanese, the term *komakai* has a somewhat negative nuance that emphasizes unnecessary focus on petty details. However, in the use of the term by my Filipino informants, they mainly refer to the detailedness as a trait they find common among the Japanese.

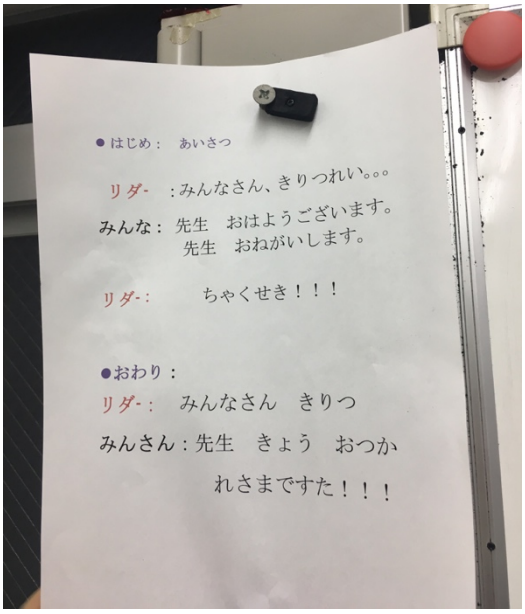


*Figure 7. Guide for greeting in Japanese (*aisatsu*) before and after class.*

Hajime: Aisatsu
Leader: Minnasan, kiritsu, rei…
Minna: Sensei, ohayougozaimsu. Sensei, onegaishimasu.
Leader: Chakuseki!

Owari:
Leader: Minnasan, kiritsu.
Minna: Sensei, kyou otsukaresamadesu!

[Start of class (greeting)
Leader: Everyone, stand up.
All: Teacher, good morning.
Leader: Take your seats!

End of class:
Leader: Everyone, stand up.
All: Teacher, thank you for your hard work today!]

Most of the care worker applicants hail from the provinces, and local recruitment agencies are doing a circuit tour of nursing schools in various provinces. Although nursing graduates are technically overqualified in terms of educational and skills qualification, they are seen as the most suitable to become care workers given their medical knowledge and know-how of nursing procedures. Despite a potential deskilling, this is an attractive opportunity for many nursing graduates who are unemployed and are unable to find paid nursing jobs in hospitals in the Philippines.[33]

Recruiters also perceive some trends in the attitude and performance of applicants who come from provinces (such as Davao and Zamboanga where many applicants are from) as compared to those from Manila. In an interview with a recruitment officer, she commented that they have seen more commitment to observe class rules and to finish the training from among provincial applicants. One reason she surmised is, because these provincial applicants had to uproot themselves from their homes, quit their jobs, and be separated from their families and social networks, they tend to view this opportunity as a risk undertaking. In addition, their training and accommodation in Manila are oftentimes funded by their kin or relatives in Japan, and these investments and risk undertaking culminate in their successful arrival in Japan. As for applicants from Manila, who are more habituated to the city life than their provincial counterparts, they tend to be less serious, and show lesser commitment by coming to class late, not observing the proper attire in class, and not putting effort to class requirements, among others. She also lamented that because they are more familiar with other opportunities available for them to migrate faster, they tend to drop out of the language training and accept deployment through another recruitment agency. This image of migrants from Metro Manila as being less submissive and "harder to control" is also expressed in earlier studies of Filipina

[33] It has become common for nursing graduates to spend months even up to a year of volunteer work in hospitals, which although unpaid can be counted as "work experience" for when they apply for employment or until they are absorbed as paid hospital nursing staff.

entertainers to Japan. Tyner described how in the recruitment process, applicants from provinces are preferred by the foreign recruiters and employers as they are more easily governed (2004, 91). Recruitment agencies prioritize the sending of new migrants in accordance with the TITP requirement of acquiring skills and knowledge, and thus an individual cannot receive the same training twice.

9. In pursuit of a better life: Migration projects and risk-taking strategies of Filipino care workers

At the beginning of this dissertation, I prefaced the migrations of Filipinos within the discourse of the search for a better life. Aguilar (2014, 133) likens the migration experiences of Filipinos as akin to a "secular pilgrimage", where migration for employment "entails hardships, sacrifices, periods of loneliness, and social dislocation" similar to ancient pilgrims. There is some truth to this dislocation which leads to a "stripping off" of oneself when one becomes a migrant, but in the eyes of my informants, the process is seemingly not as grim. In here, I wish to emphasize that there is indeed a stripping away of personhood when an individual decides to become a migrant. This stripping away refers to the social status, class, and occupation that an individual migrant is originally embedded in, in order to acquire a new subjectivity in the destination country. This loss of status is believed to allow for the acquisition of a new one, in a place where the usual standards of class, poverty, rich and poor do not apply to the migrant. This liminality allows the Filipino migrant to acquire a new sense of identity, regardless of the old one, and embark on a new journey.

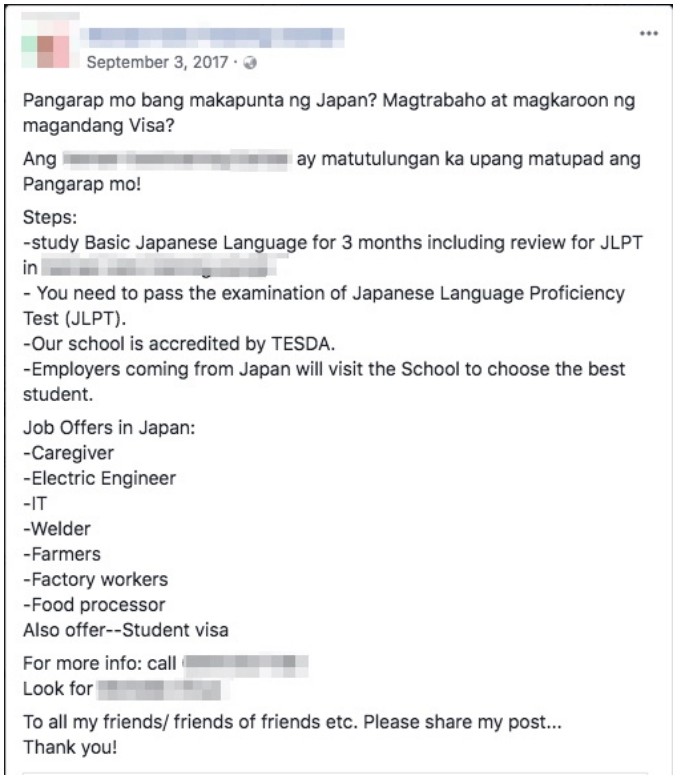
Most of my informants have completed four years of college education and work or have worked in the service, manufacturing, and health sectors. In 2018, the minimum daily wage in the Philippines (normal working hours of 8 hours a day) for agricultural workers, and those in the manufacturing, retail, and service sectors, rose from 475Php/day to about 500Php/day, or about Php10,000 every month.[34] The *daily* wage rate in the Philippines almost corresponds to the average *hourly* rate in Japan, at 874JPY/hour (1JPY=0.46PHP)[35].[36] Such wage difference magnifies the difference in their incomes if they opt to work in Japan as factory workers or care workers, where they can maximize their labor and receive eight times of what they would normally earn in the Philippines if they work for the same 8 hours a day. On the one hand, while this clearly provides a positive turn towards migrations abroad, other non-economic motivations supplement the reason for migrating. This is usually couched in the slogan of "reaching the dream" used by recruitment agencies such as the one below:

[34] Department of Labor and Employment (DOLE) Wage Order No. NCR-22, 2018: "Providing for a minimum wage increase in the National Capital Region", 30 October 2018. URL: https://nwpc.dole.gov.ph/wp-content/uploads/2018/06/reg-ncr-wo-22.pdf

[35] Exchange rate on 15 October 2019, from the Philippine National Bank.

[36] Nippon.com News. Japan's average minimum hourly wage to rise to 901 yen. Published 31 July 2019. URL: https://www.nippon.com/en/news/yjj2019073100241/japan's-average-minimum-hourly-wage-to-rise-to-901-yen.html

Figure 8. Sample advertisement of a Japanese training institute that recruits students and applicants for its training program.



9.1.“Reaching the dream”

Nowadays, the language of migration bears a hopeful, positive turn towards achieving and gaining better prospects.

“Pangarap mo bang makapunta ng Japan? Magtrabaho at magkaroon ng magandang visa?...”
[Do you dream of coming to Japan? To work and acquire a *proper* visa?]

In here, the catchphrase “dream of” equates the ability to go to Japan for low to middle income class Filipinos as something that is only dreamed of, if one does not have the right capital to get an approved visa that is dependent on showing one’s financial ability to fund their stay in Japan. Since working visas in Japan are limited to certain occupations such as entertainers, technical intern trainees, specialists and highly qualified professionals, how can a middle-class Filipino with a college education gain entry into such a high migration barrier? This is why most recruitment agencies reconstruct such gap in the language of “reaching the dream” where they act as mediators to bring the opportunity to aspiring migrants who otherwise would not have been able to do so by themselves.

When our conversations steered into the reasons for choosing Japan, there was a tone of excitement as my informants readily shared their reasons for why they are currently learning Japanese in Manila. Most of them have never been to Japan, yet their eagerness reflects a sense of hope that a great experience awaits them outside of the country. “Ever since I was a kid, I’ve always wanted to go to Japan. Because my mother has been there for 25 years,” reflects Jason, who worked as a service crew in Davao. He quit his job and enrolled in a Japanese language course in the capital in order to prepare

for a caregiving job in Japan. His mother is currently working as a care worker in Osaka, and he shares how he has always dreamt about being in a *safer*, *beautiful*, and *clean* country (his own words) such as Japan. Another is Robert, a graduate of engineering, had strong desire to work abroad. Since he only wanted to go to Japan, he searched for the kinds of visa that a Filipino can apply for in order to work. Between a technical trainee and caregiving student visa, his chances of staying longer (more than 3-5 years) can be possibly achieved through the latter, if he does his best to pass the Japanese certified careworker exam. He found a recruitment agency and their basic requirement is to have basic Japanese skill, hence his decision to enroll in a language training program for Nihongo in Manila. On the other hand, Marjo who has worked in Saudi Arabia for 4 years as a nurse, also wanted to take her chances in Japan, believing that it is a safer country, closer to the Philippines, and allows for more "freedom" for foreigners. By this she meant that she does not have to abide by the cultural norm for women in Muslim countries, where her movement and actions are more restricted than what she is used to. She also thinks that her work experience abroad gives her a better chance to work in Japan as a caregiver since she has been to a culturally different country and adjustments might not be as difficult than those who have not worked abroad.

10. Summary

In this chapter, I discuss how care work becomes linked to the migration of aspiring migrants from the Philippines. Through the embedded processes and institutionalized structures that facilitate the migration of people from lower and middle-class backgrounds in the Philippines, care work presents an opportunity to migrate.

The chapter presented the narratives of aspiring migrants to Japan by meeting them in the preparatory stages of their migration through the Japanese language classes in Metro Manila. It analyzed how they appropriated the information of migration channels and systems in order to navigate their own paths in an otherwise uncertain process, which required risk taking and an amount of investment of their time, effort, and money in securing the channels that would work best for them. Couched in the language of "reaching the dream", recruitment agencies capitalize on migrant stories of success in reaching the land of dreams, that is Japan. The stories that trickle down to the communities and individuals aspiring and nurturing their plans of a migratory life highlight the images of reaching Japan through legal channels. They willingly undergo training programs and invest in language training, which is deemed necessary to fulfill a life in Japan. This includes training for a year as a care worker, which requires their fulltime commitment and instead of receiving salaries, they accept "allowances" to sustain their preparatory training for working as care workers.

While many is in consideration of the legitimate route, not everyone can satisfy the requirements of each migration pathway. These requirements also serve a filtering function, that only allows the "desirable" migrants to pass through the selective barriers of migration erected by both the sending and receiving states. This is illustrated in the experience of my informants who were able to go through as EPA candidates and as foreign students. As they move, these categories become labels that define their "legitimate" positions upon their arrival in the receiving country. In Japan, EPA candidates are governed under the surveillance of employers and JICWELS that ensure that they receive "proper" treatment and wages according to the agreed upon terms of the bilateral agreement, while these terms also dictate how they are expected to behave and act while in Japan. If they fail to

satisfy the requirements, the resulting "penalty" is to return to the Philippines, but if they are successful in passing the barrier of the examination, they are granted the status of permanent residence in Japan. The exam is not merely a litmus test of becoming a "professional" that is, a certified care worker, but of ensuring that they become "proper" migrants who will not be problematic and threaten the nation. This is seen in the process of preparing for the exam establishes that one becomes fluent in the language (since the exam is completely in Japanese), exhibit good working relations with the employer, who will later act as sponsors or "guarantors" to their residence status, and act accordingly to avoid any troubles because they are being surveilled by both the employer and JICWELS. Such carrot and stick reinforcement of desirable migrants are at work in their daily workplace, and even in the way that they conduct themselves in public to produce migrants that are docile and observant of rules. Moreover, the different migration pathways available for aspiring Filipinos to go to Japan create a hierarchical stratification of migrant workers according to their qualifications and skills. This illustrates the desirability of migrants, and the receiving state's control of their migration trajectories.

The demands of the aging society pushed Japan to expand its diminishing domestic labor supply to foreign labor through the beginning of its migration policies that accept the entry of foreign care workers. Indeed, these issues are reflected in the varying sentiments held by different participants in the crafting of Japan's migration policy. More recently, some policy makers are pushing for a more liberal migration policy, but how this translates into actual policy measures becomes the point of contention. For kaigo, it is both an issue of language competency and professional competency, since elderly residents only know Japanese and naturally the care workers have to demonstrate language competency in order to provide safe and efficient care. Professional associations, particularly the Japanese Nursing Association, are critical of the entry of professionals from foreign countries who have different, if not perceived "lower" standards that may affect the quality of service given to its nationals. Meanwhile, private sectors, such as businesses and employers welcome such change since they feel the most impact of the labor demand in order to continue their operations. The public discourse from the Philippines also contribute to the discussions of sending nurses and care workers to Japan. The Philippine Nursing Association, the JNA's counterpart, is equally critical and outright in opposing the sending of Filipino workers to Japan as "candidates" since they are qualified professionals.

The political construction of care work as a highly skilled work is a result of the Japanese national migration policy that only accepts high-skilled workers, but its perception in the local labor market is that of a low-skilled occupation (Ogawa 2012b). While care work certification in Japan requires a 2-year technical training and passing the national certification exam, in practice, care facilities accept anyone even with only a basic training certification (i.e. nursing care staff) because of the extremely low number of available care workers in the domestic labor market. By setting their standard of a four-year course as a minimum for foreign care workers, they are in fact importing individuals with higher educational qualifications than their local counterparts. Furthermore, stratification based on qualifications is played out among Filipino migrants in Japan engaged in care work, as being divided among professionals who are more than competent skills-wise (those with nursing background and/or registered nurses in the Philippines), skilled workers with the appropriate competency but does not completely satisfy the care work requirement in Japan (those with caregiving training, or college education and some work experience whether or not related to care work), and the longterm residents

who have some competence but has better language level and permanent residence visa status than the rest who are given temporary stay. The migration policy in Japan grants more freedom of occupational mobility to longterm visa holders than temporary skilled workers (to which carework belongs). Visa status is not just dependent on the migrants' educational level and skills qualification, but also affinity to Japanese blood. Former entertainers who married Japanese men, mothers of Japanese-Filipino children, and those with Japanese ancestry have full access and longer stay in Japan than the rest of the skilled Filipino migrant laborers due to their long-term visa status. On the one hand, different forms of jobs create class distinctions among co-ethnics, visa status grants a stronger social status within the same community of migrants in Japan. All these hew in to the creation of a dual labor market (Asato 2012), that segregates jobs between citizens and migrants in the Japanese labor market. However, I argue that these not only create a dual labor market, but a further segmentation of workers within the same occupational category of care worker based on a hierarchy of preferential training qualification and skills set, including language competency. This explains how Japan's care regime intersects with its migration regime, and how both shape the position of foreign care workers in the country's care labor sector.

Meanwhile, how aspiring migrants viewed these structures of migration also shaped their own migratory experiences. Longterm residents, who are mostly former entertainers view the Filipino "professionals" such as nurses as being more trained in doing care work, the latter see the longterm residents as having more advantage due to their language capability and staying power in Japan. Long-term residents sees educational qualifications and skills as a capital for doing care work as a job, while the new Filipino migrants sees visa status as legitimacy to stay in Japan indefinitely.

This chapter underscored what Tyner (2004) offers regarding the "making" of migrants, as a product of discursive making of the actors that create and use the knowledge in migration, and thereby in the production of migrants as objects of these discourses. Here I argue that aspiring migrants undergo a process of "stripping away" their social status, class, and occupations in order to acquire a new subjectivity in their destination. They exhibit the possession of extrinsic and intrinsic capitals for migrating, such as financial capability, migrant networks, knowledge of migration channels, and their suitability as care workers. Stripped off these entitlements, they enter the host society as liminal individuals that position them in unequal footing with the Japanese. The succeeding chapter discusses how this unequal position comes into play in their daily interactions and how they negotiate and narrow such gap when it comes to relating with the Japanese.

Chapter 5: Filipino Nurses Doing Care Work: Downward Occupational Mobility and Subjective Class Belonging

1. Introduction

In this chapter, I will discuss how Filipino migrants negotiate their subjective class belongings in the transnational space. In Chapter 4, we saw how the current state of employment and migration policies in the Philippines have attracted a host of aspiring migrants, especially nurses to become care workers in Japan. In the US, UK and European countries, studies of care work have highlighted care workers' difficulty to progress upward or towards higher-skilled occupations. Downward occupational mobility among migrants in their host countries seem to be a common theme in migration studies. Especially for those who have done a shift from professional status to lesser skilled work, it has become rather difficult to move back to their original occupations (for example, nursing) once they have become care workers, such as in the case of my informants. We saw how Lisa, Angel, Rosemary and Leonora circumnavigate the high barriers of migration as nurses and how they ended becoming care workers. Most nursing graduates I have talked to who initially entered care work in Japan have the mindset of eventually going back to the nursing profession once they managed to find their way into the domestic labor market. Unfortunately, it is not easy as it seems due to the structural limitations that limit one's employment to the occupational activities in their designated visas.

However, as the four migration pathways target selected groups of aspiring migrants from lower to middle social classes in the Philippines, Filipinos with various levels of qualifications perform the same kind of care work occupation in Japan. This chapter contributes to the discussion of downward mobility in the recruitment of professional nurses from Southeast Asian countries to work in Japan as care workers. While downward mobility has often been seen in the experience of highly-skilled and professional migrants who accept lesser-skilled work in host countries, other Filipino care workers with lesser training experience a different kind of social class belonging in their migration to Japan as care workers.

2. Occupational mismatch between nursing and care work

In understanding how trained Filipino nurses experience and understand kaigo or longterm care in Japan, we have to take into consideration the care goals, standards, practices and the setting of long-term care in Japan. The difference in the care expectations of Japanese care workers and Southeast Asian trained nurses who become care workers in Japan was first discussed by Hirano (2018) where she highlights the difference of the nursing or medical model as "doctor-oriented cure", while the Japanese care worker life model as "individual-oriented care". Although nursing and longterm care share the same underlying principle of care as promoting well-being through the environment (Mizuho 2018), the nature and scope of nursing is in principle, wider and more comprehensive than long term care. In Japan, elderly care was originally done by nurses, and that is why care work and nursing's concept of care is viewed similarly, but in the Philippines, nursing is distinct from the medical knowledge of physicians and of caregivers. Hence, this chapter refers to nurses' care expectations as the medical model, while the care work expectation is based on the life model.

In the Philippines, nurses are regarded as independent practitioners who act singly or in collaboration with other health professionals, in other words, they are "experts" in illness prevention and health promotion.[43] The Philippine Nursing Act (2002) stipulates the scope of basic nursing care pertinent to elderly care, which includes "therapeutic use of self, executing health care techniques and procedures, essential primary health care, comfort measure, health teachings, administration of written prescription for treatment, therapies, oral, topical and parenteral medications" (Article 6, Section 28-a).

On the other hand, the long term care system in Japan came forth as a result of the burden of "social hospitalizations" of elderly individuals, where care of the elderly was composed of medical and welfare care (MHLW 2016). Primarily due to the heavy cost of "social hospitalizations", a separation of medical and social care was enacted, and created a comprehensive care service according to the elderly individuals' needs which was enshrined in the Long-Term Care Insurance (LTCI) system (MHLW 2002). In such an arrangement, care for the everyday living of elderly who have no immediate illness but continues to require continuous assistive care gave rise to institutionalized care. Consequently, care work became a specialized occupation that focuses specifically on this aspect of social care. Hence, care work (kaigo fukushishi) in Japan is under the umbrella of social welfare work, and specifically provides assistive care to individuals having trouble in running their daily lives (Chapter 1, Article 2-2).[44] It emphasizes that the setting where care work is provided is within the "recipient's '*place* of daily life'" (emphasis by author) which is either the home or the care facility.[45]

Considering the differences in the care models and responsibilities of nursing and longterm care, what are the conflicts that arise in the experience of Filipino care workers? If a nurse, whose training and profession has established standards and boundaries of her occupational expertise, is relegated to do a completely different professional and occupational category, this chapter analyzes the conflicts in the experience of Filipino nurses who become care workers.

3. Implications of downward shift to care work

When my informants began doing care work in Japan, the first issue they have to deal with is shift in their roles and responsibilities. In Japan, care workers engage in bedside care and direct body care.[46]

An important point is the shift from the concept of independent decision-making as nursing professionals to the concept of self-autonomy (*jiritsu shien),* which places the emphasis on decision making in care to the client. While both concepts are patient-centered, the extent of the care providers' interventions differ significantly. Most of the elderly residents in the care facilities have a significant

[43] Article 6, Section 28(a) of the Philippine Nursing Act 2002. Accessed 9 September 2019. URL: https://www.officialgazette.gov.ph/2002/10/21/republic-act-no-9173/

[44] Social Welfare Workers and Care Workers Act (Shakai fukushishi oyobi kaigo fukushishi hou). Accessed 9 September 2010. URL: http://www.jacsw.or.jp/01_csw/04_cswtoha/law02.html#s3

[45] Mizuho Information and Research Institute (2018). "Historical Development and Practice of Long-Term Care in Japan: Helping Elderly People Live Their Own Lives" Accessed 9 September 2019. URL: https://www.intelligence-value.com/app/download/13297410088/Historical+Development+and+Practice++of+Long-Term+Care+in+Japan+.pdf?t=1523506166&mobile=1

[46]

level and form of dementia, which oftentimes leads to disruptive behavior. This becomes a challenge especially to Filipino nurses, who operate on their knowledge of illness and medical treatment and would tend to prioritize the safety of residents over individual autonomy. Such limitation is illustrated in the following: when a resident's care level is 3 and still has the functional ability to eat independently, but with a risk for aspiration, how do they decide about the level of assistance they will provide? This actually was observed in my fieldwork, and my informant Leah explained that for her, between allowing the resident to function independently by being allowed to eat by herself, she would provide complete feeding assistance to avoid the risk of choking. For her between one's safety and one's independent functioning, she thinks that decreasing the risk of aspiration should come first.

Two Filipino care workers share how this difference was emphasized to them at work:

> Cielo: There is what they call *kihon*, what the resident wants, which is the basis of your care… For example, a resident before entering a facility, their care plan is constructed, right? From that time until the end of their life, the care plan indicates their desires (*hoshii*), way of life (*kurashikata*), even his self-consciousness (*jiishiki*). From there the care plan will be based and this will be observed in the kaigo…The facility always emphasize to us that it is not hospital approach…
>
> Alvin: …But many of them have dementia, and they are no longer able to decide for themselves.

Alvin's response reflects the limitation that they encounter as care workers when providing therapeutic intervention, that they would be able to do so as nurses. Cielo's response above emphasizes that as care workers, they are guided mainly by the care plan, which is constructed by the care manager and the team in charge of an elderly resident's care. While as nurses, it is part of the nursing intervention to be able to establish and adjust their nursing care plans as necessary. Such difference in the expectation as care workers is reflected by the facility's emphasis on the fundamental difference in the way care is delivered in the hospital and in a longterm care facility.

Moreover, care workers are limited by their profession in the provision of certain tasks without a proper training certification[48], such as nail cutting, massaging, suctioning, and treating bed sores. For example, suctioning the respiratory tract in cases when residents have a lot of mucus, is limited to care workers with certification for suctioning. In nursing, suctioning as well as feeding through naso-gastric tube are nursing procedures that are considered as basic skills for nurses. Another example, back massage which is considered a nursing skill for relieving anxiety and stress is only allowed for licensed physical therapists in Japan. Nail cutting, which is considered as a common grooming task, requires certification before a care worker can do so, as sharp objects can potentially injure the elderly's skin, which is very delicate and prone to bleeding. Many tasks within the care site are governed by professional standards and limitations, and while caring is an exercise of art and skill, it

[48] It is understandable that as trainees, they are given bedside tasks where most caring encounters are observed and practiced. Similarly, in the Philippines, junior nurses are in charge with direct care but as one moves up the career ladder, the tasks become less direct body care and involve more intellectual activities, such as management and leadership.

is also an exercise of knowing one's professional limitations. While they learn new standards of carework in Japan, they also had to forego developing specific skills in nursing which are not utilized in care work. For instance, in giving primary care of bed sores, only nurses are allowed to administer medications. This difference in the expected work of care workers was expressed concretely by Rosemary:

> *Kunwari gusto nilang magpacut ng nails, sa atin normal lang yon, pero dahil dito sa Japan iba yung rules nila, iba yung boundaries ng pwedeng gawin ng isang caregiver at ng licensed. Sa pagcucut ng nails, sa kanila nurses or trained caregivers lang ang pwede gumawa. So pag may times na nagsasabi yung matatanda, "Gupitan mo naman ako ng kuko," magdedecline ka kasi hindi ka allowed. Mamaya, masugatan kasi sila, e di ba ang matatanda easily bleeding, yung mga veins nila madali silang magbleed. So yun, yung mga siguro kailangan itake into consideration ng mga papasok as caregivers, alin yung boundaries ng mga pwede mong gawin sa mga hindi mo pwedeng gawin.*
>
> [For instance, they want to have their nails cut, back home it is normal, but in Japan the rules are different. The boundaries of what caregivers with and without license can do are different. Cutting of nails are done by nurses or trained caregivers only. So during times when residents ask me to cut their nails, I have to decline because I am not allowed. Elderly people bleed easily, so one has to be liable in cases such as that. So that is one thing that new care workers have to take into consideration, the limits of the professional conduct.]

Since neglect of these rules could result in professional malpractice, they have to relegate tasks to the nurse. For instance, Israel, who has 10 years of working experience as a hospital nurse, was assisting in the feeding of an elderly resident. In a tokuyo, most residents need very high levels of care, and most of them have high risk of choking due to weakened oral muscles. The challenge with feeding is the risk of choking despite the liquefied food form. In one instance, one of the residents being fed started to cough showing signs of possible choking. At that time there was no one on the unit except him and another Filipino care worker, and while care workers who have been trained in first aid response could attend to such cases, as a trainee, he is expected to call the nurse for any emergency.

> …This resident of ours, doesn't seem to have a very good swallowing reflex. That's why there was an instance that he choked on his food. Everyone was in a state of urgency. I noticed that his color is changing… his pupils have dilated…I told myself this is bad…I observed first if he was really choking or it could be something else, until I saw that his color was changing. I told another Filipino shokuin to call the nurse, and I was the only one left with the resident. Then, I did the Heimlich. When the nurse arrived, the resident had been able to expel the food.

He called the nurse, but as he was seeing the elderly's face turning blue, he immediately acted by positioning himself behind the resident and doing a Heimlich maneuver, which is an upward thrust on the abdomen to emit the food from the esophagus. The resident was able to choke out the food particle and recovered afterwards. While it was fortunate that Israel knew how to respond appropriately in such an emergency situation because of his training as a nurse, ordinarily care

workers without proper first aid training will be unable to respond immediately, and professional standards would dictate him/her to relay to the nurse.

Despite the relative disadvantage of not being able to harness some nursing skills in the care site, Filipino nurses laud the advanced technology that they utilize in the care facilities in Japan. They view Japan as more technologically advanced compared to the Philippines in terms of the availability of medical resources and machines, which in most public (and some private) care settings in the Philippines are often lacking. Utilizing technologies require learning the skill know-how, these include using the ofuro machine for the bedridden, automated beds, sensor mats, and other assistive devices which are not available in most hospital settings in the Philippines. Reflecting this discrepancy in the advancement of care technology between the Philippines and Japan prepares them for the same level of technology that can also be found in other developed countries. Understanding and knowing how to use these is an added skill that they learn in the long term care facilities.

