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Researching Words without Speaking Them. Language as Care Practice in Multi-Lingual Care Environments in Poland

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ABSTRACT

Being able to speak and understand local languages is regarded as an important prerequisite for conducting fieldwork. In this article we reflect on fieldwork in which we did not speak the local language – Polish – but in which we could still learn something about a central practice in our field sites: how language was implicated in practices of care. Hanging out as linguistically constricted researchers propelled us to research situations in which care was done through using words as sounds and practices, rather than relying on meanings, and to relate to not sharing a language in new ways.

ABSTRAKCYJNY

Umiejętność rozumienia i posługiwania się lokalnym językiem uważana jest za warunek wstępny dla prowadzenia badań terenowych. W niniejszym artykule dokonujemy refleksji nad badaniami terenowymi prowadzonymi bez znajomości lokalnego języka – polskiego – w ramach których byliśmy w stanie dowiedzieć się więcej o praktyce kluczowej dla naszych badań: w jaki sposób język uwikłany jest w praktyki opiekuńcze. Spędzanie czasu w terenie jako badaczki lingwistycznie ograniczone doprowadziło nas do skupienia się na sytuacjach, w których opieka odbywała się poprzez operowanie słowami jako dźwiękami i praktykami bez opierania się na ich bezpośrednich znaczeniach oraz umożliwiło zrozumienie braku wspólnego języka z innej perspektywy.



ABSTRAKT

Die Fähigkeit, lokale Sprachen zu sprechen und zu verstehen, gilt als wichtige Voraussetzung, um Feldforschungen durchführen zu können. In diesem Artikel reflektieren wir über Forschungsaufenthalte, in denen wir die lokale Sprache – Polnisch – nicht sprechen konnten, aber dennoch etwas über eine zentrale Praxis im Feld lernten: wie Kommunikation in Praktiken der Pflege impliziert war. Aufgrund unserer sprachlichen Einschränkungen konzentrierten wir uns auf die Untersuchung von Pflegepraktiken, in denen nicht nur die lexikalische Bedeutung der Worte relevant waren, sondern auch deren Klang und das Sprechen. Dadurch sahen wir eine fehlende gemeinsame Sprache im Forschungskontext in einem neuen Licht.

KEYWORDS

Dementia care; hanging out; linguistic cooperation; non-speaking language; Poland; will-work

Being able to speak and understand local languages is regarded as an important prerequisite for conducting fieldwork. If the researcher cannot (yet) speak and understand the language in her

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Media teaser: Researching care practices in Poland without speaking Polish made us focus on the usage of words and non-verbal communication in care-settings with limited verbal communication.

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field site, it is assumed that she will not be able to access meaning-making from her interlocutors and provide a “thick” understanding of what is going on in the field. However, speaking only one of several languages in a multilingual field, relying on a lingua franca or interpreters, being in the process of learning the language, or being not yet proficient enough, is very common for ethnographers. The extent to which a researcher is not able to speak or understand a local language is, however, seldom acknowledged. More often, it is clouded within mystification, or even hidden, so as not to undermine the authority of the ethnographer (Tanu and Dales 2016: 354).

In this article we reflect on fieldwork in which we did not speak the local language, Polish, but in which, as we argue, we could still learn something about a central practice in our field sites; that is, how language was implicated in practices of care. We argue we could find out things about this question precisely because we were not able fully to speak and understand the main language. We could observe what words were doing, without understanding all of them, and we could follow how actors who did not share a common language still engaged in communicative cooperations (Goodwin 2017). Furthermore, we could see how seniors, who no longer communicated with words, were communicating in other ways and were understood and acknowledged as linguistically competent actors by care workers. We thus make an interlinked methodological and thematic argument in this article: we describe and analyze our language-inhibited hanging out in the field and argue that our own linguistic restrictions made us sensitive toward care workers and residents struggling with similar issues.

In interrogating the language-inhibited mode of our hanging out we ask what can we learn when we do not have access to the direct meaning of verbal interactions. How can not speaking a language turn into generating new insights? We thereby relate to the discussion on how “generative hanging out creates various forms of collaboration” (Pols, 2023), by focusing on how we joined residents in their non-understanding of the language and care workers in using single words and phrases to relate to seniors. By asking how our own restrictions enabled new insights we draw on the ethnographic wisdom that every aspect of our positionalities opens and closes certain understandings in our field sites.

