

**WEAVING SUBJECTIVITY AT THE CROSSROADS OF
VOLUNTEERISM AND PROFESSIONALISM: COPING WITH
PRECARITY IN A HEALTH CARE NGO**

by
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ABSTRACT

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In the neoliberal era, the state's role in social aid and social justice has changed considerably, which led to increased social and economic inequalities, especially in terms of access to resources and rights such as health. During this era, civil society organizations do their best to find solutions and meet the needs in the face of these inequalities and injustices for which the state does not play a role. In such conjuncture, consistent with the role of civil society, social workers that I interviewed explain their motivation to work in an NGO as “helping people,” “working in a rights-based social work,” and “turning labor into a social benefit rather than increasing the profit margin of a company.” Both social workers and their organization claim that social work requires volunteering and idealism by its nature. However, this claim puts social workers in a dilemma in their relationship with cancer patients and their problems with the institution due to the emotional burnout and precarious working conditions. Thus, I argue that the dilemma between volunteerism and professionalism has a significant impact on social workers' well-being in a healthcare NGO in Turkey. To understand these tensions, I will compare neoliberalism's understanding of care with social workers' conceptualization of caring as dependent on “care for others” and “cared by others,” using Tronto's care ethics and Foucault's care of the self.

ÖZET

GÖNÜLLÜLÜK VE PROFESYONELLİĞİN KAVŞAĞINDA ÖZNELLİKLER KURMAK: SAĞLIK ALANINDAKİ BİR STK'DA GÜVENCESİZLİKLE BAŞA ÇIKMA

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KÜLTÜREL ÇALIŞMALAR YÜKSEK LİSANS TEZİ, AĞUSTOS 2020

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Anahtar Kelimeler: sivil toplum kuruluşları, neoliberalizm, güvencesizlik, sosyal hizmet, bakım etiği

Neoliberal çağda, devletin sosyal yardım ve sosyal adalettaki rolü önemli ölçüde değişti, bu da özellikle sağlık gibi kaynaklara ve haklara erişim açısından sosyal ve ekonomik eşitsizliklerin artmasına neden oldu. Bu dönemde sivil toplum kuruluşları, devletin mücadelede aktif rol almadığı bu eşitsizlikler ve adaletsizlikler karşısında çözüm bulmak ve ihtiyaçları karşılamak için ellerinden geleni yapmaya başladı. Bu konjonktürde, sivil toplumun bu rolü ile tutarlı olarak, görüştüğüm sosyal hizmet uzmanları bir sivil toplum kuruluşunda çalışma motivasyonlarını “insanlara yardım etmek,” “hak temelli bir sosyal hizmette çalışmak” ve “bir şirketin kar marjını artırmaktan ziyade emeği sosyal bir faydaya dönüştürmek” şeklinde açıkladı. Hem sosyal hizmet uzmanları hem de bağlı oldukları kuruluş, sosyal hizmetin doğası gereği gönüllülük ve idealizm gerektirdiğini iddia etti. Ancak bu iddia, sosyal hizmet uzmanlarını hem kanser hastaları ile ilişkilerinde hem de kurumla yaşadıkları sorunlarda duygusal tükenmişlik ve güvencesiz çalışma koşulları nedeniyle ikilemde bırakmaktadır. Bu nedenle, Türkiye’de sağlık alanında çalışan bir STK’daki bu sosyal hizmet uzmanlarının refahı üzerinde “gönüllülük” ve “profesyonellik” arasındaki ikileminin önemli bir etkisi olduğunu iddia ediyorum. Bu gerilimleri anlamak için, Tronto’nun bakım etiği (“care ethics”) ve Foucault’nun kendilik bakımı (“care of the self”) teorilerini kullanarak, neoliberalizmin bakım anlayışıyla sosyal hizmet uzmanlarının “başkalarını önemsemeye” ve “başkaları tarafından önemsenmeye” dayalı bakım anlayışını karşılaştıracam.

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1. INTRODUCTION

One day, I met with my friend Zeynep who has been working in Support for Cancer Patients Foundation (SCP)¹ for years and with her former colleague who had recently quit the job. As familiar to me from my own experiences at work in an NGO, when two colleagues came together, they spoke about their problems and grievances regarding the SCP, as well as their exhaustion and emotional burnout for hours. During this conversation, Zeynep explained that she had frequently been checking the families' social media accounts to find out whether the children she met at the hospital are dead or not. Then, her former colleague also told that she has frequently checked on children and their families via social media after she left the job. This conversation was the first time I realized that being a social worker is a profession based on the practice of caring in which "professional" is inseparable from "personal." Moreover, these workers as "care-givers" are not autonomous subjects but vulnerable and dependent on others, their "care-receivers."

Both social workers and their organization claim that social work requires volunteering and idealism by its nature. However, this claim puts social workers in a dilemma in their relationship with cancer patients and their problems with the institution due to the emotional burnout and precarious working conditions. I argue that the dilemma between volunteerism and professionalism has a significant impact on social workers' well-being in a healthcare NGO. In the neoliberal era, on the one hand, social workers are expected to be 'professional' and control their emotions, as the managers of the SCP expect, while on the other hand, they constantly ascribe 'voluntary,' 'sacred' and 'moral' meanings to social workers' labor. To understand this tension, I will compare neoliberalism's understanding of care with social workers' interpretation of caring as mutually interdependent on "care for others" and "cared by others," using Tronto's care ethics and Foucault's care of the self.

¹Having ethical concerns, I use pseudonyms throughout the thesis for both the name of social workers and the foundation they work for in order to protect my interviewees as well as the people they mentioned.

As Foucault (2008) argues, in the neoliberal era, those who have permanent and secure jobs are not free from the feelings of depression and anxiety since they also find themselves in the necessity of constant self-assessment and self-improvement processes to sell their human capital. Neoliberal policies have revealed new forms of inequality in production relations, with different phenomena such as the use of the workforce in different stages of the production process, and the precarious working conditions such as working hours and wages. For example, academicians Aslı Vatansever and Meral Gezici Yalçın, in their work titled *Ne Ders Olsa Veririz* (2018), addresses the transformation of academics into vulnerable “unskilled workers” with the privatization of universities in Turkey. Moreover, Elisa Pascucci (2019), who works on the areas of humanitarianism, care work and precarity, addresses unemployment and insecurity among humanitarian aid workers, forms of care and emotional labor in the aid sector, and racialized and classed relationships within the humanitarian space, in her fieldwork with humanitarian professionals working to respond to Syrian refugees in Jordan and Lebanon. Thus, caring-oriented professions such as social work and academic labor have also been affected by this neoliberal social and economic transformation, which causes their labor to be precarious and underskilled.

In the neoliberal era, the state’s role in social aid and social justice has changed considerably, which led to increased social and economic inequalities, especially in terms of access to resources and rights such as health. During this era, civil society organizations do their best to find solutions and meet the needs in the face of these inequalities and injustices for which the state does not play a role. In such conjuncture, I asked about the motivations and goals that led the social workers I interviewed to work in the civil society sector. Their answers were “helping people,” “working in a rights-based social work,” “contributing to the solutions of socio-economic problems in Turkey,” and “turning labor into a social benefit rather than increasing the profit margin of a company,” consistent with the gap that civil society is trying to fill in. Thus, social workers who work with children and adult cancer patients and their families experience emotional burnout, precarious working conditions, and daily negotiations; however, one of the reasons behind their urge to continue doing social work is their relationship with cancer patients and their families.

Social workers are the ones who are the most in direct contact in the field with the beneficiaries in service-based organizations, and they internalize a position of the bridge between the institution and the beneficiaries. On the one hand, they often feel exhausted since they work for low wages, overtime hours, an excessive workload, and they do not have adequate professional training. On the other hand, they experience psychological, ethical, and emotional challenges of working with

illness and death on a daily basis. Although they do not receive any psychological guidance and support from SCP, they are also held responsible for coping with all of them by themselves. Therefore, the authorities consider these challenges as the ‘nature’ of NGO work and specifically social work, and thus, systemic and durable solutions are not provided. In the end, social workers often feel stuck and exhausted since they are left alone to cope with all of these daunting problems.

1.1 Theoretical Framework

1.1.1 Neoliberalism and the Change of the State’s Role in Health Care Policy

In *History of Sexuality*, Foucault (1978) explains the birth of biopolitics during the 18th century when the human body became the subject of governance in which sovereign power determines who has the right to live and to whom let live or die. During this period, sovereign power claimed intervention and control of human bodies on the pretext of population growth, birth and death rates, health levels, average life expectancy, and the increasing importance of all health conditions; thus, the biopolitics gave an excuse for sovereign power to control and intervene in the mass populations. Moreover, when fertility, longer lifetime, public health, housing, and migration problems have come to the forefront, various state practices have emerged to ensure the obedience of bodies and the control of populations (Foucault 2008). This medicalization process, in which medical and political authorities supported each other and where social problems were considered within the framework of health and medicine, first started in 19th-century Europe. With the hegemonic view that European modernization is better than the “others” came out in the 18th and 19th centuries, and non-Western societies also internalized this view based on order and progress. Thus, the medicalization has also spread to regions that internalize these views and practices from West, such as the Middle East (Terzioğlu 2011, 112).

Together with neoliberalism and privatization in Turkey after the 1980s, many pri-

vate hospitals were opened, the state gradually decreased its role in the realm of health and became a “supervisor” (Terzioğlu 2018, 233) and most of the public funds were spent for health insurance rather than improving the quality and expansion of public health services (Eder 2015, 140). The aim of the Health Transformation Program, which has been implemented gradually since 2003, was to ensure that citizens holding General Health Insurance were treated in private hospitals by paying a small extra fee. However, this could only be realized, to a limited extent, in specific clinics of some private hospitals. Moreover, since the state hospitals, where most of the population has benefited, did not receive sufficient support from the state during this period, they became largely inadequate in general equipment, management, and health professionals (Terzioğlu 2018, 233). These developments, together with the distinction between public and private hospitals in Turkey, have furthered disparities in health between rural and urban areas as well as the east and the west of the country (Terzioğlu 2011, 114). Private medical institutions that offer five-star hotel luxury have become a pressure factor that can affect public policies thanks to their increasing economic and political powers. Nevertheless, especially in public hospitals, the urban poor still has to deal with complicated and slow bureaucratic procedures, poor hygienic conditions, and they have to wait for hours to be examined, despite all the reforms, since the appointment and follow-ups through the internet are difficult or impossible for many patients (Özbay, Terzioğlu, and Yasin 2011, 20).

With the decline of the state’s role in achieving equality in access to healthcare services, health has gradually become the responsibility of the individuals rather than seen as an essential human right. The citizens have to learn how to reach the most accurate information on these issues to protect themselves, avoid illnesses, and know the most effective form of treatment (Terzioğlu 2011, 114). This responsibility requires individuals to mobilize all their social and economic resources and opportunities to access the best health services they can receive as neoliberal individuals with free choice opportunities. Apart from this, they should learn the risks of the disease from the most accurate medical sources, even if they are healthy, and shape all the elements of their daily lives and social relations to displace these risks. In the eyes of healthcare professionals and health policymakers, people who “really deserve” the right to health and health care were separated from those who “did not take responsibility for their own health” (Terzioğlu 2018, 232-233).

1.1.2 Globalization, Neoliberalism and Non-governmental Organizations

In the neoliberal era, we live in a world where the states are doing less and less in terms of their national populations' care and welfare, such as health, as discussed in the previous section. The state is "culturally embedded and discursively constructed ensemble," and produced through everyday practices, encounters, representations, and performances (Sharma and Gupta 2009, 27). However, neoliberalism and globalization necessitate that we unhinge the study on the state from the frame of the nation-state. If we say that the state is culturally constituted, but culture itself is mostly globalized, what does transnational governmentality mean in cultural terms? In this sense, Foucault's concept of governmentality helps us understand how power is exercised in society through various social relations, institutions, and bodies outside the state, rather than assuming that states hold the supreme power (Sharma and Gupta 2009, 25). Thus, we need to analytically rethink the state in a context where the national space is transnationally defined, and many functions traditionally tied with it are being carried out by NGOs that do not necessarily operate within a national structure. For example, NGOs address the people's basic needs of health or education in different places of the world.

Governmentality studies propose to look at governing strategies and practices that develop in parallel with both the concepts of state, civil society, and politics, and the discursive lines drawn between them (Barry, Osborne, and Rose 1995; Dean 1999; Swyngedouw 2005). Political is not limited to any institution or field, but it is the code of conduct that can operate in any social, cultural, economic, moral, religious, family-related sphere, and relationship. Therefore, instead of separating civil society from the state and imposing normative values on it, we should look at how it relates to power and what subject positions it has opened with various strategies. In this context, if we look at the neoliberal period, the welfare state's collapse does not mean the end of political intervention. On the contrary, new governance strategies have been developed for the government, experts, and individuals (İpek Can 2007, 90-91).

Neoliberal strategies, which are effective in a wide range from health to education, see individuals as subjects of responsibility, autonomy, and personal choice. According to Rose (1999), this new subject is an active individual who maximizes their own quality of life through a series of personal preferences and choices. This new neoliberal subjectivity, in which what is expected, and abnormal or appropriate and pathological are determined, voluntary organizations also appear as critical social areas where "normal" are concerned with those who are "abnormal" with patience

and care (İpek Can 2007, 92).

Civil society's conceptual history carries traces of modern Western thought and the formation and transformation of the modern state. However, non-governmental organizations started to be one of the most important actors in the global political system, coinciding with a new process in the last twenty years. These organizations, known as non-governmental organizations or voluntary organizations, are not only important actors but also are presented as indispensable for a democratic and robust political system. In today's world, when a problem arises about politics, economy, or society in general, NGOs are presented as sole solutions by many actors from the government, media, and academia. Many projects in order to find a remedy for social problems have been produced and implemented under the management and control of NGOs, and as a result, an increasing number of people have started to work in NGOs. Thus, NGOs are not only places of volunteer activity anymore but also become increasingly popular career goals within the service sector (İpek Can 2007, 92). Therefore, NGOs have become public service providers along with neoliberal policies that have caused the privatization, marketization, commodification, and commercialization of public goods and services.

Non-governmental organizations (NGOs) have been recognized as key 'third sector' actors in development, human rights, humanitarian action, the environment, democratization, conflict resolution, cultural protection, gender issues, and many other areas (Lewis 2010, 1). According to Salamon and Anheier (1992), non-governmental organizations are defined with the following characteristics: formal, independent from the state, private, market-independent, non-profit, self-governing, volunteer. However, according to the World Bank definition, NGOs are organizations that carry out activities to solve the problems, support the poor's interests, protect the environment, provide essential social services, or undertake society's development (Malena 1995). In this context, the World Bank expresses NGOs' basic features based on "altruism" and "voluntarism" (Malena 1995, 14). In sum, as David Lewis highlights, as an analytical category, the definition of NGOs remains complex and uncertain since they are a wide variety of organizations, from small informal groups to large government agencies, and they play different roles within different societies (2010, 2). In other words, NGOs display various characteristics that cannot be fit into a single definition: theoretical and practical, public and private, professionalism and amateurism, intra-market and extraterrestrial values, radicalism and pluralism, tradition and modernity, and finally, are among the good and evil (Ahmed and Hopper 2014, 25).

According to Edwards (2009), who examines the current uses of civil society, devel-

opments in the neoliberal period brought civil society to the fore as problem-solving tools. With the decline of the state and the fragility of the market structures, NGOs have come to the fore as new actors of social change and social justice. These voluntary organizations worldwide have become key actors in the provision of social services, especially in areas such as health and education (İpek Can 2007, 94). NGOs are known for two different but often interrelated types of activity: On the one hand, providing services to people in need, and on the other, organizing policy advocacy and public campaigns in search of social transformation (Lewis 2010, 1). On the other hand, even under the conditions that an NGO is based on social benefit with volunteerism or donations that were not related to the market, or it runs the services on a local scale with some form of collective involvement, there is often the risk of becoming part of the neoliberal order. Trends such as project-based work, continuous funding or donation search for financial sustainability, and the need for specialized/skilled labor to maintain these works have professionalized the NGOs by turning them into companies (Kendir 2019). Consequently, professionalization has often led to NGOs' depoliticization and the increasing number of obstacles for them to speak freely (Ismail and Kamat 2018). The financial dependence of NGOs shows that they are obliged to meet the demands of funding sources and avoid an opposite statement, especially with institutions providing financial resources.

