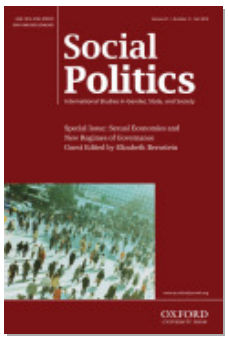
Working with Arlie Hochschild: connecting feelings to social change



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Social Politics: International Studies in Gender, State and Society, Volume 19, Number 2, Summer 2012, pp. 194-218 (Article)

Published by Oxford University Press

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Social Politics 2012 Volume 19 Number 2

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Abstract

Though Arlie Hochschild is a leading contemporary sociologist, her theoretical framework is hardly used outside her own field. The purpose of this article is to critique Hochschild's theoretical framework in order to make it more broadly applicable. The main problem I identify is an analytical gap between her core micro-level concepts "feeling and framing rules" and macro-level phenomena such as "commercialization." I propose the concept of "citizenship regimes" to bridge this gap. "Citizenship regimes" are located at the same (meso-) level as "ideologies", the concept Hochschild uses. Ideologies, however, only concern ideas, while citizenship regimes include tangible practices and routines, laws and informal rules, and organizational and material arrangements. Citizenship regimes, like ideologies, change. But due largely to their material presence, earlier regimes linger on; individuals thus often live under the influence of several regimes, and the tensions between them explain the conflicts they experience among their feelings, feeling rules, and framing rules. The wider phenomenon of commercialization is thus experienced very differently, and can be traced back to the influence of competing citizenship regimes.

Summer 2012 Pages 194–218 doi:10.1093/sp/jxs003
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The claim is illustrated through an empirical study of informal care in Amsterdam, the Netherlands.

Introduction

Over the past three decades, the sociology of emotions has firmly established itself within the repertoire of academic sociology, spawning critical overviews of research, theorizing and debate within the field (Barbalet 2002; Greco and Stenner 2008; Turner and Stets 2005). One of the prominent figures in these works is the American sociologist Arlie Russell Hochschild. Considered a leading scholar in the field of emotions and society alongside Goffman, Collins, and Luhmann (Greco and Stenner 2008), one of her major achievement includes expanding the symbolic interactionist approach to the study of emotions.

Emotions have been central in Hochschild's work since the beginning of her career in the late 1970s. Her books are well-known: *The Managed Heart* (1983) examines the daily "emotional labor" of flight attendants struggling with the demands of their employers. *The Second Shift: Working Parents and the Revolution at Home* (1989) and *The Time Bind: When Work Becomes Home and Home Becomes Work* (1997) both address the emotional strains experienced in families where both partners work outside the home. Her latest book, *The Commercialization of Intimate Life* (2003), is a collection of articles on these and newer themes such as the influence of globalization on care relations. In her publications, Hochschild has consistently advanced theory and concepts that bring new insights into the peculiarities, dilemmas, tensions, and conflicts of contemporary human interactions at home and at work, at the level of both thinking and feeling.

Though Hochschild is recognized as one of the leading contemporary sociologists of emotions, her influence is most notable within the boundaries of her own research area: the gender division of labor in the workplace and within households, and the blurring of work and home (with few exceptions, e.g. Cahill and Eggleston (1994) on the emotion management of wheelchair users in public). Authors tend not to discuss or adapt her broader framework, instead making use of more or less isolated concepts such as "emotional labor" (Agustin 2003; Korteweg 2006) or "care ideals" (Kremer 2006). Hochschild's stature in the sociology of emotions, however, suggests that her ideas could apply to a broader range of social phenomena and theoretical debate. One expects her thinking to inspire sociologists working in other areas.

Why has Hochschild's influence largely been limited to her own field? In this article, I identify some weaknesses in her theoretical framework that, I argue, impede its application to broader sociological research. First, some of her key concepts would benefit from greater clarity. Hochschild develops her concepts while reflecting on the findings of her own empirical research; this means they remain attuned to specific research fields. She rarely makes explicit the relationships between her concepts and spends little time reflecting on their broader applicability. As long as they are limited to her own research, there is no need to do so; however, applying her concepts to other empirical data necessitates greater explication. Second, and more fundamentally, there is a theoretical lacuna in Hochschild's work on how relationships between individual emotions, social interactions, and large-scale processes like globalization and commercialization relate to one another (Van Daalen 2009). This article aims to address this gap by introducing the concept of "citizenship regimes," which point to the meso-level of institutions.

I argue for a broad diffusion of Hochschild's ideas about the relevance of emotions for sociology, and argue that with some conceptual clarification and elaboration, her framework can be applied to many other areas. Towards this end, this article first recounts Hochschild's larger framework and key concepts. I then introduce my own intervention in the form of "citizenship regimes." The second part of the article applies this new framework to an area close to Arlie Hochschild's own field: the relations between informal care-givers, their frail elderly or handicapped charges, and welfare institutions in the Netherlands.

Feelingful Selves

The ways people observe and manage their inner lives are a central topic in Hochschild's work. One of her core insights is that feelings are not directly caused by situations or events, but are mediated by norm-ridden reflection. Hochschild is especially interested in "the secondary acts performed upon the ongoing non-reflective stream of primary emotive experience" (2003, 88). People do not simply "have" feelings; they interpret and manage their feelings in countless ways and actively (re)construct their own emotions. This insight may be seen as her core message, opening up a broad range of important new questions about the relationship between individual emotions and social processes.