In regard to how spoken and non-spoken language was implicated in care interactions we ask how did care workers and seniors resolve situations which were challenging in terms of communication, be it because residents were no longer able to communicate through words, or because they had no shared language, or both? How did care workers and seniors relate to each other?

With these questions, we contribute to the literature on language, communication and care in medical anthropology (Arnold and Black 2020; Briggs 2020; Corwin 2020), and like these authors, we build on the well-established socio-linguistic insight that language is doing more than being the carrier of symbolic meaning (Ochs 2012); it is accomplishing things as part of practices and environments (Goodwin 2017, Mol 2014) and in relating to others. As part of care encounters, language “facilitates, enacts and signifies care” (Arnold and Black 2020: 573) and becomes part of what Charles Goodwin has called “co-operative action” (2017) and Annelieke Driessen “will-work” (2018).

In their respective work Goodwin and Driessen both argue for enlarging the idea of the subject beyond an autonomous inner self and to understand it as emerging in relations and interactions, including the material environment. Chil, the hero of Goodwin’s seminal writings had aphasia after a stroke. He uses gestures, elements of his surrounding, and the spoken words of others to communicate successfully. His speaker position can therefore be best described as emerging from co-operative action, as Goodwin shows (2004, 2017). Similarly, Driessen (2018) argues that “wanting” should be understood as resulting from socio-material relations and not as residing in the subject’s inner mind. She analyses the skillful ways of care workers to make care home residents with dementia agree to care interactions as “will work.” Care workers sculpture the moods and wanting of residents by offering, for instance, a warm footbath or serving coffee in bed to make seniors agree to be showered or to eat breakfast (2018: 18). By bringing Driessen’s work into conversation with Goodwin, we add the role of language to her notion of “will work” and also open it up toward the actions of the seniors themselves, who can also be seen performing will work on their care workers.

Research context

This article is based on research which was part of a bigger project looking at the outsourcing of care from Germany to Central and Eastern European countries where care is more affordable due to lower labor costs.¹ Relocating care from Germany to lower cost countries is mainly motivated by logics within the increasingly privatized German care system, in which affordable care is scarce and families need to top up payments from the care insurance.² It is furthermore based on EU legislation which allows EU citizens to transfer their pension rights to another EU country, and access public healthcare in member states (Großmann and Schweppe 2018; Himmelreicher and Keck 2016). While in Poland there are a few homes which target Germans only and employ German speaking staff, the majority host more affluent Polish residents³ and small numbers of Germans, many of whom do not speak Polish.⁴ Most German families and seniors find Polish care homes through online platforms and agencies which operate in both German and Polish. The agencies often take over administrative work, offering translation services and to deal with insurance companies. Some care homes also recruit German speaking members of staff for this work. However, while some care home staff and some residents might share a language, there are many moments during daily interactions when there is no fully shared spoken language between care workers and seniors.⁵ This fact, and our own linguistic constraints, made us focus on what role spoken language played in interactions and what other means of communication were mobilized.

How we came to researching words without speaking them

We justified the conduct of fieldwork in Polish care homes without speaking Polish with the idea that, although not ideal,⁶ it would allow us to experience the place like the German seniors who were also unable to speak Polish. Access was negotiated through our Polish speaking colleague Mariusz Sapięha, who also helped us to clarify questions while visiting us in the field.⁷ In searching for suitable field sites we followed the path German seniors and their families would take: we searched advertisements on German websites and called the care homes to agree on visits. Facilitated by Mariusz, we then talked to the owners and leading staff members. Interestingly, in the three care homes where we conducted fieldwork, we were assured that language would not be an issue. After all, if the German residents were able to navigate through this environment just fine, why should it be different for researchers who would join them in their everyday activities?