1.1.3 The Discourse of 'Volunteerism' in NGOs

According to anthropologist Yasemin İpek Can (2007), the discourse of volunteerism, widely used by NGOs, is presented and blessed as a crucial element in the development of countries. As actors of many projects, volunteers have glorified not only for their own sacrifices but also because they fulfill their duties to the nation. Volunteers working in voluntary organizations become the elements of a new problem-solving subjectivity that emerged after the welfare state era. In the neoliberal period, volunteers deal with chronic socio-economic problems that state institutions once tried to solve. At this point, volunteers who want to help their state solve problems do not enter into an autonomous field of activity, but in a complex network of relations that have intricate relations with the state. It is clear that now volunteers are presented as strategic resources in the neoliberal context. In this context, volunteers should be seen as actors of problem-solving connected to the state through deep ties rather than actors independent from the state (İpek Can 2007, 94-95).

Besides, volunteerism discourse creates new discursive practices and strategies of managing poverty and prevents the opening of a political struggle against poverty, resulting from structural changes such as economic structure and globalization of labor and capital. In other words, the political struggle has been replaced by the techniques of self-development. Following the empowerment discourse, which claims that emotional management practices such as self-control or self-improvement are effective on success, volunteers try to save the poor from their ‘individual deficiencies.’ Moreover, in contrast to the unequal relationship between the poor and social workers, volunteers often establish more warm and sincere relationships, helping the poor’s dependency on the public aids and making structural and systemic hierarchies invisible. (İpek Can 2007, 95).

According to Foucault (2008), unlike classical liberalism, neoliberal governmentality as a “new art of government” has a governance strategy that spreads and expands beyond market relations and financial networks in many areas of life. In the neoliberal market society, the subject is not only involved in market exchange but also “entrepreneurs of self,” which he calls “homo economicus,” and has a human capital in which people must invest (Foucault 2008, 226). Therefore, in a Foucauldian sense, volunteerism ensures that the beneficiaries turn into “entrepreneurs of self” by improving themselves with techniques and strategies such as self-development and self-control, rather than actors struggling in the political arena. This situation causes the inequalities and structural problems in the neoliberal order to be made invisible since instead of solutions aiming to change the system, responsibility is put on individuals’ efforts.

This research relies on this conceptualization of volunteerism as discursive strategies and practices in sustaining neoliberalism through producing “entrepreneurs of self.” However, rather than focusing only on those who work without salary in return for their labor, I expand the scope of the concept of volunteerism to understand the discursive strategies and practices that professional salaried NGO workers also experience in this sector. I argue that through these techniques of self-development and self-control imposed on NGO workers, NGOs make their workers’ challenges and problems, including the violation of their labor rights, invisible, which also helps the structural and systematic problems in the neoliberal order to continue. In order to understand how these techniques of self are constructed, I benefit from Tronto’s care ethics and Foucault’s conceptualization of “care of the self” in regard to neoliberal strategies and practices of care.

1.1.4 Tronto's Care Ethics and Foucault's Care of the Self

In her book *Moral Boundaries* focusing on the relations of care ethics and feminist theory, Joan C. Tronto offers the following definition of the concept of “care”:

“On the most general level, we suggest that caring be viewed 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*. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.” (Fischer and Tronto 1991, 40, emphasis in original).

According to Tronto, the caring process includes “four analytically separate but interconnected phases:” “Caring about, taking care off, care-giving and care-receiving” (2015, 106). First of all, caring about requires accepting in the first place that recognizing, assessing, and drawing attention to the existence of a need is required. Since caring about is “culturally and individually shaped,” it is possible to describe society’s particular approaches towards political and social needs such as homelessness, exemplifying with care. Second, taking care as the next step involves taking responsibility and agency for the recognized need and determining how it could be acted to meet this need; hence, if one believes that nothing can be done about a problem, then there is no appropriate “taking care of”. Third, care-giving not only necessitate physical work but also forces the care-givers to have contact with the objects of care. The last stage, care-receiving, is the object of the care responding to the care she/he receives, which is extremely crucial since the only way to know that needs are really met is the way care-receiver responds. Therefore, it is crucial to keep in mind that even if the recognition of the need is correct, the way care-givers meet the need may lead to other problems; so that if we do not consider the care-giver’s response, it is possible to fall into dilemmas (Tronto 2015, 106-108). In *Caring Democracy: Markets, Equality, and Justice* (2013), Tronto added a fifth phase of care to this process as “caring with.” Caring with takes place when a group of people can rely on each other to meet their needs of care with establishing reliable and mutual patterns, which leads to trust and solidarity.

However, although these phases of care are integrated processes, they might still have a conflict between them and within each of them. Tronto exemplifies this conflict with the roles and positions of nurses and doctors:

“Nurses may have their own ideas about patients’ needs; indeed they may ‘care about’ a patient more than the attending physician. Their job, however, does not often include correcting the physician’s judgment; it is the physician who ‘takes care of’ the patient, even if the care-giving nurse notices something that the doctor does not notice or consider significant” (Tronto 2015, 109).

Another conflict can occur when care-givers are unable to take care of themselves because of the care they need to give to others, or because they have to care for more than a person, which affects the quality of care (Tronto 2015, 109). Within the scope of this research, I will also observe the existence of similar areas of conflict, in which how the needs are met could be determined regardless of care-givers and care-receivers and care-givers are unable to meet their own need for care, based on the experience of social workers working in an NGO operating in the field of health care. Moreover, Tronto argues that the dimensions of gender, race, and class are intrinsic to care. While the phases of “caring about” and “taking care of” are seen as the duties of the more powerful, “care-giving” and “care-receiving” are seen as belonging to the less powerful. For example, as she considers the case of nurses and doctors or the gendered role of men in the family, “taking care of” is more associated with men than women. The work done by doctors who take the role of “taking care of” has a more prestigious and credible status than nurses who perform “care-giving” (Tronto 2015, 114-115). As I will elaborate in more detail in methodology, this gender perspective is also something that I observed in my interviewee sample: Only one of my interviewees was male, which is significantly related to the fact that “care-giving” is seen as belonging to women. In other words, through the lens of race, class, and gender, those who are the least well-off in the society disproportionately undertake care-giving work while those the best of the society are often in superior positions (Tronto 2015, 112).

According to Tronto (2017), neoliberalism explains care in three ways: “personal responsibility,” “market solution” and “family as the proper locus of care” (29-30). First, neoliberalism requires individuals to achieve self-mastery, that is, being solely responsible for their own needs. Thus, people are encouraged to judge other people’s choices according to their own standards. Second, neoliberalism sees caring as a market problem and tries to meet the need for care with a market solution. Thirdly, neoliberalism sees the family as the most suitable space for care. In this way, the neoliberal state may appear to be providing the organization of care efficiently through policies, such as giving the family the role of primary care and reducing healthcare costs (Tronto 2017, 29-30). So what does it tell us when we put these three neoliberal approaches to care together?

“Putting these three pieces together provides us with a kind of theoretical account of how people should care for themselves and those close to them within a neoliberal society: care for yourself by acting rationally and responsibly; if there are care needs that you cannot meet for yourself, then use market solutions; and, finally, if you cannot afford market solutions, or prefer to care on your own, then enlist family (and perhaps friends and charities) to meet your caring needs.” (Tronto 2017, 30)

As I will elaborate in more detail in the chapter 3, Foucault (2000) describes “techniques of the self” as “the procedures, which no doubt exist in every civilization, suggested or prescribed to individuals in order to determine their identity, maintain it, or transform it in terms of a certain number of ends, through relations of self-mastery or self-knowledge” (122). Thus, the modern subject constructs itself by beginning a quest to finding the principles of knowing oneself or taking care of oneself. In this sense, I argue that Tronto’s definition of neoliberal conceptualization of care is very much related to Foucault’s discussion of “care of the self.” Neoliberalism puts the responsibility of self-care in the shoulders of individuals through modern “self-development” techniques such as self-control, self-mastery, and self-improvement. Individuals as rational and responsible human beings are expected to be at such a level that could meet their own needs, just as in market relations. Otherwise, the problem is not sought in the social/economic/political system itself but the failure of the individual.

However, as Foucault (2008) argues, this quest is not only a process directed towards themselves, or a source found only in themselves, but also it stems from the need to be cared for by their care-receivers. Tronto (2017), who sees care relationships between human beings as something that marks us as interdependent beings, emphasizes that it is crucial to recognize that we are care-takers and care-givers. “At any moment in a society, there are those who are neediest and those who are the most capable of helping themselves and others,” so that this change in care needs and capacities is an important way of thinking about how our human lives have changed over time (Tronto 2017, 32-33). As a political ideal, care is not always about day-care work done in more specific contexts, but also about the general distribution of care responsibilities. The primary task of democratic societies, then, is to allocate care responsibilities (Tronto 2017, 33). Therefore, Tronto sees care as a political ideal, but in this thesis I mainly use the emphasis on “mutual interdependence” in her analysis.

Based on the discussions of care ethics and Foucault’s analysis of neoliberalism and its relation to “care of the self,” political scientist Casalini (2019) analyzes the impacts of precarity in subjectivities equipped with the role of caring practices such

as social workers and academicians. As Casalini (2019) argues, “neoliberal individuals cannot be described simply as sovereign, unrelated and egoistical, acting on the basis of a prudential and calculating rationality. Instead, neoliberalism works to explicitly undermine care ethics precisely because it sets out to profit from affective relationships, the provision of care, and the very real vulnerability and dependency experienced by so many individuals” (135). Thus, neoliberalism, on the one hand, produces precarity based on the practice of care and affective relationships. On the other hand, it dictates that individuals must provide their self-care and resilience on their own by making the utmost effort against their insecurities and vulnerabilities, and achieve “a capacity to endure periodic, inevitable moments of crisis while remaining ever capable of springing back after each setback” (Casalini 2019, 135).

The issue of self-care is also discussed in the context of social work practices: the ethical practices about social workers’ ability to control and manage their physical, psychological and mental conditions of the self to provide a more competent and sufficient helping and caring service. Therefore, it is claimed that social workers have an “ethical responsibility” (Profitt 2008, 149) to improve their self-care in order to do their best, which shows parallelism with the neoliberal conceptualization of self-care. Often, individual strategies are designed to nurture and empower workers and help them cope with stress, fatigue, and various emotions; however, self-care efforts of social workers will be more efficient when they are supported by their colleagues and institution (Profitt 2008, 150).

1.2 Methodology

My initial thesis topic was about humanitarian encounters in which how and in what conditions refugees can be integrated through NGOs’ projects based on the concepts of “social cohesion,” “integration,” or “harmony.” However, I was also working on this subject in my job, and I started to feel professionally exhausted, which has unfortunately decreased my motivation and academic interest in this subject over time. As an NGO worker in Istanbul myself, I have worked as both a volunteer and professional in the civil society sector for more than five years. For the past four years, I have been working as a professional salaried employee in an NGO that I had volunteered for one year beforehand. In this process, both my own experiences and witnessing of my colleagues and friends working in this sector constituted the

primary observations and impressions that form the subject of this thesis research. Whether they work in the fields of rights advocacy or service provision, many people working in NGOs aim to contribute to socio-economic and political change and defend human rights in various spheres of life. However, they have difficulties coping with the violation of their labor rights and discrimination during their civil society careers. In particular, I have observed that NGOs often ignore their employees' problems such as emotional burnout, low wages, overtime hours, and heavy workloads under cover of semi-voluntary labor derived from workers' ethical or political motivations. Therefore, given these observations, some preliminary questions then arise: What are the motivations, aspirations, and aims of NGO workers? How did people with such motivations view themselves and describe their work? How do their motivations change over time? Does their work have an impact on their definition of "self"? Engaged in a work that is often described as "self-sacrificing," how did their definition of self undergo certain transformations in time? What do concepts like "help," "care," and "needy" mean for them, and what conceptions and framings circulate in their institutions? What different meanings they attribute to these concepts? As individuals work daily with people who have been traumatized, how do they cope with the psychological, motivational, or social impacts on them? These questions were the first sparks that formed the basis of my interview questions.

In this framework, I conducted semi-structured, open-ended, and in-depth interviews with 11 social workers working in a healthcare NGO to understand their experiences, motivations, negotiations, and challenges. Support for Cancer Patients Foundation (SCP) provides in-cash and in-kind assistance to respond to the needs of cancer patients and their families, especially in terms of health and education. Founded in 1998, SCP supports child and adult patients and their families, especially in the period of illness in which treatment continues, and the social services unit meets these needs with specific criteria. In this thesis, as we will often encounter in social workers' narratives, some of the social workers also work at the foundation's hospital at certain times.

The reason behind why I chose social workers is that they are the ones who are most in direct contact in the field with the beneficiaries in service-based organizations, and they experience a position of the 'bridge' between the institution and the beneficiaries. My reason for choosing an NGO operating in health was that based on my personal contacts, I observed the difficulties and negotiations of medical social workers beforehand and that they were exposed to more emotional burnout as they deal with death and illness daily. Therefore, this field offers a wide lens to me in order to understand the dilemma between volunteerism and professionalism in NGOs based on the experiences of NGO workers on precarity and burnout.

Before and during the interviews, I have regularly followed and researched periodic publications, social media sharing, and website articles that SCP has published to get more information about the institution and its works.

Among the eleven social workers, I interviewed for my thesis research, two of them graduated from Social Services departments at the university, while the remaining nine are Sociology graduates. When I did the interviews, except for Şeyda and Gökhan, nine interviewees were still working at the foundation. I interviewed two people who left the job to get an insight into why they left the job and the change of their motivation before starting, during, and after leaving the job. The ages of my interviewers range from 24 to 33. Only 3 of my interviewees had previous work experience. However, the foundation was their first professional work experience in the civil society sector for all of them. All of this information about the interviewers can be found in Appendix A. The interviews were recorded by a digital recorder with the permission of the participants, and I myself did all the tape recordings and transcriptions. The duration of the interviews was around 2 hours.

As can be seen in Appendix A, only one of my 11 interviewees was male. This difference in gender distribution caught my attention for the first time while trying to reach my interviewees with the snowball sampling technique. As I strive for my thesis to have an inclusive and varied sample, I tried to reach male social workers working in the Social Work Unit at the SCP. However, as a result, I was only able to interview one person since there was currently no male social worker working in the unit, and Okan was one of the male workers who left the job a while ago. I think that the visible difference in this gender distribution is significantly related to the general distribution of female employees both in non-governmental organizations and especially in areas focused on “care” practices such as social work. In this sense, as I already gave a reference to Tronto (2015, 2017) in the previous section, it is not accidental that the “care-giving” practice is so gendered. In this thesis research, I did not focus specifically on the relations of my interviewees’ gender identity with their subjectivity, given my interview questions and my interviews. However, as Tronto also says, just as care work is seen as the responsibility of women in our “private” lives, “care for others” is a burden on women in “public” spheres.

During the research process, I encountered various difficulties because the Covid-19 pandemic began to spread in March 2020 in Turkey. During the first month in which the pandemic in Turkey was officially announced and began to spread rapidly, in addition to the SCP, I was trying to reach out to social workers from two different NGOs working in migration for interviews. However, those social workers from other institutions did not accept doing interviews, since while NGOs were trying to adapt

to new conditions and continue their work with the social distance, they had also experienced hard times due to financial and administrative problems. Moreover, some of the social workers I interviewed, especially those who did not live with their family, had to work at times during the pandemic. However, they said that both those who went to work and those who could not go received salaries below their regular wages, which is a striking example of the precarity of social workers mentioned in this thesis.

Sociologist Dhiraj Murthy (2008), who works on social media and digital research methods, argues that a balanced combination of physical and digital ethnography offers researchers broader and more exciting methods since it is an important tool for disseminating the voices of marginalized groups. However, he warns that both researchers and participants may experience difficulties accessing digital technologies due to their socio-economic factors such as gender, race, and class. In my research that coincided with the pandemic, I had to do all my interviews using online video chat programs. Although this situation worried me that I could not provide adequate communication since there was a virtual interaction between the interviewers and me, we did not experience a situation that would adversely affect my research quality. This was since they feel comfortable since I am also an NGO worker and our ages are close to each other. Moreover, they have already been familiar with these technologies due to their young ages and their socio-economic conditions. All of my interviewees were university graduates, and they had a paid job at the time; therefore, they were convenient and familiar with using such digital tools for both their work and personal lives.