People try to adapt their emotions to social expectations, as in the case of the flight attendants whose jobs demand friendliness and enthusiasm. Hochschild terms their effort to show particular

emotions—and to even feel them in order to be convincing—"emotional labor." This is hard work which is seldom recognized as such; Hochschild coined the concept in order to underline this effort and to give emotional labor its due alongside physical and mental labor. Many jobs today, especially those in the service sector, demand emotional labor. It pertains to all kinds of care workers who commercially perform tasks that were previously done by women at home. Such work calls for "an appreciation of display rules, feeling rules and a capacity for deep acting" (2003, 102).

The process of managing feelings becomes more difficult during times of rapid social change. This was the case in the social relations between men and women in the last decades of the twentieth century as ideas about gender roles were subject to radical transformation. These changes caused discrepancies between old and new norms for both feelings and behavior. Instead of ignoring such tensions (as most policy-oriented researchers do) or dividing this complexity into what people "really" want and what their false consciousness wants them to believe they want (see, e.g. Marxist feminists such as Barrett 1980), Hochschild sees this wrestling state of mind as the normal human condition, more pronounced during periods of social turbulence. People always search for harmony within themselves and with each other, at the level of both emotions and cognitions—and thus invent strategies to attain this harmony.

Hochschild's descriptions of how we worry about our feelings—about their character, intensity, and expression—are immediately recognizable. She vividly describes how we struggle to influence and control our feelings, how we try to deal with our emotional tensions and dilemmas, discontents, and embarrassments. We continually weigh and assess our feelings: "Do I have the 'right' feelings for somebody?" "Am I allowed to have this feeling in this situation?" "Are my feelings too extreme, or maybe too moderate?" "Are my feelings appropriate for the time and place?" We routinely stumble to try and live up to our own self-image and to the expectations of others.

Sometimes we try to manage our feelings by rationalizing our circumstances, exemplified by a woman in one of Hochschild's studies. Desiring an equal sharing of household chores with her partner, she recounts how they successfully attained this balance. The woman is responsible for the upstairs of the house and her husband for the downstairs—the latter being the garage and the dog and the upstairs being the remainder of the house and the child (Hochschild 2003, 134–5). By casting these very unequal responsibilities as "upstairs" and "downstairs," the woman tries to convince herself that the division of tasks is equal.

Hochschild's interpretive frameworks consist of both cognitive and emotional elements, thus going beyond the work of sociologists who treat the emotional life of individuals as the domain of psychology and a black box for the discipline. The sociologist Anthony Giddens, for instance, sees the self as a cognitive project where individuals must make choices. He demonstrates how people in modern times have to ask themselves who they are, who they want to be, what they have to do, and how they can reach that goal. For Giddens' "thinking self," bodily processes are objects of consciousness, reflection, and action; emotions are not (Giddens 1991, 70). Hochschild expands Giddens' "thinking self" into a thinking *and* feeling self: she connects cognition management to emotion management and, in doing so, makes emotions accessible to sociological research. She uses a symbolic interactionist framework, like Erving Goffman, but adds to it an emotional dimension.

Hochschild employs the conceptual duo of "feeling rules" and "framing rules" to highlight the social construction as well as the social and moral complexity of emotions. She writes: "We do not simply feel, we think about our feelings, both individually and collectively. The way we think about them also influences our feelings. We experience feelings in tango with feeling rules, the social guidelines that direct how we want to try to feel" (2003, 97). Feeling rules are "socially shared, albeit often latent (not thought about unless probed at)" (2003, 97). "Feeling rules define what we imagine we should and shouldn't feel and would like to feel over a range of circumstances" (2003, 82).

Feeling rules share certain characteristics with other kinds of rules. Like etiquette and rules of bodily comportment and social action in general, "a feeling rule delineates a zone within which one has permission to be free of worry, guilt or shame with regard to the situated feeling. A feeling rule sets down a metaphoric floor, walls and ceiling, there being room for motion and play within boundaries" (2003, 98). Like other rules, feeling rules can be obeyed half-heartedly or boldly broken, at varying cost. They can be more or less internalized, or dependent on external social control. Feeling rules also differ from other rules. They "do not apply to action but to what is often taken as a precursor to action. Therefore they tend to be latent and resistant to formal codification" (2003, 98).

When we use feeling rules, we judge a feeling as appropriate or inappropriate. In doing so, we generally use three different measures of appropriateness: clinical, moral, and social-situational. "Clinical appropriateness refers to what is expectable for 'normal', 'healthy' persons, [. . .] moral appropriateness refers to what is morally legitimate [. . .], social-situational appropriateness refers to what is called

for by the norms specific to the situation" (2003, 82). These types of appropriateness correspond to the respective domains of clinicians, the clergy, and etiquette experts.

In her later work, Hochschild introduced the concept of "framing rules," which provide the context for feeling rules. Framing rules are "the rules according to which we ascribe definitions or meanings to situations," or "rules governing how we see situations" (2003, 99). Parallel to the three types of feeling rules, Hochschild discerns three sorts of framing rules: moral, pragmatic, and historical (2003, 116). The moral frame of reference relates to notions of what is morally right, the pragmatic to what is possible, and the historical frame to individually specific or collectively shared history.

Hochschild does not expound on the relationship between feeling and framing rules, though we can deduce their relationship from the way she uses these concepts. Framing rules point to the cognitive, meaningful, and interpretive frame within which feeling rules are situated. The norm that women should be at home is a framing rule, while the norm to feel happy about being at home, or to feel guilty about being absent, is a feeling rule (2003, 127). As Turner and Stets argue: "framing rules designate what interpretations and meanings individuals should give to situations, whereas feeling rules specify how people ought to feel in a situation given a particular interpretation demanded by framing rules" (2005, 41). Feeling and framing rules are expressed and experienced by individuals but are rooted in collective notions; they furthermore vary between different groups and societies.