When arriving at the field sites, however, things looked different. Luise was surprised to find that almost none of the care workers could speak German. Also, many seniors were not communicating through spoken language. Thus, spoken words and different forms of language simultaneously became an obstacle and an interest of research for her and she decided to focus on micro-movements and touch, trying to understand which strategies care workers employed to attend to seniors who hardly communicated through words, either because of advanced dementia, missing knowledge of Polish or German, or both. Kristine's research was inspired by the pilot work of Luise but took place in another care home, where practicalities played out differently. While Luise mainly joined the care workers, shadowing them, and assisting with simple tasks, Kristine spent more time with the seniors. This was mainly because at her field site there were a number of quite active seniors who spoke German⁸ and enjoyed the distraction provided by her. There was even a retired professional translator who generously shared his skills when needed. Like Luise, Kristine helped with simple care tasks⁹ and was often assigned active German speakers by care workers. One of the effects of her inability to speak Polish was that seniors themselves were "coming out" as speaking and understanding German when they wanted to interact with her. This led Kristine to focus on the multiple ways in which "Germanness" was articulated in the care home. In this article, however, we focus only on the methodological aspects of not speaking the language and how not speaking a shared language is dealt with in care interactions.

Ethical challenges

Doing participant observation in a care home, hanging out with vulnerable seniors, and joining care workers in care tasks, all raise numerous ethical quandaries, one big one being consent. This becomes even more pertinent when the researchers are not proficient in the dominant language.¹⁰ As a general baseline we understood consent to be processual, as it has been developed in anthropology (Fassin 2006; Huber and Imeri 2021; Plankey-Videla 2012), and specifically in dementia research (Dewing 2008; McKillop and Wilkinson 2004) and empirical ethics (Pols 2015). This understanding departs from the “signing off” practice of conventional conceptualizations of consent in which questions of consent are assumed to be resolved once a form is signed (Fassin 2006). It instead focuses on the unfolding relations in the field (Plankey-Videla 2012: 3) and ongoing consent monitoring. This involves observing “appreciations” and “dis-appreciations” – expressions beyond words (Pols 2005), to assess whether someone is comfortable or not, and to proactively withdraw from situations, even if initial consent had been given. Its underlying principle is not to “protect oneself from relations” (Strathern 2006: 533), but to take responsibility for them and to understand relationality as a tool and an object of study (Pols 2015: 83).

In the following sections we walk with the reader through several “re-scribed”¹¹ situations from the fieldwork, which we analyze as modes of how words and speaking were used as part of will-work.¹²

Single words and the socio-material environment in will-work

Martha was one of the many residents who Luise met who did not express herself in words. While she could not get up on her own, she was able to move in her bed and eat and drink on her own if it was placed directly in front of her and in the right container. Often, when there were not enough staff to help her into her wheelchair, she ate in her bed:

Martha sits in her bed, supported by a large pillow. Directly in front of her, attached to her bed, is a movable tray. Martha seems to be in a good mood and I think I know why: It is time for *podwieczorek* (afternoon tea) and we are waiting for the food to be served. Katarzyna is entering Martha’s room. She is holding a small ceramic bowl with yogurt and a spout cup filled with a mixture of tea and juice. As soon as Martha notices Katarzyna, she starts to smile. But then Katarzyna places the ceramic bowl on the tray. Martha stops smiling and quickly moves her hand to push the tray away. Katarzyna places a spoon next to the bowl. “Später, ja!” (Later, okay!), she tells Martha in a commanding but friendly voice. She hands the cup to Martha who quickly grabs it with both hands. She takes a sip and puts the cup down on the tray and, once more, pushes the tray a little further away. Katarzyna opens the spout cup and inserts one spoon of sugar. She stirs, then closes it and hands it to Martha. “Trinken!” (Drink!) Martha takes a sip and smiles again. She keeps the mug in her hands, then takes sip after sip. Katarzyna watches her drink half of the cup, then she says “Okay,” and puts her hand on Martha’s.