Lastly, as an NGO worker, I have had difficulties from time to time to be objective while listening and analyzing their experiences since I have had similar experiences for more than five years. However, I had a self-reflective fieldwork process, constantly trying to question my positionality and prior experience in the civil society sector while also using my “situated knowledge,” as Haraway (1988) puts it, and subjective standpoint for the advantage of the research. Therefore, I think that my knowledge and positionality are also crucial in this research since they have enabled me to see the experiences of NGO workers who tend to be overlooked in the literature in this area.

1.3 Thesis Outline

This introductory chapter seeks to explain the purpose, methodology and main theoretical approaches of this study, contextualizing it within the existing literatures on neoliberalism, care ethics and non-governmental organizations in Turkey. In order to shed light on my research question with abovementioned theoretical approaches, I organize my thesis into two body chapters.

In the second chapter, I uncover the precarious working conditions that these social workers suffer from, and I understand how these conditions constructed at the intersection of the state, civil society and donors in neoliberal societies. First, I look at how the state, civil society, and donations work together, based on the discussions of neoliberal societies. Therefore, I focus on how the role of the state in the fields of social aid and social justice, such as health, has changed together with neoliberalism, how it leads to social inequalities in the society, how civil society is formed in such an environment, and also the role of donation mechanisms. Then, by narrowing my focus, I expose the structural and hierarchical problems resulting in emotional burnout and psychological challenges that social workers, I interviewed, experience in their institution.

In the third chapter, I focus on where these social workers find the will to continue under the circumstances of precariousness and emotional burnout. Social workers I interviewed explain their relationship with the cancer patients and their families, the feedback they got from them and their motivation to “help”, “being their breath” or “strengthening” them as their greatest motivation to continue in this work. I argue that for these social workers, caring is an ethical practice through which they transform themselves in order to reach self-cultivation and to claim their subjectivity. Moreover, this quest is not only a process directed towards themselves or a source found only in themselves, but also stems from the need to be cared by their care-receivers.

2. DEALING WITH THE BLURRED BOUNDARIES BETWEEN VOLUNTEERISM AND PROFESSIONALISM

Foucault's (2008) interpretation of neoliberalism in *The birth of biopolitics: lectures at the College de France, 1978-79* helps to understand not only the state's role in creating an irregular and flexible labor market and privatizing social security and social production but also "the psycho-social effects of neoliberalism on everyday life in terms of its role in producing a particular kind of subjectivity" (Casalini 2019, 137). Since neoliberalism aims to force individuals to enter the economic sphere through making it possible to avoid the bureaucratic norms of the old welfare state, now all people have to offer is the value of their human capital and they are seemingly not expected to conform with any behavioral or ideological norms of the welfare state (Foucault 2008; Gershon 2011; Kiersey 2009; Lemke 2001; Rose 1999). In other words, rather than submitting and internalizing the norms and laws, the neoliberal individuals consider themselves free, but they depend on neoliberalism's imperatives. Thus, to protect and sustain the value of their human capital, the neoliberal individual must constantly assess themselves and invest in themselves. Their dependency on constantly adjusting and adapting to the system leads them to feel precarious regardless of their working conditions:

"Thus, it is not accidental that almost the same symptoms of social suffering can be found both among those who have a more stable working situation and among those who are out of work or in an uncertain work situation, namely, depression, anxiety, and exhaustion, as well as a sense of solitude and, even more, of isolation." (Casalini 2019, 137)

Therefore, in the neoliberal era, those who have permanent and secure jobs are not free from the feelings of depression and anxiety since they also find themselves in the necessity of constant self-assessment and self-improvement processes to sell

their human capital. However, they find their status more advantageous compared to those who have more vulnerable and insecure jobs, and they have difficulty in being aware of and complaining about the effects of these neoliberal mechanisms on themselves. In this study, I will try to understand how burnout, depression, and fatigue caused by the precarious working conditions in a neoliberal society impact social workers in a health care NGO. In this chapter, I will uncover the precarious working conditions that these social workers suffer from, and I will try to understand how these conditions are constructed at the intersection of the state, civil society, and donors in neoliberal societies.

This precarious space, where social workers construct their subjectivities related to their motivations, aspirations, and expectations, is shaped by the state, non-governmental organizations, and individual or institutional donations. First, I will look at how the state, civil society, and donations work together, based on the discussions on neoliberal societies. Therefore, I will focus on how the role of the state in the fields of social aid and social justice, such as health, has changed together with neoliberalism, how it leads to social inequalities in the society, how civil society is formed in such an environment, and also the role of donation mechanisms. Then, by narrowing my focus, I will expose the structural problems causing burnout, depression, and fatigue that social workers I interviewed experience in their institution. On the one hand, “helping” and “contributing to social change” are the greatest motivation for social workers. However, they often feel exhausted since they work for low wages and overtime hours, and they do not have adequate professional training and work without any psychological guidance. All these problems are seen as the “nature” of NGOs and social work, and thus, systematic and durable solutions are not provided. In other words, it is claimed that social work requires volunteering and idealism by its nature. However, this claim puts social workers in a dilemma in their relationship with cancer patients and problems with the institution due to the emotional burnout and fatigue. I argue that the dilemma between volunteerism and professionalism has a major impact on social workers’ well-being in a health care NGO.

2.1 Conceptualizing Working in an NGO in Neoliberal Era: “The State Solves the Problems Only Superficially, the Civil Society Does All the Rest of the Work”

“I wanted to work in a job where I could be beneficial for the people, but in this sense, our work opportunities were very limited in the private and public sectors. Rather than working with a boss, I wanted to work in an NGO where I could bring awareness to and be beneficial for the society, my environment, or myself.”

During the interviews, first of all, I wanted to understand why social workers working in a health care non-governmental organization chose to work in this sector, since these motivations and goals are also related to their expectations from the institution and the sector in general, as well as to their level of satisfaction or disappointment. When I ask the social workers that why they prefer the civil society sector, it turns out, like Zeynep’s answer above, many of them have been under the influence of their perspectives on the importance of social change and social justice, and they think they could not work in the private or public sector since this emphasis lacks in those sectors. Duygu Güner (2019) also highlights the same findings in her doctoral research, where she focuses on the reasons, motivations, values, life practices, and attitudes of salaried employees working in non-governmental organizations. In Güner’s interviews with professional salaried workers, those working in secular and human rights-based NGOs also stated that they chose social good rather than financial gain by comparing the civil society and private sectors. Moreover, by comparing the civil society sector with the public sector, they chose an active and productive performance rather than the inefficient and unproductive way of working. Therefore, Güner claims that the idea of “working for someone else’s benefit” appears as a phenomenon that NGO workers do not prefer in general (Güner 2019, 241-242). Likewise, the social workers I interviewed explain their preference for working in the civil society rather than other sectors as “helping people,” “working in a rights-based social work,” “contributing to the solution of socio-economic problems in Turkey,” and “turning labor into social good rather than increasing the profit margin of a company.”

However, whether the non-governmental organization they work for and the civil society sector, in general, satisfied them in this sense is difficult to answer. Have these social workers, who started working in an NGO with their motivations focused on social good and social justice, found their expectations and ideals in this world

they entered? Before elaborating on this question, it is crucial to understand how civil society has been emerged and institutionalized, and how neoliberalism has affected both the emergence of civil society and how it constructs itself in terms of organizational structures, discourses, and practices. After a brief discussion on the relationship between neoliberalism and civil society, I will discuss the social workers' narratives that NGOs fill the gap in areas where the state cannot provide social welfare and justice and that social work should be practiced with a rights-based approach. These narratives also point out how the neoliberal ways of thinking and practices in the civil society sector impact the motivations of social workers.

In the neoliberal era, the state does far less for their national populations' social and economic welfare since they cannot perform their distributive role as their resources are shrinking. Thus, with the impacts of globalization and neoliberalism, the state's role turns into a supervisor in areas such as education and health and leaves the primary role to the market, which furthers social and economic inequalities in the society due to the problems of opportunity gap and access to resources. Therefore, some of the states' former functions in the public sphere are now carried out by NGOs (Choudry and Kapoor 2013, 3), both local NGOs funded by mostly international donors or international NGOs. As political scientist Sinha (2005) claims, "the revival of 'civil society' has occurred at the same time as the neoliberal ascendance, and it has been integral to the discourses and apparatus through which neoliberalism proliferates and makes itself legitimate." Therefore, the criticism of neoliberalism requires to look at how civil society exists within the structure of neoliberalism, as well as how the other forms of "civil society" that situate themselves against neoliberalism are formed (Sinha 2005, 163).

Thus, the gap arising from social injustice and inequality in the public sphere have started to be filled by non-governmental organizations. On the one hand, NGOs are seen as a transformative force in promoting equal, participatory, and sustainable development. On the other hand, they contribute to neoliberalism while sustaining systematic inequalities (Klees 1998, 49). In other words, NGOs find solutions and meet the needs for these social inequalities and injustices for which the state does not address directly, and thus, they favor the neoliberal state (Kamat 2004, 2013; Petras and Veltmeyer 2005). This situation of civil society replacing the gap left by the state also appeared in my interviewees' narratives. For example, Deniz conveys a quotation from a provincial health director she met during one of her visits conducted for the foundation which summarizes the role of civil society and its relation to the state: "The State solves the problems only superficially, the civil society does all the rest of the work." The social workers also criticized this role distribution between the state and civil society since they believe that NGOs could only meet the needs for a

small portion of the country's socioeconomic and political problems. For example, Deniz says that while they provide in-kind and in-cash aids for children with cancer to receive the necessary treatment, they also have to face all the socioeconomic problems that these families have to deal with, making them feel inefficient and helpless. This feeling of inefficiency in solving those people's problems affects their motivation and belief for change. Most of the time, cancer is not the only problem in those families' lives. For example, in a group where she was conducting an art therapy activity, a woman with breast cancer was abandoned by her husband in the hospital room since she agreed to undergo breast surgery and her breast was removed. There may be physical or sexual abuse in families, such as child abuse or physical violence, and they encounter many cases of violence against women. Sometimes one of the parents leaves the house after the child has been diagnosed with cancer. Moreover, they witness such houses in which the living conditions are challenging due to economic disadvantages. In such cases, they feel a heavy burden, and they are often frustrated when they notice how small the difference they could make in those people's lives. However, at the same time, they are also aware that these problems are not things that can be solved by the foundation. In this regard, Deniz's criticism of the state's role illustrates this very clearly:

“For whom does the state exist? It exists for the people. There was a patient; I can never forget. An older man with lung cancer, abandoned by his family, died alone in a shed. After a while, you start not to accept this situation because it is irrational. You say this is ridiculous! How could such a thing happen? Why does this state exist? The state can't even take this older man to the nursing home. It doesn't give him a home or a pension. Really, why does the state exist if it can't even get this man to a nursing home? After a while, you can't criticize the foundation anyway since the foundation is already doing as much as it can. You are starting to criticize the state. You are starting to question your position. They call me a social worker and authorize me, but I can't use that authorization. I had discussed it with the Provincial Directorate. I said to the social worker there: ‘Look, this man is 65 years old, lung cancer and lives in a shed. Moreover, the salary of the man is seized. How could you not take this man to the nursing home?’ He tells me that to be accepted as an elder in need of nursing, he must be physically unable to care for himself. When the man climbs up the stairs, he is short of breath, and they still ask for money to take this man to the nursing home! So then, what am I struggling for? What am I working for? What am I striving for? That older man died. He died. Well, it's over. The man is dead, and the problem is solved. That's it. After that, it does not matter whether you want to do social work or wear a superhero costume and walk around. What is the point?”

What Deniz felt after the older man died shows us how social workers feel obliged to be the part of this malfunctioning system in which they strive to meet the people's particular needs, while there is a much bigger need for a broader systemic change. As she demonstrates with the metaphor of "superhero," in such a system where the state does not meet social welfare and even the most basic human rights, those "sacred" and "heroic" roles attributed to NGOs and social workers become meaningless, although they already do what they could change in the society. Therefore, as I highlighted at the beginning of this part, while one of the reasons they prefer to work in an NGO is for contributing to social benefit and social justice, they become disappointed in those moments they confront with the deficiencies of the whole system.

Secondly, in addition to the criticisms against NGOs' role as shouldering the state's burden and thus maintaining this neoliberal order, how NGOs conceptualize aid and relief work is also discussed in the literature. The concept of the "rights-based approach" is first articulated by the Northern development literature of the mid-1990s (Kindornay and Carpenter 2012, 476). The rights-based approach to development aims to be the beneficiaries' voice, trying and advocating to eliminate the root causes of the problems, not discriminating in the delivery of aids and assistance, and working for the beneficiaries' social benefit. One of my interviewees who left the foundation and then started working in a different sector, Şeyda, criticizes the understanding of social work that lacks the rights-based approach. As two different social benefits policies, she compares the conditional cash transfer for education in Turkey with the basic income policy in Sweden. She argues that in Turkey, this kind of social benefit sustains poverty rather than alleviating it. For example, when an NGO gives a family financial aid, it could sustain this only a few months. However, more sustainable solutions that could create a radical change in those people's lives should also be produced.

In this regard, the discussion of the rights-based approach in humanitarian and aid work in NGOs is crucial. One of my interviewees, Gökhan, also argues that social work should also regularly practice in accordance with the rights-based approaches. The foundation helps cancer patients due to the absence of the social state in this current neoliberal status-quo. In this sense, social workers act as a bridge between the patient and the institution in terms of "getting help" and "delivering help." Gökhan says that they try to deliver help all around the country, people ranging from every socioeconomic status and class, but these aids are limited, such as food aid. While the foundation limits itself to delivering aid only to those in need, projects that increase beneficiaries' capacity and access to rights are not being developed. Moreover, in general, Deniz says that their work is romanticized with the perspective

that “what could be more valuable than a child’s smile?” However, according to her, the definition of social work should not only be based on “giving” but also “creating a difference together.” In this sense, she feels annoyed when people feel gratitude towards social workers for their work: “It is a horrible feeling that they think they need you. In those situations, I am trying to explain all the time that they are not needy. For example, when somebody starts saying on the phone that ‘God bless you, thankfully we got you, what would we do without you,’ I do my best to convince them to internalize the belief that this is their right.” Therefore, in the SCP and all institutions based on social work and philanthropy, she argues that as a “giver,” she does not position herself in a hierarchical way in which help is offered as a favor.

Although my main focus in this research is to understand the motivations and experiences of social workers, I will briefly touch upon the institutional conceptualization of “need” and what happens when social work is not based on a rights-based approach. I argue that this conceptualization also has an impact on reducing the motivation of social workers and seeing their work as inefficient. Anthropologist Andria Timmer (2010) examines how humanitarian organizations produce discursive strategies based on the narratives of poverty and discrimination to show that their work responds to the need of the Roma people and to raise awareness on this “Roma problem,” which at the same time depicts the Roma people as “needy subjects” (268). Non-governmental organizations depend on the financial resources they receive from funds, donations, and government institutions to ensure their financial sustainability, and therefore they have to consider and adapt to the discourses of these financial resources (Güner 2019; Timmer 2010). They should also strive to recognize many actors, not only funding and government agencies, but also media, beneficiaries, target groups, and the general public. Therefore, these external pressures directly or indirectly affect the way NGOs work in many ways. The health care NGO that is the focus of this research is an excellent example to shed light on the impact of external pressures –the donations– on an NGO. The foundation exists as an institution that supports children and adults with cancer for free and provides this support and assistance only with donations. As far as it is reflected in the staff and families, donations are crucial for the foundation to maintain its sustainability. My interviewees say that the SCP even avoids collaborating with other civil society organizations because it does not want donations to be divided. Canan says that she does not fully know the foundation’s financial capacity, maybe it has certain investments to ensure its sustainability, but in general, she trusts the foundation in terms of its financial transparency. Moreover, she says that since the foundation’s possibilities are limited and it sustains itself only with donations, this affects their discursive strategies when the aid and services are provided and

disseminated, primarily via campaigns. For this reason, she claims that the foundation's principles of transparency and "helping everyone equally in proportion to their needs" could be ignored from time to time, especially when it comes to the visibility and dissemination campaigns. Similar findings also emerged in the narratives of other NGO workers that Güner (2019) interviewed. They also stated that they were disappointed due to the incompatibility between the institution's values and the executive staff's behaviors and decisions (267).