A Missing Link

To apply Hochschild's framework to empirical research, one faces three problems. First, Hochschild employs different concepts to explain differences in feeling and framing rules, such as "gender ideology," "gender strategy," or "gender code"—which she sometimes calls the "gender honor code" (2003, 107, 127). She sometimes differentiates between three gender ideologies (traditional, egalitarian, and transitional) (2003, 127) and at other times between two gender codes instead of ideologies (with transitional omitted) (2003, 47). The reader is left in the dark as to how these concepts differ or are related. Second, it remains unclear how ideologies are related to institutional changes in care and welfare entitlement and provision. Ideologies only concern ideas; they do not concern tangible, material practices, such as regulations on who is entitled to receive care and how much money should be paid to whom. If society only consisted of ideologies, social change would be a matter

of rhetoric and persuasion, and conviction would suffice to realize change. The fact that we not only have to deal with ideas and feelings, but also with social relations and practices, makes social change much more complex, not just to realize but also to understand.

The third and most fundamental problem is that the relationships between gender ideologies and framing and feeling rules on the one hand, and broader social processes on the other, remain unclear. Hochschild invokes the concept "commercialization" and "commodification." These characterize globalized, neo-capitalist relationships in the second half of the twentieth century. "Commodification" is introduced as a critique and an alternative to the (neo-) Marxist notion of "alienation." The concept of alienation, she argues, misunderstands emotional labor: we do not become alienated by selling our personalities at work, as Erich Fromm and C. Wright Mills contend. Employees who seek to manage conflicting emotional demands are not passively alienated; they are actively trying to reconcile their conflicting emotions. This negotiation is at the core of their emotional labor and requires their deep acting. But how does the broad phenomenon of commodification explain variations in the ideologies and framing and feeling rules that lie behind their emotional labor? If commodification is so powerful and so encompassing, how can we understand the differences in ideologies and feeling rules used by people who are all influenced by the same process of commodification? Similarly, "commercialization" emerges as an undesignated, powerful monster lurking in the background, somehow responsible for much evil. The monster is omnipresent and, in its vagueness, disregards differences between periods, countries, and institutional contexts. "Commercialization" again cannot explain differences in the articulation of feeling and framing rules.

Thus Hochschild's subtle understanding of the daily emotional struggle of individuals does not extend to macro-phenomena, where her theory is thinner and her statements less precise. Her conceptual framework is unable to effectively relate the micro-level of framing and feeling rules to macro-level phenomena such as commercialization. We understand feeling rules to be formed by framing rules: rules on what to feel are determined by rules on how one frames given situations. Framing rules are in turn informed by general phenomena such as gender ideologies or, even broader, commercialization. But exactly how feeling and framing rules and these broader processes are related remains unclear in Hochschild's work.

Citizenship Regimes

To bridge the gap in Hochschild's work between the micro-level processes of framing and feeling rules and macro-level processes like commodification, in a way that also does justice to the material, institutional aspects of social life, I propose to use the concept of *citizenship regime*. Jenson and Phillips define citizenship regimes as "the institutional arrangements, rules and understandings that guide and shape current policy decisions and expenditures of states, problem definitions by states and citizens, and claims making by citizens" (2001, 72). This conceptualization is useful for our purposes as institutional arrangements, rules, and understandings mediate macro-processes such as commercialization and micro-phenomena such as citizen's ideas and feelings concerning their rights and duties. But Jenson and Phillips' definition needs to be adjusted to incorporate framing rules: "problem definitions by states and citizens" can be broken into "problem definitions by states" (included under "understandings") and "problem definitions by citizens" (which can be equated with "framing rules"). Adding the dimensions of power and emotions (feeling rules) central to Hochschild's work results in the following definition of a citizenship regime: *the institutional arrangements, rules and understandings, and power relations that guide and shape current policy decisions, state expenditures, framing rules, feeling rules and claims-making by citizens*.

Like ideologies, citizenship regimes embody norms and values. But unlike ideologies, citizenship regimes consist of more than just ideas: institutional arrangements with their principles, rules, and decision-making procedures, the offices in charge of deciding and executing policy, regulations on who is entitled to receive care and how much money should be paid to whom. Such institutional arrangements can be formal (expressed in legal and other formal provisions) or informal (expressed in habits of relating to others). A further advantage of the concept of "citizenship regime" over "ideology" and "code"—the concepts used by Hochschild—is that it more clearly captures relations of power: citizenship regimes set limits to what can be claimed and given by whom. Over the past decades, several citizenship regimes have informed care-giving and receiving in the Netherlands in quick succession: what I term the *community* regime, the *welfare-recipient* regime, the *citizen-consumer* regime, and the *active citizen* regime are discussed below.

The *community* regime, dominant in the Netherlands until the 1950s, is based on the idea that communities should care for their needy members. Implicitly, it is women who provide the unpaid care, either at home or in communities such as cloisters. Both

care-giving and receiving limit other aspects of citizenship such as work or political participation. Care is a favor, not a right. Feeling rules for informal care-givers in the community regime prescribe that they should feel happy and proud to be active in the community and to provide informal care; providing informal care oneself is the greatest gift close kin can bestow. Feeling rules for recipients of care dictate that they feel grateful for being helped by the community.