As many Filipinos coming to Japan as care workers actually have nursing background, does this matter when it comes to the actual work? The Japanese shift leader says that while it is not an utmost necessity, having such background is helpful especially in perceiving physiological changes in the elderly, such as fever, behavioural changes, which might be indicative of a medical concern. This kind of specialised observation and medical knowledge are greatly helpful in the care site (*genba)*.

For my informants who have nursing background, they technically have more knowledge about physiological conditions, medical illnesses, and knowledge of nursing procedures which come in handy especially during times when residents exhibit changes in physiology and functioning, and in emergency situations. Being trained in such, sometimes they become resource persons for other care workers in determining changes in physical conditions of residents. They are also more likely to spot these changes.

> *Leonora: Kasi, compared sa pagdating namin dito, language barrier, until ngayon meron pa rin naman. Pero hindi na ganun na super basic lang na di mo maintindihan. Nakapagadjust na kahit papaano, saka advance ka sa assessment eh, so yung normal and abnormal ikaw yung unang nakakakita, hindi nila napapansin kasi hindi sila aware pa sa normal at abnormal, so ikaw bilang, kahit papaano meron kang theory na naacquire before you came here, ayon kahit papaano I have gained yung respect nila… tapos ngayon kumbaga may napatunayan ka na rin kahit papaano hindi naman ganun na mataas na mataas. Kumbaga meron din silang respect, na talagang kinukuha nila yung opinion mo.*
>
> [Compared to when we first arrived in Japan and now, there is still some level of language barrier, but we now know more than just basic Japanese. We have adjusted somehow. We are also advanced in terms of assessing what is normal and what is not, we're the first to see it. Some might not see it right away due to lack of awareness. Since we have acquired some theory before coming here, we have somehow gained their respect. We feel that we have proven that we are really nurses based on how they see us perform, not only through hearsay. Even with this respect, it does not give us a sense of being better than them. We find that they ask us for our opinions on certain matters in the care site.]

Despite having medical theoretical knowledge, their performance at work is significantly influenced by the level of their language ability which is crucial in communicating with the residents and co-workers, enacting out orders, and documenting their care. In Leonora's statement above, language barrier was a concrete hindrance in performing at a level that they deem at par with their training and skills as professional nurses. This leads to feelings of incompetence and professional frustration as a result of language barrier.

Filipino nurses understand the need to be certified in order to practice the care work profession in Japan. However, for some of my informants, 3 years is too long to be continuously "trained" for care work. For Leah, who is trained as a nurse, 3 years of retraining as a care worker is simply too long and unnecessary for doing something that is actually lower than what they were originally trained for. Many admit that care work in Japan is completely different from their concept of caregiving in the Philippines, and they had to train in the Japanese medical jargon. Having more theoretical knowledge than is necessary for care work, Filipino nurses find the three years of care work training unnecessary and too long. Furthermore, they cannot take the certification exam every year, unlike for EPA nurse candidates, and they can only take it after three years. The rationale for this is because even Japanese care worker trainees can only take the exam after at least 2 years of training or 3 years of work experience as a care worker. However, studying and working at the same time decreases the actual time they need to study the program in Japanese. Lisa shares her thoughts on this prolonged training period in EPA:

> At first, we just observe (the procedures done by certified care workers). For three years…and then, after the exam, then that's the time they will teach us. Maybe because I'm a *kangoshi*, a nurse in the Philippines. So, in medical terms, I have a knowledge. A small knowledge, a knowledge in a medical field. But I don't have experience in the hospital. So, I just came here for caregiver work, for assistance only… We don't do the – We used to give medicines from the patients but the nurse is the one preparing it… The medical procedure is handled by the nurse. Definitely, our main duty is to change diaper, assist them to the bath, bathing. And then, food preparation, and then assisting them to the meal, meal assistance. And then, their daily activities. That's the main duty of a caregiver here. So, it doesn't matter if you're a nurse in the Philippines. If you're a caregiver here, your work is a caregiver."

Rosemary, who studied in a Japanese care worker school offers a realization of her downward mobility from being a nurse in the Philippines to a care worker in Japan:

> *Rosemary: Ako po, nung umpisa parang, syempre in a way parang nakakadegrade. Kasi, syempre graduate ka ng nursing, and then mapapaisip ka, kasi parang sayang. May time na parang sayang yung pinag-aralan mo, di mo naman pala magagamit... Pero siguro nasa sarili mo rin yun, kasi kung sasabihin mo sa sarili mo na hindi mo magagamit. Ikaw rin, yung mentality mo lang yon, yun din yung gustong sabihin sa iyo ng mga tao pero, as a caregiver magagamit at magagamit mo pa rin eh, sa decision making...although ngayon hindi pa talaga kami parang independent kasi ano palang kami, student, trainees, so merong boundaries, restrictions sa pwede at hindi naman pwedeng gawin. Alam kasi ng mga kasama naming Japanese na, nurses kami. So at times natatanong nila ko, ok ba tong BP na to? is this normal?*

Saka ung mga variations sa mga physiological variations, pag nakita ko, ay yung paa ng pasyente ko, malaki, parang hindi ito normal, nagreretain ito ng water. Ako mismo personally, nagsasabi sa nurse namin, kasi ako wala naman akong magagawa, like I said may restrictions. So yung pinag-aralan mo hindi mawawaste, kasi ikaw yung nasa tabi ng pasyente, ikaw ang nakakakita ng signs, kumbaga it is up to you how to maximize yung knowledge na meron ka, never yun mapuput into waste.

[At first, it felt, in a way, degrading. Of course I graduated from Nursing, and then at some point it makes you think, was it a waste of my education? That I am not using it? But it's your mindset, your decision if you think it's a waste. But as a caregiver, you will still find a good use for it, especially in decision making. Although now, we are not fully independent at work since we are still students, trainees. There are boundaries and restrictions in what we are allowed to do. The Japanese nurses at work know that we are also nurses. So sometimes they ask us if the blood pressure reading is normal. Knowing the physiological variations, when I see some changes like the legs of the resident look edematous, I can tell. In such case, I inform the nurse since I am not allowed to do anything further. Like I said, there are restrictions. But your knowledge, it's never put into waste because as a caregiver, we are engaged in direct care of the patient, we see the changes and signs, and it is up to us to maximize that knowledge. That's never going to be put to waste.]

These narratives reflect the realization of the impacts of deskilling. Apart from the economic aspect, the effects of downward occupational mobility are most felt by the professional nurses. Rosemary rationalizes the fact of her deskilling as another learning opportunity, instead of lamenting the obvious impacts to her nursing career.

Asato (2013) lamented this issue as a result of the lack of mutual recognition of qualifications in the health professions concerned between Japan and the Philippines. This is because the EPA was agreed upon by government officials and not the concerned professional associations, and the arrangements were concluded without consideration of the professional implications once these policies are implemented.

On the other hand, social acceptance in the Filipino culture, or "being taken by one's fellows for what one is" (Lynch 1973, 17) is an important goal for a Filipino's sense of belonging. Especially in a foreign country where they are not native to it, my informants often feel a sense of alienation during the first few years of their stay in Japan, but this was gradually overcome as they establish personal relations beginning with their co-workers. Many of my informants have expressed how making friends with one or two Japanese co-workers have become helpful in making them feel less isolated at work. Gaining a friend in the workplace gives a sense of "peek" into the Japanese society through the mediation of their friend who oftentimes act as a translator of the cultural norms and expectations that are often implied within the members of the society.

Cielo: Pero dalawa kami, sinamahan ako nung isa pa na matagal kami sa work, yung parang ginaguide niya rin ako. So nag-hati kami sa work, ako yung sa night shift*. Kasi ako yung puro* night shift *eh, siya yung sa nichuu? So di niya pa alam yung sa isang unit din, parang otagai*

kaming nagtulungan, tapos yung sa mga meeting, yung parang before *mag*-meeting *kasi,* every month *kailangan lahat ng* factor*: yung sa shokuji nila, lahat ng pasyente kailangan may alam ka sa kanila lalo na sa unit mo kasi kapag may itatanong sila sa meeting, kailangan alam mo.*

[There were two of us. I was guided by a Japanese senior shokuin who has been working there for quite some time. So we should share our tasks, I will be on the night shift, she will be on the day shift. Before, she is not yet used to the routines, we would be helping each other. During meetings, we have to report all information such residents' meals. You should know at least something about each resident because when they ask questions, you should be able to respond.]

Attaining social acceptance is enhanced by smooth interpersonal relations or *pakikisama* (Lynch 1973, 16). This is often strived for by every Filipino individual, and its loss often results to conflicts and tensions in their relations.

Since they are engaged in frequent body care, the care tasks puts a strain on care workers' bodies. Many of them have been experiencing body pains of different sorts. They see that care work is not a lifetime job, since the effects of wear and tear are too great for them to bear if they prolong doing such tasks.

Because it's really hard. It's really hard work. You need to lift them up, you know? You need to go back from bed to wheelchair, transfer them for six times a day… And then assist in bathing. Just not bath because in our case, they cannot, you know, they cannot move at all. So you need to lift them up…So, you need your – [chuckling] You need your energy.

This may also serve as a way to rationalize the bodily component of care work as something that is not desirable. As nurses who are trained in the "profession," the image of doing bodily care is regarded as the responsibility of novices with less experience. As one moves up and gains proficiency and expertise through the years, the responsibilities move away from direct body care to tasks that involve intellectual activities, including management and leadership roles. The acquisition of skills from basic to more complex procedures parallels the time that care workers are doing the same tasks. However, the limitations of care work prevent them from accruing more specialized tasks unless they take specific trainings. At the same time, the demands of care work itself limits them to the activities they are expected to do. That is why they find care work as a dead end job. Despite the gaps in the care setting between the Philippines and Japan, Filipino nurses are drawn to the upward career mobility that cannot be realized if they remain in care work.

Rosemary: Sa akin, sa totoo lang, kung sa realistic aspect*, kasi mataas yung* physical need *or* requirements *nung trabaho so siguro kung kakayanin gusto ko sanang mag-aral pa, para yung ano ko, umabot as a* nurse *dito sa Japan.*

[To be honest, realistically speaking, because of the high physical demand and requirements of kaigo, I would like to continue studying and become a nurse here in Japan.]

In cases where Filipino care workers are promoted as leaders or *shunin*, how do they understand their career progession in kaigo? Two informants, Cecil and Cielo have been promoted in the care facility as leader and shunin respectively and have both shared that such positions come with more responsibility. This responsibility means that they have to interact with families of residents, and be responsible for the management of several floor units. This means that language ability and dedication to work are very important competencies they have to demonstrate. At the same time, they both see this as a compliment, that they were regarded as competent individuals to be given this much responsibility.

Cecil: Pero iyong responsibility ko kasi ngayon, parang hindi ko na magawa iyong gusto kong gawin. Parang ang, ang oras ko na lang napupunta na lang sa trabaho ko…Parang – Ayaw ko muna nung ganoon ngayon. Kasi parang ngayon gusto ko munang i-improve muna iyong sarili ko… Di ba kapag regular worker ka lang, punta ka lang sa work.

Kat: Shift mo lang.

Cecil: Oo. Punta ka lang sa work, magwork ka lang. Parang hindi mo na iisipin anuman ang mga case case ng mga patient… Pero kapag ako na, hindi puwede iyong ganoon. Dapat alam mo iyong mga anong changes kasi may mga meeting... Siyempre kung magtatanong ka, hindi mo naman, "Hindi ko alam." Hindi mo naman puwedeng sabihin iyong mga ganoon, di ba?... Parang for example, may gusto kang gawin para sa sarili mo, hindi mo na talaga nagagawa. Kasi parang ang buhay ko ngayon parang talagang naka-ano na talaga ako sa trabaho ko.

[Cecil: With my current responsibility, I feel that I can no longer do the things I want to do. It seems like all of my time is being devoted to my work… I am not yet ready to take on such responsibility. At present I just want to improve myself. If you're a regular worker, you go to work and you go home.

Kat: You only think about your shift.

Cecil: Yes, you just go there and work. After that, you don't need to think about the cases of the residents… But in my position, I cannot be like that. I need to know the changes because these are discussed in the meetings… of course when they ask me, I cannot say, "I don't know!" I cannot say that right? So for example, if I want to do some things for myself, there's no time for me anymore. It's as if my whole life is just devoted for work.]

However, for Cecil who wanted more freedom and time for herself, she decided to quit her job and move to another facility as a regular care staff (shokuin). She said that she wanted the freedom with which care workers are able to leave the worries and stresses of the job in the workplace, whereas in

her previous role as shunin she is expected to dedicate more time to finish paper works even outside of normal working hours which compromised her health.

For professionals such as EPA care workers, progressing on expanding their work experiences becomes a factor especially when they perceive of "better" work opportunities in other countries or back in the Philippines. Three of my informants have already left Japan: one went back to the Philippines and found a job in Japanese translation in a business process outsourcing or BPO, while two have gone to US and Canada. All three have passed the certification exam for care workers and were granted the special designated longterm status for care workers, but still decided to move elsewhere.

Lisa: About the permanent residency of the EPA caregiver. It's very hard. Why it's very hard? They always say, "You need to take ten years before you can apply for permanent residence." … But it's not a guarantee that you can get a permanent residence.

Kat: So you find it too hard?

Lisa: Yeah. It's very hard. Why, why? We passed the exam. But in the back of my mind, they don't want you to be a permanent resident because if you took the permanent resident, you will get another job. And you will not stay on the caregiver… And they have a shortage of caregiver.

Interviewer: It's a gap isn't it? That's the thing.

Lisa: I think that's the thing, you know. That they cannot – That's why. Because as EPA caregiver, our visa is designated activities.

Kat: Yes. So you can only do care giving?

Lisa: Yeah. You only do the care giving job. So that's why it's very hard for them to give us a – They don't want. Very hard… Maybe they don't want. Because if the foreign worker took a permanent resident, you know, right away they will change the job.

Lisa's sentiment reflects the glaring problem that the whole EPA program as a labor agreement is founded on Japan's national migration policy, which significantly overlooked the crucial components of professional and employment standards. As skilled workers they have the freedom to direct their career mobility, but since their occupations are tied to their visa statuses, they are tied to one occupation for the rest of their stay in Japan. As a result, a lot of EPA candidates did not complete the program and went back to the Philippines or moved elsewhere, prompting Hirano (2017) to call it a failed "policy without a vision".

This was greatly shared by my informants. Leah finds that kaigo is too physically demanding and only plans to finish her contract with the care facility and go back to the Philippines to help in the family business. Cielo and Alvin are likely to remain in kaigo for a few more years since they have

come to like Japan as a place to work and reside, but they are open to exploring work opportunities in other sectors once they are able to apply for long term residency in Japan.

Carlos (2014) refers to this sense of mobility among Filipino professional nurses as multi-step migration. It is often the case that care work in Japan serves as a springboard or a transit stop for those who want to pursue itinerant migration to other more desirable countries. By desirable, it emphasizes the ability to apply for permanent residence and citizenship, which will allow migrants to receive full welfare benefits in the receiving destination while they are working. This is to ensure that they are working towards their retirement and not only for the present needs of their selves and their families.

Due to the material implications of their deskilling, many of my nurse informants have shared that care work is one that is not meant for a lifetime occupation. Most of them are young (between 25 to 35 years old, 15 are unmarried and have no dependents, and 4 have dependents) and can afford to move to other more desirable jobs either in Japan or elsewhere. The challenge with the visa statuses associated with care work is that it limits the workers to only one type of job. Career shift to another field is virtually impossible, even if they wish to pursue their nursing careers in Japan. This is a major frustration for trained nurses who find kaigo as a dead-end job. Aside from this, care work continues to have low salary, their gross monthly salary reaches to about JPY200,000 but tax, pension, health insurance, housing, utilities, and living-expenses deductions leave them with very little to save or remit back to their families in the Philippines. The four informants with children in the Philippines say that it is impossible to bring their families in Japan with the meager income they are able to make. In addition, the challenge of adjusting to a new language and culture especially for children at school is a huge risk that they will have to take. This is why, even with the ability to bring dependents, many chose to have their children and families stay in the Philippines where they can send monthly remittance and be assured that someone in the family can properly look after them.

The work experience they gained in Japan as care workers internationalizes their careers but not as nurses. Moreover, the credentials they gained in Japan as care workers is not recognized in other countries, and many of them utilize their educational credentials from the Philippines when applying for nursing jobs elsewhere. The only upside according to my informants is that spending three to five years working in Japan is regarded as better than staying in the Philippines with a low-paying job. As expressed by Rosemary at the beginning of this chapter, care work in Japan helped to stir her care work experience and whether at the hospital or not, the standard of care practice in Japan is comparable to that of other developed countries and internationalizes her resume if she applied in these countries.

As migrants, they choose not to destabilize the status quo in the facility and adhere to the standard practices to avoid misunderstanding and maintain harmonious working relations with their Japanese co-workers. However, as trained nurses doing kaigo, they find themselves limited with the things they are allowed to perform according to the professional standards of kaigo, and sometimes feel frustration over these restrictions. In addition, the fact that kaigo frequently engages in direct body care, which often is taxing and takes a toll on their health, and makes the job less desirable. Due to these reasons, they rationalize that kaigo is not meant as a longterm job, and that they will eventually

go back to pursue nursing, or shift into other work opportunities that will provide better economic and welfare benefits.

4. Class performance and notions of class identity among Filipino care workers in Japan

While many of the Filipino care workers feel the downward mobility in their career as nurses, most of the female longterm Filipina residents who have been working as care workers for some years have come to appreciate the merits of the job, such as deriving pleasure from the affective rewards of giving care, as well as providing a stable source of income.

Such is the case of most mothers of JFCs who came to Japan with a longterm visa to support and raise their children who were granted Japanese citizenship in Japan. A Filipino community leader lamented that the purpose for bringing the mothers of JFCs to Japan is to raise their children here; however, because of the structural difficulties of finding employment in Japan as foreigners with limited language ability, most of them are confined within blue-collar service jobs (usually care work) with low monthly wages that are not enough to cover for the expenses of singlehandedly raising a child in Japan. Because of this predicament, many of these mothers engage in dual jobs to augment their income, and eventually neglecting the care of their children, which is their primary "purpose" according to their status. Some of them who were formerly into entertainment work resort to going back to the pub to augment their salary and provide for a decent living.

> *Julieta: So pag galing sa trabaho, trabaho dito. Meron ka pang ibang, mga ibang kailangan trabahuhin. Kasi kung ito lang, maliit ang sweldo namin. To be honest… So… minsan may pupuntahan ako, 'yung kikita ako. O 'di pandagdag ko.*
>
> [Julieta: So right after my (day) work, I go to night work. There are other things I need to work for. Because in kaigo, our salary is very low. To be honest… So sometimes I go someplace where I can gain side income. That's already a big bonus.]

Why do they continue to do entertainment work if they already have longterm statuses that allow them to go into other occupations without restriction? Julieta explains that since she arrived in Japan, she has only been doing entertainment work, and she *knows* no other job except this. Earlier studies of migrant care work in Japan have conceptualized the "entertainer" job as a continuation of the feminization of labor of Filipino migrants, for which many Filipinas in Japan have come to be known for due to their unique job occupation and visa status. Lopez (2012) argued for a "reconstitution of caring labor" of these Filipina women, where previously they have used a different form of affection in enticing and comforting their Japanese male customers in pubs, and transforming into a different form of care in caring and attending to the physical and emotional needs of their elderly wards in nursing homes in Japan.

However, this comparison is slightly skewed. As my former entertainer informants themselves have noted, the work(s) they do in the pub and in the care facility are way different. While it is easy to place affection and care in the same continuum, it seems that in practice, they are two completely different entities. It is possible that specific gender traits of the female nature are employed in both types of labor (entertainer and care work) such as gentleness, comfort, docility, but the purposes of

eliciting certain responses from the clients are very different. One informant playfully phrased the natures of her former and current jobs as, "from *aliw* (entertaining) to *alaga (caring)*", while another informant quipped, "from *landi* (flirtation) to *lambing (*affection*)*". This reflects and affirms the highly gendered nature of both entertainer work and care work, of which both Filipina entertainer, nurses and care workers are subjected and lumped together as a similar strand of feminized and affective labor.

The specter of the Filipina as entertainer also continues to inform the image of the Japanese co-workers of an EPA care worker. While this in itself is not the problem, the implications of the entertainer as "cunning scavenger" (Suzuki) who is out to get married to Japanese men and take advantage of the socio-economic benefits of having a "spouse visa" status colors the images of newcomer Filipina migrants who come to Japan as professional care workers.

Cecil: At sa ngayon naman, ang dami nang mga professionals na pumapasok –

Kat: Oo. Iba na kasi e, iba na iyong generation.

Cecil: Oo. At saka, at saka alam naman nila grumaduate din ako ng mga university…At saka lahat ng nagwork sa kanila kasi di ba kami nga ryugakusei, lahat naman university graduate… Iyon naman, alam naman nila iyon… Mataas naman ang tingin sa akin, ganoon. Pero siguro sa mga ibang Pinoy ewan ko, hindi pa rin. Pero sa ngayon kasi hindi pa rin natin ma-a-angat iyong ano natin na mga Pilipino kasi minsan karamihan din kasi ng mga Pilipino kahit iyong mga nasa EPA, meron din kasing karamihan sa mga EPA dinedegrade pa rin nila ang ano ng Pilipino.

Kat: Anong ibig mong sabihin?

Cecil: Iyong mga EPA, iyong mga ibang EPA pumapasok lang sila tapos maghahanap na lang ng asawa na Hapon para makapag-ano ng visa. Meron din ang dami ring ganoon na EPA. Kaya marami ding mga –

Kat: So kumbaga parang – E paano kung talagang true love naman?

Cecil: Meron naman siguro iyong mga ibang true love. Pero may mga iba talagang hindi.

[Cecil: And in the present, there are now more professionals coming to Japan.

Kat: Yes, the generation of migrants is now different.

Cecil: And they also know that we have university degrees… Even us who used to work part-time as foreign students, all of us are university graduates… They know that… I think they treat me as a professional. But for some Filipinos, I don't know. I believe until now, we could not raise the status of Filipinos since many of us, even those in the EPA, look down on other Filipinos.

Kat: What do you mean?

Cecil: There are those EPAs who enter into marriages of convenience just to secure a visa. Some EPAs.

Kat: What if? What if it is true love?

Cecil: Maybe, there are cases like that. But there are those who are not for sure.]

In here, Cecil laments her frustration for being regarded as having the same tendencies of Filipina entertainers who were previously known to enter into marriages of convenience in order to acquire a longterm residential status as a wife of a Japanese man. She emphasizes her skepticism that even professional Filipinos with a college degree is not exempted from this image, since even among other EPA candidates, marriage to a Japanese man can be seen as a "strategy" to secure a more permanent footing in Japan and allow them greater mobility, even in the case of "real" love. Cecil's comment here emphasizes the social class view towards having education as a capital that elevates one's social status that supposedly gives them more social mobility "options" over others who have lower educational level and thus resort to marriages of convenience as a means to improve one's circumstances. This reflects the class conflict among Filipinos in Japan, whose social class background in the Philippines has somehow created an expectation of one's pathway and positioning in Japan.

In addition, professionals like Cecil are more conscious of practices that show her ability to be civilized and to be on a par with Japanese people. The way that she carries herself in public reflects her consciousness of the Japanese forms of "civility" that distinguish them from the *gaikokuijin*, or foreigners, who are distinguished by their speaking distinctly from the Japanese. Some of the remarkable differences come out in the public transportation system, where Filipinos tend to be "loud" and occupying gaps or spaces in between seats which an ordinary Japanese would not take as a sort of breaching the space of the other person, or coming to an appointed meeting in Pilipino time, meaning late.

This kind of "disciplining" and distancing are often performed to distinguish oneself from other co-ethnics who are coming from other social backgrounds and engaged in blue-collar jobs.

Cecil: Kahit magkakaiba kami ng room, siyempre tig-i-isa rin ang room namin, pero grabe ang ingay! Sobrang ingay… At saka iyong nagkakaraoke sila… Parang disoras ng gabi. Sabi ko, "Mga Pilipino, wala kayo sa Pilipinas." Kaya iyon din ang ayaw ko. Minsan meron din akong mga Pilipino na kinakahiya, parang ganoon… Iyong parang ako na ang nahihiya para sa kanila.

[Even if we have individual rooms, still, the noise! They're too loud! One time when the others are singing in the karaoke in the middle of the night, I said: Filipinos, you are not in

the Philippines." That's what I don't like. Sometimes I feel ashamed for Filipinos, I feel ashamed for their behavior.]

However, this is not the case for those who invested their time and money to enter Japan as students and eventually find their way to finding employment. On the one hand, there is a sense of indebtedness among the students to the facility's "generosity", by providing them housing with subsidized costs, donating furniture and stuff (where they were probably unable to refuse), reflecting a paternalistic (and infantilized) treatment of Filipino migrants. And while the facility has in mind the welfare of their "members", this organizational culture of taking "care" of workers in Japan by their companies is rather unusual and too overwhelming for Filipinos. They come to Japan with a sense of goal in mind, and when they are coopted into the Japanese culture of work ethics and organization, they feel a sense of expectation to act, behave, and live their lives in a particular manner. Thus, they feel limited in their freedom to make decisions about their job mobility, living arrangements because of these expectations. Moreover, the expectation to continue working in the same company for many years brings conflicts, as most of the language students who migrated to Japan have a goal of creating mobile lifestyles transnationally, which they cannot or do not have back in the Philippines. Thus, doing one job is a practical decision of how it can sustain a lifestyle they desire.

One important thing about their migration to Japan is the indebtedness (250,000PHP) in the Philippines which they incur in order to arrive to Japan under a student visa. However, this indebtedness may also be a result of abusive recruitment practices in the Philippines which takes advantage of the restrictive entry into Japan and allows for them to wage for higher recruitment fees to secure a legal entry into Japan.

Naturally, the migrants are motivated to earn and make good use of their time to work, in order first to pay the debt, and second to be able to save enough money. However, the need to study first (since this is their entry pathway) takes considerable time, effort and money on their part and in effect they are hardly able to save. Furthermore, they are pushed to do double jobs amounting to more than the allowed 28 hours of work a week for students, and they risk being caught. In their case, their employer in the kaigo facility restricts them from working double since they might be caught and deported, and they have to make do with the meager salary they make as part-time kaigo shokuin. Since the hourly salary in kaigo is low, about 850-950JPY an hour, and other factory work pays more, they decide to do factory jobs instead of care work.

These co-ethnic interactions reflect the performance of class differences among Filipinos coming from various social backgrounds in the Philippines, characterized by differences in educational level, occupational category, and economic background. Such interactions are reflective of the ways that Filipino migrants recreate their images apart from the stereotyped entertainer that most Filipinos are associated with. A lot of my informants' photos on Facebook reflect new experiences which a non-migrant would not be able to experience in the Philippines, such as playing with the foreignness of snow (since the Philippines has a tropical climate and snow is foreign), experiencing and dressing up according to the season, eating authentic Japanese food, which make the experience of living in Japan seem like a "dream come true". Even with the strict work ethics in Japan that only allows 10 paid leaves a year, some of my informants have managed to secure longer leaves which they used to travel

in nearby countries such as South Korea, Taiwan, Hong Kong and others, which reflect a cosmopolitan status of mobility. One Japanese care facility director displayed a sense of confusion as to why the younger Filipino care workers in his facility would prefer to go on overseas travels instead of using their leaves to return to the Philippines. This show of cosmopolitanism shows that migration not only affords one economic benefits, but also the mobility to go from one country to another, which an ordinary Filipino in the Philippines would have to go through barriers such as visa application, proof of income, among others, that makes it difficult to go anywhere outside the country.

5. Summary

The experience of downward mobility was most felt by my nurse informants, who felt the impacts of a downward career shift from professional nursing to care work compared to others. However, as I argue here, their previous jobs in the Philippines were also not directly related to hospital work, and in principle, they were non-practicing nurses. Thus their decision to become care workers in Japan actually "reskills" them in a sense, to acquire the skills for care work in a developed country such as Japan allows them to become familiarized with an advanced medical system (relative to the Philippines). However, and what most of them find is the un-transferability of the Japanese care system to other developed countries, such as Canada or the UK, because of the language difference and care work skills set in the Japanese care system. For those who have nursing background, this can become a cause of demotivation and tension at work, as their abilities are reduced to following the professional limits of care work that are less than what they were originally trained for in the home country. Despite knowing such risks when shifting into care work, they soon found a sense of frustration when they realized the limitations of the care work profession.