As Timmer (2010) argues, one of the most prominent discursive strategies is that both NGOs and their beneficiaries conceptualize the "need" and decide who will fall in this category of "needy subject" (265). Similarly, in social workers' narratives, it turns out that the foundation excludes some identities from this category when defining "needy subjects" and contradicts the principle of "helping equally in the proportion of the needs." For example, several of them said that they sometimes get into conflict with the foundation due to the discrimination against the patients and their families based on their ethnicity or nationality. The foundation has the rule to deliver help and assistance only to Turkish citizens; therefore, they do not help migrant and refugee cancer patients in principle. Zeynep said, during a discussion with her manager on delivering aid to Syrian cancer patients, her manager asked her: "Who will you save if a Syrian and a Turkish child fall into a pool now?" She says that the institution has a nationalist stance in this sense and is not egalitarian in contrast to its discourses. Moreover, some interviewees also touch upon how the foundation reacts differently when a problem occurs within a Kurdish family who lives in Southeastern or Eastern regions of Turkey, and they claim there is a general prejudice in the SCP that Kurdish people are "aggressive."

In sum, given the narratives of social workers, many people working in NGOs are aware that while they struggle with inequality, poverty, discrimination, or human rights violations, those problems are more systematic and complex, and their labor is mostly inefficient to solve all of them. First, as the NGOs partially fill the gap arising from social injustice and inequality in the society, as long as the state does not struggle and develop policies in those areas, their labor will not be efficient to solve these systemic and complex socioeconomic problems alone. Thus, while they enter into this world with the motivation to contribute to social change and social justice, they have disappointed because of their feeling of inefficiency. Second, like most of the humanitarian and aid NGOs in Turkey, the foundation also does not work with a rights-based approach, which leads to the aid and assistance of the foundation to be unsustainable, and discrimination against some ethnic and national identities that are not categorized as "needy subjects."

In this sense, the foundation's need for donations to ensure its financial sustainability also leads to the dependency of "needy subjects" and social work to be marketed as a "volunteer-based" job. Therefore, social workers' labor turns into emotional labor, which causes further problems in terms of the affect management and the absence of psychological support to the workers, as I will elaborate in more detail in the next chapter.

2.2 Neoliberal Working Conditions in a Health Care NGO

In the previous section, I examined how social workers' motivation for their work and their belief in change have been affected by neoliberal order at the intersection of the state, NGOs, and public campaigns for donations. In this section, I will touch upon how they experience burnout and fatigue caused by the foundation's internal management mechanisms, which is, of course, not independent of the problems in the civil society sector in general due to the neoliberal working conditions. As both my own experiences and observations in the five years I have spent in the civil society sector and the social workers I met told me, although they work in the fields of struggle such as social good, social justice, and human rights, NGO workers are also exposed to precarious working conditions due to low wages, extra hours, extra responsibilities not included in the job description, lack of orientation and training, pressure from managers, lack of appreciation and lack of psychological guidance. Besides, these working conditions are legitimized by claiming that NGO work should be done with a "self-sacrificing," "voluntary" and "idealist" motivation so that NGO workers should not complain about low wages or extra hours and these ethical and moral gains should satisfy them. However, in this way, NGO workers' precarious working conditions are made invisible, and thus, systematic and durable solutions are not produced.

2.2.1 Hierarchical Structure and Decision-Making Mechanisms

One of the most common complaints regarding the working conditions that make social workers feel precarious is how the foundation is governed. Social workers shared the difficulties they experienced while dealing with the management, its hierarchi-

cal structure, and demands beyond their capacities. These complaints include the non-democratic process of decision-making based on “one-man rule,” the employees’ needs, burnout and lack of motivation, which the management largely ignores, the non-constructive pressure on the quality and quantity of their work, and the lack of trust in the experiences and competencies of the employees.

“The institutions and organizations are all managed by the corporate logic in the neoliberal conjuncture after the 1980s. Therefore, you need to add surplus value to your institution. This surplus value could be human capital or something different, but it is desired to be organized within this corporate mentality. There must be a CEO in the management of an organization in this way. While this is the general manager in the companies, it is the founder or the president of the Board of Directors in civil society organizations. [In the SCP,] the organizational structure is divided into departments such as Public Relations, International Relations, Social Services, Corporate Communication, Human Resources. This corporate structure is an effective way of organization. However, within this structure, everything is still determined and decided only by one person.”

First of all, as Gökhan has analyzed above, other participants also said that although there is a board of directors and departmental structure in the foundation, it is still governed by the “one-man rule” approach. There is little difference among the staff regarding having the authority to make decisions and take initiatives. They cannot decide something merely by consulting one of the senior managers who have more authority since all decisions are made with the foundation’s president’s approval. This prevents social workers, who have one-to-one experience in the field, from taking the initiative and contributing to decision-making processes. For example, Şeyda does not feel that she has a powerful voice in the foundation. Even if she wants to change something, she cannot take the initiative for it, and therefore her motivation decreases over time. She says that when she first started to work, proposed new project ideas with her enthusiasm at that time and presented them to the foundation, but she could not get positive or negative feedback:

“You say, ‘it would be better if this aid was done differently’, but nobody hears you. They have been in this sector for 20 years, but they are not in direct contact with families. Even if there are families with whom they interact, they are not as close as we are. We talk to at least 20-30 families a day, either face to face or on the phone, about their needs and what we can do. We may not have as much experience as they do, but

it has always seemed to me that we know the current needs in the field better than them. However, as we cannot put forward our thoughts and opinions and take any initiative, our motivation decreases over time.”

In this regard, the lack of trust in social workers’ experiences and competencies becomes an issue. While the social workers are the ones who are most engaged with a project or a patient in the field, their daily work routine could change as a result of an intervention from the senior managers or the president without even consulting them. This causes social workers to lose the meaning behind their efforts and, in Canan’s words, to question why they do this job since they start to see themselves only as tools for realizing the institution’s ideals or aspirations. Moreover, they claim that since the senior manager or the president of the foundation has not been working on the field for a long time and do not know how much time a task takes, they put pressure on social workers with unrealistic deadlines without considering the quality of the work. In this sense, four of my interviewees described this form of governance with a “school” metaphor, and one of them, Zeynep, describes this metaphor as following:

“We have a headmaster and teachers, and we are students. You feel like this. You do not feel competent in such a system. Even if you accomplish something, it is because your teacher or principal contributes to it. After a while, you start waiting for someone to guide you and not produce anything yourself. You don’t need to take the initiative because you have a teacher who already says what you will do.”

The estimated deadlines without considering the qualification of the specific tasks create a non-constructive pressure on social workers. As they work with illness and death daily, while they carry the emotional burden and intense stress of it, as I will elaborate on chapter 3, they often feel psychologically exhausted because of the tasks that need to be done in a limited amount of time. Moreover, the social workers feel that their needs, feelings of burnout and fatigue, and lack of motivation are not considered, which Nilay says this is one of the most disappointing things for her. As I will discuss in more detail in chapter 3, social workers’ motivations for “helping” and “doing good” and their bond with the patients and their families are used as the rationale for this absence of psychological support and guidance.

2.2.2 Working with Low Wages, Overtime Hours and Excessive Workload

Güner (2019) claims that in Turkey, while local NGOs give their employees low wages, international NGOs pay their employees much higher wages. Therefore, with the professionalization greatly influenced by neoliberalism's market liberalization approach, which allows inequality in wages, NGOs tolerate salary inequality among workers who work for spreading the values such as social equality and justice (2019: 68). In other words, NGOs engaged in various spheres relying on the struggles for equality and rights overlook the violation of their own employees' labor rights under the influence of neoliberal working conditions. As already mentioned, NGO workers are expected to be satisfied with these low wages and work with extra hours and excessive workload, since their labor is seen as "self-sacrificing" and "voluntary."

Moreover, as I know from my own experiences in this sector and arises from the participants, new graduates are hired and employed with low wages, relying on the lack of experience. Zeynep says that in the SCP, they have recruited new graduates to employ with low wages. Moreover, due to low wages, no suitable applicant could be found when there is a job announcement for the interim manager position. Thus, she says that what the foundation wants is, in fact, to train the staff within the institution and change their positions into senior managers. In addition to paying lower wages, it is also easier to train someone who has just graduated from the university and has his/her first work experience, rather than someone who is already experienced and trained in the sector, to adapt to the "institutional culture." As Nazlı emphasizes, this is also a great advantage for new graduates since it is difficult for them to find a job as many institutions in both the civil society and other sectors mostly look for experienced staff.

"What I cannot accept here the most is that whatever we do is never found enough. I want this to be changed. I cannot do more because I am only a person. So, I cannot do more, I wish I could, but it is not possible. I am already pushing my capacity. I am doing things that my friends working in other NGOs could not believe when I told them. I'm doing such works that when they learn, they say, 'no way, Deniz, you cannot be doing that either.' I cannot really do more. I would love to change these expectations on us."

In addition to low wages, all of the social workers I interviewed expressed their frustration, like Deniz's words above, as the foundation expects them to do too much work with limited personnel. For example, when I asked Nilay what she would want

to change in the foundation, she also said she would increase the number of staff in the social services department since current social workers are expected to perform beyond their capacity. Many of them explained that they could not spare enough time for their private lives because of their excessive workload, and therefore they go through psychological and emotional challenges. Social workers, who work 8 hours a day and six days a week, are also expected to be accessible by phone outside of their work hours. In this sense, one of the remarkable moments we experienced during the interview was that several of them pointed their phone's screen to me and showed the messages and missed calls they have received during these interviews we conduct out of their working hours. In this sense, this dialogue between Deniz and me was one of the most striking moments:

Ezgi: "Well, if you think about what you say about the institutional structure and the relationships with the patients and families, do you think you experience things that you could not cope psychologically?"

Deniz: "Of course, incredibly. In the foundation, I started to have a serious anxiety disorder. I am thinking of going to the psychiatrist for this because I cannot handle it otherwise. Constant anxiety. You can't leave this phone. Has a patient texted? Did my manager write something? Did they write something from the WhatsApp group? For example, I have not been on the phone for an hour. Even a fire or something might have happened at that time. For example, now..." (Looks at her phone and gets distracted.)

Ezgi: "I think there is a text message."

Deniz: "Of course. Lots of. Those who want help. If I don't look at that WhatsApp group for an hour, I feel like something will happen. For example, a war might break out." (Laughs). "Really. So strange, well, in general..." (Looks at her phone.) "I forgot the question. They wrote many things, sorry, I'm so sorry. Can you ask the question again? I am so sorry." (Laughs.)

Ezgi: (Laughs.) "Have you experienced things that you could not cope psychologically?"

Deniz: "Here, I cannot cope with this! I can't handle this phone ringing all the time. The first day I leave the foundation, I will stop using smartphones and close all my social media accounts. I am very serious. I can't deal with that anymore. This is my biggest problem. Hitting this phone on the wall. That is what I want. Let this phone fall apart. I will never contact anyone again."

Similarly, Şeyda explains that she felt free again after leaving the job since there are no more text messages and calls on her phone. While before, she was always worried by thinking that “Was it a family? Was I supposed to answer that call? What if I did not answer someone who needed help?” she does not feel anxious anymore when she missed a call by an unknown number. Moreover, the SCP’s extra works to ensure its financial sustainability is also done by social workers, which increases the already dense work tempo of social workers. For example, when they go to the provincial visits, they distribute meat to the patients and their families, which is part of their job. However, Zeynep says that they should also ensure that it has to be covered by the press, which is not included in their job descriptions. On the other hand, the institution legitimizes this excessive workload with the necessity of the press news to announce their work to the public, and in turn, collect donations.

Therefore, both the mission of being “beneficial for the society” imposed by the workers on themselves and the “self-sacrificing” and volunteer-based commitment imposed by the institution and the sector cause social workers to work both overload and outside the working hours. In the end, these precarious working conditions make them feel exhausted and burned out.

2.2.3 Coaching System and the Lack of a Comprehensive Orientation Training

As already stated, most of my interviewees start working at the foundation as soon as they graduate. To better illustrate, only 2 of the 11 people I interviewed for this research worked in a different job before. So, the foundation is their first professional experience. Besides, only 2 of those working in the social services unit graduated from the university’s social services departments, while the remaining nine people graduated from the sociology departments. Thus, if we consider together that many of the social workers are both new graduates and do not receive social work education, it is clear that they do not have enough knowledge of the basic principles and practices of social work, which forms the backbone of the foundation.

According to my interviewees’ narratives, two kinds of orientation processes have been implemented in the foundation in the last four years, one for a week of training and one for 1.5 months. During a no-paid orientation process that was set up as 1.5-month volunteering, employees were trained in the medical information about cancer, as well as the purpose, vision, and works of the institution. Although Canan, a sociology graduate, did not receive a salary in this orientation process, she saw this

as an opportunity since she did not have work experience and accepted it directly. A contract was being signed with social workers who completed the orientation process successfully. Canan explained that they had received comprehensive training on cancer, but they have not trained, especially on communicating with cancer patients and their families. For this reason, when she first started working at the foundation, she had difficulties communicating with the patients and their families, even merely talking over the phone. Social workers learn how to communicate with cancer patients on their own through their experiences. Therefore, their competence and confidence vary from one person to another based on their character and skills. Şeyda, a sociology graduate and has not received any education in social services, thinks that this is a significant deficiency in the foundation. When she started working at the foundation, she was worried that she could not identify those people's needs when she went home visits since sociology education only taught her to observe and understand the behavior and experiences of the patients and their families. Thus, graduates from the sociology department feel insufficient for a long time after starting work since they do not receive any training on how to practice social services during their undergraduate education.

Şeyda also mentioned that her coach, who has tried to teach her what social work was, was also a sociology graduate. This coaching system was implemented to fill the gap in the foundation, which is because orientation education is not comprehensive enough. Newly recruited staff learn how to practice social work through the coaching system. For example, Canan explained that she did not even know how to talk to a patient on the phone when she first started, and therefore she learned what words should be used by listening to other employees around. The coaching system can be useful in many ways as it allows them to learn the essential points of the work directly in practice, not merely in theoretical terms. However, who coaches dramatically affects the accuracy and efficiency of the information learned by the social worker. One of the biggest problems in this system, Zeynep pointed out, that the coaching system could not be maintained efficiently due to their excessive workload. Since the coach also has much work on her own, most of the time, new social workers learn only by watching others, there would be no detailed explanation on possible scenarios. As mentioned earlier, one's talents and capacity to take the initiative comes into play. However, Zeynep said that as the pressure and control mechanism in the foundation is evident, many people avoid taking this initiative because of their fear of being held responsible for the consequences if something is gone wrong.

The incomprehensive orientation training and coaching system also create a dilemma: While social work is one of the foundation's most crucial works, social

workers' quality of work is left alone in a system based on the "master-apprentice relationship." It is something that can affect the quality of the work they produce, especially in such work with illness and death on a daily basis, and for social workers who are in direct contact with the patients and their families with low socioeconomic status. Zeynep claimed that this situation is not only experienced by graduates of sociology but also by the graduates of social services since they might have also done internships in different fields and not know about medical social work practices. Zeynep said that the situation is undesirable also by the foundation because of this dilemma. However, the foundation wants to reestablish the coaching system or equip it with training and make the staff more competent, but it could not be implemented due to the heavy workload on the social services unit. As I will touch on in the next chapter, this lack of training causes social workers not to know how to deal with problems in the field and the patients' deaths, and therefore they become emotionally exhausted and burned out over time.

2.3 Precarity of Social Workers and the Dilemma of Volunteerism and Professionalism

As discussed at the beginning of this chapter, in the neoliberal era, the state's role in social aid and social justice has changed, increasing social inequalities, especially regarding access to resources and rights such as health. During this era, civil society organizations find solutions and meet the needs in the face of these social inequalities and injustices for which the state does not play a role. Thus, some argue that rather than producing sustainable systematic solutions to problems such as alleviating poverty caused by neoliberalism, it triggers the conditions that cause poverty to maintain. In such conjuncture, when I asked what motivations and goals the social workers I interviewed preferred to work in the civil society sector, their answers were "helping people," "working in a rights-based social work," "contributing to the solution of socio-economic problems in Turkey," and "turning labor into a social benefit rather than increasing the profit margin of a company," consistent with the gap that civil society is trying to fill.