The *welfare-recipient* regime arose with the post-war welfare state. Here, citizens are prescribed generally passive roles, while professional care-givers take over much of what was previously a family or community responsibility. Care is a legal right to which all citizens are entitled, enshrined in the Netherlands in the 1968 AWBZ Act. The legal right to publicly financed care expanded over time, from the right to stay in a care institution to receive day or home care (from a few hours a week to full time care). As professional care was the norm, patients were encouraged to prefer it and not expect too much from their close kin. The attendant feeling rules included the right to feel abandoned and angry when one considers professional services to be of poor quality or when one perceives unfair treatment from service providers. The greatest gift of close kin to patients is to arrange for high-quality professional care. Misgivings can occur when care-givers devote too much time and energy while patients would rather be helped by professionals.

The *citizen-consumer* regime (Newman 2005) gained ground in the late 1980s, especially after the introduction of the personal budget in 1986. Personal budgets are collectively financed by the obligatory health insurance system. In order to purchase care on the market, patients receive personal budgets to pay care-givers by the hour; in practice, they are often spent to remunerate family care-givers (Kremer 2006). The citizen-consumer regime tells us that care is a commodity. While personal budgets were first intended for a small group, more and more people received them in the 1990s and 2000s for different kinds of problems, leading to ballooning public expenditures. Feeling rules here include not expecting a great deal of unpaid help from close kin, and feeling gratitude when they provide or arrange for care efficiently. Misgivings can occur when a son or daughter sacrifices a lot of time caring for an aging parent, while the parent may feel this to be a waste of money since the child can earn more by working herself and arranging for an inexpensive care-giver.

The *active citizenship* regime is currently ascendant in many Western welfare states (Kearns 1992; Lister 1997; Marinetto 2003; Newman and Tonkens 2011; Onyx, Kenny and Brown 2011). Citizens here must arrange care by themselves, combining their own

labor with that of their personal networks (with or without personal budgets) and the professional services. An important watershed was the 2007 Wet Maatschappelijke Ondersteuning (WMO or Social Support Act), the main elements of which are devolution of care and support services to the municipalities and intensified appeal to informal care and civil society to contribute to the governance of care and welfare. These changes have far-reaching implications for the daily lives of citizens, who are expected to shoulder all kinds of care and decision-making responsibilities. For both ideological and economic reasons, active citizens responsible for one another's welfare are deemed the pillars of the new care and welfare order.

The Social Support Act implies new practices, institutionalized in new rules and regulations. They determine entitlements to professional services as well as budgets for organizations and individuals; civil servants and professional care-givers are instructed to implement its schemes. The active citizenship regime characteristically encourages organizations of informal caretakers and volunteers, while professional organizations have difficulties maintaining funding. Specific framing rules characterize the active citizenship regime. Moral framing rules include "people should not depend on the state and take responsibility for their own decisions, otherwise the welfare state will explode." Historical framing rules include "we are different from our parents, are more self-conscious and can arrange our own lives, even when we are old and sick." From this, specific feeling rules follow, such as: "I feel proud and happy to be in a decision-making role" or "I should not feel sorry for myself if the state does not take over."

While the active citizenship regime is dominant today, remnants of other regimes linger on, influencing people's framing and feeling rules. Citizenship regimes change under the influence of macro-level phenomena like individualization. While new citizenship regimes can become dominant, they do not fully replace older ones, whose remnants linger on (Clarke and Newman 1997). This is so for two reasons. First, different citizenship regimes exist in a context of political contestation, encompassing not only language and ideas but also institutions and organizations such as legal and entitlement procedures, offices, professional training, etc. Second, remnants of older citizenship regimes may retain influence because even if new citizenship regimes become dominant, the material and legal conditions as well as the habits and habitus of people may not change as quickly as policy notions and white papers. There may, for example, be forms to be filled out or procedures to be selected for care in the style of an older citizenship regime. Some things take longer to reform (educational curricula, physical infrastructure, family

cultures, etc.), especially when there is resistance (for instance, in the attitudes of professionals who have long worked in the field). Such historical sediment can create tensions with aspects of citizenship regimes that have changed more rapidly, such as regulations concerning entitlements for services.

All of this is summarized in Table 1. Table 2 consists of examples of what, in different regimes, policy decisions, state expenditures, claims-making, framing rules, and feeling rules may be that guide and shape.

With this theoretical framework, the meso-level of citizenship regimes with their ideals and institutional arrangements can be related to the macro-level of globalization, individualization, and commercialization, as well as to the micro-level of daily interactions between care-givers and care recipients. Because remnants of older regimes remain, citizenship regimes cannot enforce particular behaviors or feelings; they only presort for certain framing rules without dictating them. The coexistence of different citizenship regimes creates tensions between their associated framing and feeling rules. People have to make sense of these tensions, in their behavior as well as in their thoughts and feelings. Tensions between citizenship regimes can be a source of confusion, inspiration, frustration, or protest: what counts as morally right in one citizenship regime may not match the framing and feeling rules of other regimes. Traces of older citizenship regimes may pose alternatives or inspire protest or claims-making among citizens confronted by new citizenship regimes. People can also mingle feeling and framing rules from different citizenship regimes, modify them, or protest against the one set on the basis of another. The concept thus allows for the analysis of social and emotional tensions caused by the contradictions and discrepancies between different citizenship regimes.

I now turn to an empirical study of cooperation between patients with long-term care needs and their care-givers in the city of Amsterdam. I will show how the concept of citizenship regime helped us understand the social character of our respondents' framing and feeling rules as they performed the emotional labor of caring for their dependent family members.