As care work occupies an ambiguous position between profession and low-skilled[49], and in an effort to maintain Japan's migration policy to only accept migrants with high technical qualifications, the Japanese government has attracted health professionals and highly skilled migrants to do work that is below their training and qualifications in their home countries. While this is not a new phenomenon,[50] the sustainability of doing care work for foreign trained nurses becomes protracted, as in the case of Filipino nurses, they eventually seek work that is appropriate for their training and background outside of Japan. Unlike other destination countries, applying for permanent residency and citizenship in Japan takes a much longer time and effort; working in Japan as care workers merely serves as the first step towards internationalizing their careers and gaining experience in a developed country. Moreover, there is no mutual recognition of education and training for nursing and care work between Japan and other countries, and all prospective applicants have to undergo a three-year training period as care workers and nurses and pass the Japanese national examination for both occupations. This gives them enough time to cover their bases and explore options elsewhere while gaining work experience as care workers.

[49] Ogawa explains that the new occupational category of "care worker" came about as a "response to the needs of aging societies in developed countries" especially in the case of Japan (2012, 97).

[50] Deskilling is also found among Filipino migrants in the US, Canada, UK, and Australia, and other destinations where they do work that is below their actual educational and skill qualifications. These destinations grant permanent residency and citizenship in a shorter period of time, where migrants can eventually shift to other more desirable jobs.

Attaining a cosmopolitan lifestyle is part of class performance and consumption (Kelly 2012), which includes being able to live economically secure, and that includes being able to purchase material things, travel to different places, and experience new things. The common rhetoric of helping the family through monthly remittances continues, but differs in degrees of commitment. Their age, marital status, number of dependents, and social class background shape the frequency and necessity for providing financially back home. In the case of the migrants I have lived with, most of them are between 20-30 years of age with no dependents, and thus are motivated to experience a more explorative lifestyle in Japan (instead of the usual migrant remitter story).

On the other hand, longterm residents such as the mothers of Japanese-Filipino children, Nikkeis, and wives of Japanese men who are also engaged in care work are technically unrestricted in their access to jobs in Japan because of their longterm residency benefits. However, many of them are confined in care work because many do not possess the Japanese language competency required of white collar jobs. Instead, options available for them are hotel cleaning, factory work, or part-time jobs in the food bento factory, which do not require a high language level. Permanent and longterm residents who became care workers view themselves differently from those who came in through EPA and other pathways. They are not pressured to pass the care worker licensure exam (*kaigo fukushishi*) to secure their stay as they are in the first place, already settled in Japan. Doing care work for them is gaining economic security, whereas for new Filipino migrants they are seeking for legal stability by exploring opportunities to acquire longterm residence. As many of them are usually women with history working in bars, they are able to bring in an acquired sense of Japanese *omotenashi* or hospitality and familiarity with local language and customs, as seen through their ease of approach to elderly residents. On the other hand, those who are professional nurses and care workers pride more on their education and training as their capital in doing care work. While being "caring" is an attitude that is inherent to an individual, they leverage on their learned skill and know-how of the proper procedures of giving care.

Chapter 6: Intimate Strangers: Negotiating Migrant Identities in the Workplace

1. Introduction

> "The stranger...is, so to speak, the potential wanderer: although he has not moved on, he has not quite overcome the freedom of coming and going. He is fixed within a particular spatial group, or within a group whose boundaries are similar to spatial boundaries. But his position in this group is determined, essentially, by the fact that he has not belonged to it from the beginning, that he imports qualities into it, which do not and cannot stem from the group itself."
>
> -Simmel, *The Stranger* (1950)

This chapter discusses how migrant care workers negotiate the cultural values from their origin and in their host countries. Simmel's concept of "stranger" emphasizes a positionality that is very much reflective of migrants' position in their host countries as being within yet originally from the outside. It is in the same manner that Christensen and Guldvik (2014) analyzed the experiences of migrant care workers in Norway and the UK, as a constant negotiation of their internal values with those of their host societies. They conceptualized these negotiations as either "dislocation" or "translocation" depending on the extent with which their informants "struggled" as being migrants in a foreign country. Cognizant of their externality to the Japanese society, my informants also reflected a similar process of negotiation especially in the way that they distinguished themselves and their care.

In Chapter 4, I talked about how the process of migration strips off Filipino migrants' selfhood and creates their unequal position that shape their relations with the Japanese in a transnational context. I argued that the construction of such identity, as "foreign" care worker begins at the time of their training in the Philippines, by highlighting particular "cultural" traits that would be attractive for the Japanese employers' image of an affective Filipino care worker, and downplaying undesirable characteristics that would deem them unfit and unsuitable as migrant employees in Japan.

In this chapter I discuss how intercultural relations at work reproduce their constructed identities as migrants in the Japanese workplace. This aspect of dealing with *others* is often highlighted in multicultural interactions of the Japanese society with foreigners in their midst. It has been regarded as an ideology of homogeneity (Befu 2001, Nagayoshi 2011), of a reluctance (Switek 2016) to deal with the *other* that do not share in the national logic of who is and what makes a Japanese. However, as the narratives of my informants will show these encounters are in fact, shaped by the language expectation and cultural understanding of foreigners in the workplace, which in turn shapes how work and work relations are conducted on a daily basis. Given this premise, in this chapter I will discuss how Filipino care workers bridge the linguistic gap and navigate the social hierarchies and relational terrains within the Japanese workplace.

2. On "cultural differences" and multicultural encounters

At the heart of a discussion on multicultural encounters in this chapter is the meaning of culture. In Chapter 2, I used Knauft's concept of culture as "a shifting and contested process of constructing collective identity" (1996, 44). The assumption in this dissertation is that migrants have their own learned values in their countries of origin that they use to identify themselves as part of a particular "society", and that migration intensifies this identity through encounters of others who are members of another collective society with their own values and ideals.

One of the common observations of my informants about Japanese society is how the Japanese are always on time and their propensity to do overtime at work. These remarks are often expressed in a context of Japanese sense of time, which seems to be in stark contrast with the infamous "Pilipino time". This is not a mere stereotype of the Japanese, but is in fact embedded in the social expectations of the members of the society, and whose violation may result in relational frictions.[53] This conscious difference in how Filipinos and the Japanese perceive and manage time is especially highlighted in the training programs of care workers even before they depart for Japan as I mentioned in chapter 4. When they arrive in Japan, this becomes embedded in the expectations of Japanese employers, co-workers, and friends on the Filipino which initially seen as respecting other culture evolves as a form of disciplining that produces a civilized migrant in the Japanese society. This idea of civility shows adherence to the social norms to reduce the frictions in their relations with the Japanese and to allow for smooth dynamics in their relations.

Rea: *Yung* language*, yung hirap yung trabaho, sa hirap nung trabaho tapos maliit yung sahod.* Admitted *naman, maliit naman talaga yung sahod naming, kasi siyempre, nakakatipid yung kompanya sa atin na, di pa pumapasa kasi siyempre yung mga* allowances *hindi pa maibigay nung kompanya, kasi syempre hindi pa* fulltime*, syempre nasa* law *din nila na na ganon lang yung matatanggap namin, so iyon.* Homesick*.* Homesickness*.*

[Language, difficulty of the job, low salary. We have accepted that part about the salary, since the company is saving through laborers. And if we have not yet passed the exam, we could not receive the full salary, we also cannot work fulltime; these are part of the occupational law that as trainees we can only receive a certain amount. Of course, homesickness too.]

Language is seen as part of the "cultural difference" that distinguishes migrants in the host society. Similar to the findings of Christensen and Guldvik (2014) among Polish care workers in Norway, the extent of how much their informants have to struggle as a foreigner in a country seems to intensify a sense of their "dislocation" (127). In their study, they understood cultural differences as a negotiated process: "whether life in the host country is interpreted as a difference (or similarity) is individual and subjective and will be in the process of continuing change per se due to the specific social and historical circumstances and the stages of life individuals are going through" (2014, 123). The emphasis on the socio-historical circumstances and life stages of the migrants is very helpful in situating the differences to how foreigners find themselves "integrated" into their host societies.

[53] In their study of Indonesian EPA nurses in Japan, Alam and Wulansari (2012) refer to cultural and personal differences between Indonesian and Japanese nurses as creating "frictions".

Lisa shares a time when a tension erupted when she was unable to understand the request of an elderly resident during her initial training period that resulted in the following exchange:

> Lisa: One time, I cried. Really, I cried when (an elderly resident) said, "Stupid". Because I really don't understand what he's saying. He's just you know, "Stupid! Stupid!" Oh my god. I really cried at that time. I think once, after that, I will not cry anymore. When they say, "*Yamenasai*, *yamenasai yo. Watashi kyo tantou dakara, shoganai*" [chuckling] So, I become more, you know…Assertive and a little bit confident.

The incident above erupted as a result of Lisa's repeated inability to comprehend the *onegai* (request) of one elderly resident, which perhaps resulted to increased friction between her and the resident. In this case, her inability to express herself also intensified the situation as she felt the sense of incompetency in a situation which can be handled had she understood and delivered the appropriate response.

Many scholars have pointed to the seemingly insurmountable wall of language barrier as the primary issue of foreign carers in the Japanese workplace, and it is with reasonable basis. The ability to gain confidence is achieved as my informants became more confident in their language ability, which helped in understanding the work norms and ethics.

> Leonora: There are times when I feel that my (Japanese) co-workers are second-guessing when it comes to my ability. For example, they entrusted you to do the transferring. You will find that they're watching you. They're watching how you perform, so in a way, it becomes a motivation; I want to prove to them, that I can work well alongside them, that I will not be a burden, and I deserve to be one of them. That is what drives me to become a better care giver.

> Even if you're knowledgeable. Even if you're skillful. But if you don't know well the Japanese language, they will not trust you… To handle patients… They will just give you, you know, they will test you how far you can go... But if your Nihongo, if you're Japanese language is really poor, they… hesitant to trust you…

In this conversation, Leonora was referring to her first year of work when she was still adjusting to the language barrier. Her statement reflects how she felt that her language (in)ability is viewed as a reflection of her capability to do care, despite having a professional standing as a nurse in the Philippines. Most of my informants share this sentiment as a sense of incompetence. Not having the basic command of language, she feels she could not deliver and execute the usual care tasks, and thus was relegated to the simple ones. However, this has been repeatedly refuted in many of the Japanese conferences I have attended concerning migrant workers in Japan. In the eyes of the care facility, their status as trainees limits the extent of the things they can do independently, and it is often the case that they would be guided by a more senior care worker to get used in the practices in the care facility.

The perception of being a burden is a shared sentiment among my informants regarding their presence in the workplace as migrants. This is especially pronounced during the initial period of their entry into the workplace, and they have to be "trained" in the ways and conducts at work. While this is an expected part of becoming acquainted and familiar with the routines at work, their being non-Japanese becomes emphasized with the difference in the language ability, and their unfamiliarity with the social expectations, which somehow resulted in a sense of incompetence and inadequacy.

> *Leonora: …Yung kung gaano kahirap yung language, for me during emergency situations yun yung pinakamahirap. Kasi meron kang medical knowledge, alam mo kung ano yung appropriate care, kung paano kang magdedeal with the situation, pero dahil hindi mo alam yung language parang sayang. Gusto mong makatulong pero wala kang magawa kasi hindi mo maintindihan lalo na yung emergency situation, lalo na pag masyado nang malalim yung words na ginagamit. Tapos usually kasi dito, pag emergency situation, masyadong gusto nila mabilis. Actually, kahit nga hindi emergency gusto nila mabilis, lalo na kung emergency di ba.*
>
> [Leonora: The most challenging for me when it comes to language, is during emergency situations. Even if you have medical knowledge, and you know the appropriate care, how to deal with the situation, but you cannot express yourself well in Nihongo, it feels frustrating. I want to be of help but I cannot do much because I cannot understand well, especially in an emergency situation where everything is said and done fast. In Japan, they act fast in an emergency situation. Actually even in non-emergency situations they want to work fast, how much more in an immediate need, right?]

The stress of language barrier is also impounded by the cultural differences that adds up to the psychological stresses of being a migrant care worker:

> *Cielo: Iyon! Tapos parang, oo* cultural stress mostly*, kasi ibang kultura, minsan di pa din sila maka*-adapt *kahit na antagal na nila.*
> *Kat:* It takes many years.
> *Cielo: Isa iyon sa mga* reasons*, tapos yung iba nagsi*-seek *sila ng* professional*, ano ba tawag ba?*
> *Kat:* Growth? Career step up?
> *Cielo: Yun yes, kaya yung iba kahit nakapasa umuwi ng Pilipinas.*
>
> [Cielo: And also, cultural stress mostly. Because the cultures are different, sometimes other Filipino care workers still cannot adjust even if they have been here for quite some time.
> Kat: It takes many years.
> Cielo: That's one of the reasons, and there are also those who seek professional – how do you call it?
> Kat: Growth? Career step up?
> Cielo: Yes, that's why some decide to go back home without completing the program.]

Cielo, an EPA care worker also recounts an instance when she decided to keep things to herself despite things becoming unbearable because she could not express herself well in Japanese during her first few years in Japan. In the following quote, she refers to the experience of new Filipino care workers who arrived in their facility.

Cielo: *Kaya lang minsan di mo masabi na, "Ay teka lang, parang kailangan ko tong matuto". Kasi may ganon ding* factor *na* feeling *natin naiijiwaru tayo kasi "hai" lang tayo ng "hai" sa kanila, kasi since sa bago ka kailangan mo sundin to, kaya yung mga bago ngayon kagaya ngayon, may bago kaming kawork na Pilipino ngayon. Sinasabi ko sa kanya na, kapag hindi mo alam, wag mo sabihing "Hai", "wakarimasen" sabihin mo talaga, chanto. Gusto ko kasing sabihin sa kanya na, parang ipakita sa kanya na pwede siyang magsabi na, hindi niya alam. Na pwede kang tumanggi, kasi mai-i-*stress *talaga siya,* once *na batuhin siya na, "Ito gawin mo ito" kaya natutuwa ako sa kanya kapag minsan, "Kore onegaishimasu." Magsasabi siya, "Sumimasen, mada ima dekinai desu."*

Kat: *Ah so medyo nag-a-*assert *na siya?*

Cielo: *Ngayon. Noong kami kasi, ako lalo na siguro kaya ako naiistress noong una, hindi ako nagsasabi ng "Hai, ato de shimasu." "Hai, shimasu dake" parang ganon. Sige "hai" hai lang ako ng hai.*

Kat: *Tanggap lang ng tanggap?*

Cielo: *Tanggap lang ng tanggap. Pwede pa lang, na di ka tumanggap, basta sabihin mo lang, hindi yung teka lang may ginagawa pa ako, "Chotto matte kudasai" hindi yung hai ka lang ng hai. Sa akin ha* personally *kaya ako na stress nung mga* first few years *ko.*

Rea: *Oo malungkot talaga, tapos ikaw di ka pa makapagsalita, di mo maexpress yung, kung ano yung gusto mo kasi, nangyari sa akin yung ganon "anong gagawin ko, anong gagawin ko".*

[Cielo: However, sometimes I cannot just say, "Please wait I still need to learn this". Sometimes we may feel that we are being abused because we simply say "hai" to everything. We feel that since we are new, we have to obey. That's why I tell those new staff, like now we have a new Filipino worker, I always tell them, that when they don't know something, don't just say, "Hai", tell them you don't know, which is the truth. I want them to know that it's alright to refuse when he doesn't know how to do it. Otherwise, you will be stressed. That's why I feel glad when someone asks him a favor and he says, "Sumimasen, I cannot do that right now."

Kat: So he has become more assertive?

Cielo: Yes. When I was new, I get so stressed because I always say "Hai, I will do it." I just say yes to everything.

Kat: Just receive and accept.

Cielo: Yes. Then I realized that it's ok to say no, or to say, "Please wait til I finish." Personally that's what happened to me that's why I was so stressed during the first few years.

Rea: That's awful, and because you cannot speak Japanese well, you cannot express what you want to say. That happened to me, I felt helpless, "What will I do? What will I do?"]

In Cielo's statement, she had been initially frustrated with her inability to express herself well in Japanese that reinforced her sense of being a migrant. As a result, she simply said "Yes" to every request. She did not want to place herself in a difficult position where she could potentially lose her job. As a migrant, she feels that at any time she could lose her job and her working status in Japan.

On the other hand, longterm Filipino residents who are more conversant in Japanese have less experience of isolation because of their familiarity with the language. Not only with the language, but their familiarity with the social expectations create for them a crucial role to help their fellow Filipinos in adjusting in the workplace. When my Filipino informants first arrived in the facility, they expressed the greatest difficulty in "blending in" especially when they don't have a Filipino *senpai* (literally a senior at work or school), since most of them were the foreign "pioneers" in the care facility. This is where longterm Filipino residents who act as "senpais" become instrumental in bridging the gap of cultural knowledge among the newcomer Filipino care workers in the workplace. Even the Japanese employers think that having a Filipino senpai who can act as a mediator between the Japanese and Filipinos is very helpful in providing for avenues of communication between the two sides. Gloria, who has been working in the same care facility for the last 9 years has perceived of the importance of her role as an *ate* (Tagalog for older sister) to the newcomer EPA workers in their facility:

Gloria: Tapos gusto nilang ilaban yung sinasabe nila pero di nila magawa kaya ang sinasabi ko, 'Sige anong sabihin ko?' So sila, pag nagsalita mahina na yung boses kasi wala na silang confidence na sabihin yun. Kaya sabi ko, 'Ipaliwanag mo.' Sinasabi ko talaga. Kinakailangan kung makikipag-usap ka sa mga foreigner or sa Hapon, mali ka man o tama, itaas mo ang ulo mo. Di mo kelangan magbaba ng ano, di mo kailangan magpakita ng "Ah, sou desu ne." Hindi puwede. "Ah, chigaimasu desuyo.' Saka magkaroon ka man ng mali, "Sugu ayamari ba ii,"...

[Gloria: They want to speak for themselves, but they cannot (due to language skill) so I ask them, "What do you want me to tell them?" When they talk, they talk in a small voice because they lack the confidence to assert themselves. I tell them, "Explain yourself," I really encourage them to do so. It is important that when they talk to any foreigner or to a Japanese, to bravely keep their head high. They should not lower themselves, keep on saying "Ah sou

desu ne". They shouldn't. Every time they make a mistake, they should simply acknowledge it immediately "Ah, I am sorry for my mistake"…]

Such role is seen to be a key factor in how much my informants have successfully adjusted in the workplace. Having someone who they can confide in, or ask for help in translation and interpretation, or even a person they can comfortably ask for help in communication has allowed them to reach a comfort level at work. Interestingly, Gloria's statement above also hints to a sense of "national" fellowship with her fellow Filipino co-workers. She seems to equate inability to express themselves as a reflection of subservience, given to the Philippines' long history of colonization. This also reflects a sense of inferiority which may be shared among my informants: "It is important that when they talk to any foreigner or to a Japanese, to bravely keep their head high. They should not lower themselves.." This statement leads us into seeing how migrants negotiate a sense of unequal positions in the Japanese workplace.

3. Negotiating work values

Workplace encounters are among the first and crucial points of interaction for new migrants, whose identity as labor migrants is concretized in the work setting. Many of my informants reflected on this period of adjustment as a litmus test for their integration in the host society. In the preceding discussion, I discussed how adjustments in the language opens opportunities to place a steady footing in the host society as they continue to navigate in the unfamiliar terrains of the host country. While impressions are temporary, some migrants find it hard to discard old stereotypes that become hardened ideas about others in their midst. Meanwhile, some of my informants were also able to break initial stereotyped images of the Japanese when they were able to successfully establish friendships with a Japanese person. This, in a sense acts like a breaking of the mold, and serve to redefine their further relationships at work and in the society in general.

The ability to ask for small favors, or shifting of workloads is used when Filipinos feel that they can mutually ask for help from their co-workers. However, they often hesitate to do so because they are unable to "feel" the real thoughts of their Japanese co-workers. It is common to hear them reflect on the *honne* and *tatemae* aspects of their relations with their co-workers, and despite working for a long time in Japan, this continues to shape their dynamics and how often they can ask for small favors at work, which in Filipino working relations, reflects a degree of mutual understanding between workers. Such negotiations and exchanges of favor in the workplace illustrate how Filipinos are able to navigate through the system and negotiate their own desires and wishes despite the given inequality in their positions as migrants in a Japanese workplace setting.

Lisa shared that every time her manager asks her to exchange shifts with another care worker, she would use this to accumulate "doing favors" for the manager, so that when the time comes that she would ask a favor from him in return, she could draw from this "favor bank".

Lisa: Working relationship. Just like that. So if you have any request about your shift, you can ask him, you know, very lightly. And he will do it, you know… But if you have a, you know, a bad, uh, a bad relationship with your leader, it's very hard to make request.

Because before you go to the *kachou* (department head)… the number one boss in the facility, you have to go first with your leader.

Interviewer: Right.

Lisa: So I guess it's a basic thing that you have to go directly, not in your leader also but in your co-employees also, with your co-workers also.

However, not all Filipinos are able to maintain and sustain such exchanges especially when they feel that they are not receiving any favors in return. This is illustrated in the case of a Filipina nurse whose experience of working in the care facility turned negatively.

Lisa: I have a colleague, uh, we have the same company, but, uh, not working in the same facilities. She's working at the Otowa Byoin, in the hospital. She took the exam, she passed the exam, a nursing exam. But after passing the exam, uh, the treatment of the co-workers and the doctors, she cannot, uh, take it. So, she resigned. She go to London. After passing the exam… A Filipina nurse… Took the three years, uh, the three years training. Took the exam, and passed the exam. But after passing the exam, she doesn't take the, you know, the –

Interviewer: She didn't like it?

Lisa: She didn't because she can't work freely… 1,2,3. Always, uh, you know, have a back up or like that, "You cannot touch that", like that. Because it's all Nihongo. It's all Japanese, like that… So she cannot work freely by herself… Or cannot be trusted with this work, with that work.

Statements like these reflect an extreme case of alienation experienced by Lisa's Filipina co-worker who used to be a nurse in the same hospital where she worked. In the course of my discussion with Lisa, it seemed that the Filipina nurse had difficulty adjusting to the workplace due to expectations that were not met in terms of salary and work arrangements, which eventually led to her deciding to quit. In the eyes of my informant, such instances could easily be explained as a matter of difference in cultural values that could not be smoothed out, instead of dissatisfaction in work arrangements, which seems to be the case.

Among the Japanese care staff I have talked with, they often refer to *ningen kankei* (human relations) as an important factor in managing the tasks and expectations of care work. In an interview with a Japanese shift leader (*ridaa)* in the care facility in Kansai, I asked about his thoughts concerning working relations with migrant care workers, and he thinks communication is the most important. He acknowledges that matching the personalities of the care workers and cared for is the most difficult to address. Even if a person has the right skills and is competent, but difficult to work with, working relations will be difficult as well. This year, they are expecting more migrant care workers to come to their facility, but he thinks that the recruitment process is difficult especially in securing that the new workers will be able to work well with the Japanese staff. He suggests that being *yasashii* (gentle)

and *shinsetsu* (kind) are important attributes and greatly helpful in relating with people. Also, being quick and efficient is a plus, but one has to be careful not to make mistakes as well. In his view, people who are kind, considerate, has respect (*teinei*) and employs detailed attention to doing things with care and thought are important to care work.

While this refers to human dynamics in general and not merely as a result of racial differences, individual personalities play a great deal in shaping these interactions with the host society, which oftentimes gets collectivized when both sides experience a recurring conflictive situation and they tend to lump these frictions and attribute to one's collective "thinking" (*kangaekata)*. Cecil, who has been working as a care worker for the past eight years agrees that personality is variable, and certain ways of thinking can also differ from one person to another.

Cecil: *Kasi iyon na nga, depe-depende kasi iyon sa tao. Hindi mo naman kasi i-impose iyong ano, iyong kangaekata mo sa mga tao eh magkaiba ng culture, magkaiba kayo ng kangaekata.*

[Because that depends on every person. You cannot impose your thinking on another person, especially when you have different cultures, you have different ways of thinking.]

I often hear my Filipino informants referring to differences in *kangaekata* or thinking as a reason for why they think frictions arise in their workplace. They refer to their outside position within the Japanese social society as the reason for such disagreements because as *others* they are not well acquainted with how things "work" within the social system.

In *kaigo,* many emphasized the importance of good working relations with their co-workers. Since their tasks are shared among the care workers, it helps when everyone is able to do his/her share, and not leave remaining tasks to the other care workers. One of the key factors in harmonious relations at work is the pairing of care staff in a shift. As in any kind of work, personalities among care workers vary, and one's ability to get along well with others is an important factor to ensure that work relations are smooth or manageable, at the very least. Here, Rosemary shares her view on partner relations and workload sharing:

> *Doon din kasi lumalabas yung drive mo eh, kung magana ka ba magtrabaho ngayon kasi masarap yung kasama mo. Pag mahirap din yung kasama mo, mahirap katrabaho, mabigat din yung feeling mo habang nagtatrabaho. Oo, naaachieve mo yung mga ano mo, pero minsan may mga nakakalimutan ka. Minsan, nagkakamali ka, kasi nga yung kasama mo, hindi mo feel. Kumbaga kapag hindi ka tinutulungan ng kasama mo mag trabaho, parang di kayo nagkakaroon ng give and take relationship.*
>
> [Your drive to work also comes with work relations. If you have good relations with your partner in the unit, your work becomes smooth and bearable; if you don't work well with your partner, the work becomes heavy, it becomes a burden. In a shift, there are tasks you will finish, and there are those you can overlook. Sometimes, you make mistakes. This is especially when you don't work well with your partner, when your partner doesn't help you, and you are left to do everything on your own. It has to be a give and take relationship.]

This remark denotes that in order to have smooth relations at work, equal footing is necessary so that both parties could equally share in the burden of the task. If the other worker doesn't recognize the other as an equal at work, frictions commonly arise. As migrants, Filipino care workers are cognizant of their liminal status in the workplace, and they strive to meet this gap by negotiating in other areas of work.

4. Work ethics and conflict negotiations

The burden of work load depends on the kind of unit they are assigned in. For instance, the workload in a traditional unit (*juuraigata*) compared to a unit type is more general and caters to a larger number of elderly residents. There is very little time to interact with each resident as the routine and schedule of activities are set, and delays could result to disruption of work routine. The division of work also depends on the pair of *tantou* or assigned care workers per shift. In traditional wards, tasks are divided among the care workers. For instance, in a floor of 40 people, one care worker may be assigned to do the diaper changing of 20 residents, while the other care worker handles the other half. In this way, the weight of heavy tasks such as lifting, diaper changing, is equally distributed to the care workers. In the unit type, care workers are usually assigned to about 10 residents, and this is designed to provide more customized care. However, as the care levels of each resident differs (from care level 3 to 5), the bulk of care also depends. Generally, bedridden (*netakiri*) residents who have the highest care level have to be turned in their beds more often than those who are mobile, but they are also less able to make demands from the care worker's time. On the other hand, those who can verbalize their needs and demands may seek and require more attention, as they are able to move on their own and the risk of injury may increase with this, care workers need to devote more attention to them even if their actual care levels are low.

> *Rosemary: Ako depende sa* partner. *Kase may mga* partner *na ano, may mga* Japanese *kasi na mas* senior *ako* so you have to do this, you have to do that. *Sa* actual spot *sa* home care*, andaming trabaho. siyempre may mga tao naayaw kong gawin to, ayaw kong gawin yan. Lalo na ano, para kasi siyang* household chores*, kasi di ba ano ng* support *ng* ADL*, yun yung pinaka*-center *ng* care. *Depende sa tao, sa* partner *kung paano ka niya din tignan, isa din sa akin yon na malaking* effect *sa akin. Ako naman gusto kong makatulong for her, na bawasan ung* work load *niya pero wag namang sanang* one sided *na ako lang yung may thinking na ganon* towards her. *Sana siya din meron din siyang* feelings *na ganon* towards me*, na para hindi rin mabigat yung* work load *sa kanya...tulungan. Kailangan talaga* cooperation*, depende sa* partner *kapag, ay hindi* thinking *na mas mataas ako sa kanya,* so she have to do this for me, she have to do that for me. *Ako naman, mas mataas sahod niya, pero* as much as possible *gusto ko rin makipag*-cooperate *sa kanya. Saka alam ko namang pagod ang lahat, 'wag na ring sa* environment *na* negative *na nakabusangot kasi nakakahawa ng* feelings.
>
> [For me, it depends on the partner. There are some Japanese shokuin who are, who are my juniors, so I assign them tasks, like you have to do this, you have to do that. In the actual care setting, there are lots of work, some people may not want to do some tasks. Especially because it feels like household chores, giving support to ADLs, that's the focus of care. It also depends on the person how he/she treats you, which is one big factor for me. On my end, I want to be of help to my partner, to lighten her workload, but I hope she also feels the same way towards

me, to become mutual. Cooperation is really important, it depends on your partner, if he/she thinks differently. On my end, they may have a higher salary (since Lorraine was working as a part-time shokuin at this time), but as much as possible I want us to cooperate. I know everyone gets tired, so let's not make our working environment heavy when they work with a heavy heart.]