However, over time, they become aware that while they struggle with inequality, poverty, discrimination, or human rights violations in this sector, those problems are more systematic and complex, and their labor is mostly inefficient to solve all

of them. First, while they enter into this world with the motivation to contribute to social benefit and social justice, they have disappointed due to this inefficiency. Second, like most humanitarian and aid NGOs in Turkey, the foundation also does not work with a rights-based approach, which leads to the foundation's aid and assistance to be unsustainable and discrimination against some ethnic and national identities that are not categorized as "needy subjects." In the end, with these differences between their aspirations and expectations they had at the beginning and what they experienced through time while they are working, it has affected their belief in themselves and civil society to be the changemakers. Moreover, they experience administrative and structural problems in their institution due to precarious working conditions entailed by neoliberal policies. They often feel exhausted since they work in exchange for low wages and extra hours, do not have adequate professional training and work without any psychological support. However, all these problems are seen as the "nature" of NGOs and social work, and systematic and durable solutions are not provided. This dialogue between me and Gül, who still works at the SCP, sheds light on how social workers lose their motivation over time:

Gül: "I want to do something about migration or LGBTI right now. I am an activist in the field and donate to the institutions. However, if I start working at one of them, it will turn into a job as an obligation. It might not be in my plans because I do not want that obligation to alienate me from the area or create such an alienated perception. I don't want any obligation of something."

Ezgi: "So, you think there is a difference between volunteering and being a professional in this sector. Do you think your work had lost its meaning when it turned into a profession?"

Gül: "It loses its meaning either compulsory or in relation with the process. These problems no longer something you can solve by dedicating yourself fully to your job. Different factors come into play. For example, if I wasn't working here right now, maybe I could donate half of my salary to the foundation. However, now I think about it, they don't even give me my money. For example, this is what I say while working at the foundation: I donate my labor here, and I donate my time. I also donate my salary, given less than I have the right. So, I don't want to do anything else for the SCP. I can feel the same for different institutions and different NGOs. Since I will be obliged and I will receive a salary in return, at that point, I might take it personal and experience alienation for the disadvantaged groups this time. That's why I don't want to work at NGOs anymore."

As Gül said, their passions, sensitivities, excitements, and beliefs in change gradually turn into depression, anxiety, fatigue, or burnout in which they cannot be as excited and compassionate as before. For example, one of the most prominent signs is the lack of enthusiasm to go to work when they get up in the morning in their daily work routine. As a result of these, like Gul, who does not want to work professionally in civil society anymore, not to be alienated from her areas of interest, most of the social workers I interviewed said they are considering changing their jobs or sectors. For example, Canan says that there are moments in which she thinks about changing her job, not because of the difficulties she faces, but because she feels not competent anymore. She thinks of changing her job, especially when she finds herself asking these questions: “Why can’t I do this anymore? Why don’t I feel the same when doing it anymore?” Sometimes when she realizes that she has changed in her communication with the families or becomes angry out of the blue about an incident, she thinks that she is no longer good for those people and that her job is not good for her.

When all these are considered together, social workers at the intersection of the state, NGOs, and donors experience a lack of motivation, emotional burnout, and compassion fatigue, which are overlooked under the pretext of “voluntary,” “self-sacrificing,” and “idealist” nature of social work. Therefore, I argue that social workers in a healthcare NGO experience the dilemma between volunteerism and professionalism. The challenges they have been experiencing while carrying out this “ethical practice” are hardly tackled from a professional perspective based on the workers’ rights and well-being. As they have been operating in a gray area, the boundaries between personal and professional often become blurry and relevant aspects of their work, either caring as a human being or reporting to a senior manager as a professional social worker, come to the forefront depending on the context, the foundation’s expectations and the beneficiaries’ needs. This causes them to fail to claim their own rights even when they are deprived of their labor rights since they are confronted with an understanding that all these challenges and difficulties had to be sacrificed for “performing good deeds” in this sector.

In this regard, it should not be forgotten that as the administrative structure of NGOs, social workers, and NGO workers, in general, are also neoliberal subjects, and their motivations, aspirations, expectations, and goals are also under the influence of the ethical or moral values and perceptions of neoliberalism. In this sense, Nazlı explains that she avoids satisfying his own conscience in the relationships she establishes with the patients and their families since she is disturbed by this idea of salving one’s own conscience in a professional job. She opposes this understanding of “a duty of conscience” (*vicdani bir sorumluluk*) in the civil society sector produced

by interns, volunteers, and staff themselves and also imposed by institutions.

“Okay, we work on a volunteer basis, but we also earn money from it. It increases your vulnerability to exploitation. There needs to be volunteerism in this job, but it must be distinguished very well with professionalism. The staff is not a volunteer, and the volunteer is not a staff member. If volunteerism and professionalism are not distinguished, the personnel become exploited. Moreover, you do not realize that this is a severe distinction, and after a while, you become persuaded by it.”

Like Nilay’s emphasis on the need for distinction between working voluntarily and professionally, social workers say that even in their contracts, the principle of working as a “semi-volunteer” exists. Therefore their labor rights are often violated based on this volunteerism. For example, social workers can find themselves preparing a parcel on a Sunday, that is, not included in their working hours. On the one hand, they question why they work on their day of leave when they were not paid for their overtime. However, when this issue comes up, they think that “who will help these patients?” Therefore, they begin to accept this voluntary basis as a given. Zeynep also emphasizes that, in the beginning, they accept this volunteerism principle and the precarious conditions because they think that working in the civil society sector requires necessarily such a commitment, and they need a job to make a living.

On the other hand, there is a demand by the managers for social workers to dedicate themselves to their work. For example, outside working hours, after 6 pm or on a Sunday, they are required to reply to text messages from WhatsApp. At the same time, when they are forced to do a task not included in their job descriptions and opposes to do it, managers, both verbally and non-verbally, make them feel themselves like a selfish person who does not want to help children: “You’re not a self-sacrificing person. You’re even selfish. If you are always looking to earn money here, then do not be with us. This is not such a place; we are not such people.” Zeynep said that the staff who quit their jobs due to emotional burnout and exhaustion are even seen as “traitors” by the SCP. Thus, these narratives of voluntary basis in NGO work are a form of manipulation in which workers are expected to be “self-sacrificing” while not claiming their labor rights. In this way, once again, personal and professional intertwined together, and in time, they are forced to sacrifice their personal lives to succeed in the foundation. Nilay explained this situation with these words: “In order to be successful in the foundation and to come to a better place, you have to sacrifice both your time and your effort.” While doing this, since they think they are not financially and professionally appreciated,

their labor becomes insignificant in their eyes, and their motivation decreases. These social workers' narratives are also very familiar to me from my own experiences as a rights-based NGO worker in human rights and discrimination. Although they are professional salaried employees, NGO workers are always faced with a demand for semi-voluntary labor from their organization constantly since they are supposed to work in this sector in line with either their political ideology or their motivation to "help."

When I listened to all these precarious working conditions regarding the organizational and administrative structure, I once again realized that these problems were not only specific to these social workers in the field of health care and their institution but also many people working in different positions in different non-governmental organizations have similar experiences. This was something that I experienced and encountered in my five-year civil society career and heard from my acquaintances' stories working in this sector. When I started this thesis research, I was trying to understand and reveal that a health care NGO that aims to help cancer patients based on "equal needs" did not protect their own employees' rights, and there is an often invisible and unspoken problem of burnout. However, an important question came to my mind during interviews: Where do these social workers find the will to continue under these circumstances of precariousness and emotional burnout?

3. SOCIAL WORKERS IN A HEALTH CARE NGO: DEALING WITH ILLNESS AND DEATH

As I elaborate in this chapter, the social workers I interviewed explain their relationship with the cancer patients and their families, the feedback they got from them, and their motivation to “help,” “being their breath” or “strengthening” them as their greatest motivation to continue in this work. As Güner (2019) also points out, while civil society employees can earn much more wages with their human capital in other sectors, the fact that they directly see the changes created and receive thanks from the groups they want to benefit as a result of their work comes into the front as the primary source of their motivation and satisfaction (286). For example, Canan explained how she was expected to do the tasks that were not included in her job description and how cancer patients and their families impacted coping with this sense of exhaustion:

“Normally, preparing a parcel is not the job of a social worker. [When they assign you the task to prepare parcels,] you go to the job with a lot of objection, you don’t want to do it, and you hate what you do while you’re doing it. However, when yours or someone else’s parcel is delivered to a family that you know, you become pleased. What you expect maybe to gain a sense of satisfaction within the institution, but for me in general, even one little sentence from especially young patients and families could satisfy me for that day or a week: ‘Fortunately, you were there. Fortunately, you called me because I was in a tough situation.’ However, if you ask how much the institution satisfies me, the answer is none. Often you are not respected, you are ignored, or you do not see them appreciate your job. However, social work is such a thing that you are happy at the moment when you see the results of your work. The reason I have been working in this institution for many years is an effort to see the results of my work in general. I do not see it all the time, but I make an effort to do that.”

In this sense, being a social worker is a profession based on the practice of caring in which “professional” is inseparable from “personal,” and these workers as “care-givers” are not autonomous subjects but vulnerable and dependent on others, that is, their “care-receivers.” Thus, how does this sense of motivation and satisfaction depending on others come into play in social workers’ subjectivity?

Michel Foucault (2000) describes “techniques of the self” as “the procedures, which no doubt exist in every civilization, suggested or prescribed to individuals in order to determine their identity, maintain it, or transform it in terms of a certain number of ends, through relations of self-mastery or self-knowledge” (122). Thus, the modern subject constructs itself by beginning a quest to finding the principles of knowing oneself or taking care of oneself. In this search of the self, these techniques push us to interrogate about what we should do with ourselves in this world: “What work should be carried out on the self? How should one ‘govern oneself’ by performing actions in which one is oneself the objective of those actions, the domain in which they are brought to bear, the instrument they employ, and the subject that acts?” (Foucault 2000, 122). So, as Foucault describes, these techniques make individuals transform and modify themselves in order to reach “a certain state of perfection, happiness, purity, supernatural power” (Foucault 2000, 225)

In this regard, the subject is “an ethical project that requires attention, reflection, and cultivation” (McPherson 2010, 559). Therefore, I argue that caring is an ethical practice for these social workers through which they transform themselves to reach self-cultivation and claim their subjectivity. As “caring subjects,” my interviewees engage in specific ethical attitudes and feelings cultivating their self-transformation, but as Foucault asserts (2000), they hinge not only on this “care of the self” but also on “care for others,” which cannot be separated (Muehlebach 2012, 8). While discussing the ethics of care of the self, not talking about the care given to others as well as the care received from others together is at risk of turning into a tool of neoliberal strategies rather than resisting them (Lorenzini 2018, 10). In short, the care of the self is related to an ethical subjectivity. I define “ethical subjectivity” here as discursive and practical cultivation of the self related to the care for others with the intentions of “helping” or “touching someone’s life.” In this dependency of the care-giver, the ethical subject should not only depend on its agency and motivation but also acknowledge its own neediness as “the giver who, no less than the receiver, always sets out from a social and existential position both specific and precarious” (Malkki 2015, 8).

This quest is not only a process directed towards themselves, or a source found only in themselves, but also it stems from the need to be cared for by their care-

receivers. As Casalini (2019) argues, “neoliberal individuals cannot be described simply as sovereign, unrelated and egoistical, acting on the basis of a prudential and calculating rationality. Instead, neoliberalism works to explicitly undermine care ethics precisely because it sets out to profit from affective relationships, the provision of care, and the very real vulnerability and dependency experienced by so many individuals” (135). Thus, neoliberalism, on the one hand, produces precarity based on the practice of care and affective relationships. On the other hand, it dictates that individuals must provide their self-care and resilience on their own by making the utmost effort against their insecurities and vulnerabilities, and achieve “a capacity to endure periodic, inevitable moments of crisis while remaining ever capable of springing back after each setback” (Casalini 2019, 135). The issue of self-care is also discussed in the context of social work practices: the ethical practices about social workers’ ability to control and manage their physical, psychological and mental conditions of the self to provide a more competent and sufficient helping and caring service. Therefore, it is claimed that social workers have an “ethical responsibility” (Profitt 2008, 149) to improve their self-care in order to do their best, which shows parallelism with the neoliberal conceptualization of self-care.

Moreover, “by redefining the subject of an ethics of the care of the self on the basis of her essential vulnerability and dependence on others, rather than on her alleged autonomy,” we understand that the precarious nature of neoliberal subjectivity must be challenged by the “practices of ‘communization’ of knowledge, mutual aid, and cooperative work” (Dardot and Laval 2014, as cited in Lorenzini 2018). In other words, on the one hand, care-givers are vulnerable and dependent on others. On the other hand, this precarious subjectivity might lead to the possibility of creating a new subjectivity based on common, mutual, and cooperative work (Lorenzini 2018, 10). Thus, social workers feel satisfied and motivated to the extent that they care for others, which is one of the things that empower them to continue their work. My effort is to understand what this dependency says about their subjectivity and reveal that social workers’ care practice is not one-sided, care-receivers are not passive in this relationship, and social workers are in a quest for exactly this mutuality and collectivity.

In this chapter, based on the narratives of social workers working with the cancer patients in a healthcare NGO, I want to touch upon these questions, respectively: Where do these social workers find the will to continue under the circumstances of precarity and burnout? How do they relate themselves to children and their families? How do they determine the limits of these relationships? How do they understand illness and death? How are their personal lives and their perspectives on death and illness affected by their work? How do they cope with it?

3.1 The Neediness of Social Workers as Care-givers

Being a social worker as a profession based on the practice of caring shows that “professional” is inseparable from “personal,” and these workers are not autonomous subjects but vulnerable and dependent on others, that is, “care-receivers.” In other words, social workers’ ethical subjectivity, who play the role of helpers and care-givers in this relationship, is dependent on both caring for the others, and as I will elaborate in detail soon, being cared for by the others. In addition to this “neediness of the helper” (Malkki 2015) based on vulnerability and precarity, this dependency on cancer patients and their families also reveals one of the reasons behind their urge to continue doing their social work despite all challenges, daily negotiations, and emotional burnout. In order to understand the impact of their relationships with patients and families on them, which makes somewhat bearable the troubles and problems they have experienced in work, I will touch upon the memories and moments they shared with patients and their families. Moreover, I will explore how social workers perceive social work in general and what they do in particular, and what meanings they attach to the concepts of “helping” and “caring.” Thus, I will try to understand, first, their ethical subjectivity with regards to their urge to “help,” “care” and “touch someone’s life,” and second, their attachment to the patients and their families.

“I don’t think that I am motivated by the institution because it is a place that tries to motivate you not by saying that ‘you are very successful, you did an outstanding job’ but rather ‘you could have done better.’ However, we were always motivated by the patients. By the way, it has been more than a year since I left, but they’re still calling me. People who don’t know I left still call me to ask for help. When they hung up, they always say, ‘May Allah bless you.’ I was saying that I was not doing anything, I could only carry the foundation’s resources to them, there was nothing I was doing, and I was a mediator. But they still said, ‘so glad we have you.’ A little boy’s smile or excitement when you gave him a toy. All workers say that these are the things that motivate you and make you want to continue.”

These words belong to Şeyda, who left work about two years ago. She thought Turkey was quite problematic in sociopolitical terms and began working in civil society since she wanted to help people. Thus, it was vital for her to be beneficial to cancer patients and to be able to do something for them in terms of social work.

When I asked about her reasons to quit her job, Şeyda stated that she was not satisfied with the foundation in financial terms and asked herself whether NGOs benefit society. Moreover, she wanted to improve her academic knowledge by having a master's degree. However, she also said that the only thing that motivated her was children and their families, and the bond she established with them has continued even after she left: "So there are still patients and families that I am wondering about. Sometimes I even ask friends who still work there: How does this patient doing? Is she/he good or not, or did they return to their hometown? You are inevitably bonding with them." These narratives that Şeyda and the other former worker still wonder about the patients and their families after leaving the job and that Zeynep follows the families' social media accounts to check whether the patients survived show us how these social workers establish a personal and emotional bond beyond their professional responsibility.