Citizenship Regimes in (In)formal Care

In 2007, I ran a research project on informal care in Amsterdam, the Netherlands (Tonkens and Van den Broeke 2008). We held in-depth interviews with 75 people within 25 care networks around the frail elderly, individuals with physical or mental disabilities, and individuals with psychiatric problems. "Care network" refers to the

Table 1. Variants and components of citizenship regimes

	Community regime	Welfare-recipient regime	Citizen-consumer regime	Active citizen regime
Institutional arrangements	Informal communities, e.g. households or cloisters	Publicly funded and organized professional care organizations	Individual care arrangements in a quasi-market, preferably paid by personal budgets	Mixture of professional and informal arrangements managed by clients or care-givers
Rules and understandings	Women should provide care; no rights attached to care-giving or receiving	Professionals should provide care; all citizens are entitled to professional care	Care is a commodity; full citizenship means ability to freely purchase care	Full citizenship entails assuming responsibility for (organizing) (formal and informal) care
Power relations	Informal power over patients	Professional power over patients	Power equilibrium due to free exchange	Self-management; all involved must take responsibility

Table 2. Examples of policy decisions, state expenditures, claims-making, framing rules, and feeling rules in citizenship regimes

	Community regime	Welfare-recipient regime	Citizen-consumer regime	Active citizen regime
Policy decisions	To subsidize housewives	To promote public care arrangements	To promote care as a commodity	To promote volunteering
State expenditure	Lower taxes for breadwinners	To invest in elderly homes	To invest in personal budgets	To invest in volunteer centers
Claims-making by citizens	The right as a couple to live on one income	The right to services; to reject waiting lists	The right to be paid for informal care	The right to participate in society
Framing rules	A good daughter takes care of her ageing parents	A good daughter cares for her ageing parents but does not provide care herself	A good daughter ensures care is arranged and paid for	A good daughter arranges a social network around her ageing parents
Feeling rules	Feel happy to be able to care for parents oneself; feel guilty if one cannot do so	Feel proud that parents do not have to depend on you	Feel happy that care can be arranged in a business-like manner	Feel happy to see one's ageing parents socially active, with a vibrant network supporting them

circle of people who provide some kind of care or help to the same individual on a regular basis—daily, weekly, or even less often. These people can be informal care-givers (such as family members, neighbors, and friends), unpaid volunteers (sent by an organization), or paid professional care-givers (whether sent by an organization or working independently and paid through a personal budget). In terms of ethnicity, gender, and socio-economic background, both patients and their informal care-givers were representative of the population at large: the members of 16 networks had native Dutch backgrounds, while others were of Turkish (3), Moroccan (3), Surinamese (2), and Antillean (1) descent. We interviewed professional care-givers such as home helps, nurses, and general practitioners and, if present, volunteers. Networks were found both by snowballing and with the help of different (care, voluntary, patient, and ethnic) organizations. The interviews mostly took place in respondents' homes and lasted for an average of 2 h. The interviews with general practitioners took place in their offices and lasted 20 min. All interviews covered such issues as the nature of the help; the history and character of the care network; views and experiences of cooperation between people in the care network; and views on the welfare state, the health care system, and the local government. We analyzed and coded the interviews, looking for similarities and differences in styles of cooperation, the framing and feeling rules concerning care-giving and care-receiving, notions of citizens' rights and duties in the modern welfare state, and experiences of satisfaction and burden in care-giving.

We found various types of networks in which different framing and feeling rules were dominant. While I cannot give a full report of our empirical findings here (see Tonkens and Van den Broeke 2008), I highlight three examples that reveal how the influence of different citizenship regimes within these networks helps explain the differences in the experiences of their members.

First, we found a mixture of support from relatives, professionals, and volunteers that fit the active citizen regime, exemplified by the care network around Mrs. Heemskerk, a ninety-year-old woman who suffers from severe dementia. Her daughters together with several professionals and volunteers take care of her, and so facilitate her remaining in her own home. Living at home as long as possible is a key understanding of the active citizenship regime. It is supported by institutional arrangements such as paid home care and voluntary organizations sending volunteers to provide the frail elderly with regular companionship. Policy-makers have promoted these arrangements by establishing help desks for care-givers, and by distributing information on voluntary organizations that provide

support. Mrs. Heemskerk's eldest daughter Erica, a former district nurse, is the central care-giver, a vital role in the active citizenship regime. Erica coordinates and oversees all care and makes sure that all care-givers feel needed and appreciated—not only the informal and formal care-givers but also the volunteers, such as Mrs. Diepen, an old friend of Mrs. Heemskerk, and Mrs. Vries, sent by a voluntary organization to keep Mrs. Heemskerk company once a week. The complex set of relations that need to be managed also involve managing power imbalances, e.g. the feelings of powerlessness that Mrs. Van Heemskerk suffers. Occasionally, Mrs. van Heemskerk becomes verbally aggressive and tells people to leave her alone. When this happens, Mrs. Vries manages to calm her down and make her feel at ease. Mrs. Vries enjoys making Mrs. Heemskerk feel comfortable and giving her daughters "a break." This pleasant feeling helps her endure Mrs. Heemskerk's occasional bad temper and anger.

Erica and her sister Hannah, as well as Mrs. Vries, share the same moral framing rules concerning the right to care in the welfare state: they consider care for vulnerable people as a shared responsibility for family care-givers and the state, towards which volunteers can also contribute. Alongside their own help and the support of other people, the sisters see themselves as entitled to quality professional care; they see no reason to perform all the care tasks themselves. When they consider the professional care granted to their mother inadequate, they protest kindly but firmly until improvements are made. Their claims-making involves the right to social participation for both themselves and their mother.