This is why working relations are often the source of conflicts. Lisa ruminates about how her relations with the Japanese elderly and Japanese co-worker vary in terms of how much conflict and tension arises at work and which of these are caused by her relations with her co-worker.

Interviewer: What do you hate most in your work?

Lisa: Ah, when my colleague is not working well. [chuckling] Not doing – I hate them.

Interviewer: So, it's not with the residents but it's with the careworkers? With the fellow workers?

Lisa: With the resident, you have no choice. You have to deal with them… Sometimes, you get irritated too. But you need to, you know, hold yourself. [chuckling] Yeah, because, uh, sometime they really you know, very demanding. They want, "Give me number one, number one." All of them, they want number one…Yeah, yeah. Even if you know, you feel irritated, you just pass it away, tomorrow is another day. [chuckling] Okay, okay. Just like that. But sometimes, you feel irritated. It's normal thing, you know… It's normal thing. You're working every day and maybe she's not in a good mood or in bad mood. Or she's tired, he's tired, he doesn't work well, you know. Not moving along, you know. Just like that. Small, petty things. But you need to come up with your – You always look out for yourself.

In the care facility, one of the things that structure the order of their daily activities are the institutional rules. Not only does this structure and standardize the delivery of care, but it also structures the relations of Filipinos with their Japanese co-workers. This is illustrated by Liza's perception of observance of such rules at work:

Lisa: Rules are rules.

Lisa: And then they really, you know. They really look up for the senpai. If you're a senpai, you're a senpai… In Japan, if you can hold it, just hold it. But if you cannot – As long as you can hold it, hold it. Don't complain.

Interviewer: Right. So, it's better to hold it in Japan?

Lisa: To hold it in Japan. Because they don't want too much complain, you know, to hear the complain. You know, it's a negative for them.

Kat: It's like *mendokusai*.

Lisa: Implied. Just implied. But when it comes to work, I think it's written, it's a guideline to go first to your leader. There's a, what's your connections –

Kat: Organizational chart?

Lisa: (It's) like a flow chart. When it comes to work. Sometimes, when it comes to, when there's an accident, who are gonna…you call first, and then second one – Just like that. But when you personal, it's just implied, you know. You just go there directly, "I have a problem like this. I have a problem in the Philippines, I need to go back." Like that, you know. But the leader will just relay that to the big boss, to the *shisetsuchou* (care facility manager). He or she will not, uh, give you a decision but she will relay it. But sometimes, I will go to the *shisetsuchou*. [chuckling]

Lisa's view to "better to hold it (complaints) in Japan" reflects her recognition of her unequal position with the Japanese as a migrant in the workplace. Further, in the hierarchy within the institution, care workers are seen to occupy the lowest pecking order. Since Japanese care workers themselves do not exhibit such complaints, Lisa does the same so as not to disturb the social order and status quo.

In Japanese work practice, paid leave in a year is usually around 5 days to a week, and as one Japanese director of a care facility explained, in his experience it is rather uncommon to take leave from work for more than a week. In the Philippines, however, vacation leave is regarded as a hard-earned reward for a year's worth of work. Vacation leaves, especially during Christmas holidays usually take a week or two extending up to the New Year celebration, where workers go home to provinces and spend time with their families. In effect, Philippine offices virtually have lessened operations in the last two weeks of the year because of this practice. Among migrant workers especially, many of them prefer to take vacation leaves during this holiday period, where they can maximize being with their families after a long time away. This situation creates conflicts if the Japanese company could not grant such request from the Filipino care workers.

Lisa: That's what I was fighting for my company before, "If you don't give me night shift this year, I will resign."… I challenge my company then. Because it's really hard… I said to them, "It's really hard. My living expense here is really hard. So, if I don't have night shift, I cannot you know, I cannot survive. I cannot take it anymore. I will resign." So, they gave it.

In here, Lisa used her request for night shifts as a means to negotiate her request to increase her salary. Nights shifts are paid with an extra 10,000JPY for each shift, which for Lisa is a big amount to help her cover her monthly expenses. While the workload during night shift is heavier than the other shifts (as night shifts usually last for 16 hours and the ratio of care worker to resident is higher), the extra

pay becomes a welcome incentive especially for my informants who make use of the extra money to send to their families back home.

After being acquainted with such cultural and work expectation differences, the two care facilities I have visited have become more considerate when it comes to granting allowances in taking vacation leaves for their Filipino staff members. For instance, the care facility in Fukuoka grants vacation leaves every quarter for their Filipino workers, such as in the case of Leah, who shared that she has been to South Korea and Taiwan in the past two years since she has been working in the facility as an EPA trainee. Curiously, the director of the care facility where Leah works asked me why Filipinos like to "travel so much", underlying the expectation among employers regarding the use of their time in studying and preparing for the care worker examination. Most of my informants' mindsets coming to Japan is to work and earn, and possibly explore experiences they have not had in the Philippines such as traveling abroad, while Japanese employers expect that they have to prioritize studying in order to pass the certification exam, which will allow them to stay and work in Japan for a longer time.

5. Summary

The workplace encounters of Japanese and Filipino care workers reflect the cultural negotiations that take place in a multicultural setting. The migrant position of the Filipinos somehow mirror the stranger's externality to the Japanese society, that while they are in it and import certain qualities into it, their positions are determined essentially by their non-belonging (Simmel 1950). These externalities manifest in terms of language, social norms, workplace practices, and social expectations in communication and interactions.

Language proved to be the most challenging aspect as this greatly dictated the quality of relationships they were able to establish at the beginning. This also shaped how they express themselves or choose not to depending on the social expectations. The presence of Filipino senpais proved to be a big help in bridging their language gap and mediating in the establishment of better communication between the Filipino migrants and their Japanese co-workers. A sense of incompetence due to language was most felt by my nurse informants since they have a certain level of expected competence when it comes to caregiving; however communication is central here. Tensions arouse in their interactions with the residents and co-workers that seemed to shake their sense of confidence in being "professionals".

Relational encounters in the Japanese workplace are not merely "cultural" in nature, but also individual differences are a greater factor. Mutuality in social relations reflects acceptance for Filipinos, and being migrants naturally sets them in unequal relations with their co-workers. However, their sense of belonging lies in how well they are able to overcome the externalities that shape how they navigate the social terrains of the Japanese workplace.

Chapter 7: The Caring Body: Embodiment of Care

1. Introduction

How does paid care actually become "caring"? In this chapter, I look more closely in the tasks of care work and highlight the physical and emotional components of caring. I refer to the "bodily" tasks of care as acts which are done as part of the skill or competence of professional care work, and how embodiment allows for the cultivation and expression of emotions in care work. It illustrates how care work is constituted by embodied practices and how new meanings are formed through the interactions of Filipino care workers with their Japanese co-workers and elderly residents.

In Chapter 2, I talked about the ethics of care, care as a product of one's moral values and shaped by the normative definitions and ideals of a "good care" in one's socio-cultural background. We will see more of these ideals of care in this chapter as I talk about embodiment, seeing how Filipino care workers embody the care of Japanese elderly people by drawing on their cultural notions of good care while also coming face to face with the care cultures in Japan. It also talks about how these values and morals are embodied and become translated in their care.

In this dissertation, I look at (elder)care cultures, not only as a variety of ways that Japanese provide care for the elderly population, but a totality of the norms, values, practices, systems, and meanings of eldercare in Japan. This also recognizes that Filipino migrants bring in their own care cultures and this results to an encounter of both care cultures in the space of institutional care. The encounter between Filipinos and Japanese giving and receiving care in nursing homes, becomes a meeting of two systems of practices and systems of caring. In such an encounter, both participants bring in learned ways of doing things and such dynamics result to a "complex articulation" (Hayami 2004, 8) of caring that takes both (old and new) systems of practice into consideration.

2. A day in the life of a migrant care worker in Japan

The sun is already up but the cool breeze blew past me as I biked my way to Himawarien. It is 6:05 in the morning on mid-May and the last vestiges of spring are making way for the humid heat of summer in Fukuoka. I am accompanied by Leah, a Filipina EPA care worker candidate in the same facility. We arrived by 06:35 and Leah proceeded to record her time-in in the office. Arriving at the back entrance for the *shokuin* where the genkan is, she told me to change into comfortable rubber shoes, which is to be worn only within the inside premises. I went with her to the *shokuinshitsu* (staff room) and was assigned an empty locker where I can deposit my belongings. Some female shokuin were just arriving and some have changed into working clothes, and they greeted us with "*Ohayou gozaimasu"* as they walked past us towards the *jimusho* (office) where they have to make an entry for their time cards.

We went to the 3F and I was introduced to the staff members of the *juuraigata* (traditional type), where I will begin my volunteer work. At 07:40, all of the elderly residents are already seated in their designated table spots and waiting for the *asagohan* (breakfast). The wheels of the *denkionzouko* (electric food warmer cart) can be heard rolling in, and alerts the arrival of the food. The kaigo shokuin

has already distributed tea cups to each resident, and now begins to distribute the food trays. Today's breakfast consists of *miruku* (milk), *niku dango* (meatballs), *gohan* (cooked rice), and banana. Most of the residents in the 3F have care levels between 3-5, and thus more than half are served with *mikiza* (mixer, blended food). The first to receive the breakfast trays are the more active (*genki*) ones who can eat by themselves, and those needing assistance are given last. After distributing, the care staff member begins to spread out and seating themselves between two residents, who require *shokuji kaijo* (feeding assistance).

At exactly 08:50 the leaders and staff of the 2F and 3F units have assembled in the staff office for the *moushiokuri* (shift endorsement or hand-over), where the *yakin tantou* (night shift in-charge) reports the body conditions and needs of the elderly residents from the past 16 hours, as well as intake and output of fluids, defecation patterns, behavior changes, medication intake. The *dairi* (unit manager) lays out the plan of activities for the rest of the day shift, and notes any new and important updates such as unit activities, upcoming *menkai* (family visits), and in this case, my arrival as volunteer care worker for one month.

Institutional rules play a big role in the ordering and performance of tasks inside the care facility. It provides structure and order in an otherwise busy routine. In Chapter 3, I discussed the difference between the *juuraigata* or traditional ward and the newer *yunitto kea* (unit care) in terms of the customization of care given to individual residents. Table 2 shows the ordering of activities and care tasks in both care units over a period of 24 hours. In a day, ordinarily there are four shifts: *hayaban* (morning shift) from 6 AM to 4 PM; *nikin* (day shift) from 8 AM to 5 PM; *osode* (late shift) from 9 AM to 6 PM; and *yakin* (night shift) from 4:30 PM to 8:30 AM. Some part time care workers work in between shifts, especially to cover morning tasks such as ofuro assistance and lunchtime feeding assistance. Normally, the heaviest tasks are ofuro, diaper changing, and feeding, all of which tend to occur in peaktimes during the morning shift. However, care giving is not as simple as a planned set of tasks, usually needs arise individually and which care workers have to adjust with.

Morning care begins at 7 AM when care workers assist the elderly in waking up and transferring from bed to wheelchair, taking of vital signs, assisting in hygiene and dental care, and preparation for the breakfast. At around 9 AM, baths are given (usually scheduled 3-5 times a week) by care workers, and diaper changes. Lunch is prepared by 11 AM, the food is normally prepared according to the diet prescribed to the residents, and care workers assist preparing the lunch trays and assisting the elderly in eating. In the afternoon, residents are encouraged to stay and mingle in the common living room where tables are set for shared recreational activities. During this time, care workers and residents share in tasks like rolling the hand towels (*oshibori*), arranging linen, and other simple tasks. By 5 PM dinner is prepared. Night care includes assisting the elderly for bed, checking on them and turning them on their beds once or twice to prevent bed sores, and changing of soiled diapers as necessary. At the end of the shift, care workers are required to document the elderly's health status, fluid intake and output, emotional state, any signs of fever and injury, and the activities they performed.

Table 4. Flow of tasks and activities in a care facility

Shift	**Hour**	**Traditional Type**	**Unit Care**
Morning shift begins	06:00-06:30	Care workers wake up the residents	Care workers wake up the residents in their rooms, and assist in morning grooming activities (such as washing the face, putting on dentures, arranging the hair)
	06:31-07:00	Residents are brought to the common dining area	Residents are brought to the common dining area
	07:01-07:30	Care workers prepare the breakfast trays, serve tea, and put the aprons on the residents	Care workers prepare the breakfast trays, serve tea, and put the aprons on the residents
	07:31-08:00	Care workers distribute the oshibori and breakfast trays	Care workers distribute the breakfast trays
Day shift begins	08:01-08:30	Care workers assist the residents in eating breakfast	Care workers assist the residents in eating breakfast
Night shift ends	08:31-09:00	Care workers bring assigned residents to the bathroom Shift leader attends the m*oushiokuri* (endorsements) at 08:50-09:00	Care workers bring assigned residents to the bathroom Shift leader attends the m*oushiokuri* (endorsements) at 08:50-09:00
	09:01-09:30	Residents are bathed	Residents are bathed
	09:31-10:00	Assigned care workers change the diapers of residents	Assigned care workers change the diapers of residents
	10:01-10:30		
	10:30-11:00	Bathed residents are brought back to the dining area	Bathed residents are brought back to their rooms
	11:01-11:30	Care workers prepare lunch trays, distribute the tea, and put on the aprons on the residents	Care workers prepare lunch trays, distribute the tea, and put on the aprons on the residents
	11:31-12:00	Care workers distribute the oshibori	Care workers distribute the oshibori
	12:01-12:30	Care workers assist the residents during lunch	Care workers assist the residents during lunch
	12:31-13:00	After lunch, some residents are brought back to their rooms, while others prefer to stay in the dining room to watch TV	After lunch, some residents are brought back to their rooms, while others prefer to stay in the dining room to watch TV

	13:01-13:30	Care workers change the diapers of residents	Care workers change the diapers of residents
	13:31-14:00	Afternoon nap for some residents	Afternoon nap for some residents
	14:01-14:30	Waking up of residents and preparing for *oyatsu* (snack)	Waking up of residents and preparing for *oyatsu* (snack)
	14:31-15:00	Snack time	Snack time
	15:01-15:30		
	15:31-16:00	Care workers organize recreational activities like group singing, radio taiso (exercise), etc.	Care workers assist residents in individual recreation tasks
	16:01-16:30	Care workers prepare the dinner tray	Care workers prepare the dinner tray
Morning shift ends/ Night shift begins	16:31-17:00	Care workers assist residents during dinner Shift leader attends the *moushiokuri* for night shift	Care workers assist residents during dinner Shift leader attends the *moushiokuri* for night shift
	17:01-17:30	Care workers assist residents in preparing for sleeptime	
	17:31-18:00	Care workers bring the residents back to their rooms	Care workers assist residents in preparing for sleeptime
Day shift ends	18:01-18:30		
	18:31-19:00		
	19:01-19:30	Care workers change the diapers of residents Lights off	Care workers change the diapers of residents Lights off
	19:31-20:00		
	20:01-22:00		
	22:01-00:00		Care workers do the routine night patrolling
	00:01-04:00		Care workers change the diapers
	04:01-06:00		

The very first time my informants arrived in the care facilities, they were mostly surprised to see how "institutional care" is done. In Chapter 4, I provided an overview of the differences in the care cultures in the Philippines and in Japan, where the family plays a more central role in the care of the elderly members in the Philippines. Their reactions were a mix of awe, surprise, and confusion as they try to rethink their earlier ideas of institutional care separate from notions of abandonment, poverty and marginalization. Their new roles as care workers in Japan emphasize supporting the elderly and

maintaining their dignity. The principle of *jiritsu shien*, uphols the autonomy of the client, and care roles mainly includes assisting the care recipients towards the attainment and sustainment of their self-independence according to their level of need and ability. The care level of the elderly residents is categorized by the insurance system, according to their medical conditions and the resulting levels of neediness and assistance an elderly requires. Hence, care workers are expected to facilitate or give support in their activities of daily living (ADLs) in a way that mimics the familiarity of their own homes. Thus, certified care workers (*kaigo fukushishi)* in institutional care provide support in bathing (*nyuuyoku kaijo)*, feeding (*shokuji kaijo*), and toileting (*haisetsu kaijo)*, and other forms of ADLs, such as assistance in transferring and mobility (*hokou kaijo*), hygiene maintenance, and sleeping.

The principle of autonomy in care discussed in the disability theory which views the relations between carer and cared-for as symmetric. In this caring relation, the cared-for has autonomy over what kinds of support or assistance he/she needs. The cared-for is never viewed as inferior or dependent on the carer for his/her needs, and instead overturns the power imbalance in caring relations. On the other hand, care theorists inherently view individuals as dependent on each other, rather, as interdependent beings. In an ethics of care, caring relations are viewed as inherently interdependent, that individuals at any point in their lives would inevitably be dependent on others for something, whether it be material or immaterial needs. The dynamics of these two views on care will be discussed in how Filipinos negotiate care as a result of caring relations and expectations of care as service in the longterm care facilities.

As migrants encounter the care culture in Japan, they are confronted with a care culture different from their own. This difference is seen in the presence of an efficient welfare system, externalized market services for the elderly peoples, and availability of professionalized care. Being confronted with such new and almost foreign arrangements where direct caregiving is taken out of the family and effectively managed forces them to reflect on their own values concerning elderly care and how they address the expectations of their employers as paid carers. In their new roles, Filipino care workers are inducted into new ways of organizing and arranging care activities based on the professional standard of care work in Japan and the facilities' own protocols, they learn new methods for the delivery of care in an institutional setting. For instance, Leah describes how she adjusted her understanding of kaigo only when she started working in the care facility:

> *Leah: Kasi sa Pinas ano lang diba, bahay lang, bahay natin inaalagaan yung matanda. So pagdito ka sa Japan pag hindi ka talaga pumunta sa facility, yung parang hindi ka talaga pumasok, then di mo talaga siya parang ma-e-experience na "Ah, ganito pala". Wala, wala, ka talagang, wala parang kang parang hindi mo talaga ma-i-imagine na may ganun, kahit…*
>
> *Kat: So ibang-iba yung set up?*
>
> *Leah: Ibang-iba, kahit ilang ulit ka pang sabihan na ito yung facility sa Japan, long term care, ito matatanda ganun.*
>
> [Leah: In the Philippines, we only take care of the elderly at home, right? So when we arrive

in Japan and haven't been to any care facility, it is only when we have done it ourselves that we finally understood, "So this is kaigo". We could not imagine how the work is done…

Kat: So the set-up is very different?

Leah: Very different. No matter how many times they tell us this is what long term care in Japan is.]

This difference is predicated on the practice of eldercare in the Philippines which is still a responsibility of the family. A common practice of paid elderly care is the hiring of a caregiver or private duty nurse to provide care to a family member in the employer's house, which has a more customized approach since the carer is focused on only one care recipient. The setting of the home as opposed to institutional setting sets a very different structure and provision of care, which Filipino care workers had to adjust to initially.

Filipino migrants' ideals of care form a part of the norms of care, what Radziwinowiczówna, Rosińka and Kloc-Nowak (2018, 1) as "ethnomorality of care", as composed of "multiple existing ethno-moralities: within and between beliefs, intentions and care arrangements; within and between countries and regions; and in regard to gender, migrant families, and stayers". This concept was applied in their study of transnational care arrangements among Polish migrant care workers in the United Kingdom and their caring roles and responsibilities to their families back home. While this dissertation looks at the other end of the care continuum, on the caring relations between migrant care workers and the elderly residents in the host country, I find that the concept of migrants' "ethnomorality of care" applies as well to how they perceive and practice elderly care in the host country.

An immediate encounter with the care culture in Japan includes their task of preparing the residents' food. My informants share how a simple act of preparing the food trays reflect something characteristically Japanese. For instance, *shousai* (詳細) or detailedness in food practices is a distinct trait that is often observed in the food preparation and observance of seasonality in the enjoyment of meals. Yoshida san, a part-time *shokuin* in Himawarien taught me the proper ways of *moritsuke*, or the presentation and arrangement of food on dishes: *shirumono* (soup) on the right, *gohan* or cooked rice on the left, side dish (usually tsukemono or pickled vegetables) at the back of the soup, and *shusai* (main dish) on the back. The *ohashi* (chopsticks) is placed beside the soup, and *ocha* (tea) is placed on the dominant hand of the resident. A sample of a meal arrangement is shown in Figure 9.

Figure 9. Sample of an arranged meal tray.

Note: The far end of the tray with the chopsticks is the side closest to the person.

This simple arrangement may not hold meaning for a non-Japanese who has not been familiarized with the value and systems of meaning in *moritsuke*, and its performance can be reduced to habit. Outsiders may view it simply as penchant for detailedness. Filipino care workers who embody such practice acquire it because they perceive it as the way the Japanese *normally* arrange their food, and doing so makes their care flow smoothly. Acquisition of this embodied practice results in new meanings for Filipino care workers. Rosemary notes this detailedness as a regard for a practice that places respect and art in food preparation:

> *Kasi, sa Japanese, yung culture nila ng food, isa sa pinakaimportanteng parts of their day. Kumbaga yan ung pinaka-anticipated nila, ay kakain na, ganon di ba? Saka may respeto sila sa food na tinatake nila, so ikaw din mag-iisip ka pano mo ipepresent yung food, yung tawag nila,* moritsuke*, kailangan din yung hindi bara-bara…*
>
> [Because for the Japanese, their culture of eating is one of the most important parts of their day. In a way this is a most anticipated time. They have so much respect for the food they eat, so I also think about how to present the food properly, they call it *moritsuke*, in a way that does not look without care…]

This comment indicates adding a new repertoire in their roles as care workers that encourages them to know and practice moritsuke. In a sense, they imbibe in themselves a *kurashikata* or way of living that is not native to their own, in order to empathize with the elderly residents' way of life. This also includes learning how to use *ohashi* or chopsticks especially when assisting residents to eat. Learning a new skill in order to provide care takes on a new meaning, as opposed to acquiring it for the sake of learning how to use chopsticks. For my informants, acquiring these new sets of skills becomes important to provide a smoother and more harmonious care.

3. Embodiment of care: Practice and meaning-making

I use the concept of tacit knowledge to understand how Filipino care workers use bodily gestures and responses to take cues from the Japanese elderly residents of their conditions and needs. In clinical practice, Benner and Tanner (1987) argue that tacit knowledge becomes embedded to the clinician's practice as she is continuously exposed to a variety of bodily movements, positions, and gestures of patients that articulate a particular emotion or state of being in their illness experiences. They refer to "intuitive knowledge" as presupposing conscious understanding, and reliant on bodily memory.

The practical knowledge derived in care work is one of the important skills that can only be learned by doing. The use of the senses play a huge part in determining the residents' needs and in providing the appropriate care. Most of the time, my informants share with me knowledge about the residents that they could not clearly or adequately convey in words. For instance, they would know that a resident with dementia who shows confused behavior is communicating an urge to urinate, and not hunger or pain. In other times, when a resident uses the nurse call button at a particular time at night, the care worker would know that the resident would like to have the lights on his room turned off.

Touch is an important aspect in care work, and even in one's daily life, where we derive knowledge of the world external to the body through the faculty of our senses. In care work, if not especially, touch is employed and deployed in deriving knowledge from the care recipient, as well as deploying concern and emotions. Touch and skinship foster intimate knowledges of the body. Care workers normally take cues from feeling an elderly resident's skin: dry parched skin could mean dehydration or an exacerbation of a skin problem; scaly skin would need moisturizing; shiny edematous skin could suggest poor blood circulation; redness on bony prominences could suggest an early formation of bed sores; skin hot to the touch is suggestive of fever. These knowledges become almost intuitive that alert care workers to the residents' general health. Often, this kind of intimate knowledge becomes available to the care worker over the course of her contact with the resident, that even family members may not know about.

Basic caring activities such as feeding, toileting, lifting and transferring are common tasks of the care workers. In the performance of such tasks, bodily contact (skinship) and proximity have become an unconscious part of their care. The performance of the seemingly mundane and routine activities of care or what Aulino (2016) calls "rituals of care" actually gives texture to the day-to-day lives of the residents and care workers (Twigg 2000). In care work, skinship serves to foster trust in the care of a stranger, a non-kin, and allows for the smooth and effective provision of care in the longterm. Figure 10 shows an example of bodily proximity when care workers turn the residents in their beds.

Figure 10. A Filipina care worker turning the resident to the lateral side.

Many of the informants in this study refer to instances that demonstrate a certain knowledge about the resident that is not apparent to anyone else, something which they have gleaned in the course of time caring for the same person. For instance, Gloria shares that she knows that a certain resident wants to go to the toilet when he starts to stand up and walk around the hall. In another case, Leah knows that Sakai san has a huge appetite and eats fast, so she paces her feeding slowly so that the elderly resident would not choke on her food. I refer to this as intimate knowledge to highlight the *personal* dimension (Polanyi, 1958; Carper, 1978) of generating information about another, which is usually based on a degree of proximity or closeness to another person, "it is knowledge that is generated in a state of being intentionally directed towards, and attached to something" (Reinders, 2010, 51).

Studies of nursing care have often referred to such phenomenon as "knowing the patient" to describe how nurses make clinical judgments based on their knowledge of a patient's condition (Tanner, Benner, Chesla and Gordon, 1996; Takemura and Kanda, 2003; Reinders, 2010). Often, this process of knowing is based on the development of a certain skill that generates information of a patient based on "intuition" (Benner and Tanner 1987) or clinical knowledge as the "tacit, embodied know-how that allows for the instantaneous recognition of patterns and intuitive responses" (Tanner, Benner, Chesla and Gordon, 1996, 204). Polanyi (1966) first referred to this as "tacit knowledge" which is an embodied way of knowing that is usually inaccessible to another. Despite its implicitness, the value of tacit knowledge in care practices is not to be underestimated. Reinders (2010) argues that while objective and measurable indicators of quality of care is the preferred outcome of standardized care, this usually results from personal knowledge of the patient based on a high quality of personal relations between professional carers and their clients. Likewise, Benner and Tanner (1987) characterizes tacit knowledge as a skill developed among expert carers, implying the accumulation of experience as crucial in the development of such skill. In an activity such as caring, tacit knowledge

provides a ground for understanding in situations where communication is usually impeded, difficult or not possible, such as in the care of babies, persons with disabilities, and elderly people. In the context of intercultural care, Filipino care workers who do not have the language proficiency are able to bridge the communication gap with Japanese elderly residents much through the use of tacit knowledge.

The range of behaviors that residents can have, as well as the unexpected incidents can disrupt the routine inside the facility, thus care workers need to be attentive and alert to such changes. Especially for behavior changes, when residents become difficult, care workers have to manage the behavior through various strategies. In here, care as tinkering (Mol 2010) illustrate how care is often a result of trial and error, approaching the situation in a variety of ways, to see what works and what doesn't. Gloria, who has been working as a care worker for about 10 years shares some of her experiences in handling residents who refuse to be bathed.

> *Kaya kinekelangan ipaliwanag mo– Bago mo yan paliwanagan– Bago mo sabihin kung ano yung mokuteki mo, alamin mo muna yung ano– Yung mood ng matanda.*
>
> *Pag sinabi mo, "Tatte kudasai" diba? "Bakit? Bakit mo ko papatayuin nakaupo ako eh?" Diba? Bigyan mo ako ng reason. Lahat ng tao gusto ng reason diba? De ang gagawin ko niyan kakausapin ko ng "Konnichiha" "Un, konnichiha" "Oboetemasu ka?" "Oboeteruyo" "Un, ne ara, aikawara sa Beppin san desu ne" Kinekelangan mo iparaku yung kimochi. De sasabihin ko, "Anong nangyare diyan sa kamay mo?" "Ke ga shitete." "Ahhh, taihen ne. "Chodo yokatta desuyo. Ima desu ne, sensei ga ne tanomarimasu shitan desuyo, mo kochi ga ne. Sugoku shimasu yo" tte. "Ah, so ne." "Sore de ne, mou ne, hayaku naoru no ni", "ah so shiyo." Ganun na yan. Then, dadalin mo yan sa ofuroba. "Nande koko ni oru, ofuroba?" Nagwawala. "Daijoubu, daijoubu." "Mou ofuro hairan." "Hai, wakarimashita. Hairan naraina, hairana ii. Ya, kigaemashou ka? Seikaku ga ne, tsudoku totte ne" "un, soo une" Mga ganyan. De nakahubad na, "Ah, hayaku, kirei ah, kigaeru mae desu ne, te mo araimashou ka" Ang ano niyan, "Nande?" "Da te, te ne, ke ga suru dake, sawarunara, baikin haitekuru yo." Talagang bit by bit, para wag malito. Oo. Tapos sabi niya, "Sou ka, ya kirei to yo. Ya, na, mienai ga ne." "Mienai to baikin wa." Ipapaliwanag mo yun kasi tulad nga ng bata para makuha mo sila. De arau na yan– De nakahubad pa rin– "Bakit kinekelangan naka-hubad ako?" "Kasi lahat mababasa ang damit mo wala na tayong pang-kigae"*
>
> *Oh, de ayan na. De nakaupo na siya, de hinugasan ko ang kamay. "Ah kimochi ii" "Kimochi ii desu ne" "Chotto ashi mo ne, seikaku ni oru dake, ashi mo araimasho ka?" "Ah, so ne." Madali ng utuin. "Ah, ara, seikaku kochi ga suwatterundake de. Ofuro no ne, soba ni oru dake" "karada mo araimashou ka?" "Un, un"*
>
> *Oh, tapos napaliguan mo na, kinekelangan mo pa rin sa ofuro kausapin. "Dou desu ka? Kimochi desu ka?" "Ah, yokatta, yokatta. Anata ga ni tsurette itte kurete, arigatou." "Ah, yokatta, yokatta. Watashi mo, anshin shitteru, ne, kono ke ga hayaku naoru." Ganun 'day.*

["Leave the person be. You have to explain, but before doing so, you have to know the elderly resident's mood… When you say, "Please stand up." In their mind, "Why? Why do you want me to move?" So first, I will greet them "Good morning", they will reply, "Un, good morning". "Do you remember me?" "Yes, I know you." "Ne, look at that Beppin san" You need to make them feel comfortable, I will say, "What happened to your hand?" "I had an injury." "Ah, that's difficult. Just know, the doctor is here, would you like to see the doctor for your injury? Right this way…" "Ah, is that so." "Yes, you see the doctor can treat it so it can heal quickly." "You're right."