Canan, who worked both in the hospital and in the foundation, told her two very unforgettable memories. The first of these memories was about a father who could not buy toys for his children since he lost his job and had no money. Following the institution's rules, Canan gave him toys that were reserved for children as gifts. The father presented the toys as if he bought them with his own money, so as not to make his children feel the financial constraints due to his unemployment. Canan said she could never forget that moment when the father thanked her and was still very impressed. Another memory is a movie they shot together with a child treated in the hospital to realize his dream: "I wrote a script for him, we checked it together, created the scenes, filmed it, and organized a screening. After the screening, he made a presentation. There, during that presentation, I can never forget how he shone on the stage and his happiness. It was a day that made me very satisfied and happy." Like Canan, all the social workers told about such moments in which they are glad to work at the foundation. While they think that the changes they could make in patients and their families' lives are little compared to the patients' socioeconomic and psychological needs, they also feel that these still impact them, motivating them to continue what they do. For example, in the same way, Zeynep does not think that she can change their lives completely, but she thinks that many patients' needs are not provided by the state but by the foundation. Although she cannot change their life entirely in socioeconomic terms through the work she does, she makes them happy with these bits of help and therefore, can touch their lives for a moment. During receiving "thank you" calls from the families or seeing children's reactions when they give them gifts in home visits, she sees that they acquired a special place in their lives. Especially when the young people, who have recovered, ask: "We have received much help from SPC, so what can we do in return?", Zeynep

sees that they have touched their lives.

These memories, which cause an instant rupture in their daily routines and monotonous rush of their work, are still in their heads, and they become still emotional even while telling them. These narratives help understand what experiences these social workers are going through, and how they reclaim their subjectivity based on this relationship with the cancer patients and their families. The emphasis on “reclaiming their subjectivity” is related to the explanation in the previous section. The social workers are often on the verge of losing their faith and motivation for their work due to the precarity and emotional burnout in their institution and the sector. However, in their narratives about children with cancer and their families, they rediscover that they have an ethical reason to hold on their work and remember the primary motivation to start working as a social worker at the beginning. Moreover, despite all the problems and shortcomings of the foundation, they remember the value of the work that the SCP is trying to do and get the chance to see its effects.

After a long discussion about the SCP’s administrative problems and her criticisms of the foundation’s perspectives on social work, I asked Deniz if she had a memory that makes her feel satisfied working there. Even in short dialogues with the young patients or their families, she said that when she feels that they embraced her, she felt glad to be there: “At that moment, you say that I have a place in the lives of these people. So, when I get out of here, they will say that there was someone called Deniz. Making them say this... This is one of the moments that I say, ‘I’m glad I work here.’” Deniz studied social services in her undergraduate and graduate degrees. However, she does not see social work as a “heroic” profession. She also does not like using the word “disadvantaged” and positions herself against the view that social work is a profession that aims to “save the disadvantaged.” On the contrary, rather than the charity-based perspective, she supports the approaches based on “strengthening and empowering the beneficiaries” and the view that social work should be practiced with a rights-based approach. Thus, although she does not embrace the emotional characteristics attributed to social work and does not position herself as a “hero,” she still attributes a moral and affective meaning to her work in terms of her relationships with the cancer patients and their families.

Just like Deniz, as I discussed in detail in the previous chapter, Gül explained how she was exhausted and how the conflicts she experienced in the foundation triggered her psychological problems. Then, I asked her what exactly keeps her there. In other words, what still makes her work there despite all these troubles?

“At least I have a job. This is a classic but unfortunate thought; being patient about what is happening by thinking, ‘at least I have a job.’ This is what keeps me here. Of course, I work here only for financial concerns, but at least there are young patients and their families who make this process better. It is very nice to know that I help a person, and to be able to communicate with those people. I don’t know if it is associated with a need to be loved or trusted, but I don’t think I need such a thing either. It’s a good thing that you feel like you’re touching a person’s life. Maybe not all of them, but at least there are a few lives I could touch. At least I could change something. Seeing this payoff makes things a little easier for me. However, I can’t say that I’m just working for them. I’m not such an emotional person.”

Although she continues to work due to her financial concerns, she has been able to ease the burnout and fatigue she has experienced with the feeling of touching someone’s life. In parallel with this, at the beginning of the interview, Gül also explained why she chose to work in an NGO and social services as “being able to touch someone’s life and to change something in someone’s life.” Thus, changing or touching others’ lives is an ethical practice for Gül through which she claims her subjectivity in terms of self-cultivation. Moreover, this care of the self is constructed in relation to the care for others in a Foucauldian sense and dependent on the response and feedback of the care-receiver. Thus, she receives “caring” in a reciprocal way from the ones that she cares for.

On the other hand, when I asked her how the foundation describes her work, she replied saying “goodness, help, and solidarity,” but she had criticisms of the way the institution conceptualized these words: “It’s what they think they do, but it’s never what they actually do. They have these concepts in their slogans: Solidarity, goodness, help. So, what do we do actually? We are giving money, sending food, or giving them meat. The foundation sees those all as ‘help.’ Even one of their slogans, for example, is ‘Goodness is contagious, cancer is not.’” However, Gül does not define her job as “helping” because the foundation expects something in return from the families while helping should be something unconditional. The reason she thinks so is that the SCP benefits from the visibility of the patients in campaigns and the voluntary labor of the families to ensure its financial sustainability, especially in terms of collecting donations.

As I have already discussed in the first chapter in more detail, NGO’s dependency on donations for their financial sustainability affects the whole system, from the discourses of the institution to its projects and activities. This continues as a successive sequence and affects the entire mechanism of the foundation: They need successful and large-reaching campaigns for donations, and they use the visibility of patients

themselves and the labor of families for these campaigns and related events. As a result, social workers, who play the role of the bridge between the foundation and the cancer patients and families, experience ethical conflicts, dilemmas, and negotiations with their work and with the institution. I will discuss in more detail in the next section what kind of ethical conflicts and dilemmas they experience and how they cope with them.

Gül also does not describe her work as a form of “goodness” because she earns money from it: “Goodness must also be done unconditionally. I can describe my work only as labor.” Although her relationship with patients and their families contains an affective meaning for her, she opposes the kind of conceptualization of “caring” and “helping” imposed by the institution. Moreover, by defining her work as “labor,” she draws attention to the rights-based approach as a necessary feature of civil society work. The neoliberal conceptualization of self-care ethics identifies the individual as an autonomous subject and aims to resolve one’s quests such as self-cultivation, self-improvement, and self-care on their own. With all their challenges and negotiations with their institution and the sector at large, both Deniz and Gül situate themselves in a critical stance towards the moral neoliberal definition of “caring” in a hierarchical sense, in which care-giving is one-sided and not reciprocal, and they seek for possible ways to do social work with a more mutual and cooperative work, which might end up with constructing a new form of subjectivity as Lorenzini (2018) argues. So, given this ethical subjectivity based on “touching someone’s life” at the core, what kind of relationships do these workers establish with the patients and their families?

3.2 Working with Cancer Patients and Their Families: “Being Someone’s Breath”

To understand the relationships of social workers with cancer patients and their families, in this section, I uncover first if they had a personal life history or another connection to cancer, which might affect the way they establish those relationships. While explaining how she applied for the job, Gül said it was written in the vacancy announcement that “We are waiting for those who can work with cancer patients or understand their families,” and she applied because she had an experience with cancer in her personal life: “My grandfather passed away due to cancer. There was also a mass in my body that we thought was cancer. At least, it was a similar

process in which I had similar concerns. So, I could understand and help them well.” In addition to the importance of this experience for her motivation to apply for the job, it is crucial to think about how she constructs the concept of “helping” and her subjectivity. She sees “helping” as a way to support other patients and their families based on her own experiences. This is also consistent with her views about the unconditionality of “helping” and “doing good,” since supporting someone based on one’s own experiences does not expect something in return and does not depict the receivers of care as “needy subjects” (Timmer 2010) in a hierarchical way.

Nilay, who had also previously met cancer due to the experiences of one of her relatives, explains her motivation for starting to work here as: “So, if you ask what lies at the heart of my choice to work here, this is the point why I associate myself with civil society: I haven’t come to this world for nothing. I have to be beneficial for someone, and I have to work for someone’s benefit.” Nilay thinks that her memory with her cousin’s leukemia is influential in making her feel a “sympathy” or “compassion” for cancer patients. In care ethics, approaches such as “compassion” and “sympathy” run the risk of turning the receivers of the care into “victims” and “needy subjects” by ignoring their agency and breaking their ties from the historical and social contexts they live in. As I have already discussed in detail in the second chapter about how NGOs in the neoliberal era categorize an entire group of people as “needy subjects” (Timmer 2010), Malkki (2015) also states that “such humanitarian approaches to, for example, ‘refugees,’ as ahistorical subjects –merely ‘human,’ merely ‘victims’– depoliticizes and hinders our understanding of their actual circumstances, yielding the perverse result of a humanitarianism that dehumanizes (and sometimes actively harms) its objects by reducing actors in a complex and meaningful historical process into nakedly human objects of compassion,” or in Agamben’s terms, “bare life (zoë)” (1998). In other words, with the approaches based on compassion and sympathy, we run the risk of ignoring the beneficiaries’ subjectivity and evaluating their conditions, such as poverty, detached from the political and historical context. However, in my research, I observe that social workers’ emotions like “compassion” or “sympathy,” as also stated by Ashi, might be linked to another dimension of their attachment to cancer patients and their families rather than being merely victimizing and depoliticizing discourses. I think that it would be a shallow analysis to define these workers’ discourses and narratives on “compassion” or “sympathy” only as a hierarchical relationship based on the neoliberal conceptualization of care. Social workers’ compassion and sympathy approaches do not turn the care-receivers into passive subjects and receivers and feed both care-givers and care-receivers in a mutual relationship. I argue that social workers’ positions of being in limbo between the beneficiaries and the foundation make them critical

of their institutions and civil society's neoliberal practices. Moreover, as they often criticize their managers by saying that "we know cancer patients, not them," social workers establish relationships with cancer patients and their families beyond professional boundaries. Social workers, especially those working in the hospital, find themselves in an emotional attachment during the treatment process of patients, as well as after their death.

When I asked Nilay how much she could affect people's lives, she said that the moments when she could touch their lives were limited and instantaneous because it requires a longer process. She said it is controversial whether the work she does at the foundation is sustainable for a long time or whether it is so easy to change a human's life, but she feels that she could achieve "being their breath for a moment in their lives." After interviewing with Nilay, I have thought about this metaphor for days. "Breath" is a metaphorical term often used by neoliberal self-care practices such as mindfulness, which suggest that unhappiness, despair, and related problems in the society emerge because of individuals' lack of self-awareness and spirituality; thus, it is the responsibility of individuals to improve and develop themselves in order to improve their emotional well-being¹. Such self-care practices are also recommended for "self-improvement" or "self-help" of many professionals, such as social workers who are subjected to secondary trauma (McGarrigle and Walsh 2011; Richards, Campenni, and Muse-Burke 2010). However, Nilay's narrative contests the neoliberal conception of self-care; according to her, the concept of "breath" brings solidarity and support, rather than self-investment, to the forefront. Nilay's conceptualization of "being someone's breath" or "making someone breathe even for a moment" does not isolate those patients and leave them alone to solve their own problems. On the contrary, she emphasizes the interdependency of care of the self with the care of the others by describing the practice of caring as an affective and ethical practice relying on communal solidarity.

This sense of solidarity is also visible in their narratives about "being a family," which occurs in their relationships with the patients and their families. For example, Nilay mentions the patients she knows about hospital processes, or she met during her hospital visits:

"When they visit the foundation after they have recovered, they remember and hug me yelling 'Nilay *abla* (older sister)!'. You can't exchange that moment for anything else. Sometimes I forgot that I was visiting

¹Ronald Purser, "The mindfulness conspiracy," The Guardian, <https://www.theguardian.com/lifeandstyle/2019/jun/14/the-mindfulness-conspiracy-capitalist-spirituality>

him, taking him a toy, giving a gift, or going into his room and making jokes. Maybe I thought I was making him happy only for that moment, but I was actually etched on his memory. Think about it: You are in the hospital, there is no one else. An *abla* comes, gives you gifts, and goes. Every week, this is such a routine. Then you recover and leave the hospital, and for the first time, your family takes you to an activity of the foundation. You remember that *abla* and feel the need to hug her. Of course, this is something very special. I'm feeling emotional even when I'm telling you right now. It is also very touching to see them grow up, get out of those beds, and hug you."

However, it is noteworthy to mention that the SCP also highlights the discourse of "being a family" mostly in the donation campaigns and uses this discourse against social workers as a cover for their feelings of exhaustion resulted from precarious working conditions, such as being available 24/7 to the patients and families, as analyzed in the previous chapter. Gül explains this dilemma as follows:

"The institution tries to create a culture like this: The employees are the older sisters and brothers of the young people and children registered at the foundation. They even call the chairman of the board 'uncle' or the general coordinator 'sister'. Thus, we also become their older sisters and brothers. However, speaking for myself, I don't establish such a relationship only because the institution tries to create such a culture. I really feel like their older sister. In the same way as families, I feel like I'm really a member of their family. They already make me feel like this."

Again, social workers' emotional commitment and attachment position them in a more precarious and vulnerable position. Ozan Nadir Alakavuklar (2009) examines the perception of "an intimate and emotionally supportive place" created with this metaphor as a control and manipulation tool in his article, where he examines the family metaphor used in workplaces with critical discourse analysis. As with the pressure and control mechanisms produced in the family, companies emphasize the closeness and loyalty on the one hand with the metaphor of "we are a family" and on the other hand, suppress the cynicism and anger that employees can direct against the company Alakavuklar 2009, 6. Besides, "this family discourse also challenges the idea of professionalism where the emotions and affective aspects are to be outside of the business" Alakavuklar 2009, 7. This metaphor is also very crucial in my research on this health care NGO. On the one hand, by stimulating emotions with family metaphor, the SCP touches on the ethical volunteering motivation that the employees already have; on the other hand, it suppresses all kinds of cynicism,

resistance, and anger that employees could turn against the foundation. However, as Nilay and Gül have mentioned, many social workers are aware of the contradictions of this discourse adopted by the institution. Moreover, they produce their own understanding of being a family based on their own experiences and relationships.

3.3 Witnessing the Pain and Death of the Patients

This relationship social workers establish with the cancer patients and their families does not always give them so much strength and motivation since, especially in healthcare social work, they deal with death and illness daily. In the interviews, I have observed that while these social workers attribute their care work an affective and ethical value and define their need to feel touching someone's life, they also feel themselves precarious, experience burnout, and lose their well-being due to this practice of caring. Then, as well as the tensions and dilemmas due to the administrative structure explained in the previous chapter, the burden of caring has become something that cannot be spoken, or they have to deal with its effects and outcomes alone, which comes again to the dilemma between volunteerism and professionalism in which their emotional and psychological challenges are taken for granted as if it is the "nature" of the social work. In our everyday lives, interaction with other people requires significant emotional work, such as managing and regulating one's own emotions and evaluating and properly responding to others' emotions. According to Sociologist Arlie Russell Hochschild (1983), it is also crucial in certain professions (i.e. flight attendants or waiters) to manage emotions and feelings, and she describes this kind of "emotional labor" as "the management of feeling to create a publicly observable facial and bodily display," which "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (7). In other words, emotional labor requires the control, management, and suppression of emotions when interacting with other people in the workplace. Although Hochschild mentions the people working in the service industry, emotional work also applies to social workers' context. Social workers also have to learn how to suppress and control their emotions, as they work with beneficiaries with disadvantaged socioeconomic background, who often have traumatic experiences. Even if they differ from one another in terms of their experiences, perspectives, and backgrounds, all of my interviewees try to cope with the emotional and professional challenges of working with illness and death daily.

When I asked Canan if she had psychological challenges at work, she described being a social worker similarly with the concept of “emotional labor” (Hochschild 1983) in which she is under the burden of managing her emotions and feelings in the face of illness and death. In her case, this burden results in a constant effort to maintain her mental health and emotional well-being:

“I have learned that death is a natural thing. You see how much pain those children suffer, and when they die, their pain ends. In fact, what you tell their parents is not a lie. They really suffer, much more than we can imagine. Sometimes you find yourself praying, even if you have faith in God or not so that her/his pain would end. You are starting to think maybe this is the best thing for that child. Otherwise, you feel as if you have betrayed the bond you formed with them because it is absurd to want the child to still live or struggle despite all the pain. For example, what we have been taught in the foundation is the opposite: We have to strive for those children to live, ‘to smile at life’, or to have a future. However, when you work at the hospital, this goal changes for you. Sometimes, if he lives, he will suffer more. There are those patients who become blind, disabled, or paralyzed. At that moment, it makes more sense to you for the child to die rather than suffer. Sometimes a doctor or nurse comes to you and says that a child will die within three weeks, or three months, or ten days. ‘There is no chance for the child to live, we have applied all known cancer treatment methods, but they will not work out,’ they say. At that moment, you feel like you are losing one of your relatives. You know precisely how long the child will live, but you cannot tell that to the family. You have to deal with it alone. At that point, the social workers’ perspective on life and death is critical.”