All four informal care-givers around Mrs. Heemskerk see professional and informal care as complementary. Informal care for them is mostly a matter of emotional support and of arranging the needed care, while bodily care like washing is seen as a task for paid, formal caretakers. Informal help from other people such as Mrs. Vries and Mrs. Diepen are not framed as rights, but as gifts the sisters try to return sooner or later with presents. The sisters feel happy and proud of their role—of arranging everything but not performing all the care tasks themselves—as this corresponds with their moral framing rules.

Erica and Hannah sometimes also arrange "personal budgets" to pay informal care-givers—a policy that fits the active citizenship regime, provided it is just one of the pillars of the care arrangement. Following Hochschild, we can note that this commercialization of care by way of the personal budget influences (and corresponds to) Erica and Hannah's framing rules: they frame paid care by acquaintances as a normal entitlement. When they consider the personal

budget too meager, they protest until their mother receives a larger budget. However, we cannot explain their framing and feeling rules towards personal budgets by way of "commercialization," for although this specific form of the commercialization of care is common in the Netherlands, the experiences of the people we interviewed varied enormously.

Active Citizen versus Welfare Recipient

A completely different story was the case of Helen, a native Dutch mother of a child with psychiatric problems. Helen's story exemplifies the clash between the dominant active citizenship regime and expectations generated by the earlier welfare-recipient regime. The care network around Helen is comprised of several professionals who are the main providers of care; it fits the welfare-recipient regime outlined in Table 1. However, the welfare-recipient regime no longer fits contemporary Dutch society. The professionals in this network do not define their responsibilities as Helen would wish, but in accordance with the active citizen regime and its understanding that a central care-giver must be in charge to arrange things herself. This idea, so attractive to Erica and Hannah, does not appeal to Helen. She considers arranging care to be a fundamental responsibility of the welfare state, and expects all basic help from professional care-givers, not from family members or friends. So when formal support seems inadequate, she feels disappointed: "Professional help should take over part of the care [. . .]. Then I wouldn't have to worry all the time: Is my son desolate? Will he be getting out of his bed? Is the insurance taken care of? Is he in a crisis?"' Helen feels angry that she has to take responsibility for matters she believes should be shouldered by professional organizations. Helen thinks she is entitled to services that will assume these responsibilities. As a family member, she wants to concentrate on emotional support, while professionals should assume those tasks that demand professional training and/or distance.

The commercialization of care means very different things to Helen than to Erica and Hannah. Helen detests her role as the purchaser of care services; she wants to be cared for, not to be the entrepreneurial care coordinator armed with a personal budget. The personal budget would formally be given to her son, and she does not trust him to handle it. So while theoretically she could claim a personal budget to hire family members or other informal caretakers, she does not do so. Helen sees professional care as a prime responsibility of the welfare state and informal care as supplementary at best. In her opinion, professional care is—or should be—

qualitatively better than informal care. She considers being dependent on services as functional and non-personal, and therefore less complicated. From this perspective, clients are better off not being dependent on family, friends, or neighbors. This view, however, does not fit the dominant citizenship regime; it therefore introduces tension into Helen's relationships with care organizations.

Since Helen does not expect informal help—nor wishes to formalize it by paying for it—she is extremely grateful when family members nevertheless help out. A nephew visits her son regularly. "He does this by himself, out of social engagement," says Helen. "Well, terrific! It is a real gift. He is such an important person for my son, and for me as well." Such gratitude is not at all what she feels for professional services. Instead of feeling proud that she is arranging everything by herself (as Erica and Hannah do), she feels angry that she is forced to do so, not least because she feels lost within organizations that are frequently changing due to mergers, reorganizations, and staff turnover. Her framing rules underline that her situation is unfair and unfitting; her relationships with professional care-givers and their organizations are strained as they do not meet her demands. The concomitant feeling rules are that she is allowed to feel angry about being abandoned by the welfare state.

So though the commercialization of care relations applies to Helen as well, she experiences it very differently. The way she reacts cannot be explained by pointing to the commercialization of care relations—as this is true for all involved—nor to her attachment to a different ideology. The differences are not just ideological, but involve practical issues as well: Helen's way of acting does not correspond to the reigning active citizenship regime, which is better attuned to Erica and Hannah's needs. The sisters "fit" the dominant citizenship regime and thus receive more support from care services and voluntary organizations. In claims-making, the sisters enjoy much more power; Helen's claims have less legitimacy.

Active Citizen versus Community Regime

A third and again very different kind of story is the one of Fatima, a mother of a twenty-five-year-old intellectually disabled daughter. Like Helen, she does not fit the dominant active citizenship regime. But unlike Helen, Fatima's social life and worldview fit the community regime. Fatima only shares her care-giving tasks with her young daughter. In a community regime, policy efforts support informal care-giving, by for example promoting the single breadwinner model and facilitating contact between informal (stay-at-home) care-givers. But due to the current dominance of the active

citizenship regime, such a wider supporting context is no longer self-evident. So both Fatima and her daughter are very isolated. Fatima's framing rule is that a good woman, wife, mother, and sister provides care without complaining and without setting limits; she should not even think about discussing the division of tasks in the family or asking for professional help. Just raising the issue of the division of tasks is enough to fuel gossip that she is failing in her duties as a good woman. Feeling rules dictate that she should feel happy and proud to provide all the care herself and to feel ashamed in even thinking about refusing this obligation or asking others for help. Following these framing and feeling rules, she carries the burden all by herself, with a little help from her daughter. She does not feel anger towards other family members, or towards care organizations or the state, as she does not expect anything from them. The claims one can legitimately make in the active citizenship regime—such as support to arrange combinations of formal and informal care—are not what she needs; the active citizenship regime only disempowers her. Nor does the community regime empower her to make meaningful claims to the men in her social circle.