When you finally get the resident to stand, you lead her to the *ofuro* (bath room). You can anticipate that she might react, "Why am I in the *ofuro*?" "It's alright, let us come inside, it is better inside." "May we take your clothes off? "Oh, well…" Once the elderly is ready, "Let us quickly clean this, may I wash your hands?" She might say, "Why?" "Your hands, if you don't wash them, the germs will infect it." You have to explain bit by bit. "Is that so? I cannot see any germs." "You cannot see them because they are very small." You have to explain it as if you would to a child to help them understand.

Once they are seated in the chair, she will say, "Oh, this feels good." "May I also wash your legs? It will feel good too." "Alright." It becomes easier to instruct them what's next…After the bath, you also need to ask them how they feel, "Did you feel better?" "Oh, I feel good. Thank you for taking me with you here." Then I will say, "I am glad. I want you to feel relieved too, I hope your injury will heal quickly."]

Care work requires a great deal of understanding the residents' preferences, and anticipating their needs. It is easy for them to be irritated when one does not know the process, and it takes time. Empathy comes in when the care worker is able to anticipate their pain, their doubts and fears, and address them with a reassurance that he/she knows how they feel and will exercise the necessary caution and care when handling them.

Figure 11. A Filipina care worker giving assistance to a resident going to the toilet.

It is by using the body of the care worker in anticipating how the cared-for's body reacts in certain situations, and being able to adjust their hold and handling of the residents' bodies. In a way, they synchronize together to move as one, and once this is achieved, movement for both becomes smooth and easy. It is by moving the carer's body according to the pace of the cared-for, which is often slow, and this is what they mean when they say that care workers need patience—in slowing down when they need to because they have to. Injury during transfer often occurs when one moves hastily and the cared-for is not ready, or when the carer does not exercise proper body positioning that renders unsynchronized moves.

Gloria: Tapos alam mo ang matatanda kapag naririnig mong tumatawa at napatawa ko, ok lang. Ok lang kasi katulad niyan mahirap sa nikai, mahirap pasunurin mo sila dahil iba na ang kangaekata nila. Ninchishou di ba, dementia na. So pag pinagsama mo sila, mag- tataiso sila. Paano mo ipapagawa sa kanila yung ipapagawa mo?Mahirap. So kinekelangan mo talagang bolahin. Kinekelangan mong sabihin yung ano yung gusto mong iparating.

Kat: In the simplest way possible.

Gloria: Kelangan mong idemo, ipa-intindi. Kinekelangan mong i-demo. Kapag nakikita mong wala ng sumusunod at boring na, yan ang mahirap. Kaya kinekelangan mag-biro ka.

Kat: I see. To get the attention?

Gloria: Oo. Pag ayaw nila yung pinag-gagawa mo–undo-undo. Ayaw nila– Palitan mo ngayon ng kanta. Alternate talagang hahanapin mo yung ano dapat. Pag-ayaw ng kanta nila, hahanap ka ngayon ng kanji at ipapabasa mo para lang makuha mo yung attention nila.

[Gloria: You know whenever I see or hear them laughing, I am glad. Just like in the second floor, most of the residents there have advanced dementia and it is harder to make them follow instructions. So when I bring them together to do the taiso (exercise), how will I make them follow my instructions? It's difficult. So you need to be creative. You need to say the instructions…

Kat: In the simplest way possible.

Gloria: You need to demonstrate it, make it easily understandable. When you see that they have lost attention and they don't follow anymore, that's a challenge. So you need to be a comic.

Kat: I see. To get the attention?

Gloria: Yes. When they are out of focus, and they don't want to do exercise, you have to change the activity. Make them sing. You have to strategize and find what they can and will do. If they don't want to sing, find Kanji flash cards and let them read just to keep their attention.]

Figure 12. A Filipina care worker approaching a resident.

These seemingly mundane and largely physical acts of caring may appear routine, but it is through these little things that care and concern for the elderly residents commonly manifest. It is in the way that simple acts of hair arrangement, a pat on the arm, a squeeze of the hand that care workers can show their co-presence, an acknowledgement of the residents' worlds and responding by simply being there.

One way that many of my Filipino informants characterize adding these "little things" of care in their everyday work is through a show of affection. They refer to it as *lambing* which is seen to be shared among individuals in intimate relations, such as friends and families. It can be compared to a sense of indulgence, or as they say in Japanese, to "*amaeru*":

> *Mayakap! Maano, parang doon siguro naaanshin na, "Ah, warm yung taong ito," kaya yung rapport nung matanda at sa amin parang nabibuild siya na, "*I can trust the kaigo*," ... At first doon sa una kong (*company*) kasi kami yung unang batch, kami yung unang kinuha nila na foreign worker so parang doon din nagadjust kami pareho kasi, ay bawal palang, bawal palang hawakan yung matanda kasi, kung sa kanila according sa kakarichou ko dati parang shitsurei na siya, pero inexplain ko, di pwede kasi ganon kaming mga Pilipino, paano magiging anshin yung mga matatanda.* So it's a way of our communication*. Hanggang sa dahan dahan din… at least nakita din nila kung paano kami magcare.*
>
> [We (Filipino care workers) like to hug! Maybe that is how the residents feel a sense of relief,

by feeling warmth from someone. Maybe that is how the rapport between the residents and us is built, when they feel that they can trust us… We were the first foreign care workers in our former facility. We had to adjust then because we learned that touching the residents is not appropriate. Our floor leader explained that it is rude to do so, but I explained that that is how we are as Filipinos, it is our way of making the residents feel safe. So it is our way of communication. Gradually, I think at least they saw how we care for the residents.]

The notion of *lambing* could perhaps be compared with the Japanese notion of *amae* or indulgence, which as Takeo Doi defines as the ability to "depend and presume upon another's love" (Doi 1962 in Doi 2005). In Japan, *amae* relations are commonly seen in a child to his/her mother, elderly individuals may find it inappropriate to exhibit such need to be cared-for; however, as is often observed in the context and organisation of activities in residential homes, individual attention reflects a privilege and residents who exhibit *amae* do so to gather the care workers' attention. Japanese care facilities advise against amae as a reflection of unprofessional behavior among care workers, expecting care workers to demonstrate impartiality. Rea's narrative above insists on her use of lambing after her behavior was reprimanded. She referred to the discourse of "cultural difference" to rationalize her behavior as a commonly accepted practice of caring in the Philippines, "that that is how we are as Filipinos". This resulted to a tension in an encounter of care cultures, where norms are superseded by professional standards reflecting the dominance of one over the other.

However, to some Filipino care workers, ethnic differences gradually became lost in the way that they perceive practices of care:

Cielo: Nonverbal, mahalaga yun sa dementia, feeling ko yung nonverbal communication na iyon.

Kat: Sa inyo, paano kayo nag-adjust na given na ang kultura ninyo ay di matouch? Did you feel na di ka rin masyado na, nasasarawanai ka na or…

Cielo: Parang di ko na, or nung bago, parang wala akong pakialam kasi iba yung culture ko…Parang di ko na iyon kininaru.

[Cielo: I think nonverbal (communication) is important for dementia (treatment).

Kat: How do you adjust given that Filipinos are culturally touchy? Did you feel conscious of that?

Cielo: I didn't think too much of it because my culture is different… I didn't think of it as an issue.]

In this conversation, I brought up the norm of social touching among Filipinos as mentioned by Rea. The difference in the responses of Rea and Cielo reflect their sense of ease and confidence in providing what they deem as "appropriate care". In Rea's case, her disposition of "touchiness" was called out as unprofessional behavior, which she later equated as a "cultural difference"; while in

Cielo's case there was no such encounter where her being "touchy" was highlighted as an issue. Such encounters reflect areas of tension between practices in care cultures in the Philippines and in Japan.

4. Embodiment and empathy

The body figures as a constant presence in the act of caring. Since caring involves doing and acting on bodies, it is only natural that carers associate a seemingly natural extension of their bodies to what they do for others, to those they care for. This is beautifully exemplified by Grace, a Filipina care worker, who describes this experience as, " I let my hands be their hands".

> *…Kasi gusto kong makatulong, gusto kong tulungan yung mga matatandang di na nila kayang gawin yung mga ganito, yung mga di na nila kaya. Gusto kong ibigay sa kanila, gusto kong itulong. Gusto ko yung mga kamay nilang di na nila magalaw ibibigay ko yung dalawa kong kamay…*
>
> [Because I want to be of help. I want to help the elderly people who can no longer do what they were used to doing by themselves. I want to give to them, to help them. I want my hands to be their hands, I will give both of my hands…]

This is how empathy and embodiment in caring acts together to produce the moral commitment of caring among care workers, a realization of the value of their work, and what it is able to produce—the personhood of the ones they care for. And yet, this does not negate the autonomy and dignity of the other individual, instead, it enhances it for it gives it the ability to achieve acts of autonomy by allowing their bodies to become instruments of autonomy. This is also expressed by Gloria, who has been working as a care worker for 9 years.

> *Nakapahirap ng trabaho. Alam mo ba kung ano? Iyan. Etong caregiver. Bakit kamo? Alagaan mo yung ano eh buhay ng tao. Ang kimochi ng tao. Kaya nakakalungkot din na may ibang matanda hindi makagalaw ng kamay so kina-kailangan mo i-assure yun sa kanila na "Sige, kapag hindi mo nagalaw kamay mo, ako ang magiging kamay mo." O "Kapag hindi na kaya ng mata mo, ako ang magiging mata mo." Mga ganun. Minsan OA na salita sa iyo, pero pagdating sa matanda na hindi nila madalas naririnig lalo na mula sa pamilya nila tas mariringig mo sa ibang tao.*
>
> [Caregiving job is very difficult, do you know why? You are in charge of a person's…life. One's kimochi. I feel saddened when some elderly residents could no longer move their hands, you have to assure them that, "When you cannot move your hands, I will be your hands", or "When you can no longer see, I will be your eyes". Stuff like that. Sometimes, it sounds an exaggeration, but the elderly people, they may not often hear these words even from their families, but they can hear it from others."]

Not only does it extend to one body part, but the rest of the body that cares and provides for the needs of the cared-for. Sometimes it requires the hands, the feet, sometimes the eyes or the nose. The sharing of these faculties from the carer to the cared-for inevitably relies on trust, and with this, intimacy naturally ensues.

Most of my informants view their work as extending life and bringing meaning into the lives of their elderly residents. Of course, they say this while on the one hand, knowing that the other part of caring entails dealing with the difficult and dirty aspects of bodily processes. But the images and perhaps, meaning they attach to care work is equated with something that cannot be valued by monetary means. Fine (2005, 251) explains that,

> "For care to be more than mere tending it must also involve deep respect for the personal integrity of both caregivers and recipients. The expression of concern and the development of personal trust emerge as cultural values that shape and extend care beyond a simple physical relationship."

The care workers commonly alternate the use of "I think" and "I feel" when describing their experiences of caring. The interplay of bodily and affective energies in caring creates a united experience that does not distinguish between "being" and "doing". Tarlow (in Gordon, Benner, & Noddings 1996) explains that care workers typically "responded to caring interactions on both a cognitive and emotional level and synthesized these impressions into a single qualitative phenomenon that meant caring" (71).

5. Normative care "ideals"

It is common to hear my informants refer to the discourse of fictive kin when describing their relations with the Japanese elderly residents. Filipino care workers typically characterize their relations with the residents as *yasashii* (easy and gentle), seemingly devoid of unequal power relations that typically characterize care worker-employer relations. This is similar with Wu's (2004) finding that "Japanese elderly residents have a severe sense of indebtedness rather than entitlement towards state support and unrelated home staff" (in Coulmas 2007, 66). As Coulmas (2007) argues, this particular care arrangement where the state takes on the care of elderly residents seem to have greatly changed the norm of filial piety and increased the reliance on extra-familial support systems.

The changing norms of elderly care in Japan where the family is seeing lesser direct caregiving roles is the opposite in the Philippines. As I have mentioned in Chapter 4, family members especially the women continue to play a key role in the care of elderly members. Among the Filipino care workers I have talked with, filial obligations continue to dominate their perceived role despite their spatio-temporal distancing from their families.

Kat: *Saan mo hinuhugot ate yung care na binibigay mo sa kanila?*

Gloria: *Sa lola ko siguro. Maaga pa lang kasi nakapag-alaga na ako sa matanda, 13 years old, yung sa lola ko. Yung lola ko kasi na yun nagkakasakit, sa ilalim ng hagdan pinapatulog. Bilang apo, nasasaktan ako dun. Tapos inaway ko nanay ko, ibang kapatid niya, bat niya ginagawa yung ganun. Eh yung lola ko nagsasalita sakin na, "Ayaw na nila sakin, tinatapon na ako." Nasasaktan ako dun kaya paggaling ko ng school umuuwi ako at may baon akong mamon, papakainin ko siya. Ganyan tapos pinapaliguan ko siya.*

[Kat: The care that you give, where do you draw it from?

Gloria: From my grandmother. At an early age I have taken care of her, at 13 years old. That grandmother of mine had an illness and she would sleep under the stairs. As a grandchild, I felt so bad about it. One time I had a fight with my mom and her sisters, I asked them why they do that to her. My grandmother once told me, "I am useless, they have abandoned me." I felt so bad, everytime I come home from school I bring mamon (a kind of muffin) and I will give it to her. Then, I give her baths too.]

This reference to familial care is in fact a continuing norm in the Philippines. Giving care as if a family dominates most of my discussions with my informants, where filial obligation seems to have a strong influence in their sense of "good care" even in their roles as professional care providers. In the beginning of this chapter, I mentioned that the Filipino care workers' norms and ideals of care are confronted with the care culture in Japan that forces them to renegotiate their own values with those of their host societies. In these encounters, their responses vary depending on the extent that they find whichever values to be more appropriate or useful in their case. Their responses either reinforce the ideals they had or open up to accommodate other forms of care culture. For instance, Julieta's response is the former as shown through this statement:

Mas affectionate talaga, mas passionate talaga, 'di ba. Kasi ano tayo eh, family-oriented…
[Really more affectionate, really more passionate, right? Because we are, family oriented…]

The norm that care is given by the family has been reinforced in Julieta's experience. This also resonates with Lisa's statement of what it means for her to care like a family member:

Lisa: …Sometimes they don't know, you know, "Am I your daughter?" they don't know that, but sometimes, they feel it. They feel it, that you are family. Even if they don't know your name. When they see you, their feeling become you know, even if they get angry, when they see you, they will happy, they will smile. Like that. But sometime, they really don't know even if you are "anata ha, dare ya?" [chuckling] They will ask the, uh, the careworker, "Who is that?"

Interviewer (I): So they begin to *feel* you as family?

Lisa: Yes. Yes because everyday we *take care* of them. Maybe sometimes, they will say, "Who are you?", like that. But they *see* us everyday. That's why we are family. Like that. They will *feel* it. And some of them don't have family anymore. Or maybe family are in Tokyo so they visit very seldom.

In here, her reference to the family as failing to meet the expected roles and responsibilities in taking care of the elderly member reflects a turn towards the normative definition of care. In a similar vein, studies of care workers in the US (Rodriquez, 2011; Stacey, 2011) which have found that care workers often evaluate the warmth in their care as a means to establish "dignity" in a job that is otherwise dirty, difficult and demeaning. On the contrary, Twigg (2000) cautions that this could also be a form

of their own valorisation of their work, where it does not receive as much economic valuation and prestige in the public realm. However, Filipino care workers referring to their care of the elderly as caring for a family clearly shows how paid carers aspire towards the ideals of natural caring (Noddings 1994).

6. The stresses of care work

When the author asked Filipino care workers about their most common problem or challenge in care work, they all responded, *mabigat sa katawan* ("physically demanding"). Most of them have experienced recurring pains in their back due to the physical demands of the work, such as lifting and transferring of the residents, turning them in their beds every night, giving them *ofuro* or bath, all of which require a considerable amount of strength, energy, and proper body posture. These forms of physical manipulations of the body highlight the dimension of care work as body work (Twigg 2000).

Rea: *Parang iyon yung, pinakadesisyon ng isang kaigo siguro, kasi* physically *ano siya ba,* draining *nakakapagod kasi,* more on lifting...

Cielo: Long term*? Di siguro?*

Rea: *Oo sa koshi ko talaga, ano talaga dadating yung* time *na parang mananakit yung dito mo, yung likod mo mararamdaman mo parang* plywood *na sa tigas, yung ganon.*

Cielo: *Di ko masabi, siguro* emotionally rewarding *yung* work *ko as a kaigo, kasi ako masaya na ako sa naappreciate nung tao yung ginagawa ko na "*Thank you*," simpleng* thank you*, masaya na ako. Ay yun naappreciate ako,* thank you very much *pero yung karada mo ba, yung* physically *ano mo ba, ang hirap no? Kapag sa kaigo ka, hindi lang pagod ng katawan yung ano mo eh, pati* emotionally *pagod ka sa dami mong dini-deal na pasyente. Di ko alam sa ibang* facility *ha, pero sa ngayon sa amin.*

Rea: *Yung* stressful... Emotionally*,* physically stressful *siya.*

[Rea: Maybe that's a critical point for care workers, since it is physically draining, more on lifting…

Cielo: Long term? Maybe not.

Rea: My lower back hurts. There will come a time when some body part will be in pain, you will feel your back is as hard as a plywood.

Cielo: I cannot say (how long), care work is emotionally rewarding. I feel happy when the residents appreciate my care even with a simple "Thank you". I appreciate those moments, but when your body becomes physically burdened…in care work, it is not only the body but the emotions as well, since you handle and deal with many patients. I don't know how it is elsewhere, but in our facility, such is the case.

Rea: Stressful. Emotionally, physically.]

Here, the two care workers reflect on the overall stresses posed by care work. On the one hand, the physical stresses are the obvious and most immediately felt, but the psychological and emotional burdens also add on the stresses of giving care.

7. Care, dirt, and "unbounded" bodies

Encounters with dirt evokes care workers' sense of hygiene. Care work, as any medical profession, has medicalized the body and its functions, allowing health professionals, especially care workers to treat bodily wastes as organic substances that need to be sanitized. Medical professions, such as nursing have claimed jurisdiction over dirt (McMurray 2012) by creating a body of knowledge and systematizing ways to put it "in place". Barriers such as gloves, aprons, and sheaths are used to protect the care workers and provide a cover for the elderly's nakedness in the process of cleaning and washing the body. Even in care work, the ordering of the environment is seen as a standard of proper care of the elderly residents.

Care workers encounter the aging body and its processes as it becomes increasingly unbound by illness, weakening muscles, incontinence and loss of control (Lawton 1998) which are sources of embarrassment for the elderly individual. Especially in the western view of the autonomous individual, such loss of control is embodied as a loss of autonomy and personhood. Care workers engage in intimate knowledge and access of the elderly's personhood by helping them maintain their boundedness: keeping them clean and free from leaking. An embodied response to counter the embarrassment of the elderly residents is to imbibe an openness that eliminates or attenuates disgust, as Gloria shares:

> *…Sabi ko kasi parepareho lang naman tayo, iisa lang naman ang kulay ng dumi natin, iisa lang ang dumi natin. "So kung ayaw mo to" – Kasi ako ano ko sa mga kapwa Pilipina, kung walang yang dumi ng matanda na yan, tandaan niyo wala tayong sahod… Oo. Kaya ano yan ginto sa akin yan… Pero masasanay ka rin sa amoy.*
>
> ["I told them we are all similar, our feces are of the same color, it is the same. If you don't like the job (because I am straightforward with fellow Filipinas), if those residents can poop by themselves, remember we won't have jobs… That's why for me, that's gold… But of course you will get used to the smell."]

Figure 13. A Filipina care worker changing the diaper of a female resident.

Dealing with bodies needing care usually exposes care workers to unpleasant and oftentimes culturally taboo aspects of the body, bodily wastes such as sweat, urine, feces, bacteria, germs, or what Mary Douglas refers to as "matters out of place". The association of dirt in occupations such as care work also invokes a social stigma that signifies a sense of servility. As McMurray (2012, 132) argues, nursing and related occupations "is dirty work not just because it is physically, socially, and at times morally distressing, but because it is imposed work which is avoided by others". Nursing and care work's unappealing association with cleaning the "unwanted" dirt of others reflects a social class hierarchy where such occupations are likely to be done by people at the lowest stratification. Gloria's response above responds to this perceived hierarchy by pointing out that all human beings share in the same experience of defecation, regardless of race or social class. She counters such hierarchy by rationalizing that cleaning others' dirt serves a pragmatic purpose, and without this dirt, she would be jobless.

Figure 14. A Filipina care worker assisting a resident in the toilet.

Other forms of resistance to the dirty image of care work is to imbibe the social value of their jobs. The aging process reveals the unbounding of the body that mirrors Douglas' matters out of place. Thus, care workers are presented with the task of keeping and maintaining the unbounded bodies of elderly residents in place.

8. Summary

At the beginning of this chapter I raised the question, when does paid care become actually caring? Care workers perform a careful balance between the efficiency of care and attending to the individual needs of elderly residents.

Care relations defined by the economic contract takes time to build, as their narratives revealed, at the beginning they approach the care as fulfilling a need. Frequent close encounters while performing the tasks allow them to establish intimate caring relations, and builds the emotional involvement and moral commitment in care. I argue that these frequent bodily encounters allow care workers to develop intimate knowledge of the residents they care for. The embodiment of care also brings forth the ability of these care workers to empathize with the elderly residents whom they care for on a daily and longterm basis. These everyday seemingly mundane practices that care workers do for and with the elderly residents are actually what gives meaning to their care giving. This echoes what Kleinman (2013, 4) found in his own experience of caring for his wife who had an early-onset of Alzheimer's disease: "It was mundane practices that created and sustained meaning, not the other way around".

Since caring involves doing and acting on bodies, carers associate a seemingly natural extension of their bodies to what they do for others, to those they care for. Embodiment induces empathy in caring and acts together to produce the moral commitment of caring among care workers. And yet, this does not negate the autonomy and dignity of the other individual, instead, it enhances it by allowing their bodies to become instruments of autonomy. Not only does it extend to one body part, but the rest of the body that cares and provides for the needs of the cared for. Sometimes it requires the hands, the feet, sometimes the eyes or the nose. The sharing of these faculties from the carer to the cared for inevitably relies on trust, and with this, intimacy naturally ensues. In care work, bodies perform work on bodies, and in the context of caring relations one is inevitably dependent on the care of the other, which brings the former in a position of vulnerability and dependence towards the latter. Between the Japanese elderly residents and Filipino care workers, cultural and racial differences have the potential to be undone as both share in a mingling and extension of bodies.

Through longterm care work, the embodiment of caregiving fosters the affective ties and empathy in the care of Japanese elderly residents by Filipino care workers. As my informants' narratives show, physical touch extends into the emotional and psychological. To care means to *know* the person: her temperament, preferences, capacities, limitations, behaviors, fears and worries. In the course of time, bodily encounters in care transform into caring relations which positions paid care workers in unique social relations where they are not family but intimate enough to realize an obligation to care for strangers.

Chapter 8: The Morality of Care: Ethics and "Reciprocity" in Paid Care

1. Introduction

In the previous chapter, I talked about how care tasks are organized inside a care facility and the bodily comportments that these tasks require of care workers. We have seen how care relations are established and reinforced by the nature, proximity, and frequency of the direct bodily care given by care workers to the residents, and how intimacy is established in the course of the relations. A mutuality in caring relations becomes emphasized in this chapter as we look at the context of care. This chapter discusses how Filipino care workers rework empathy in providing the emotional and social care for strangers, that is, distant others who originally have no relational ties with them.

In here, I also bring out how the Filipino care workers negotiate their normative ideals of care with managed care in an institutional setting. It looks at how caring ideals, professionalism, and the rationality of care shape their care labors while negotiating this within an economic relationship and the constructed space of the care facility as "home". It unravels the alignments and conflicts between embodied and relational care, and managed care. The lived experience of caring that centers on the carer's experience illuminates how carers view themselves across a variety of roles they play within the caring relations.

Care workers are constantly confronted with suffering, in the form of illness, depression and dislocation from family and loved ones, that makes caregiving value-laden and an act of morality. This calls for an understanding of personhood or selfhood of the individuals giving and receiving care. Often, studies of care workers have pointed out certain aspects of caregiving that are an affront to their autonomy and personhood. Care workers who draw on the discourse of fictive kin in the way they relate themselves to their care recipients have been regarded as a form of establishing dignity in an otherwise low-paid occupation (Stacey 2005; Rodriquez 2011). It has been argued that caregivers' emotions become commodified in the economic sphere, and yet my informants seem to tell a different story. In Chapter 7, Grace willingly offers her hands and eyes to the elderly residents so that through her, they can live a fulfilled life where their basic needs are met and their days enjoyed. Such notions of caregiving open up new possibilities for understanding carers' selfhood that goes beyond the perceived exploitation. In this chapter, I argue that paid care allows for the exercise of care workers' morality that results in a meaningful exchange of lives with the elderly residents. I look at empathy and reciprocity in understanding how individual morals and values are negotiated in the act of paid care. Kleinman (2013, 4) argues that "illness and caregiving as a moral experience turned on processes of reciprocal exchange", where in the course of the caring relation, caregiver and care receiver "reciprocated affirmation, acknowledgment, emotion and presence (i.e. meanings) as much as they exchanged information".

2. Externalizing, commodifying, and professionalizing care

Central to this chapter's discussion is the concept of care work as paid service. The paid nature of care work here sets the expectations of the relationship of the care provider and care recipient as

dictated by the limitations of professional boundaries in terms of the extent of care that can be provided. The caring encounters described in this chapter essentially correspond to how care is provided in the public realm. The "hostile worlds" perspective views care in the public and private worlds as separate and non-mutual, even contradicting. When care is commodified, these separate worlds of the public and the private refers to the market and the family, respectively. This dichotomy presents "ideal" care as traditionally provided by and in the family, which suggests that care outside of it tends to be less genuine. Yet, Zelizer forcefully argues that intimacy ensuing from relations such as paid care work, often mingle with economic relations to the extent that it can be dependent on and organized by it (Zelizer 2005, 306).

Care work is one of the "commodity frontiers" (Hochschild 2003) that challenges the role and significance of the family as the site of comfort, security, and social reproduction. Her conceptualization of commodity frontier, looking at the market on one side and the family on the other, highlights the transformation of care once it moves from the ideal world of the family to the market. While the family is seen as the "ideal" care provider, the other side of this is the burden of care towards the family members, mostly to the women. Historically, the emancipation of women from their domestic responsibilities, including various forms of care tasks, has been a step toward progress: women are aspiring towards more equality with men in terms of their social standing and roles. In a sense, the externalization of care through the market has contributed to the liberation of women from certain domestic roles.

Most studies of paid care talk about how organizational structures and cost sharing shape (Weicht 2015; Stacey 2011; Wu 2004; Meyer 2000) the lives and experiences of care workers. Stone (2000) identifies three conditions of public care that makes it different from private care: involvement of non-family members (such as care organizations, employers, insurance companies) besides the carer and care receiver, these external actors have no pre-existing intimate relations with the care recipient of any kind, and they hold a sense of authority over the caregiving relationship. This is especially important to discuss since, as the following discussions will show, the looming presence of these external actors to the caring relations shape the provision of care in the public sphere.