She said that about 12 or 13 patients died in the eight months she worked at the hospital, which shows how those working in the hospital and the foundation are going through different experiences. Social workers in the hospital deal with disease and death on a daily basis. On the other hand, social workers only meet with the patients during activities and home visits in the foundation. Therefore, they are not directly engaged in a particularly emotional work associated with illness and death as much as those working in the hospital. As a social worker working at the foundation’s hospital for a year, Zeynep also explains that they are with the family during the “ex process,” including washing the deceased’s body. She states that this is not only a professional obligation but also that social workers want to do it since they feel that their relationship with the family should continue after the patient dies, and they should do all things they can do for them. Unlike the social workers who communicate with the patients and their families only during the phone calls, home visits, events, and seminars, the relationships the social workers built at the

hospital is much more intense and emotionally exhausting. They experience the whole process of disease and death with the family in the hospital. Often, they witness how the health condition of a child gets worse day by day. In this sense, Zeynep claims that it is much more challenging to be a social worker in the SCP hospital than the other hospitals:

“In other hospitals, social workers do not get involved so much. SCP’s hospital places an enormous burden on social workers due to the service it provides. They say that you should carry this burden and be with the patient during the hospital process. Just as you will be with the patients while they are under treatment, you will also attend the funerals. This is an instruction of the ‘ex procedure.’ So, this ex procedure is one of your duties included in your job description.”

On the other hand, since the procedures and instructions a social worker should follow during a home visit are already determined, workers do not have so much difficulties. In the surveys they make during home visits, information such as the condition of the patient’s treatment, the number of months of the disease, the hospital where s/he is being treated, and the income status are asked. If there is no obvious sign, it is not investigated whether there is violence or abuse in the family. Since it is disease-oriented research, questions are focused on the condition of the cancer patient: Does s/he have a room of its own, is the house’s hygiene suitable for the patient’s health, or is there any companion? However, while working at the hospital, the process is very different: “For example, when the patient is diagnosed with cancer and comes to the hospital in shock, you are the first contact. What you say at that moment is so important. As these are the topics that even a doctor could give the patient and his family a deep shock, a social worker questions her own competence.” In addition to being the contact person in all situations related to the disease and treatment process in the hospital, when patients and their families have a problem with management or need psychological support, they want social workers to solve. Zeynep finds this relationship similar to the “consultant-consultee relationship,” and thinks it imposes a burden of anxiety and fatigue over the hospital’s social workers by making them feel professionally incompetent. Besides, only two of the social workers I interviewed graduated from the social services department. However, as Canan emphasizes, employees who graduate from sociology are more concerned about the kind of relationship they should have with their patients and their families:

“The ex cases were very challenging for me. I had a hard time during my transfer from the foundation to the hospital. There was an ex case a week after I started working in the hospital. Actually, I was told that an ex case would be challenging because we were not trained for this. I have studied sociology and had no idea what to do, how to manage the process, and what to say to the family. I had never seen a dead person before. I used to be a person who even avoided funerals. I would not go and pay attention. For four years I have worked at the SCP, the most challenging thing I could hardly deal with was seeing a dead person and watching while washing the dead person’s body.”

However, even though they are less exposed to, those who work in the foundation and have never worked in the hospital also say that death is the most challenging thing to deal with. Deniz explains it as follows: “The biggest problem is that you work with death. The biggest truth of life. The only truth. . . You work with death, and there is nothing else. You become just petrified when a child with whom you have unavoidably established a bond is dead. A shock, a huge shock. That is why I got the shock of my life when a boy I frequently visited died. How could it be, how could he die? It is a big trauma anyway. Aside from the problems at the workplace, you cannot even cope with the death.” In the same way, Şeyda said that the most challenging thing during her time at the foundation was death since they do not get any training on how to talk to cancer patients and families about illness and death. Besides, she explained that she had difficulties communicating with patients who panicked during the diagnosis process, similar to Zeynep, as they were waiting for social workers to save their lives, which put huge stress on them.

In *Regarding the Pain of Others* (2004), late cultural and literary critic Susan Sontag provides a critique of the history of war photography as a visual testimony to devastation, human suffering and death. Drawing attention to our culture of spectatorship, Sontag underlies a significant dynamic that is effective in the popularity of images of mass suffering. She not only points at the denial of death as a characteristic of the modern era which enables us to witness a human misery from a certain distance (and sometimes indifferently) and go on with our lives but also argues that witnessing the pain of others from a certain and safe distance brings about a particular kind of pleasure.

“What to do with such knowledge as photographs bring of faraway suffering? People are often unable to take in the sufferings of those close to them. (. . .) For all the voyeuristic lure-and the possible satisfaction of knowing, This is not happening to me, I’m not ill, I’m not dying, I’m not trapped in a war-it seems normal for people to fend off thinking

about the ordeals of others, even others with whom it would be easy to identify.”(Sontag 2004, 99)

Sontag’s focus is on the forms of suffering and death caused by atrocities and wars and in this sense different from the context of my research subjects who are dealing with pain and death caused by cancer. However, I wanted to touch upon Sontag’s observation regarding the way people witness the pains of others to highlight the predicament my interviews find themselves in. Although they are witnessing the pain, suffering and death of others, it is impossible for them to turn away from the pain when they are overwhelmed or shocked. In other words, denial of death is not a viable option in their case. For, it is part of their (especially the ones who work in the hospital) job to care for and comfort those in pain and their families while also following the institutional procedures properly and professionally. In other words, they need to go on with their daily profession while also witnessing pain and death of children whom they often build an emotional attachment. So, their work requires treading a fine line when catering to the needs of the children and their families within institutional limits. I am emphasizing this point, because the specific task of caring creates a psychological and ethical dilemma for social workers since they often have empathy and feel sorry for the patients and play a role way more than an indifferent witness, but they also have a professional role to play which requires them to detach from the pain and suffering to a certain extent and focus on the priorities and interests of the foundation.

Thus, while experiencing the emotional and professional burden of dealing with illness and death, social workers also have to think about what they should say and react at those moments on behalf of the SCP. Like the emphasis on the feelings of anxiety and inability to communicate with the patients and their families stated above, Canan also explains that when a patient dies, there are too many factors that a social worker should think about:

“At that moment, you have to be there for the family, and you try to comfort the mother and father. It is not actually ‘comforting.’ You try to prevent the family from having a prejudice against the institution or hospital. At the moment, you say things like that: ‘The foundation did its best, the hospital did its best, but it was supposed to be like this.’ If the family is a believer, you tell the family things like ‘God wanted it’ or ‘God loved her/him and took her/him along.’ Whatever you have to say at that moment, you change your words accordingly. However, as I said, the most challenging thing was that the children you know and communicate with all the time are dying. This is something that

changes a person a lot, which I did not know before. At the moment the family sees that you are approaching them, they realize their child is dead. You actually visit them all the time, but that day, they feel that you are different since there are a few more people and a wheelchair with you in case of an emergency for the mother or father. You have to be careful, both in ex and in different cases, because every move you make has consequences. But especially in ex cases. For example, the way the bad news is given, the person giving it, how the funeral is held, the way the body is washed, the last words that the mother and father tell the child. All of this is important. I have never worked in a place where funerals and death are such important.”

As I mentioned in the introduction, social workers are in a “limbo” position between cancer patients and their families and the foundation, which is why I chose them as my research focus. One of the moments when this feeling of being in limbo is most revealed is those moments seen as professionally part of their work, such as death and illness, where they are not independent of their personal feelings and emotions. After Canan said that the most challenging thing is the death of a child or young person whom she communicates regularly and loves, she stresses that it has been challenging for her to cope with their death: “I had already nightmares for the first three or four weeks because in the first week I came, one of the well-known and well-loved children died. You also need to think very carefully about doing your job at that moment. The child may be the face of the advertising, or the foundation may have had problems with his mother and father before. You have to behave and react accordingly, but you do not know them because you are new at the hospital. In short, what I could not cope with was the ex cases. So, have I learned how to deal with it? I am still questioning myself a lot. I guess it is not a thing that I can do.”

Zeynep also told about an incident she witnessed in the hospital in which she experienced a similar ethical dilemma. A municipality organized an aid campaign for one of the patients treated without the family’s notice. When the management at the foundation learned this, they sent a warning letter to the family that the municipality cannot start the campaign, and the family has to withdraw from it. Zeynep says that she took the warning letter to the family even though she did not want to do it and that she had to tell them if they do not make the municipality stop the campaign, the SCP will stop the aid. However, as the child was being treated at that time, warnings from the foundation that the aid could be withdrawn if the other campaign continued created some insecurities about whether their child was receiving the necessary treatment during this crisis. Right after these warnings, the child had gotten worse and was taken into intensive care. Zeynep says that she saw

in the family's eyes the distrust against the SCP and her:

“I saw the distrust in the father's eyes: ‘You have warned us, you have accused us, and gave us an ultimatum.’ Because of this situation, he was afraid that we would not treat and care for the child enough if she got worsened. He did not trust the institution. The child died the next day. Most families leave the hospital thanking us, but this family has never said anything like that. I felt so bad because I knew about the warnings so that I tried to support them during the whole funeral process. I was with them until the end, and I even was there during the washing of the body. (...) I'm still looking at what the family is doing on social media. Her father sometimes shares the picture of his child, for example. I wonder what they are doing, whether they could continue their lives. However, how could someone continue his life after such a thing?”

Thus, considering these encounters of social workers with illness and death, they often experience ethical dilemmas between their ethical values and the institution's procedures and instructions. Moreover, at those moments when they contradict with the institutional goals and methods, they are left alone to maintain their self-care and affect management. Due to their ethical subjectivity constructed by self-cultivation through helping and touching someone's life, these psychological, ethical, and emotional challenges are seen by the authorities (in this case, foundation managers) as the “nature” of the social work. In the end, they often feel stuck and exhausted since they are left alone to cope with all of them. Before getting into more detail on the absence of psychological support at the foundation, I will touch upon how this disruption in their affective well-being was not only limited to their work environment but also had an impact on other aspects of their lives such as personal relationships, daily negotiations, and perspectives on concepts such as “illness” and “death.”

3.4 Dealing with Illness and Death: “I Don't Want to Get Used to Death”

Nilay explained that she was more affected by the death of a child she already knew. They often take pictures with the children they meet at a home visit, hospital visit, or an event. She recently ran into a photo on her phone with a child who passed

away and suddenly felt sad. However, according to her, while they work in such a job where they witness illness and death on a daily basis, after a while, they go through a phase of acceptance:

“The treatment of a patient may end well or badly. Whatever you do could not change this because being a cancer patient is something like this. As no matter how healthy you eat, you can have cancer. Likewise, no matter how good the treatment process goes in the hospital or whatever you do as a social worker, sometimes you cannot prevent the patient from dying. At this point, there is nothing you can do or no possibility that you can provide. Do you feel sad at that moment? Yes, you feel very sad and devastated. There were times when I could not forget and get over it even when I returned home from work. However, it affects you less through time, or they remain just as a name in your memory.”

Similarly, Şeyda also talks about this acceptance phase. She says that she had no psychological method for coping with death cases, but she had changed from the first day of his employment to her last day: “I accepted death. One of my relatives passed away, and before, I had never lost someone to whom I was this close. However, the deaths I encountered in the foundation and then my grandmother’s death had changed my perspective on death. I started to feel different. When I heard a mother crying on the phone, I used to get anxiety before, ‘what am I going to say, or what words should I use to make her feel better?’ Over time, I became at least able to hang up the phone more calmly.” At the same time, she says the foundation’s biggest contribution to her is the awareness that everyone is a potential cancer patient. Since people always tend to think that bad things won’t happen to them, thanks to her experiences at the foundation, she always tried to impose on people around her the idea that everyone might one day have cancer, so that they take more care of their own health.

However, unlike my other interviewees, Canan and Zeynep had a particular relation with cancer since, during their time in the foundation, people from their inner circle have survived cancer, which also impacts how they deal with the idea of illness and death. Canan explained that before working at the hospital, she had already been told by her fiancé or others about how much those children with cancer suffer, but she could not comprehend since she did not experience something like that. However, witnessing those processes in person at the hospital causes her to feel more empathy. Besides, having a fiancé who had survived cancer in his past had also affected how she relates herself to her work. For example, when she saw a child patient at the same age as his age during his treatment, she felt as if she saw his childhood. She

felt the same thing when a child with the same birth date came to the hospital and said it was an unintentional feeling that she could not control. Therefore, when she started working at the hospital, the possibility of her fiancé's recurrence became a big concern for her. Witnessing the patients' suffering was difficult for her to cope with professionally, to begin with, but her personal life triggered those emotions and feelings even more. However, besides all these concerns, she thinks that her fiancé was the one who helped her the most in this process:

“As I said, I will continue the rest of my life with someone who survived this cancer and might have it again one day. I know very well how he looks at life. Many of our friends have also survived cancer. They don't take life seriously and see it as something temporary. For many, dying is like going into a different dimension. At that point, you think that, okay, I can think like them. But of course, it requires a very long process.”

Like others, Zeynep also says that her perspective on death has entirely changed while working. Before, illness or death was not real for her, since she had never had such a severe illness in her life and had not witnessed death. However, while working there, she saw so many patients and deaths, and both illness and death became “real” for her. She says that she is still agitated when a patient dies. However, her perspective on herself and her life has changed completely: “As long as I am healthy, I should not exaggerate everything in my life as I did before.” In other words, some people are experiencing hard things and suffering more than we can think of, so why are healthy people still grieving and worrying about things that are not so important? At the same time, while working at the foundation, a very close friend of hers survived cancer: “I knew what would happen to my friend. I actually did some consultancy for her. As well as I was there for her as a friend, I also convey to her what I have learned and experienced about this illness. If I had not worked at the SCP, I might not have been helpful to my friend, but I think my experience has really benefited her.” Like Canan, when someone she is very close to had survived this disease, Zeynep has experienced some changes in her character and her point of view about life and death, not only in work life but also in her private life. At the same time, the fact that they know people who have survived cancer in their own lives outside the foundation and the hospital, and those peoples' effect on the changes in their perspectives on life and death, is also very much related to the interdependency of “care of the self” and “care of the others” discussed at the beginning of the chapter.

Therefore, although the emotional bond social workers establish with the patients,

especially with children, illness and death become normalized for them over time. However, this process of acceptance and normalization also affects their perspective on illness and death. This change can be experienced differently for each of them. For example, Canan defines the death of a child patient from a more spiritual perspective as the ‘salvation’ of the child: Moreover, this acceptance process also adds a new perspective to the idea of death and living in the memory of people who are left behind after the death, as in Canan’s case: “After a while, you do not cry, you feel sad but not as much as before. The bond you established with her/him continues. It feels like most children are not dead; you still feel like they live somewhere. You are starting to cope with it. In fact, not coping, but I think you get used to it. This is the correct way to say it. You get used to it and think that she/he is now going to a good place and not suffering. You become happy for her/him.” As Nilay and Şeyda said, since illness and death are normalized for them, they both discover how to deal with them professionally and not to be emotionally affected as they were at first. Simultaneously, as Zeynep highlights, the fact that illness and death will happen to everyone makes this acceptance and normalization process easier for them.

However, I do not argue that this acceptance and “normalization” process is a coping strategy since, for example, although Nilay says how death becomes something regular, she still cries for a child whom she sees a photo on her phone, or Şeyda still asks her ex-colleagues the situation of the patients she knows from the foundation. On the other hand, Cemre says that after a while, of course, they have to get used to it; however, what she fears most is getting used to death, not being able to react it, and being “robotic”: “Maybe we become already robotic now, but we are not aware, I do not know. It seems very, very normal compared to our first times. Do we become upset? Yes, we still feel very upset, but when you got news of death for the first time, you were crying for a day, but now it lasts only two minutes.” Therefore, considering these mourning and grief practices that continue in this process of acceptance and Cemre’s fear of becoming emotionless, it would be a shallow analysis to claim that there is self-improvement in their psychological and emotional well-being. On the contrary, in this research, I argue that the SCP turns the psychological and emotional burnout of social workers into a self-improvement, although it is also a systematic problem and institutional responsibility, which I will discuss in more detail in the next section.