Fatima may arouse pity or indignation, but she herself does not judge her situation as pitiable or unfair. She sees it simply as something that tends to come with the informal care she wants to give. If professionals provide care as well, she does not frame this as a right. Moreover, she sees professional care as second best, as a sign of inability on the part of the family. In her opinion, limiting one's support would be selfish and indicative of not being a good wife or daughter. She sees informal care as more personal, loving, and warm—one reason why Fatima will go a long way to keep professionals out of her life. For her, incapacity on the part of the family is only legitimate when specialized medical care is needed, for which informal care-givers lack the skills or training. All other professional care is judged according to the same standards she applies to informal care: it should be equally warm, easily available, and personal. As non-medical professional care is not seen to have its own value, such caretakers are not valued highly and are quickly dismissed. Since Fatima does not "fit" the dominant regime, she not only suffers from loneliness, but also sometimes experiences conflicts; though she expects little from the state and social services, she expects them to be as warm and caring as family members and is disillusioned when they fail to meet these expectations. Note that Fatima's case is not meant to represent the experience of immigrants in the Netherlands more generally. Ideas and practices regarding care within immigrant groups vary greatly and are changing rapidly (Tonkens and Van den Broeke 2008; Tonkens et al. 2011).

What Citizenship Regimes Explain

While Hochschild's concepts of framing and feeling rules are helpful in analyzing our respondents' experiences, what explains the differences in their framing and feeling rules? Why is Helen more angry with the state than Fatima, though she receives more formal help? Why are Erica and Hannah pleased to arrange care, while the idea disturbs Helen? Here, the concept of citizenship regime becomes a useful addition to Hochschild's framework. While all of the informal care-givers we interviewed were subject to "commercialization," they experienced the process very differently. They lived in different "worlds" peopled by different family and social relationships and expectations. We can understand these differences by pointing to the influence of different regimes: the dominance of one regime to which Erica and Hannah adapt and fit in, and the continuing but more marginal presence of an older regime that fits Helen. Due to the tangible, material character of regimes, different regimes exert influence simultaneously: while one may be dominant, others linger on, influencing people's lives and feelings. If one's framing and feeling rules fit the dominant regime, life tends to run more smoothly: one then receives more support and confirmation than when one "fits" a more marginal (generally older) regime.

The concept of citizenship regime thus helps us understand Helen's tense relations with the care services. Helen still adheres to the framing and feeling rules of the welfare-recipient regime, where the prime responsibility for care was allocated to professional services, to which all citizens were legally entitled. Giving weight to informal care was seen as encouraging injustice, especially in the form of poverty for mostly female, unpaid caregivers. People then were encouraged to prefer professional arrangements and not to expect much from their close kin. Feeling rules for both patients and family members dictated that they should feel content when professional services were available and angry when these services were insufficient, as Helen does. In the welfare-recipient regime, the greatest gift of close kin to patients was to arrange for high-quality professional care, while informal care-givers should not interfere in the work of professionals. There is a clear division of tasks and not much reason for contact between family care-givers and formal care services: "There is this huge book the formal care-givers write in. I never look in it, because I think it is theirs," said one of our interviewees who adheres to the welfare-recipient regime. This creates tensions with the care organization, which expects family care-givers to take a more active role in the coordination of care.

Fatima's framing rules also clash with the active citizenship regime. They instead fit the community regime in which care is framed as a need that primarily family members should respond to. Informal care by relatives is a self-evident obligation. The community regime, dominant in many European welfare states roughly up to the 1960s, has not completely disappeared. It represents relations between families, professionals, and the state that remain current in parts of the Dutch countryside as well as among many immigrants in big cities like Amsterdam. Fatima does not frame her situation as one in which there is a moral right to care services; nor does she feel pleasure and pride in arranging these. Because of this misfit, both she and her daughter end up lonely and isolated. They adhere to a community regime that is no longer dominant. Their moral framing rule is that one must provide care to close kin, with churches, charities, and more recently, municipal organizations operating as a second tier. However, this second tier is now hardly present. As professionals and care arrangements were collectively organized over the course of the twentieth century, the community regime in the Netherlands was superseded. Fatima does not fit this development at all, which explains her isolation.

As illustrated by Helen's and Fatima's stories, care-givers and patients whose framing and feeling rules fit the welfare-recipient or community regimes easily encounter trouble as their assumptions regarding care conflict with the now dominant active citizenship regime. It is less common today for the community to step in, or for care organizations to take over responsibility: professionals have learnt to step back and now expect informal care-givers (encouraged by personal budgets) to take greater responsibility. Professionals are willing to help clients arrange care the way Erica and Hannah do, but have learnt not to take over, as Helen expects. Occasionally, Helen meets a care-giver who also adheres to the welfare-recipient regime, a person who takes more responsibility herself and has a more caring attitude. Though this pleases Helen, the situation does not last for long. The care-giver is violating the rules and regulations of the active citizenship regime and sooner or later will be reprimanded by the organization. Alternatively, she will become overburdened as her framing and feeling rules and way of working take much more time than the organization allows. Nevertheless, the afore-mentioned personal budget—recently instituted to support the active citizenship regime—can unintentionally reinforce the community regime. It can be used to pay family members and, through this route, affirm their importance (Kremer 2006).