Externalizing care has led to its professionalization, and is seen as a more "authoritative" and appropriate kind of care for the care recipient. The standardization of care has allowed care to be measured and be conducted around a set of guidelines or rules to ensure its objectivity. In such a process, the focus is not only on the care recipient's satisfaction, but also on the fulfilment of parameters that dictate whether the care received is within the regulated standards. The shift of focus from the person to the caring process risks to dehumanize the person receiving care.

The professional care as the "authority" also exerts unequal power relations between those giving care and those receiving it. This power imbalance in caring relations has been discussed in terms of dependency relations, where carers' ability to withhold care to those needing it, in effect provides a sense of control over the care recipients who would be "helpless" without it. However, this inequality has been addressed by viewing the care relations as one of autonomy, and care is seen as support or assistance. The care recipient becomes the locus of choice and decision making in the structure and arrangements, as well as the delivery of care services that they need, while the care giver provides

the identified care assistance.

The institution of boundaries has enshrined the limits of what a professional can or cannot do in the performance of care. It also creates the image of professional care as respectable and dignified. Such boundaries are legitimized by following professional dictum and by instituting rules in the care setting. Care tasks are not only organized according to set schedules, but these schedules are founded on institutional rules that in principle, bring order and rationality to the costs of care.

3. Care facilities as a construction of "home"

Residential elderly facilities as spaces of care is a constructed and negotiated space where care, as an intimate activity that originally is provided in the familial private sphere is transferred to the public sphere. In treating the home as a space of care, Twigg (2000) explains that there are two levels of spatial oppositions when it comes to public and private care that express social relations in daily life: (1) that of space in public (as external to the home) and private (home), and (2) the public and private space within the home.

In Japan, different types of care facilities and services are available for elderly people needing various levels of care. The image of the *yoro-in*, or the institutional homes for the abandoned poor elderly during the pre-war times informs the "dark image of welfare institutions" (11) in Japan, perpetuated by the connotation of the legend of *obasuteyama*. However in recent years, the discourse of institutionalisation (*nyuusho*) has been gradually changing into a concept of *nyuukyou,* which denotes moving into a new home. Private welfare companies have transformed these earlier images of institutional homes to one of warm, accommodating space where elderly people can lead peaceful and dignified lives in their old age. This has been greatly affected by the transition to the Long Term Care Insurance system, which transformed the power of the elderly individual to make independent decisions about the structure, provision, and setting of his care depending on his needs. In 2015, around 3.82 million of the elderly population have acquired in-home care services, and 0.9 million stay in longterm care facilities (MHLW 2016).

Wu (2004) found that among the Japanese residents she lived with in the two care facilities in Tokyo in the late 1990s, most of them prefer to enter the institution as a "last resort", when their needs for care have surpassed the ability to be managed by them and their families and their conditions have significantly worsened such that their quality of life has already been compromised. This aligns with the social insurance policy that only allows those with care level 3 and above as eligible for entry to care facilities. This reflects the view of institutional care as palliative—that which extends the (remaining) lives of the residents, since most of them have reached a point in life where they cannot get any better. Care in the Japanese care facilities are characterized by an emphasis on Japanese traditions and culture (Wu 2004, 187) which evoke a sense of continuity in the lives of the residents, meaning that ageing is having the inability to accept change, as if old people have been trapped in a particular era where most of their active younger lives were spent.

The creation of pockets of intimate spaces in residential care facilities where the usual private acts of bathing, sleeping, and toileting are shaped and constructed according to the structure of the care facility. More importantly, care facilities have organized the rooms of residents in a way that they can

choose between having their own rooms, or shared with others. In this sense, acquiring a physical sense of privacy can be "bought". However, a social sense of privacy means having the freedom to organize one's life as one wishes, and this is where it becomes problematic in the case of residential care facilities. We have seen in the previous chapter how institutional life is organized in specific activities that ensure that each resident receives the standard care, but how much of this can the resident actually decide to do or not? Moreover, as institutions shape the caring relations inside a care facility, there is an inherent power relations between the institution, the carer, and the care recipient. In Japan, while clients are regarded as having autonomy in the conduct of their daily lives, in principle, the limits of what they can or cannot do especially if these could potentially be harmful to themselves and to others, are still dictated by the institution's mandates and rules. For instance, when an elderly refuses to eat care workers cannot let them starve on the grounds that it was the client's decision. Care workers are guided by an ethic of care to do no harm, but if they do not encourage or find alternative ways to increase the client's appetite and help them eat, they are in essence neglecting to do good.

4. Organizing and structuring care in a care facility

The standards of care in a care facility are prescribed among the care workers. The expectation of care workers depends on the kind of unit they are assigned in. For instance, the workload in a traditional type (*juuraigata*) compared to a unit type is more general and caters to a larger number of elderly residents. While in principle, it is uniform across all care facilities, the actual practice depends on each facility. These include the routine of activities done consistently on a daily basis, such as the time of waking up the residents, delivery and distribution of meal trays, bringing residents to the ofuro, changing of diapers, oyatsu, and meal times. Delay in one could result to a significant shifting of tasks, which can affect all the rest of the residents and impede the delivery of their usual care routine. While there are occasional delays due to unexpected circumstances, the pairing of care staff usually allows one to take over the tasks of another, thus allowing the usual flow of tasks to continue with minimal interruption.

As much as care facilities are physical and social constructs, who shares this space also constructs the relationships that are formed within it. Hierarchies of organization and power through the management and care worker staff are continuously built around the rules created within and by the institutional home. These "rules" inform how relationships are built. Vertical relations organized around hierarchical positions exercise the use of authority and power over those in an inferior position. Meanwhile, the horizontal relations such as those with co-workers and residents are not always equal especially when race and ethnicity comes into the picture.

The elderly residents are also a product of socio-political construction of "care recipients" and "those needing care" in the distribution of support according to the policies of Japan's long-term care insurance. Elderly care recipients are categorized according to *youkaigo* (要介護 or care level) they require based on the severity of their physical and medical conditions.[56] The insurance payment which

[56] There are 7 care levels. In 2006, a revision in the assessment instrument divides those who are categorized under "care level 1 as either support level 1 or 2, or care level 1 depending on their cognitive function and activity level" (Kurube in Campbell et al 2014, 167).

covers the expenses of their care is also dependent on their care levels, and thus guides "how much" care a resident ought to receive. Table 3 refers to the monthly payments depending on the care level of the elderly residents.

Table 5. Level of care and cost limits per month (2013)

Care level	Physical and cognitive function	Monthly amount (JPY)
Support level 1	Needs social support and partial assistance with ADLs but may maintain or improve functions	49,700
Support level 2	Ability to manage daily life is a little worse than in elderly people who need support level 1. Needs social support and partial assistance with ADLs.	104,000
Care level 1	Unstable when standing up from a sitting position or when walking. Needs partial assistance with toileting or bathing	165,800
Care level 2	Difficulty standing from a sitting position or with walking. Needs partial assistance with toileting or bathing.	194,800
Care level 3	Cannot stand from a sitting position or cannot walk. Needs full assistance with toileting or bathing.	267,500
Care level 4	Extensive reduction of ADLs. Needs full assistance with almost all daily activities.	306,000
Care level 5	Needs full assistance with all daily activities. Has difficulty communicating.	358,300

Source: Kurube in Campbell et al 2014, 166

This also sets the expectations of care work from care workers in exacting the level of care, time and attention they are required to give to each resident. Their salary is dictated not by the market but by the regulated level of the government through the payments made to the facilities according to the residents' care levels. Thus, care workers are expected to provide more care, time, and attention to elderly residents under care levels 3 to 5, which constitute most of the residents in a *tokuyo*.

To what extent does professional and standardized care work effectively in the daily encounters between carers and care recipients? Given the constraints of cost-cutting and structural organization of care, this chapter analyzes their own accounts of how they acted upon these constraints and managed their caring relations with the elderly residents. As both the care worker and elderly resident manage their lives inside the facility, their caring relations become a source of haven and security against a highly organized and controlled system of the care facility. As the ones being in charge of

the direct care of the residents, the care workers act as buffers against the changes brought about by cost-cutting and other efficiency measures that influence the quality of care that can be provided. The care workers strategize by emphasizing the humanity in their care by providing more time and attention, working around the rules and establishing relations beyond the usual professional boundaries. The discussions here reflect largely the conflicts of professionalism, of organized care, and their own understandings of ideal care, emphasizing how their relationships with the elderly residents actually serve as legitimacy of their effective care given the bleak reality of aged care in the facility.

As the care levels of each resident differs (from care level 1 to 5), the bulk of care also depends. Care levels are unique to Japanese classification of degrees of care needs, usually to estimate the cost of care of the resident to be paid for by the welfare insurance (Kurube 2014). In practice, care workers deduce the actual care levels of the residents based on their daily interactions. Generally, bedridden (*netakiri*) residents who have the highest care level have to be turned in their beds more often than those who are mobile, but they are also less able to make demands from the care worker's time and attention, and thus may actually have lower care time. On the other hand, those who can verbalize their needs and demands may seek and require more attention, as they are able to move on their own and the risk of injury may increase with this, care workers need to devote more attention looking after them even if their actual care levels are low.

5. Multiplicities of care relations in the context of care work

Earlier studies of care work view the shift of care from the private sphere (i.e. family) to the public sphere as a dichotomy of good VS bad care. Stone (2000, 89) characterizes the care in paid care as being "increasingly separated from the *personal relationships* in which it *naturally* arises and is performed instead in a system of managed and waged labor" (italics mine). This definition poses several problems: one, care is seen as a natural occurrence or product of personal relationships, implying the idea that for care to be care, it does not have to be paid; second, that the care that arises in a paid context is less than caring as it is "performed in a system of managed labor". In her discussion of the challenges to the ideals home health aides experience in paid care, Stone (2000, 91) identified six tensions commonly occurring between care workers' notions of private care and public care: talk VS task, love VS detachment, specialness VS fairness, patience VS schedules, family relations VS work relations, and relationships VS rules. These dichotomies characterize dimensions of care that occur exclusively in unpaid/paid care arrangements.

However, as I have seen in the experience of my informants, different forms of caring relations are possible to arise out of care work. Among these findings is that Filipino care workers recognize the context of their relations as a result of socio-economic arrangements, but characterize their care as "like a family".

5.1. Dislocation and co-presence

In the performance of certain tasks, many of my informants shared how they find time talking with the residents as a fulfilling time, especially those in between tasks being able to share a chit-chat with them.

*Siguro communication. Talagang… I love talking. Kahit na, kunwari tapos na ko sa ginagawa ko… sabi ko nga kasi habang… habang nagda-diaper change ako, I make it a point na makakausap kita. Kung pinapaliguan kita, habang kinukuskos ko'yung katawan mo, I make it a point na may sasabihin ako… makakausap kita. Hindi lang 'yung, "bubuhusan ko 'yung ulo mo ha… Sha-*shampoo-*han kita…" Bukod dun, talagang ah… Chini-chika ko talaga sila… Oo. Kasi alam mo,* they're lonely. Imagine-*in mo…* That's why *talagang kahit simple talaga na Nihongo,* simple talk, little time, very appreciated because they are lonely.

[I really love talking. Even if I am done with the shift. When I change their diapers, I make it a point to talk with them. If I am giving them a bath, as I scrub their back, I make it a point to say something, just to talk to them. Not just telling them what I am about to do, "I will now wash your hair, I will put the shampoo…" Aside from that, I really chat with them. You know, because they're lonely. Just imagine… That's why even if it's a simple talk in simple Nihonggo, a little time, it is very appreciated because they are lonely.

The perception of loneliness and abandonment among residents are shared by many of the informants. This is a surprising finding despite not hearing residents talk about their personal lives in this manner. However, the idea of institutionalization and being isolated from the family for Filipinos reflects a sense of dislocation. As elderly care arrangements in the Philippines is mainly co-residence with the family, institutionalization of the elderly people triggers sensitivities towards not fulfilling the filial obligations. The image of the abandoned elderly permeates and is associated with institutionalization in the Philippines, as Julieta expressed in her view that the elderly residents are "lonely". She sees her role as a care worker to fill her perceived void in the residents' lives, which results from their "dislocation" from the family.

This perceived dislocation is also expressed by Rosemary:

…Iisipin mo rin yung lifestyle inside sa home care, parang maiisip mo rin na macocompare mo sa mga OFW na nabubuhay sila pero hindi nila kasama yung family nila. So pano mo tatanggalin sa isip nila yung boring, parang routinary na lang din yung buhay namin dito sa loob…

(When you think of their lifestyle inside the home care, you will also realize that it is similar to OFWs, who like them live without their families. So, how can I make them feel that life inside the care home is not boring, and not routine?")

She creatively characterized this sense of dislocation from the family as something she herself relates to as a migrant. She perceives a shared sense of dislocation with the institutionalized elderly residents, as both experience a separation from their families. This is interesting as it points to my informants' view of co-residence as an ideal of the family. However, the tension between their ideal and the reality in their experience of transnational family-making represents how migrants respond to the changing norms of the family in a globalized world. Even if the Japanese residents may not have an experience of being a migrant, the experience of separation from the family gives a sense of shared experience of dislocation, which for Filipino migrants relates to their own personal experiences of being away from their families because of their migration.

5.2. Individual care

A commonly occurring dilemma voiced out by many of my informants is the arising perception of unfulfilled needs of the residents because of having no choice but to adhere to the routine activities in a shift. In my fieldwork, I commonly saw the dilemma of care workers to attend to the individual needs of residents and continue to handle the other tasks they are required to do in the care facility.

Kat: *So in terms of sa lahat ng kaijou,* assistance, care tasks *alin ang pinakamahirap for you?*

Alvin: *Siguro yung ano, yung ibigay yung gusto nila parati kasi, kunwari masyadong marami yung pasyente kunwari. Kunwari gusto mo sila na sila lang kumain mag isa… pero dahil walang oras mas mabilis kung papakainin mo nalang.*

[Kat: So of all the *kaijo* (assistance) in the care tasks, which one is the most difficult for you?

Alvin: Maybe, not being able to always give them what they want. For example, there are more residents than the available staff. Sometimes you want to let them eat by themselves…but because there is not much time, it is faster to finish feeding them if you assist them.]

These needs are quite the usual, such as asking for help in standing, or asking to get something from their rooms. While most care workers would try their best to respond to these small favors, being unable to satisfy it gives them a sense of guilt that they are unable to provide *real* care to the residents when they need it. The group discussion between Alvin, Rea, and Cielo demonstrates this dilemma:

Alvin: *Yung mga, kasi yung mga parating tumatayo gusto mo palakarin dito…Palakarin diyan pero* busy-*ng* busy *yung mga oras na iyon, ang* tendency *"Upo ka upo ka" ganon na lang.*

Rea: *Oo parang may* restriction*, may* limitation *na yung matanda na…*

Cielo: *Iyon yung masakit sa akin pag nakikita ko* actually*, yun yung pinakama hirap, kapag ayaw din ng puso mo na i*-restrict *sila sa mga ganiyang bagay, yung tipong gusto nila kumain ng* ice cream *kung pwede, kasi magmu-museru sila pag kumain ng* biscuit *pero hindi pwede,*

Kat: *Bawal na kasi sa kanila*

Cielo: *Bawal na kasi, tas gusto nilang lumabas, mag-aishitsu, pero hindi mo magawa,* possible *naman kaya lang walang…*

Kat: *Maiiwan?*

Cielo: *Walang* enough *na, shokuin para gawin yun…yun ang mahirap ba.*

Kat: *So may* sense of guilt*?*

Cielo and Rea: Oo

Cielo: Oo, palagi!

Rea: Palagi yun!

[Alvin: Those who are always moving, standing up, you want to help them in what they want to do… Assist them if they want to walk, but because you have no time, you end up always telling them, "Please sit still."

Rea: It's like your limiting them, restricting them to…

Cielo: That's what pains me to see actually, the most difficult. Because in your heart, you don't want to restrict them in some things, like when they want to eat ice cream, but you cannot let them because they have a risk for choking.

Kat: Because those are not good for them.

Cielo: Yeah, it's not allowed. Or when they want to go outside, to see the view, it's possible but you cannot do so because there are not many available…

Kat: Staff?

Cielo: Not enough staff to accompany them. That's hard.

Kat: So there's a sense of guilt?

Cielo and Rea: Of course. All the time.]

For the three care workers, providing care does not only constitute the fulfilment of the tasks expected of them by the care facility, but more importantly, is their ability to satisfy the direct recipients of their care. In reality, they are serving two clients: the residents and the care facility. The scenario above shows how they balance the demands of both clients by structuring their individual care based and in and around the institutional rules of care. At the end of the day, their performance is evaluated based on their performance according to the standards, and not only by how "satisfied" the residents are of their care. The next issue of favorites and fairness show how they work around these rules to satisfy their own ideals of care by constructing relations with some residents.

6.Reciprocity in paid care

My informants typically share about several residents with whom they are able to establish relations of intimacy. Usually, these are the residents who are able to reciprocate the care by themselves being

caring for the care workers, such as by giving them small items. Kleinman (2013) views that caregiving has the potential to create reciprocal exchange between caregiver and care receiver, which can range from exchange of information, time, emotion, presence, and affirmation.

Julieta: ...So, 'di, yun nga, nagpunta. Tapos ang sabi din nung anak na lalaki, sinabi sa kanila na kung pwede since *hindi dito sa* second floor *'yung nanay nga nya, baka pu-pwede na, paminsan-minsan dalawin nung Firipinjin "'Yung mama ko kasi, yung mama ko…" gustung-gusto nga daw ako. So iyon ang ginagawa ko, pinapasyalan ko bago ako umuwi, nakikipagkita ako, sabi ko "Uwi na ako ha". Ganon, ganon… Ganon lang. Tapos, the* last time *na dumating nga 'yung anak uli, from Hiroshima…Tamang-tama pag-akyat ko ng* third floor*, nandun 'yung anak nya. May pasalubong. Binigyan ako ng medyas. Andito nga, teka lang. Hindi ko pa nga nagagamit. Nito lang,* just recently.

[Julieta: So, the family came. Then, the son told me that his mother is in the second floor unit, and asked if I can drop by and visit her from time to time since she seems very fond of me. So, that's why I go to the second floor before I come home after shift, to meet her. I tell her, "I am going home now." That's how simple it is. Then the last time her son visited from Hiroshima, right after I arrived at my floor, I found him there with an omiyage. He gave me a pair of socks.]

However, the practice of gift-giving between care workers and elderly residents are especially prohibited inside the care facility. This is viewed as unprofessionalism and a means to court favors. Care workers are instructed to politely avoid accepting any gifts from the residents, as it could be misconstrued as theft. Professional rules regarding this includes fairness to all the residents, and avoid expressing favoritism over one individual. The facility especially prohibits this kind of relations as this may lead to issues of favoritism and unfairness towards the other residents.

In many instances, their constant presence and encounters in the care facility establish relations with the elderly residents that go beyond paid carers. This would be exemplified by acts of generosity, from simple thank you notes, cold drinks, a pair of socks, to baskets of fruits and veggies, and sometimes even gift cash. The care facilities have specific rules against receiving gifts from the residents which might be misconstrued as favoritism, or theft at times (when residents undergo behavioral episodes that distort their present reality). However, as gift-giving is usually borne out of familiarity and intimate relations, rejecting a gift from a resident could be difficult even if it is not the intention.

Rea: Isang ano din sa akin kasi masakit na yung koshi ko talaga, tapos nararamdaman nila na masakit yung koshi mo no? Alam nila na bawal kaming bigyan ng kung ano, pero "Oh, ito itago mo ito ah, wag mong sabihin sa supervisor mo." "Oh ilagay mo dito ha," parang lola na rin.

Kat: So tinatanggap mo naman?

*Rea: Oo, kasi iiinsist nila yun eh, tsaka magtatampo yung siyempre matanda, matatampo iyon, pero ire-*report *mo iyon, "Ay binigyan ako ni ganito, ganyan", para safe din baka sabihin ay ninakaw ni ano, baka makalimutan lang ba.* At least *parang* clean slate *lang ba talaga yung ano mo.*

[Rea: That's also one thing, when my lower back was in pain, they noticed it. They know it isn't allowed to give us anything, but sometimes they show concern, "Here, keep this, don't tell your supervisor. Put it on your back." Like a grandma.

Kat: So do you accept it?

Rea: Yes because they will insist on it, and they will be offended. You know how elderly people can be sometimes. But you have to report it, "That I receive this from someone" to be safe, because you might be accused of theft when they forget that they gave it to you. At least, you can be on a clean slate (record).]

Institutional rules about accepting gifts and items from residents strictly enforce not receiving. However, as this instance suggests, the Filipino care worker documented the exchange. Filipinos view rejection and refusal of gifts as too harsh, and would resolve to find other means, so as not to directly reject the giver. This is important in maintaining the relationship and ensuring that they can continue to have smooth and warm relations in the future.

In another case, Gloria was not comfortable about receiving gift money (*oiwai*) from a female resident, after she had given birth to her second child. Despite refusing at first, the insistence of the resident that she give an oiwai in that instance overpowers the rules in the institution, in favor of something that is regarded as a cultural value and practice for the birth of a child.

Oo pero, dapat hindi naman diba? Di mo naman lola pero andun yung ano niya tapos ano siya 'day yung "oiwai" na tinatawag yung parang pa-celebrate na nag-anak ka. Oiwai ang tawag dun. Nanganak ako sa panganay dinala ko yung– Ah! Yung bunso ko–Ah! sa pangalawa ko. Dinala ko yun pinakita ko sa mga matatanda, sila'y na(tu)tuwa. Yung matanda na yun may tago siyang pera, sanzen yen. Tinawag niya ako, pilit niyang inaabot sa akin. Para daw sa anak ko. Sabi ko di pwede yan. Sabi ko – Eh, sabi ko, "Ii yo. Watashi morawanai dame." Sabi niya, "Bakit? Pera ko naman yan ah. Di mo naman hinihingi." Sabi ko, "Hindi nga pwede." So nakita ng shunin namin, pinaliwanagan yung matanda na hindi pwede. Alam mo first time kong makita yung matanda na nagalit. Bumaba sa baba, kinausap si rijichou, yung pinaka-head president si rijichou…Sabi niya kay rijichou "Bakit? Eh, bakit ayaw niyan i-ano–? Eh pera ko naman to! Di niya naman hinihingi." Ibibigay niya nga ganun eh kaso bawal yun pero alam mo walang ibang sinabe si ano– si rijichou. "Kunin mo. Di ka naman pinilit kaya kunin mo." "Oiwai moratte ii." Kaya sabi ko, "Bakit ganito tong matanda na to? Hindi naman ako kamag-anak pero–" Diba? Yung ganun. Na-touch ako nang sobra dun. Tapos makikita mo yan pag nakikita siguro ng pamilya nila na laging kang– Would you believe ang ibang pamilya, pumupunta sa bahay namin, sa bahay ko ha. Naglalagay ng gulay. Alam ng mga Pilipina iyan.

[Yes, but it's not the way it should be right? She's not related to you, but there is that concern for me to receive an oiwai when I gave birth to my child. When I gave birth to my youngest, I brought her to the facility. I showed her to the residents, and they were very happy! One resident had money, about 3,000 yen. She called me, and she kept on giving it to me, she said it's for my baby. I told her, I cannot accept it, "It's ok, I cannot accept it." She asked why not, "It's my money after all. You're not asking for it." But I insisted that it's not possible. We were found by the shunin, and he explained to the resident why the shokuin cannot receive the money. You know, this is my first time to see that elderly became angry. She insisted to meet the kakarichou and she told him, "Why can't she receive this? This is my money and I am giving it to her." When the kakarichou understood the situation he said to me, "Take it. Accept the oiwai." In my mind, why is this resident treating me in such a way? We are not even related." I was very touched. And you know, that resident's family, maybe they observe this, some families would even come to our house and bring vegetables. The Filipinas in the facility know about it.]

In this scenario, the relations between carer and cared-for are reconfigured, reflecting that caring relations do go beyond the economic relations. The notion of location and dis-location among people and place in caring relations shapes the experience of care (Milligan 2003). The sense of vulnerability due to dislocation from one's natural social system is shared by both the elderly resident and Filipino care worker--the elderly's institutionalization as isolation from home and family, and the migrant who, in his/her migration had been separated from family. Empathy through their shared sense of dislocation and vulnerability becomes a powerful connection that expands the care encounter between migrant carers and their local care recipients. For the institutionalized elderly, vulnerability is not only from his/her dislocation, but also through a sense of dependency to care workers and the institution to maintain their daily care. This creates a new form of mutual engagement between foreign carers and Japanese elderly residents in their relations as carer and cared-for, who are both able and willing to give and receive presence, attention, and care.

Gloria: Diba ang kimochi din, masarap pakinggan? Kaya kung makikita mo sa iba na shikari shiteru kung pano yakapin yung mga Pilipina, kung pano matuwa sa Pilipina, ganun lang. Kaya ang ibang Hapon nagseselos.

Kat: So nagiging ano– May sense of favouritism *sa mga Pinoy?*

Gloria: Oo tapos ano walang… nagiging puro plus ang nakikita sa Pilipino dahil nga doon. Ako katwiran ko naman 'day, matanda na yan, eh. Hindi mo alam kung kelan mawawala, so ibigay mo na yung best mo everyday. Kapag nagkaroon ka ng kulang, pagsisisihan mo yan eh. Kaya ako ang goal ko lagi sa isang araw, tatlong tao mapatawa ko nang todo.

[Gloria: When they feel good, it becomes pleasant to the ears right? That's why when you see some residents who are very grateful and warm to the Filipinas, some Japanese may find it unusual.

Kat: So, do you think they see a sense of favoritism towards the Filipinos?

Gloria: Yes, what they only see are the only positive aspects. On my end, I always say that the residents are old. You don't know when they will be gone. So why not give them your best everyday? When you feel you did not give them your best (care), you will regret it. My goal everyday is to make at least three people laugh.]

Not having the ability to control their preference for food, for doing things when they want to, and being restricted by externally imposed daily organization of their activities can be alienating for the elderly residents. In Bethel's (1992) account, some residents may resist these rules by covertly making alliances with some care workers who are more lenient, and strategically navigating around the rules when they can. Most of the care workers have expressed that life inside the facility can be very lonely, and with these elderly residents nearing the end of their lives, why would they restrict them the simple pleasures that they can afford them?

Many of the Filipino care workers agree that institutional rules are non-negotiable, but they often try to be lenient towards the residents and sometimes allow for some small favors as long as they will not pose any harm to both the resident and care worker. These instances create a form of bond between elderly resident and Filipino care worker that they use when being subjected under the rules of the institution. Sometimes this creates a sense of favoritism that disrupts the relations between Filipino and Japanese co-workers.

7. Emotions and affect in care

The field of emotions is a contested terrain in the study of care work. On the one hand, the paid nature of care work commodifies the relationship, which sets the accompanying emotions and affective component of caring as emotional labor. Caregiving indeed involves the messy and complex emotional management especially in the face of unmet needs, difficult behaviors, emergency situations and many others. It is not only the caregiver that has to manage and order emotions, but also the care receiver. On the other hand, care workers and care receivers recognize that emotions and affect are important in their work, and emotions in caregiving is what humanizes the caregiving experience.

In one of the night duties, Joanna is in charge of the routine patrolling. She was checking on Makimura san, who slightly moved in her sleep when Joanna slightly tapped her shoulder. Just then, the phone on her pocket started to vibrate. It receives the nurse calls from the residents if they need anything. This time, it was Maho san, again. It was his 11th nurse call that night, and with a slight breath, Joanna silently placed the phone back into her pocket and finished checking up on Makimura san. As she got out of the room, Joanna told me that the other night, Maho san had about 100 nurse calls during the whole night shift. She turned off the red light button in the nurses' station and went into Maho san's room. He was clutching the nurse call button on his left hand. He looked at Joanna as soon as she entered the room, and pointed to his diapers. He wants them changed. Ten minutes earlier, Joanna had been in his room to change his diaper, and she knows it is the same request. Maho san has been diagnosed with an advanced level of dementia and could hardly sleep at night.