Throughout this chapter, I try to understand how social workers establish a bond with cancer patients and their families, how this has an impact on their daily lives and perspectives on “illness” and “death,” and how they find the strength in these relationships to continue to do their job. In sum, this bond does not always give

them so much strength and motivation since, especially in healthcare social work, they deal with death and illness daily. When they feel an emotional and ethical affinity towards patients and their families, dealing and coping with the psychological impacts of working with illness and death could be harsh. So, their inner drive of volunteerism, which I elaborated in the previous chapter, comes into play: These employees do this job with the motivation of “helping” and “touching someone’s life,” and it requires an ethical, moral, and “voluntary” drive in itself. However, in addition to the feeling of being exploited by the foundation due to this “idealism” or “volunteerism,” they experience some psychological challenges and burnout because of the social work itself. In the end, in dealing with all of these, they are left alone because of the institution’s understanding and the sector at large that these psychological and emotional burdens of the social work is the “nature” of this work. In the last section, I will touch upon this absence of psychological support of the foundation and the coping strategies social workers develop for themselves.

3.5 Coping Strategies

As I mentioned earlier, self-care is often conceptualized as individual practices that social workers are expected to develop to deal with stressful, traumatizing and exhausting situations at work. Often, individual strategies are designed to nurture and empower workers and help them cope with stress, fatigue and various emotions; however, self-care efforts of social workers will be more efficient when they are supported by their colleagues and institution (Profitt 2008, 150). However, as Nazlı stated, this support is not provided by the foundation:

“It feels a bit more virtual because I mostly communicate with the phone. I say this as something personal. A family you speak to says that the patient died on the phone. You say things like, “thank you, we are always here, we can help” and you hang up. Then the phone rings again. That work intensity actually suppresses these feelings. You definitely do not overcome these feelings. You can be more controlling in terms of your health and for the health of those around you. However, the work’s intensity increases so much that even if the phone does not ring, there are a lot of paperwork you need to handle. You have to adapt to this intensity to suppress all your emotions, not live them excessively. The approach of the institution is that we should learn to overcome them. It

is said that we need to work harder not to feel these emotions.”

In this study, social workers working with cancer patients and their families and facing challenging emotional situations claim that they are not trained to deal with this kind of emotional labor and are left alone to cope with the burnout caused by this emotional labor. Besides, all of the social workers I interviewed said that the foundation did not provide them with psychological support and even ignored this need. As Casalini (2019) argues that while digging out the neoliberal conceptualization of care, it is essential to thoroughly examine what role subjectivity plays in the relationship of care of the self with the care of the others, which is exactly what I want to do in this research. As she emphasizes, “along with a sense of precariousness, fatigue, exhaustion and depression,” social workers’ reactions to these conditions also include a cynicism towards their institutions and existing policies, “which could be interpreted both as a form of care of the self and as a form of resistance” (135). In other words, the criticism that social workers develop against the institution, including their feeling of being left alone in their relationship with patients and their families, especially in death cases, could be understood as a form of struggle. Contrary to the neoliberal conceptualization of “care” putting the burden of self-care, fitting and adapting into the specific conditions and rules of the system, these workers are aware that all the emotional burnout they experience is not coincidental or particular, but part of a broader exploitation mechanism based on their willingness and urge to “help” or “volunteerism.” This awareness gives them the power to criticize and, from time to time, resist both individually and collectively against the precarity that the institution and the sector impose on them and cope with the emotional burden in their relationships with patients and their families.

Thus, I try to understand the way social workers become precarious due to the institutional and structural functioning in the foundation in the second chapter and their emotional labor of dealing daily with illness and death, especially in their relationship with families and patients in this chapter. As I said earlier, social workers say that they do not receive any psychological support from the institution while tackling all these difficulties and problems. When I ask the reasons for this, one of the most replied answers is that their work’s difficulties and challenges are ignored and depicted by managers as something given “nature” of the social work.

Canan explains that the institution ignores that social workers work closely with ex cases, especially in the hospital. For example, at night, she takes an urgent phone call about a child who is dying or who already died, and she wakes up and goes to work no matter what time it is. This is a challenging thing for a worker, especially if s/he has not experienced this before. Sometimes, when they arrive at

the hospital, they see that the child is getting CPR. During the process of washing and preparing the body for the family to see and say goodbye to the child, they may sometimes have to check when the blood is being cleaned. However, Canan says the institution says only one thing for all these situations they face: “This is your job; this is what the medical social services do.” However, as mentioned in the previous section, Canan emphasizes that many of the social workers working at both the foundation and the hospital are graduated from a sociology department and not also taken any training from the institution: “However, it is not important whether you are a sociologist or not because, according to them, you have been working in the social services department for three years. There is no support. There is a meeting with a psychologist every week, but you talk only about the patients.” When the managers hear a complaint about this situation, as Gül said, they ask that “Gosh, how many people in Turkey have such conditions that you have here?” by implying that they are so lucky to work there. They claim that social workers do not need any psychological support since they are making money from this job while doing good deeds as well. In other words, they should psychologically feel good about themselves since they could help people. Nazlı also says that if a social worker tells that she feels terrible because a child or adult patient has died, the managers answer as follows: “Okay, go down to the garden and take a breath. However, you are a professional, and you have to get used to these because this is the nature of social work.”

Therefore, above all, the institution ignores the needs and demands of these social workers who do the most crucial work of the SCP and function as a bridge by carrying out the entire institutional relationship with the patients and their families. I argue that social workers’ motivations for “helping” and “doing good” and their bond with the patients and their families, as I mentioned in detail at the beginning of this chapter, are used as the rationale of this absence of psychological support. As a result, individuals should undertake this burden on their own since it is depicted as their professional failures and lack of resilience.

Facing this lack of psychological and emotional support, they develop some strategies to cope with all these emotional and physical burdens on their own. One of the most common of these strategies is to set some boundaries and limits in the relationship they establish with the patients and their families. Deniz illustrates how their relationship with families could cross the lines unavoidably and mostly without bad intentions:

“I really think that our young patient and families are incredibly good

people. Of course, there are people that we do not get along with, but mostly we do. For example, when you go to a city visit, even if you get off the bus at 2 am, they come and pick you up from the bus station. When you get sick there, they wait with you at the hospital. An incredible culture has been created in the foundation in this respect, and they embrace you very much. When you get there, you can be sure that nothing bad will happen to you. They see you like family, and the foundation is their family. Therefore, sometimes you cannot set limits. Sometimes a committee family can call you at 10 pm to ask for a patient's record. You could not put this kind of borders in that respect. However, sometimes you do not want to put it. He can send a text message you 'good morning *caney*' in the morning, and you cannot get angry because he really does it in good faith, and he does not know that a message should not be sent at that time. Another example, you go to visit a house for social study report, but they welcome you with a table full of dinner."

However, Deniz also argues that "in normal circumstances," the relationship with patients and families should be minimal, but this is not implemented in the SCP. As they frequently emphasize in the previous chapter, the patients and their families could call social workers on their personal phone numbers on the day and time they wish, and the foundation implicitly encourages it. For example, if a family calls on Sunday and a social worker does not answer, and the family writes 'we called and they did not answer' on social media, the worker becomes questioned about why s/he did not answer that call. Even if they are on leave, they have to pick up the phone when a family calls. Therefore, there is no boundary between social workers and patients. Deniz says that the social workers could not draw this boundary initially since the foundation teaches them that they are a family. However, over time, social workers start to set their limits and boundaries. For example, when a family calls on her personal number, she can warn them and ensure that they do not do it again. Deniz, who graduated from the university's social services department, claims that this "being a family" is not only in the SPC but also a common understanding in the field of social services. While studying at the university, she explains during her internship, how the death of a child she visited their home turned into trauma for her: "What kind of trauma! I was constantly crying. I was coming home and crying, and I was going to work and crying. I had come to a point where I almost quit the internship." She also argues that in every university, there are professors who educate the students that they are doing an "incredibly sacred work," which causes them to become more emotionally attached and unprofessional, contrary to the expectation of the institutions. In other words, on the one hand, social workers are expected to be "professional" and control their emotions, as the managers of the

foundation expect, while on the other hand, they continuously ascribe “sacred” and “moral” meanings to social workers’ labor. In this dilemma, social workers who are left alone to manage their own psychological emotions and self-care struggle with burnout.

So how do social workers set these limits? As Deniz explained, Nazlı also says that she warns the families not to make phone calls out of working hours unless urgent. Besides, many of my interviewees said they try not to meet patients and their families outside of the work. These are the limits that they set to determine their professional boundaries and prevent them from exceeding their personal space. However, the reason for some of those limits they draw in their communication with patients and their families is to establish a boundary to prevent emotional connection with them, and thus to be less affected if the patient dies. For example, Zeynep says that when a family first receives the news of their child’s death, she never could forget their words. Therefore, she tries to avoid bonding and empathizing with especially families, to cope with the patient’s death. Similarly, Nilay said that she draws a limit on her relationship with the patients she met at the hospital since it is much more likely to lose a patient in the treatment process. However, of course, she also meets people to whom she finds herself close and inevitably gets closer to some of the patients and families. The institution has set limits on issues such as talking with adjectives of “lady/gentleman” but there is no supervision mechanism other than that. In this sense, she claims that the use of social workers’ personal phones not only causes them to burn out professionally but also causes the risk of letting some people who can abuse their position.

In addition to these emotional and physical boundaries that they set themselves, another prominent coping strategy was how they worked together and supported each other as workers in the social services unit. For example, Şeyda says that when they witness a patient’s death for the first time, they all start to cry. This happened to her and other workers as well. For some of them, it was the death of the patient who they first connected or started to follow the treatment process. At those moments, she says the social services team comes together and tries to motivate and comfort each other. With the difficulty of their profession and institution, they become very close friends with each other. She thought maybe this was limited to the workplace, but it continued after she quitted the job. The foundation has really brought her good friendships. For example, if she had a problem that day, everyone already experienced the same troubles when she shared this with others. They share their experiences together, and a tight bond is formed at that point. Moreover, thanks to their colleagues, Deniz also says that they could withstand working at the foundation since they love and support each other. For example,

as many say, they go to the bar together after work, drink beer and talk about their problems at the foundation for hours. As Gül mentioned, this situation can make them feel worse when repeated frequently since they continue to talk about the work outside of working hours. However, talking to each other also helps them analyze their experiences and problems and see the systemic and institutional ties they might not see on their own.

Hochschild (1983) also defines the importance of collective emotional labor as a way to support each other of colleagues since collectivity could increase cynicism or provide support while dealing with emotions. In a place where they feel the lack of the foundation's support and are not trained enough, the collective support they give each other motivates and empowers them. This collective support is also familiar to me from my own experiences in the civil society sector, as mentioned in the introduction. Some of us are advocating, and defending rights, some of us are seeking ways to combat discrimination, and some of us are trying to support people who cannot access resources such as health and education, like social workers. As people who work with various motivations and job descriptions in civil society, unfortunately, we might find it challenging to deal with many systematic problems and violations of rights that we face. However, at these moments, most of the time, the people with whom we could find support and share our troubles are our colleagues. This support can sometimes turn into small or large solidarity networks, and sometimes it mainly serves to strengthen each other's emotional well-being.

4. CONCLUSION

In this study, I explore how both precarious working conditions and emotional labor of working with illness and death daily impact the feelings of burnout, depression, and fatigue of the social workers in a health care NGO. Both social workers and their institutions claim that social work requires “volunteering,” “self-sacrificing” and “idealism” by its nature. However, this claim puts social workers in a dilemma both in their relationship with cancer patients and their problems with the SCP. I argue that this dilemma between volunteerism and professionalism has a significant impact on social workers’ well-being in a healthcare NGO. In the neoliberal era, on the one hand, social workers are expected to be “professional” and control their emotions on their own, as the managers of the SCP expect, while on the other hand, “voluntary”, “sacred” and “moral” meanings are constantly ascribed to their labor. Using Tronto’s care ethics and Foucault’s conceptualizations of “care of the self,” I reveal a tension in the conceptualization of social work as a care-based profession: Neoliberal care in which care of the self is seen as the responsibility of the individual with self-sacrifice and self-development practices on the one hand, and social workers whose ethical subjectivity is mutually dependent on the need for “care for others” and “cared by others.”

In the second chapter, I uncover the precarious working conditions that these social workers suffer from and how these conditions are constructed at the intersection of the state, civil society, and donations in neoliberal societies. Social workers often feel exhausted since they work for low wages, overtime hours, and excessive workload, and they do not have adequate professional training. Nevertheless, all these problems are seen as the “nature” of NGOs and social work, and thus, systematic and durable solutions are not provided. So, where do these social workers find the will to continue under the circumstances of precariousness and emotional burnout? In the third chapter, I first analyze how their relationship with the cancer patients and their families, the feedback they got from them, and their motivation to

“help,” “being their breath,” or “strengthening” them as their greatest motivation to continue in this work. However, this relationship social workers establish with the cancer patients and their families do not always give them so much strength and motivation since, especially in healthcare social work as emotional labor that they deal with death and illness daily. Although they do not receive any psychological guidance and support from SCP, they are held responsible for coping with all of them by themselves. Self-care is often conceptualized as individual practices that social workers are expected to develop to deal with stressful, traumatizing, and exhausting situations at work.

The thesis research and writing has been a very self-reflective process for me as the past five years I have been working in the civil society sector, and this process helps me rethink what I had been experiencing in practice under a theoretical light. Moreover, I think my civil society sector experience helped me hear some of the narratives of my research participants that would have otherwise gone unnoticed. In this regard, this thesis has provided an opportunity for me to bridge my practical concerns with my intellectual puzzle which, I believe, can be counted as one of the contributions of this thesis to the literature.

All the experiences I had in the civil society sector regarding exhausting workload, insufficient institutionalization, lack of sustainable financial resources, certain ethical dilemmas, and the resulting precarity and burnout of the civil society professionals have been influential in shaping my research and writing process. I observe that the precarious working conditions and especially the emotional well-being of NGO workers in Turkey are not discussed and brought to the agenda enough. For example, while speaking of emotional burnout and well-being, the manager of a rights-based NGO thinks that this is an issue which only concerns the employees working in service-based or humanitarian aid NGOs. Likewise, a member of the board of directors who has been working for human rights advocacy in this sector for many years claims that some NGO employees receive “higher than expected” wages. Even if these issues are discussed, the focus is mostly on the well-being of NGO employees who work at the service-based NGOs and are subjected to secondary trauma, as in this thesis research. Besides, the areas where they can be openly discussed, and collective solutions can be produced are still missing. Likewise, civil society workers’ voices and experiences do not receive enough attention in the academic literature. In this thesis, I also focus on the experiences of social workers working in a service-based NGO. In further research, studies on the working conditions and experiences of NGO employees working in desk job positions or human rights advocating rather than in the field of a service-based NGO could be conducted to highlight the common challenges that emerge from the way civil society functions in Turkey.

Furthermore, such studies would also help to create lasting solutions to the problems of civil society, which not only would increase the well-being of civil society professionals in general, but also maximize the impact they strive to create in the society. In general, NGO work and specifically social work is a profession seen as “sacred” and “heroic” since the “advantageous” helps the “disadvantaged,” which causes both NGO employees to find themselves in precarious working conditions and NGOs to work with a hierarchical and top-down mechanism in their relations with beneficiaries. However, if NGO work “inherently” requires volunteering and idealism, it also requires seeing and discussing all systemic and complex problems in the sector itself. Therefore, NGO employees’ burnout, fatigue, depression, and violation of labor rights problems are not “personal” problems; on the contrary, it results from neoliberal working conditions.



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APPENDIX A

Table of Interviewees

Interviewees				
Name	Gender	Age	Department they graduated from	Years of experience in SCP
Canan	Female	27	Sociology	4
Cemre	Female	30	Sociology	4
Deniz	Female	24	Social Services	2
Gül	Female	26	Sociology	4
Nazlı	Female	27	Social Services	2
Nihan	Female	28	Sociology	1
Nilay	Female	25	Sociology	3
Okan	Male	33	Sociology	1,5
Pınar	Female	27	Sociology	3
Şeyda	Female	26	Sociology	1,5
Zeynep	Female	27	Sociology	4