The concept of citizenship regime can thus help understand the conflicts between the feelings, feeling rules, and framing rules of

clients, organizations, and family members. It sheds light on the tensions and conflicts experienced by people in care networks, within themselves and with each other. It explains why Erica and Hannah are much happier than Helen and Fatima; the latter's conflicts are in large part due to their living under the dominance of one regime while adhering and being appealed to live under the rules and regulations of another regime.

Mrs. Turan and her daughters exemplify this as well. Mrs. Turan comes from Turkey and lives in a nursing home. She herself is too demented to pass judgments on care obligations. She raised her daughters in the spirit of the community regime, and from that perspective her daughters believe that they should provide all the care their mother needs themselves. Yet they were raised in the Netherlands under the ascendance of the active citizenship regime. They want to remain loyal to the framing and feeling rules of the community regime, according to which a good daughter cares for her sick mother, but they also adhere to the idea of entitlement to care services and the idea of taking an active role in arranging them.

As they violate the framing rules of the community regime by placing their mother in a nursing home, they try to make up for this by coming to wash her every day—even though they do not live nearby, have busy lives of their own, and the service is provided by the care institution. In this way, they show loyalty to the community regime, in which washing a family member oneself symbolizes proper care. They thus balance the framing rules of the two regimes—it is all right to make use of a nursing home (active citizenship regime) but should personally keep on washing your loved ones (community regime). Though investing a lot of time and effort in something the care organization already provides may seem irrational, it is their way of balancing the conflicting regimes they live under.

The influence of different regimes also underlies the tensions between Mrs. Hamstra, who adheres to the welfare-recipient regime, and her daughter, who does not. Mrs. Hamstra, ninety years old and living on her own, would rather not have her daughter come by to clean. She takes pride in her independence. Her historical framing rule, in accordance with the welfare-recipient regime, is that this is precisely what the welfare state was created to do: to allow old people (contrary to their parents, who had no choice but to accept dependence) to be independent from their children. But for Mrs. Hamstra's daughter, who retired early in order to take care of her mother, the community regime has more meaning. The mother is unhappy with her gift, as the daughter explains:

> I retired a little earlier because I thought: 'Now I still have my mother'. (. . .) I thought I'd go and clean once a week for her. But my mother simply doesn't want this. She says: 'I'd rather pay. I do not want you doing that.' And so she asked for formal help with the housekeeping. (. . .) She prefers paying for it to asking me.

Conclusion

Why do individuals experience macro-phenomena—such as the commercialization of care—so differently? I have argued that there is an analytical gap in Arlie Hochschild's theoretical framework, between her micro-level concepts of "framing and feeling rules" which apply to individuals, and macro-level social processes like "commercialization" and "commodification". This article proposed the concept of "citizenship regimes" to bridge this gap. "Citizenship regimes" are located at the same (meso-) level as "ideologies", the concept Hochschild uses. Ideologies, however, only concern ideas, while citizenship regimes include tangible practices and routines, laws and informal rules, and organizational and material arrangements. Citizenship regimes—like ideologies—change, but due to their material presence, earlier regimes linger on; individuals thus often live under the influence of several regimes, and the tensions between them explain the conflicts they experience between their feelings, feeling rules, and framing rules. The wider phenomenon of commercialization is thus experienced very differently, and can be traced back to the influence of competing citizenship regimes.

Citizenship regimes can fruitfully be inserted into analyses of emotions and the welfare state in other policy domains. Consider, for example, differences in emotional responses to financial insecurity among very rich and poor Americans. Cooper (2011) found that the very rich must see their finances double to feel secure; the very poor contend that they will still be secure with less than what they already have. The poorest Americans focus on the "bare necessities"—when their electricity is cut off, they maintain that electricity is not a bare necessity. Cooper explains this as a micro-level response to macro-economic and political developments that have fuelled income inequality as well as to the neoliberal ideology of personal responsibility that has replaced the welfare state ideology of shared risk.

While these are interesting findings, it is not entirely clear how macro-level developments, the ideology of personal responsibility, and personal experiences with risk and security are related. Citizenship regimes can fill the analytical gap, connecting

increased macro-level income inequality with personal experiences of risk and (in)security. Personal responsibility is more than an ideology. It is part of a new citizenship regime that (not just tells but merely) forces people to manage their own risks instead of expecting support from the state—a regime replete with changes in policy that limit the amount and duration of welfare entitlements, reduced employer-sponsored health and pension benefits and reduced government sponsorship of higher education. Both rich and poor confront this new regime while struggling with the framing and feeling rules of a formerly dominant regime where risks were more shared.

Focusing on citizenship regimes can analytically bridge other macro- and micro-level phenomena, for example globalization and individual feelings of belonging in society. Immigrants in many European countries over the past decade have been subjected to new feeling rules that tell them they have to feel loyal to, and at home in, their adopted countries of residence (Duyvendak 2011). In analyzing how citizens' framing and feeling rules change in response to globalization, an important part of the puzzle is changes in citizenship regime—from one that emphasized multiculturalism to one that emphasizes loyalty and adherence to a national culture. Alongside the new ideology are new regulations on immigration, marriage, language acquisition, acquiring citizenship rights, and so on. My hope is that this addition to Hochschild's framework will encourage more researchers in the sociology of emotions to engage with her highly inspiring work.

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