Many instances such as this usually come up in my informants' experiences, as residents with high levels of care are also usually those with dementia. Dealing and managing their behaviors is a key factor in properly caring for them. Rea, an EPA care worker who has been working in the facility for 4 years, shares that it is important not to "correct" them; in the first place, their reality is based on their current frame of mind, and correcting them could potentially trigger anxiety and aggressive behavior. She cites an instance, when one of their female residents became aggressive and attempted to hit her with a *hokouki* (walker):

> *Oo, may* one time *kami, may isa kaming* patient*, ay nako ginaganon na ako ng hiko anong tawag doon? Hokouki niya. Sabi ko, eh ayaw itai-o nung ano, kasi* busy *din ang lahat ng andoon sa baba, eh sabi ko, "Alvin, mag*-pretend *ka nga na taga opisina ka." Oo, kasi ayaw niya ding maniwala kasi close na din yung opisina, wala akong magawa, kailangan mong maging* creative*, kelangan mong, basta kelangan mong maging* best actress*.* (Pointing to Alvin), *"O, sige, so ito na, jimusho no kata desu ne" sabi ni Alvin, so siya ang kumausap hanggang sa nag-utsutsuiteru na, "O, anong sabi ng tiga-jimusho?" "Oo bukas daw uuwi ako." "Ah, yokatta ne" Yung para bang,* at least *ma-anshin yung matanda ba.*
>
> [One time, we have a patient who was being aggressive and was aiming to hit me with his walker. The other shokuin could not attend to him because everyone is busy, so I told Alvin, "Pretend you're the person in charge at the office". That was my strategy because he would not calm down, so I had to be creative, like a best actress. So I handed him the phone and Alvin pretended, "This is the management office". So the patient talked to him and he started to calm down. Afterwards, I asked him, "What did the management say?" "They told me I can go home tomorrow." "Oh, that's good." So you see, just to relieve the stress of the resident.]

Often these strategies on handling the behavior of the residents are not written on care manuals and books, and comes by knowing the resident's personality and tendencies, and what works. While dementia care trainings are available for care workers, not everyone receives such kind of training. Some facilities sponsor their care staff's participation, but due to the low numbers of available staff, their absence due to training becomes an invaluable cost that facilities do not want to be burdened with. That is why most care workers had to resort to their knowledge and experience in handling such behaviors from residents based on their previous encounters.

> *Gloria: ...Tapos minsan talaga naman hindi maiiwasan ang ibang matanda mag-abaretteru (to act violently). Kasi pagganyan muri, hindi mo pwedeng pilitin. "Ah, wakarimashita."*
>
> *Kat: So hindi mo talaga– Hayaan mo siya?*
>
> *Gloria: Uh-huh. Ang gagawin ko papa-upuin ko siya tas bigyan ko siya ng ocha. Kapag alam ko yung nomikomi niya jouzu, pakainin ko tsokolate.*
>
> *Kat: So yung sensitivity mo no kung ano yung kina– Yung posibleng nararamdaman neto, yung anong mood niya?*

Gloria: Uh-huh. Ayan sinasabe ko sa mga kohai ko, di mo pwedeng hilahin ang matanda hanggat di mo nalalaman ang kimochi diba? Mahirap maging matanda. Mahirap sa kanila yung hindi sila naiitindihan. Kuyashii.

[Gloria: Sometimes, it's inevitable that some residents will become aggressive. In such cases, it is impossible to force them to do anything, just say, "I understand."

Kat: So you just let them be?

Gloria: Uh-huh. What I'll do is to let them sit down and give them a cup of tea. When I know that they have no risk of aspiration, I give them chocolates.

Kat: So you need sensitivity…to determine what the person's mood is?

Gloria: Uh-huh. That's what I tell to my juniors, they cannot force an elderly resident to do something until you have determined their moods. It's hard to be an elderly. It's hard not to be understood. It's frustrating.]

In this particular situation, Gloria reflects on how sensitivity to the situation is critical in managing the occasional emotional outbursts of some residents. She avoids the use of reasoning as it is not a logical encounter, but one that necessitates pacifying the situation and turning off the triggering factors. She used affect in shaping the mood of the resident and helping them to calm down. In this scenario, one can say that this exhibits the required emotional labor from the care workers, but they know that this is part and parcel of their care. It does not necessarily reduce their sense of selfhood because these aggressive behaviors do not alienate their real emotions.

Emotions are also used to manage the behaviors of residents. Usually these emotions have a cognitive component where residents may be triggered by a feeling, sensation, or memory that manifests in their behavior. However, in cases where residents have dementia, the ability to communicate their emotions verbally and coherently is significantly impaired. The care worker usually takes note of bodily cues like shuffling of the teeth, shaking of hands, or the direction of their movement to find indications of the possible cause of the residents' stress.

Cielo: Kapag minsan pag nag-oochiteru, ochishitenai sila, yung parang lakad lang sila ng lakad… Parang bothered makikita mo may kailangan tong gawin…Ikaw parang ikaw na lang yung maghahanap based sa mga dating nakikita, at tsaka based doon sa profile nila may nakalagay din doon na ganito siya dati.

[Cielo: When residents become bothered, when they start to go around…You know they need or want to do something. And based on your previous experience of them, and on their profiles their tendencies are written, the things they used to do…]

Most of the time, difficulty or resistance in the behaviors of the residents are tied to their personalities or moods that become a way to exert their preference or choice in doing one thing or another at a given time. This corresponds with the way activities are scheduled into routines within the care facility, that can lead to monotony in their lives in the institution. Such instances include lack of appetite towards facility food, or lack of interest to participate in the group activities, which are not entirely bad (if they had been in their own homes they would not be "required" to do these activities, and they have more "freedom" to do as they please). In instances such as these, care workers identify the emotion and the underlying possible cause in order to determine their next action.

Cielo: Hindi pinipilit, halimbawa ayaw kumakain, "Kumain ka!" Koekakesugi, nai you ni.

Alvin: Tsaka yung trust *din,* rapport *din yung importante.*

Cielo: Halimbawa ayaw niyang kumain ngayon, sige mamaya na lang tabi mo na lang muna. Tapos magugutom din yan!

Kat: Oo, so pagbalik mo sa kanya bubuka niya yung bibig niya?

Rea: Oo iinitin namin yung pagkain para at least *naman maganda yung* presentation*.*

Cielo: Ang hirap nga din kapag syempre nagreresist yung pasyente lalo na kapag, yung tipong gustong-gusto mong tulungan, pero pinapabayaan ko na lang. Parang titignan ko sa hanggat di sila nasasaktan or naji-jikou, titignan na lang namin.

[Cielo: Don't force them. For example they don't want to eat, don't say, "Eat up!"

Alvin: Trust is also key, as well as rapport. Those are important.

Cielo: For instance, if the resident doesn't want to eat now, you can set the food tray aside first. After a while, they will eventually get hungry.

Kat: So, by the time you come back, he is more willing to eat?

Rea: Yes, just heat the food so it becomes appealing.

Cielo: Of course it is also difficult when the resident resists, especially when you really want to help them, but you choose to let them be. I will check on them and make sure they are not at risk of being injured.]

In this instance, Rea and Cielo both agree that not forcing the resident to eat is the most appropriate response to elicit the desired behavior at a later time. This also reflects how care workers can manage their creativity in eliciting the desired response from the resident. Otherwise, this will reflect in their care documentation as a lapse in the provision of care, where the care worker is seen as having the responsibility to ensure that the elderly resident *receives* the proper care (even in instances when they refuse it).

Kat: *Paanong* approach usually what works to make them *parang pasunurin na magsunao dun sa* task*?*

Alvin: *Ah, pasunao-in.*

Rea: *Kaniya kaniya kasi eh,* one time *may nagbo-bougen yung matanda hinayaan ko lang.*

Kat: *Ano yung bougen?*

Rea: *Yung parang nagku-*curse*. Oo yung parang nagku-*curse *sa amin* na, "Uy ano ka parang ano ka, ikaw ganito ganito ganito, baka" I'm *sorry sa word, "Ikaw, baka ka." Pero hinahayaan ko lang, "Ah sou desu ne" hanggang sa mapagod siya kasi mapapagod ka naman talaga, siyempre yung effort, yung* energy *mo ba, galit na galit ka. Siyempre intindihin mo din yung sa kanya ba, na gusto niya.* For example *gusto niya umuwi, tapos parang ikaw yung nagre-*restrain *sa kanya kahit anong setsumei,* explanation *mo sa kanya hinding-hindi niya maiintindihan iyon. So ang ginagawa ko, tumatahimik na lang ako, nakikinig ako, kumukuha din ako ng* information *ba, na ito "Naghihintay yung otosan ko yung mga anak ko bata pa", pero syempre di na mga bata yung anak niya.*

Kat: *Iyon na lang yung natatandaan niya?*

Rea: *Oo, iyon na lang yung natatandaan nila, kasi siyempre iyon yung na-*retain *sa* memories *nila eh. So hanggang sa mapagod sila, or minsan ino-*offer*-an ko ng gusto mo uminom ng ocha, sabi niya, "sSge nga* please*."*

[Kat: What approach do you usually use to handle resistant residents?

Alvin: To make them do something?

Rea: It depends on each individual, one time a resident was cursing (*bougen)*, and I just let him be.

Kat: What do you mean by, "bougen"?

Rea: Cursing. sometimes we have those residents who say, "Hey, you are such and such, stupid!" When that happens, I just let it pass, "Ah sou desu ne", until the resident gets tired of it, instead of taking it personally. Of course you have to put yourself in their shoes, what is it they want? For example, if a resident wants to go home, and you have to keep him in the unit. No matter how much you explain it, they will not understand it. So what I do is to stay silent and listen to them to get some information why they want to go home. For example, they will say, "My husband is waiting and my children are very young" but of course you know it's not the case.

Kat: That's what they remember?

Rea: Yes, that's what is in their minds, because that's what is retained in their memories. So I leave them until they get tired of it, afterwards I will offer them with a cup of tea, then they will say, "Yes please".]

Difficult behavior, whether intentional or not goes along with instances of verbal abuse at work. While in most cases, aggressiveness from the residents are caused by behavioral changes due to dementia, there are also instances when residents may not feel at ease with some people in particular. A Japanese shift leader shares that in his experience, stress in care work also results when the care shown to a resident is not reciprocated, or when there is a sense of rejection. In times where residents make use of aggressive speech, Cecil relates how this can potentially infuse stress for the care worker.

*Cecil: Oo. Ikaw pa ang magiging damay. Kaya minsan iyong mga, iyong mga nag-gyakutai (*abuse*) iyong mga nanakit na mga* care workers *minsan hindi ko rin sila masisi. Hindi ko sinasabi na tama iyong ginagawa nila. Oo, mali! Mali iyong ginagawa nila na iyon… Pero hindi ko sila masisi 100% kasi minsan tao lang din tayo. Na minsan lumalabas din iyong.. May mga reaksyon din na, ano din, di ba? Lalo kung lagi kang nasasaktan ng ganoon. O siguro minsan meron din iyong parang, sabi nga ng isang ano, sabi ng isang kaibigan ko na talaagang dumadating din daw iyong* point *na talagang nagba*-black out *siya. Kaya minsan siguro iyong nagba*-black-out *talaga, mataas iyong* tendency *nila na nag-gyakutai.*

[Cecil: We become the recipient of their stress. That is why sometimes, those care workers who become verbally abusive to the residents, I cannot blame them completely. I am not saying what they are doing is right. It is not! It is not right to become abusive… But I cannot place the blame on them completely because they are also humans. Sometimes, unexpected reactions also happen to us, doesn't it? Especially when you get hit by a resident. Sometimes, like what a friend of mine used to say, there comes a time when her mind really black-out. Maybe those who experience this have a higher tendency to become abusive.]

Negative emotions can also trigger emotional burn-out in paid care workers. Stories such as this are more commonly heard among unpaid carers or family members, but paid care workers are also subjected to certain situations that trigger emotional overload. Care workers handle at least 10 to 20 residents per shift, and the task of managing the care of these people can feed on an individuals' emotional and psychological resource if left unchecked.

These instances present the challenges of care work as feeding on the emotions of the one giving care. Many studies of care work view it as emotional labor since it requires carers to manage their own emotions in the face of difficult behaviors of the people they care for. However instead of viewing it as emotional labor, I agree with the idea of "organized emotional care" where organizations such as care facilities support the use of emotional states of care workers "to create hospitable conditions for the development of caring relationships between service providers and recipients" (Lopez 2006, 137). The task of caring requires carers to respond appropriately and perhaps "manage" their emotions in such a way, but since most of the elderly residents they care for are also suffering from dementia and

other forms of cognitive impairments due to aging, these behaviors are not personal. Moreover, many care workers acknowledge the need to draw from their emotional reserves in order to properly care. Most of the time, the emotional management they have to deal with concerns dealing with the rigid structures of bureaucracy that restricts them in their care in some ways, or in the expectations of their employers that somehow "alienate" them as workers who also have needs outside of their shift hours.

8. Emotions and professional intimacy

When the relational nature of care work is professionalized, there are certain approaches that dictates how a care worker should respond appropriately, or therapeutically to a client that shows professionalism. Since care work is highly relational, this applies to instances including very personal moments, that even care workers may not be prepared for. This is where the "management" of responses comes in, in order to continue responding with appropriateness to the clients' needs. Many times, care workers encounter life changes that in an ordinary person could elicit strong emotions, such as the death of an individual. In their case, dealing with loss of someone they care for has to be dealt with professionally, that is, having and maintaining a healthy distance from the grieving family in order to continue giving the best care possible. But how is this handled in reality? Grace tells of her experience in handling the loss of residents she previously cared-for.

Grace: Basta marami, yung mga lately beh yung matagal na ako nag-kakaigo wala na sa akin, andyan na lang yung sa pusong malungkot ka… Ay nakakalungkot (Sad tone) *maaalala mo yung mga* bonding bonding *n'yo, pero yung sabihin mo na, yung hagulgol sa kakaiyak.*

Kat: Wala ka na noon?

Grace: Yung nauuna pa ako sa family*, nagtatawanan sila.*

*Kat: Naka-*move *on ka na?*

Grace: Oo ngayon wala na iyan, sanay na ako.

[Grace: There have been lots of times, lately since I have been working in kaigo for a long while, I have become used to it. There are times when I feel sad in my heart, and I will remember our bonding moments. But to cry so hard?

Kat: Not anymore?

Grace: The kind that I even cry harder than the family? Some staff find it funny.

Kat: But you have moved on?

Grace: Of course now, I have become used to it.]

As professionals, care workers are expected to demonstrate a certain distance from emotional experiences in order for them to be objective and carry on the work. In her dissertation on intimacy among nurses, Huebner (2007) explains that professional intimacy is the intimate stance used by nurses and other health care professions in their interactions with patients and clients that require proximal distance that often breach the boundaries of privacy in public spaces. Intimacy in nursing is often viewed in the profession as therapeutic and sometimes even necessary in the proper delivery of caring interventions. The nursing profession recognises that emotional and physical intimacies are called for in the profession, as they view the caring experience as a holistic practice in the recovery of the patients.

While differences in expressing their grief and mourning may exist, in an occurrence of loss, Gloria was able to share in the grief of the family of the resident she had cared-for.

> Gloria: *Oo kasi mahirap 'day tulad niyan may isang– May isang– May – Dalawa sila nun eh. Mago, pamilya yun nawala yung matanda dun.* So feel *na* feel *ko kasi* that time *kawawala yung* father *ko nung nag- aisatsu na kami sa baba. Alam mo nung– Wala nagkatitigan lang kami. Wala na, gumalaw lang yung kamay ko, nagyakapan kami tapos nag-iyakan na dapat hindi mo naman ganun na sa pamilya pero talagang* feel *mo yung sakit. Talagang hagulgol siya eh. Sabi ko, – Hindi naman pwedeng sabihin na "Daijoubu. Daijoubu." Talagang hindi. So, haplos lang sa likod."Ima wa ne, mou, yukkuri yasunde". Bibigyan mo na lang ng anshin yung mga mago. "Yo ne, mou minnasan ga gambattesou desuyou." Kasi kahit sa second na ano last minute, nandun pa rin ako. Nag-*thank you *talaga kaya nagulat yung ibang nurse. Sabi nga nung* nurse *sa akin, "Okuma san, jouzu ne" ganyan "Nan no", sabi kong ganun. Kasi* the way *ka mag-*communicate *sa pamilya, sa matanda, sabi ko "Siguro iisipin mo lang na pamilya mo".*

> [Gloria: It's hard you know. Like one time, when one resident, one or two grandchildren were present. It was so emotional for me that time, since my father has just recently died. When I went down to say my final goodbye, our eyes just met. My hand moved and hugged them and we cried together. We are not even related, but I can feel their pain. I really cried. In that situation, I could not tell them, "It's alright", so I just rubbed their back and whispered, "Please take your time." The important thing is to comfort them. Even at the last second, I stayed with them. They thanked me. The other nurses were surprised and told me, "Okuma san, you're very good with this." I told her when you communicate with the family, just imagine that they are your family.]

While there is a certain getting used to, and by that, they mean they are able to keep their emotions in check during times such as death or loss, it does not make the experience any less. Usually, they bear in mind that since death is inevitable for everyone, they view it as the next step, a place that everyone will eventually go to. Thus death becomes impermanent in the sense that people "move on" eventually to this phase and place at some point in our lives. Managing your approach and demeanor is also very important especially when facing the family. This is explained by Gloria:

*Gloria: Alam mo tinanong ko pa sa buchou namin yun. "Paano kayo mag-aisatsu sa taong mawawala?" Di sila maka-sagot. Mahirap talaga kaya sabi ko kasi pag-pumunta ka dun, makakaramdam ka ng lungkot diba? Nafi-*feel *mo yung nararamdaman ng kamag-anak… Oo kaya ako ang ginagawa ko, pagtapos ko ng trabaho, "Sumimasen" Maghingi ako ng permiso, hihintay lang ako ng mga* ten minutes *hawak ko lang yung kamay ng matanda. Kasi kahit hindi nakakakita yung matanda, makakaramdam yan sa* touching*. Kinekelangan na i-*assure *mo rin siya na ganito pa rin kami, kahit yung pamilya tapos bago ko umalis binubulungan ko, "Yukkuri yasunde kudasai" Kasi di mo naman pwede sabihin na "Gambatte kudasai". Hindi. "Yukkuri yasunde kudasai"*

[Gloria: You know I asked our manager one time, "How do you bid farewell to a dying person?" He cannot respond. It is very difficult, especially when you are there, you will feel sad. You can feel the grief of the family… That's why every time I finish my shift, I will go there and ask permission, "Sumimasen". I will stay there for about 10 minutes and hold the resident's hand. Even if they cannot see, they can feel one's touch. You have to assure them, "We're still here". Before I leave, I gently whisper to their ears, "Rest well", because you can no longer say, "Do your best". Just say, "Rest well."]

Here is an instance where care workers can also use emotions to share in the experience of events in the lives of the people they care for. Despite encountering death and loss more often than an average person would, care workers do not necessarily become "immune" to grief. In the experience of Gloria, it is through these moments that care workers play a role in memorializing the final days of the departed elderly resident and sharing these moments with the family members.

9. Reciprocity and "good care"

In many studies of caring, carers have always been privileged as the one that brings value to caring, that we often neglect to relect on what the care recipients bring into the caring relationship. Noddings acknowledges the contribution of care recipients through reciprocity, by acknowledging the care they receive actually recognizes whether the relation was indeed caring, and brings it to full circle.

What then, constitutes their ideal or "good" care in a relation which is not tied by "love" or familial duty? Meagher (2006, 33) refrains from expecting "good care" from paid carers by reproducing "an idealized private sphere" and instead proposes a sense of "good enough care" supported by professional duty and compassion as normative resources. However as in the case of my informants' narrative, they themselves aspire for their ideals of natural caring, and this does not commodify them in any oppressive way. Most of them share that they feel most satisfied in their care when they are able to establish social talk with the residents outside of their usual caring tasks:

Kat: So, at the end of that shift, what will make you feel like you have done a good job?

Cielo: Kapag ako, kapag alam ko na nagawa ko yung buong trabaho ko, na tipong may youyu jikan pa ako, tapos walang masyadong inaano yung mga shokuin, sinasabi. Tapos kapag aalis na ako, halimbawa may mag-babye sa yo na mga matatanda, "Ja matta

ne" Yung word *na iyon, "matta kite kudasai ne" yun yung parang nakakawarm pakinggan. Yung parang, "Ay,* I did a good job the whole night*, gusto nila bumalik ulit ako" ganon. Tapos halimbawa hisashiburi akong pupunta sa isang unit, makikita ko nung matanda, "Mou kaeru no?" "Uh, kaerimasu" "Eh, kondo koko ni kite yo" "Lagi kang andoon sa taas lagi kang andoon sa nankai" "Sou ne".*

Kat: Talagang may, may amaeru sila sayo?

Cielo: Yung mga shikari shiteru na matatanda.

Rea: Kahit di nila alam, kahit di nila memorized *yung pangalan mo pero yung mukha mo?*

Kat: Oo.

Rea: Memorized *nila na, "Ay, hisashiburi kita di Nakita, saan ka?" "Ay nasa baba kasi ako na unit," ganoon lang.*

*Cielo: Yung tipong may mga shikari shiteru na mga matatanda, parang pag, na-*appreciate *mo sila kumbaga pag nagsasabi sila ng "Otsukare sama deshita" na-*appreciate *mo rin syempre yung mga ka-work mo siyempre, pero mas ma-*appreciate *mo yung mga matatanda na nagsasabi ng ganon. Ako a personally ganun, naappreciate ko kapag yung mga matatanda nagsasabi sa akin, "Arigatou Gozaimasu, otsukare sama deshite ne. Ja, yukkuri yasundouki, matta kuru no" Iyon yung masarap pakinggan eh, "Matta kuru yo".*

Alvin: Ako naman, parang may trust *yung pasyente sayo* although *minsan makulit kasi parating pangalan mo na lang tinatawag.*

[Kat: So, at the end of that shift, what will make you feel like you have done a good job?

Cielo: When I know that I have completed all my tasks and I am still left with some time to use. And when there are not much favors from the other shokuin. When I am about to leave and some residents will say, "*Ja mata ne, kite ne* (See you when you come back)". Those words, "*Mata kite kudasai ne* (Please come back)" sound so good to my ears. It makes me feel that, "I did a good job the whole night, they want me to come back". For instance, I haven't been back in a while in a unit, and they will see me, "*Mou kaeru no*? (Are you leaving?)" "*Eh, kaerimasu* (Yes, I am)." "*Eh, kondo koko ni kite yo*. (When are you coming back here)?" Those kinds of words.

Kat: They really get attached to you?

Cielo: Especially those who are still lucid.

Rea: Even if they don't know your name, but they know your face, right? They know it, "It's been a while I haven't seen you, where have you been?"

Cielo: Those who can still think lucidly, you really appreciate them when they tell you, "Thank you for your hard work". Of course we also appreciate our co-workers when they tell us that, but I feel more appreciated when the residents tell me that. Personally, I feel appreciated when some residents tell me, "Thank you for working hard. Please enjoy your rest day and come back soon." That's what I enjoy hearing from them, "Please come back soon".

Alvin: For me, when you know the residents trust you because they always call your name.]

This is why non-material rewards such as remembering their name, giving compliments or being recognized by family members are concrete forms of fulfillment for the Filipinos, and an affirmation of their care.

*...Hindi mo siya mararamdaman kaagad eh, pero yung pagbalik mo na, "Antagal mo naman san ka nagpunta? Antagal nating di nagkita ah," tapos biglang nakangiti yung matatanda, parang dun mo mararamdaman na "*Ah, you have done a good job*."*

[For me, you will not see it right after the shift. But when you come back and they say, "I haven't seen you in a while, where have you been?" And you see them smiling at you, that's when you will feel, "Ah you have done a good job."]

On another occasion, Elena, who also worked at a day service centre, shared a Facebook post of a note from the daughter of the elderly person she cares for. Figure 15 shows the post where it reads: "'*Itsumo oisogashii naka kami no ke kawaikushite itadaite. Arigatō gozaimasu*' (Despite your busyness, thank you for always fixing my mom's hair beautifully) Every time the elderly woman comes to our Day Service, we always braid her hair after she finishes the bath … To hear or to read the word thank you from them can inspire me a lot and removes my stress".

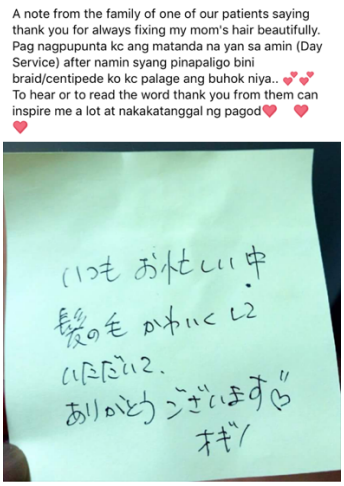


Figure 15. A Filipina care worker shares a "Thank you" note from the resident's family.

Gloria shares that it gives validation to their work, that despite receiving low pay, there are certain aspects of their work that resist commodifiability and which can never be equated with money.

> *Gloria: Kasi iba ang kimochi. Kaya nga alam mo nga sabi kung ganun, malalim din yun sasabihin ko na, "Kahit na ano* – Empty *ang* wallet *mo kung* full *naman ang kimochi mo, chigau, makakatulog ka nang maayos"...*
>
> [Gloria: Because the feeling is different. That is why I say, "Even if your purse is empty, but your heart is full, you will have peace"…]

Being able to respond with the appropriate attention at the time of a resident's need reflects the aspect of care that requires being there at the same space and time shared with the care recipient.

> *Cielo: Yung tipong kulang yung shokuin mo, limited pa yung time mo, andami mong binabantayan, di mo mabigay yung gusto mong time na ilaan mo sa pasyente hanggang sa manzoku siya sa… sa request niya..*
>
> *Kat: Sa care mo ?*
>
> *Cielo: Hindi mo magagawa yon.*
>
> *Alvin: Yun ang trabaho mo eh, yung quality ng life nila pagandahin mo.*
>
> *Cielo: Pero parang hala hindi na. Iyon yung gusto kong mangyari talaga.*
>
> [Cielo: Because there are not many staff, you have limited time, and you have a lot of residents to oversee. You cannot give all the time you want to give to the residents until they are satisfied with their requests.
>
> Kat: In your care?
>
> Cielo: It is hard to fulfill it.
>
> Alvin: Even if it's your job, to improve the quality of their life.
>
> Cielo: But I often find unable to do so. That's what I want to do.

As the elderly is in a position of needing care, and the Filipino care worker as having the capability to provide care, they are able to engage in a "fellow feeling" (Scheler 1992). This is observed in many instances when Filipino care workers often remark that they enjoy caring for the elderly residents, especially when they perceive the elderly residents as being dependent on them for both physical and emotional care. At the same time, vulnerability opens up spaces of trust between the cared-for elderly and carer. For the Filipino care worker, this may take the form of knowing the elderly's history, a sharing of old photos that convey their former lives, or even as simple as a sharing of their lives in the past.

Interviewer: How do you describe your relationship with the elderly?

Julieta: Like a parent. Like a grandfather or grandmother... The way I treat them is like, family; not just as a care worker.

The cultural embeddedness of care in both Japan and the Philippines as a familial responsibility shapes the meaning of care as work. In many instances, Filipino care workers often conceptualise their role as standing in for the family members who, for various reasons, could not be physically present to care for their aged relatives. Nurses, as well as care workers who are engaged in direct care, are guided by the moral code of the profession, which is based on the "principle of obligation embodied in the concepts of *service* to people and *respect* for human life" (Carper 1978, 29, italicization by the author).[57] Studies on migrant domestic workers view their roles as fictive kin, but in the context of care work, their sense of obligation to care is clearly framed by their roles and responsibilities in the care facility.

> *Gloria: Ewan ko lang siguro kaya lang 'di ba 'day parang nakakalungkot sa mga matatanda na – Basta talagang ano ako sa matatanda tapos nalulungkot ako na, yung pamilya nila na diba? Dahil nga tayo ay likas sa atin yan… Naiinis ako yung namatay na lang ang matanda tsaka lang sila pupunta. Bakit? Diba? Kung ang isang nanay nga eh kayang mag-luwal ng sampu, titignan niya. Bakit yung isang nanay na may sampung anak di kayang bantayan? Nakakalungkot diba? Kaya sabi kong ganun– Kaya minsan sinabe ko sa matanda nung nawala, "Hayaan mo na ang pamilya mo, ako naman ang bagong pamilya mo."*
>
> [Isn't it sad when you see elderly residents, I always get sad when their family (forgets them). Because it is inherent in us… I get upset only when the elderly dies and the family visits. Why? If a mother can give birth to ten children and raise them, why can't those children take care of their mother? That's sad, isn't it? That's why I told one resident, "Let your family be, and let me be your family."]

As migrant care workers gradually take on the maintenance (physical and emotional tasks) of caregiving, the families of the elderly residents manage the taking care of--that is, the (financial and resource-wise) sustenance of care. A daughter of an elderly resident in the facility expressed her satisfaction in the way that Rosemary looks after her mother. She noted that she has only seen migrant care workers (*gaikokujin rodousha*) in the TV, and was not expecting to find a Filipino working in the facility where her mother is residing. Despite the initial hesitation about the language barrier, she was able to recognise that she delivers care more than what is expected of her. Her attentiveness to her mother and attention to the small things reflect her own care values.

Since elderly care in the Philippines remains highly valued as an important responsibility of their children to parents, Filipino care workers bring with them the same expectation when they care for the Japanese elderly. Performing their roles as carers may exceed that which is expected of them, but

[57] Similarly, Article 44-2 of the Japanese Social Worker and Care Worker Act emphasizes the promotion of *dignity* of individuals as a primary duty of social workers and care workers.

this is viewed by both the care recipients and their families as the added-value in their service. Filipino care workers in return, find value in the simple recognition that the residents and families give, no matter how small. In one instance, Julieta received a gift of a pair of socks from the daughter of one of the elderly she cared-for in the day service. For Julieta, these small gifts serve as an affirmation of her care and a recognition for a job well done. This imagined positioning by Filipino care workers with the elderly residents construct their embodied role in the society as carers of the Japanese elderly.

10. Summary: Towards a "caring with" the elderly residents

Despite occurring outside the familial realms, and performed by non-family, these forms of intimate relations are not necessarily less authentic, and the care provided although mediated by wage and money, are not less genuine. Despite being "professional", as my informants' experiences reveal, their traditional ideals have not left them even as they enter new care settings. Instead of trying to undo these ideals, these have served as a guidepost for them in evaluating their care. While care work is regulated by the standards of the profession and the workplace, these migrant workers evaluate their care according to the traditional cultural ideals they have. This also confirms what Zelizer argues when intimate activities such as care becomes an economic transaction, that it can remain genuine despite becoming paid. On the other hand, the employers also instruct the care workers to create a warm personality to make the atmosphere more "familial" knowing that the elderly residents are not in the comforts of their own homes.

The expectations of care worker in the institution is mainly in their provision of *kaigo* or the nursing care that involves attending to the bodily and medical aspects of elderly care. But Filipinos see more than just simply "doing" care work. Their idea of "ideal" care is shaped by the underlying valuation of the unpaid form of care that begins in the family. For Filipinos who believe in the primacy of the family as being the "ideal" carers, they associate their service as "family-like", associating images of their elderly parent or grandparent in their care of the Japanese elderly residents in the home. This is also because institutional care in the families is not fully practiced, and most of their experiences are drawn from personal experience of caring for an ageing family member, or being hired as a private caregiver in the home setting.

On the other hand, Japanese care facilities tend to emphasize care work as a profession, organised in a rational order and logic that adheres to the standards of practice. The preciseness with which they arrange care tasks to be completed in an 8-hour shift as if simply checking-off from a task list rubs against the warm notions of caring, and appears rather impersonal, cold and distant. Filipino care workers find this at odds, as they find more value in the time in between tasks, when they are able to exchange even a brief chat with the elderly residents, asking them how they are doing, and establishing connections. One care worker said she values feeding time the most, as it allowed her to converse with the residents, and make them feel "cared-for".

In such instances, Filipinos perceive their care as not simply providing practical support to the elderly, but as an extension of their caring capacities by providing care that resembles that of the family. Although the elderly may not reciprocate their care by treating them as a family member, they find meaning and satisfaction by "being caring", putting their presence in the absence of the elderly's

biological families. Moreover, they value their work as a transforming capacity to bring joy and meaning to other people's lives, and not being valued by any monetary means.

The ideal of the family as the place and site of care remains an ideal upheld by many of my informants. Despite the paid nature of their work, they find value when their care is affirmed by the residents. This affirmation confirms not simply the performance of caring tasks according to the standards, but the thought of caring for them despite not being family, they give care as if they are family. This is why the thought of caring can never be separated from the acts of caring. They both come together in order to provide care that makes the receiver feel genuinely cared-for.

As I have argued in Chapter 5, frequent bodily contacts, engaging in intimate bodily manipulation has the "capacity to create closeness and dissolve boundaries between people" (Twigg, 149). As both elderly and migrant care worker are also physically separated from their families, they are able to empathize in feelings of alienation, which can occur in the experience of institutionalization, and migration. These bonds allow them to construct new intimate relations in the context of their roles as carer and cared-for.

Unraveling the capacities of care work to foster relations and ties between migrants and the Japanese expands the discourse of multicultural coexistence. It challenges prevailing assumptions of Japan as a monolithic society concurrent with significant and rapid demographic changes that drive the society towards more openness to foreign labor. As the aging population calls for diversifying its labor, the longterm care facilities may serve as a microcosmic community to observe how intimate interactions between foreigners and locals can be initiated, nurtured, and transformed.

Conclusion

In this dissertation, I looked at migrant care work in the context of elderly care in Japan, and reflected on the meanings that Filipino labor migrants attach to their migration as care workers. The findings in this dissertation responds to the current discourse of care work as demeaning and difficult and yet continuously engaged in by migrant workers across the globe. It set to answer the question, in spite of these, why did my informants do it? Why take the chance in their migration projects and become care workers in Japan?

What started as an exploration of care as part of the migration projects of fellow Filipino migrants resulted to a deeper conversation about what it means to care. This was significant in bringing to the fore certain norms of care that are based on social arrangements, customs and values that guard the "sacredness" of ideals of care of peoples and societies. The trope of familial care was a repeated narrative among my informants, which I have taken for granted as a traditional view of eldercare in the Filipino society. Yet, what I failed to realize initially is that this ideal is central to how my informants are making sense of their worlds as paid professional carers of the Japanese elderly.

My main difficulty as an ethnographer is distancing myself from the views and ideals of my informants as I found myself sharing in the norms of care in the Filipino society. I had to step away from this intimate affiliation with my informants as a fellow Filipino and as a fellow nurse, in order to re-read their accounts and narratives in a contextualized manner. Coming to terms with other cultures of care, especially that of elderly care in Japan poignantly opened a discussion as to how socio-cultural values evolve and change in the face of modernization and economic development, demographic aging, and technological advancement. The concept of "ethnomorality of care" by Radziwinowiczówna, Rosińka and Kloc-Nowak (2018) helped in clarifying my informants' assumptions about what *good care* should be or how it looks like based on the care cultures in the Philippines and Japan. The concept underscores the presence of structures that shape care arrangements in a society: availability of state welfare support, market and public care services, professional carers, among others. Indeed, the care culture in the Philippines and Japan are very different as the former is a developing state with a reliance on familial support for elderly care, while Japan is a postindustrial state with an established welfare system and professional care services for the elderly population.

1. Transnational labor processes and individual migration projects

The embeddedness of labor migration in the Philippines intersects with the labor demands for the care of Japan's aging society. Since the Philippines has long been in the industry of sending health care professionals abroad, the ready supply of abled care workers has found an immediate deployment. Similar with the experiences of migrant care workers in Christensen and Guldvik's (2014) analysis of care work in Norway and the UK, care work became part of their individual life projects which opened up opportunities for them to work and settle in their host societies. I found the same trend among my informants who view their decision to become care workers in Japan as an initial step towards something better than their current state. The sense of autonomy and choice among my

informants eschew the victim narrative which permeates most studies of migrant care workers in other countries and reveal how migrants configure their migration capitals to successfully migrate.

2. Deskilling, downward mobility and subjective social class performance

I followed my informants in the course of their migration to discover the motivations they had and how these sustained their migration projects and their lives in the host country, Japan. The aspiration that there is something better to be had outside of the Philippines is informed by the unequal economic developments of a developing country such as the Philippines and a postindustrial country like Japan. Filipino migrants willingly undergo a deskilling process and downward occupational mobility in the hope of finding better opportunities, despite finding themselves in unequal, marginal positions as migrants in their host society. They have weighed the risks, but the economic implications of doing a lesser skilled job in Japan is considerably higher than their current salaries in the Philippines. While economic motivations were not the only factors for my informants, the image of Japan as a developed country created a sweeter promise of a better future than what they currently had back home.

3. Negotiating migrant identities

As migrant care workers, they discover the gap and disparity in the caring practices in the Philippines and in Japan, underscored by the essential difference of the welfare system in the two countries: in the Philippines, the state locates the care of its elderly population in the family; while in Japan, a significant portion of the care of the elderly through its national long term care insurance system has been shared by the state and the market. Since Filipinos, whose notions of elderly care is framed within the domestic sphere, the transition as care workers in an institutional setting provides a significant adjustment of their framework and understanding of care as work.

We saw how the commodification of care and the aspects of care work feed on the embodiment of certain traits of migrant care workers. In the process of getting employment in the care sector, this ideal becomes embodied in the migrant care worker. Employers look for those with affective capacities, aside from the ability to execute caring tasks. Filipino care workers too use this embodied ideal for their benefit, and thus participating in the creation of the image that Filipinos are suitable for caring.

However, their unequal positions as migrants is bridged by providing good care in return for favors at work and finding professional recognition and social acceptance among the Japanese society they mingle with. This is seen both in their mutual yet unequal relations with the Japanese elderly residents, co-workers, and supervisors. While the purpose of their migration is primarily motivated by desires to earn more, and personal aspirations to broaden their options abroad and gain a different life experience than the one they had back home, being engaged in care work somehow drew more than just the usual expectations of paid carers. As care work is embedded in a relationship with the people who receive their care, the transformation of care as service to a relationship drew from their own experiences of how it is to care and be cared.

4. Enabling others and building social ties through embodied caring relations

Understanding their work as paid carers of the elderly Japanese residents is where my dissertation departed from the initial focus on the migrant care workers' precarious lives. As I followed them in

their places of work, I found interesting narratives that showed a sense of camaraderie and fellowship between them and their elderly care recipients. My informants often talk about how they felt sad for the separation of the elderly residents from their own families and were aghast with the idea of having them cared for by non-family. That is when I asked about their ideals of elderly care, and what does good care look like? Touching on these points opened a door that led me further into the world of care giving that brought us into the daily tasks of care, the embodiment of the "small things" that in their eyes, marked a difference in the quality of lives of the people that they care for.

The perspective of embodiment made visible the mundane acts of care regarded as routine and ordinary. These acts range from the usual activities that independent individuals do: eating, toileting, walking around among others. However, the lived realities of the elderly residents in long-term care facilities are painted with experiences of illness, pain, and disability, which have significantly impaired their abilities to live their lives as they did when they were not dependent on anyone else. The constant interaction of care workers with the elderly residents brings them close to perceiving the lived worlds of the latter, embodying the sense of need allows care workers to respond with the appropriate care.

The discussion on the embodied aspects of paid care helped us to view the relations of human capacities despite the inherent economic relations embedded in it. While the institutional setting seems to deprive of the warmth and familiarity characteristic of care in the family, it is also as much dependent on the relations (and not simply of the space) that makes a place "caring". On the one hand, the construction of care work in Japan as a profession constructs how Filipino care workers preface their care as "service", and their selves as "professionals". On the other hand, their relations with the elderly residents, as their "carers" take a meaningful turn as the nature of the caring relations resemble kinship practices of caring for, that typically occurs in the family. These ideals work against the institutional rules and standard operating procedures for the delivery and performance of care that relies on efficiency and cost-profit maximization. This "standardization" of care work stands in great contrast to the individuality and particularity of care, effected by the different needs, preferences, and personalities of the elderly residents that demand on their time and attention. Moreover, it showed how care workers resisted their commodification by giving something more than what is required, which money cannot value. The warmth in the care of paid care workers seem to resist the cold institutional care arrangements and restore the humanity into an otherwise ordered business of care provision.

5. Morality of care and reciprocity in migrant care work

Paid caregiving in this context becomes shaped by one's ideals that gets embodied in the care they provide. In the experience of Filipino care workers, they value their care and set it against the ideal of caring like a family as the standard. The Filipino care workers' notions of *alaga* (care) and intimacy shape how they perform care for the elderly residents through the practice of touch and skinship, humor, and *lambing* (Filipino for affection). Their sense of providing good care is validated when the residents respond to their care that reciprocates what they gave, and they associate it with the notion of familial relations.

The elderly residents reciprocate forms of care through simple acts of gratitude and sharing in a sense of simply being there. I began my discussion of caring encounters in Chapter 1 through the vignette of Rosemary waking up Ishida san on a cold winter morning. Going through the motions of the care tasks, Rosemary embodies the shared experience of deskilling, professional frustrations, and downward mobility in her career as a former nurse and now care worker. While many would find this indeed disheartening and demotivating, resulting in psychological stress and overburdened state, and yet Rosemary discovers the meaning of her work in the companionship she receives from the people she cares for. In one Facebook post, Rosemary shares a poignant moment when she and an elderly resident are able to share in a momentary caring with:

> *"Mainichi shindoiga jōdan yoku majienagara issho ni sashite itadaku nante, honma ni tsukarete mo kon'nani tanoshiku yareru nda tto omoeru yō ni natta no wa kono riyōsha-san to jijo-sama no okageda. Arigatō."*
>
> [Even if I feel tired everyday, thanks to this resident who treats me like a second daughter that I feel like I can do so much no matter how tired I am. Thank you.]

Figure 16. A Filipina care worker's Facebook post showing her with an elderly resident.

Rosemary embodies the stories of the other Filipino care workers who have gone through the same path in their search for better opportunities in their migration journeys.

6. Towards a "caring with": Social reproduction of societies in transnational space

The emerging globalisation of care in Japan opens the Japanese society to interactions with foreign people that range from casual to intimate encounters, where migrants provide services for maintaining the society, such as in the case of elderly care. While initial interactions have been largely based on imaginations of migrants as 'other' and as strangers to the cultural codes and mores that are embedded in the social relations of Japanese society (Switek 2014), care work provides an understanding of

interactions that is not only mediated by language, but also through bodily encounters. Viewing the corporeal and intersubjective dynamics in the context of nursing care opens up unexplored spaces where the depth of interactions goes beyond race, class, and gender in building meaningful and mutual understanding, as exhibited in the caring relationships between Filipino care workers and Japanese elderly.

The externalisation and professionalisation of care have destabilised the traditional ideals of care provision within and by the family. When the demographic changes in Japan in the last half century has forced social institutions such as the state and the market to intervene in the provision of welfare services traditionally provided by the family, such as elderly care, the process brings about new forms of relations. Giddens (1992) emphasised this in his analysis of how modernity changes the constructions of intimate relations and destabilises the traditional focus on the family as the locus of intimacy in the modern society. In the case of migrant care work, new forms of intimate relations beyond the family arise from the establishment of caring relations between elderly individuals and paid carers in the residential care home. More recently, care provision has moved beyond the family and national borders, with the acceptance of migrant workers to provide the care labor.

Elderly care in an institutional setting is a different experience for Filipinos, whose actual caring experience is limited to the informal set-up of caring within the domestic sphere. While in the domestic sphere, caring activities are informal, non-structured and unstandardized, caring in the institutional context is completely different. As they begin reading the endorsements from the previous shifts, their work becomes a continuation of that 24-hour care plan for all the 10-20 residents in their ward. Moreover, this documentation is a standard requirement for all care workers, which sets to standardize and regularize the care that each institution provides. This also involves the medical aspect of care, such as vital signs of the resident, taking of medication, and the social aspect of care that ensures they are properly fed, groomed, and attended to. Thus, care becomes measured by the fulfillment of these routine activities leaving the care worker to comply with the institutional protocols. The fulfillment of these tasks, by which their efficiency and care work is measured, becomes a priority which takes time away from actual activities that foster a sense of caring as being. These activities which are often overlooked in lieu of the regular tasks include talking with the residents to know enough about their day, how they feel, giving company. These activities which are not evaluated as direct care can easily be neglected in favor of the other “more compelling” tasks. Time in between tasks may not be enough to give the care worker time to spend for a brief chit chat, as this is also problematic and seen as “idle” time.

Their new role as paid care workers forced them to renegotiate their ideals of care as it occurs in new contexts and settings. To negotiate their new positions, almost all of my informants refer to giving care as if for a family as a way to balance their new roles with their own cherished ideals. In here, embodied practices of care learned from their socio-cultural backgrounds serve as a basis for adding a new layer of professional care. While they learn and acquire new practices of care guided by the professional ethics and practice of care work, it interacts with the embodied ideals and values that have originally instilled in them. Especially for those without any background or training in nursing or care work in the Philippines, drawing from their notions and experience of familial and kinship care is a primary resource for their care of the elderly residents. In this and the next chapter, we will

see how closely intertwined embodied care practices and their notions of ideal care are in the face of managed and professionalized care.

What this reveal is that, this confrontation with the care culture in Japan reflects not a "cultural" difference in the sense of ethnicity as culture, but a difference in the care arrangements and in the development in elderly care between Japan and the Philippines. The fact that the Filipino care workers, who were used to a particular kind of elderly care within and by the family is a result of the state's failure to take responsibility of the care of its aging population as reflected by an under-developed welfare system in place, which is why such care has been institutionalized in the family. When my informants encountered such an "alien" arrangement, they drew on their notions of normative ideal care of the elderly as the genuine kind, but in fact they have not seen an arrangement where care is managed outside the family. The warmth of the intimate ties in the family was seen to be lost in the "cold" and impersonal setting of the institution. I would explain this in detail in Chapter 8, but for this chapter, I would unravel how the embodiment of care provides a kind of immersion into the Japanese care culture.

This encounter also confronts their own positioning as migrants who left their families needing care, in place of employment as carers to someone else in the host country. In fact, their encounters with the Japanese elderly resident have forced them to look and re-evaluate the way they perceive their so-called filial obligation to care for their own aging parents and family members in the context of their migration. I refer to their narratives to reveal their ideals and how they negotiate this in light of their positioning as carers of the Japanese elderly. As care and its arrangement is a negotiated process, my informants also came up with different notions of elderly care after they have engaged in the care culture in Japan. These cultural scripts become strengthened or reinforced or negotiated and changes in its encounter with care culture in Japan. For Gloria, this strengthened her resolve to ensure that her aging mother receive care by the family as it strengthened her ideal of care. Cecil, on the other hand, had become more open towards institutional care and even sees for herself that she can consider institutional care as she becomes aged in the future.

My hope here is to have been able to discuss "caring" in the words and understanding of my informants, who have been engaged in such a task, a vocation, a profession, and for some, a temporary occupation, to shed light into the experiences of what being caring and doing caring holds for them. I hope the reader has seen the variations, complexities and multi-forms with which caring is conceived, perceived, construed, mis/understood, and how these experiences unite to form a coherent experience of care for the Filipino care workers I have talked with. Perhaps, future research on paid care by migrants could explore an ethics of caring-with, realizing the potentials of building genuine caring relations not undermined its economic nature.

Appendices

Table 6. Profile of informants in the Philippines

	Alias	**Sex**	**Age**	**Civil status**	**Educational background**
1	Vina	F	31	Single, never married	NC 2, Diploma Computer Studies
2	Cherry	F	30	Cohabitation, with 2 children	BS Nursing, registered nurse
3	Julia	F	24	No data	BS Nursing
4	Sharon	F	32	Married	Other university degree
5	Mylene	F	31	Never married	BS Nursing
6	Mica	F	25	Never married	Unfinished college education
7	Joanna	F	23	Never married	High school
8	Bobet	M	26	Never married	Vocational
9	Marjo	F	31	Married	BS Nursing
10	Carlo	M	27	Never married	Unfinished college education
11	Mila	F	29	Never married	BS Nursing
12	Simon	M	23	Never married	Other university degree
13	Carla	F	24	Never married	University postgrad
14	Rinalyn	F	25	Never married	Other university degree
15	Robert	M	25	Never married	Other university degree
16	Jun	M	26	Never married	Other university degree
17	Joseph	M	23	Never married	High school
18	Nora	F	32	Never married	University postgrad

19	Boyet	M	28	Never married	High school
20	Rafaela	F	35	Married	High school
21	Israel	M	33	Never married	BS Nursing
22	Allan	M	21	Never married	Vocational
23	Jason	M	32	Never married	Vocational
24	Rose	F	29	Never married	Other university degree
25	Lenny Joy	F	26	Never married	Other university degree
26	David	M	23	Never married	Vocational
27	Laila	F	30	Married	Other university degree
28	Mila	F	27	Never married	BS Nursing
29	Roma	F	26	Never married	Other university degree
30	Sam	F	25	Never married	Other university degree
31	Joshua	M	32	Live-in	Vocational
32	Sylvia	F	35	Never married	Unfinished college education
33	Lorie	F	31	Never married	BS Nursing
34	Lian	F	27	Never married	BS Nursing
35	Raisa	F	33	Never married	No data
36	Daphne	F	28	Never married	BS Nursing
37	Cynthia	F	25	Never married	Vocational

Table 7. Profile of informants in Japan

No.	Alias	Mode of entries	Years in Japan	Visa status	Sex	Age	Civil status	Educational attainment	Region of origin	Workplace	Current work
1	Cecil	foreign student, EPA care worker candidate	8	Special designated activity: care work	F	32	Never married	Nursing graduate	Cordillera	Tokuyo	Certified care worker
2	Maricar	EPA care worker candidate	6	Left Japan in 2018	F	28	Married	Nursing graduate, registered nurse in the Philippines	National Capital Region	Day service/Tokuyo	EPA returnee
3	Lisa	EPA care worker candidate	9	Left Japan in 2018	F	39	No data	Nursing graduate, registered nurse in the Philippines	National Capital Region	Tokuyo	EPA returnee
4	Aileen	EPA care worker candidate	6	Left Japan in 2019	F	31	Never married	Nursing graduate, registered nurse in the Philippines	Cordillera	Roken	Certified care worker
5	Rosalie	EPA care worker candidate	5	Special designated activity: care work	F	31	Never married	Nursing graduate, registered nurse in the Philippines	National Capital Region	Tokuyo	Certified care worker
6	Leonora	foreign student	3	Foreign student	F	25	Never married	Nursing graduate, registered nurse in the Philippines	Central Luzon	Tokuyo	Certified care worker
7	Rosemary	foreign student	3	Foreign student	F	25	Never married	Nursing graduate, registered nurse in the Philippines	Central Luzon	Tokuyo	Certified care worker

8	Julieta	entertainer, longterm resident (mother of JFC)	>10	Long-term visa (mother of Japanese-Filipino child)	F	44	Divorced (in Japan)	2 Years of Nursing (unfinished)	Central Luzon	Tokuyo	Longterm care worker
9	Israel	foreign student	2	Foreign student	M	33	Never married	Nursing graduate, registered nurse in the Philippines	National Capital Region	Tokuyo	Part-time care woker
10	Jennilyn	Long term resident (spouse)		Long-term visa (spouse)	F	31	Married	Nursing graduate, registered nurse in the Philippines	Western Visayas	Roken	Part-time care woker
11	Adora	entertainer, longterm resident (mother of JFC)	10	Long-term visa (mother of Japanese-Filipino child)	F	early 50s	Widowed	No data	Central Visayas	Day service	Longterm care worker
12	Jason	longterm resident (Nikkeijin)	1	Long-term visa (Nikkeijin)	M	35	Married	Elementary	Southern Mindanao	Roken	Part-time care woker
13	Glenda	longterm resident (Nikkeijin)	>5	Long-term visa (Nikkeijin)	F	39	Separated	Elementary	Southern Mindanao	Roken	Part-time care woker
14	Riza	foreign student	1	Foreign student	F	26	Never married	College graduate	Calabarzon	Roken	Part-time care woker
15	Joy	foreign student	1	Foreign student	F	mid-20s	Never married	College graduate	National Capital Region	Roken	Part-time care woker

16	Marilyn	foreign student	1	Foreign student	F	mid-20s	Never married	College graduate		Roken	Part-time care woker
17	Sharmaine	foreign student	1	Foreign student	F	31	Married	No data	Ilocos Region	Roken	Part-time care woker
18	Maryjane	entertainer, longterm resident (mother of JFC)	1	Long-term visa (mother of Japanese-Filipino child)	F	early 40s	Divorced (in Japan)	No data	National Capital Region	Roken	Part-time care woker
19	Mika	longterm resident (Nikkeijin)		Long-term visa (Nikkeijin)	F	28	Married	Unfinished nursing degree	Eastern Visayas	Day service	Part-time care woker
20	Sally	foreign student, EPA care worker candidate	>3	Special designated activity: care work	F	27	Never married	Nursing graduate, registered nurse in the Philippines	Eastern Visayas	Roken	EPA candidate
21	Josephine	foreign student, EPA care worker candidate	>3	Special designated activity: care work	F	mid-20s	Never married	Nursing graduate, registered nurse in the Philippines	Calabarzon	Tokuyo	EPA candidate
22	Bernadette	foreign student, EPA care worker candidate	>3	Special designated activity: care work	F	26	Never married	No data	Calabarzon	No data	EPA candidate

23	Kristina	EPA care worker candidate	6	Special designated activity: care work	F	32	Never married	Nursing graduate, registered nurse in the Philippines	Western Visayas	Tokuyo	Certified care worker
24	Cherry	EPA care worker candidate	6	Special designated activity: care work	F	32	Never married	Nursing graduate, registered nurse in the Philippines	Cordillera	Tokuyo	Certified care worker
25	Leah	EPA care worker candidate	3	Special designated activity: care work	F	29	Never married	Nursing graduate, registered nurse in the Philippines	Central Visayas	Tokuyo	EPA candidate
26	Precious	EPA care worker candidate	2	Special designated activity: care work	F	33	Married	Social work graduate	Southern Mindanao	Roken	EPA candidate
27	Bryan	foreign student	1	Foreign student	M	31	Never married	Nursing graduate, registered nurse in the Philippines	Southern Mindanao	Tokuyo/Roken	Part-time care woker
28	Marge	foreign student	1	Foreign student	F	late 20s	Never married	Education graduate	Southern Mindanao	Roken	Part-time care woker
29	Arah	EPA care worker candidate	2	Special designated activity: care work	F	late 20s	Never married	Nursing graduate, registered nurse in the Philippines	No data	Roken	EPA candidate

30	Gloria	Long-term resident (spouse)	>10	Long-term visa (spouse)	F	40	Divorced (in Japan)	No data	National Capital Region	Roken	Longterm care worker
31	Myrna	entertainer, longterm resident (spouse)		Long-term visa (spouse)	F	mid-50s	No data	No data	Northern Mindanao	Roken	Longterm care worker
32	Luz	entertainer, longterm resident (spouse)		Long-term visa (spouse)	F	late 40s	No data	No data	No data	Roken	Longterm care worker
33	Mike	foreign student	3	Foreign student	M	34	Never married	College graduate	Southern Mindanao	Tokuyo/Roken	Part-time care woker
34	Niña	foreign student	1	Foreign student	F	24	Never married	College graduate	Southern Mindanao	Tokuyo	Part-time care woker
35	Bea	foreign student	1	Foreign student	F	27	Never married	Licensed pharmacist	Southern Mindanao	Roken	Part-time care woker
36	Faith	foreign student	1	Foreign student	F	33	Never married	Nursing graduate, registered nurse in the Philippines	Southern Mindanao	Roken	Part-time care woker
37	Joanna	EPA care worker candidate	3	Special designated activity: care work	F	35	Never married	College graduate	Cordillera	Tokuyo (unitto)	EPA candidate

38	Grace	entertainer, longterm resident (spouse)	>10	Longterm visa (spouse)	F	38	Married	No data	Bicol	Roken	Longterm care worker
39	Karen	EPA care worker candidate	3	Special designated activity: care work	F	35	Never married	Nursing graduate	National Capital Region	Tokuyo	EPA candidate
40	Julius	foreign student	1	Foreign student	M	24	Never married	IT graduate	Southern Mindanao	Tokuyo	Part-time care woker
41	Anne	foreign student	1	Foreign student	F	37	Never married	Education graduate	Southern Mindanao	Tokuyo	Part-time care woker
42	Cielo	EPA care worker candidate	6	Special designated activity: care work	F	32	Never married	Nursing graduate, registered nurse in the Philippines	Calabarzon	Tokuyo	Certified care worker
43	Alvin	EPA care worker candidate	5	Special designated activity: care work	M	33	Never married	Nursing graduate, registered nurse in the Philippines	Southern Mindanao	Tokuyo	Certified care worker
44	Rea	EPA care worker candidate	4	Special designated activity: care work	F	mid-30s	No data	No data	Southern Mindanao	Tokuyo	EPA candidate

45	Lani	foreign student	1	Foreign student	F	21	Never married	3 years of Physical Therapy (unfinished)	National Capital Region	Tokuyo/Roken	Part-time care woker
46	Shiela	EPA care worker candidate	3	Special designated activity: care work	F	32	Married	Social work graduate	Southern Mindanao	Roken	EPA candidate
47	Jonna	EPA care worker candidate	2	Special designated activity: care work	F	27	Never married	Nursing graduate, registered nurse in the Philippines	Central Visayas	Tokuyo	EPA candidate
48	Rona	EPA care worker candidate	2	Special designated activity: care work	F	26	Never married	Nursing graduate, registered nurse in the Philippines	Central Visayas	Tokuyo	EPA candidate
49	Daisy	EPA care worker candidate	<1	Special designated activity: care work	F	29	Never married	Nursing graduate, registered nurse in the Philippines	Central Luzon		EPA candidate
50	Camille	EPA care worker candidate	<1	Special designated activity: care work	F	32	Never married	Nursing graduate, registered nurse in the Philippines	Cagayan Valley		EPA candidate

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