In the situation described Martha communicates that she does not want to eat or drink making use of non-verbal expressions and objects available. With her gestures and mimics she gets Katarzyna to understand that she wants to eat later. By putting the cup down and moving the tray away, she expresses her preference of wanting extra sugar. Katarzyna picks up on Martha’s movements and adds extra sugar to the tea in full sight of Martha, who then agrees to drink. The tray thereby becomes part of the communication and the will-work, signaling non-appreciation or disapproval. We do not know whether moving the tray away meant “please, add more sugar,” or “no, I don’t want to drink.” But it worked in communicating what Martha wanted. Katarzyna engages with Martha in a similar way: when adding the sugar in sight, Katarzyna also uses movement and objects to signal to Martha that she is now adjusting to her preferences. In addition, Katarzyna speaks to Martha with a few strategically placed German words which make sense in relation to the situation and the objects of the tea mug and the movable tray. She says “Später, ja!” to signal that Martha can eat later. She urges Martha to drink with the imperative “Trinken!” and after Martha drinks enough, Katarzyna stops her by saying “Okay.”

In the following scene Anna, a Polish care worker, used single words in German to sculpt the moods and emotions (Driessen 2018: 118) of a senior.

Martin lies in his bed. Anna approaches him, touches his shoulder and wakes him up with the words “Martin! Duschen!” (Martin, Shower!) Martin moves away from her touch and rolls up in his bed. Anna is impatient. In a loud voice she exclaims “Du stinkst!” (You smell!) And she repeats it again in my (Luise’s) direction: “Er stinkt.” (He smells.) “Lass mich in Ruhe!” (Leave me alone!) he cries and asks me “Was passiert?” (What is happening?) “Duschen” (showering), Anna explains to him in a friendlier voice. He calms down and turns towards her. Anna comes close to him, grabs him underneath his arms and pushes him into a sitting position. Anna takes off the upper part of his pajamas and opens his pants and diaper. By grabbing his arms again, Anna now makes him stand up. While he is standing, she removes his pants. I step into the shower to get the “shower wheelchair” and move it behind him. While I hold the chair, Anna is letting him slowly glide down until he sits safely. Then Anna and I change position and she rolls him into the shower. She turns on the water and checks the temperature with her wrist. After some time she is satisfied and moves the shower head towards Martin and starts rinsing Martin’s body with warm water. When being touched by the water, Martin whimpers. Anna talks to him in a reassuring voice using words in German again: “Kalt, ja?” (Cold, yes?) She continues to talk in single German words: “Duschen,” “nicht stinken,” “Seife,” “Wasser” (showering, not smelling, soap, water). Martin starts to engage in the activity, trying to catch drops of water and spreading them. Anna opens a bottle of shampoo and suddenly the room starts to smell of shampoo for men. Martin helps to spread the shampoo, he is fully engaged now. Anna continues to say simple German words: “Seife,” “waschen” (soap, washing). While Martin cleans his head, she takes a large sponge and slowly and carefully continues to wash the rest of his body. He does not protest, his body is more relaxed now. With the help of the shower head she removes the soap from his body. She turns off the water, reaches for the towel and wraps it around him. While drying himself, he starts to talk in German, telling stories about his past, which only I can understand.

Situations like this happened every day during Luise’s fieldwork. Anna uses keywords she learned when working as a care worker in Germany. Using the keywords alone however does not accomplish the co-operative action of will-work. Throughout the situation the single words become connected to concrete practices such as lifting or showering; they function as gestures or non-verbal clues, related to things and objects such as the shower, the soap and the smell. The tone of Anna’s voice, touch, and her body movements seem furthermore to be crucial for managing Martin’s attention and sculpting his mood (Driessen 2018). At the beginning of the described interaction the single exclaimed words announce the action. They also frame Anna’s bodily activity (pulling and moving Martin). “Duschen!” Anna exclaims while shaking Martin, requesting him to react. Anna’s tone of voice at first appears harsh to Luise, and her actions disruptive. She therefore reads Martin’s responses as being uncomfortable and not fully oriented. The spoken German words seem to elicit withdrawal from Martin. The situation changes when Anna uses the word “Duschen” a second time, not as a request, but more as information. She changes her tone of voice and succeeds in the difficult job of getting him out of bed and into the shower chair. Martin does not protest when Anna makes him stand up, but he whimpers at first when in the shower. The third usage of the word “Duschen” is friendlier and finally Anna has accomplished the will-work needed so that he is not only allowing himself to be washed but actively participating.

By using single German words, Anna is making an effort to relate to Martin – she knows him as a German-speaking senior (Driessen and Ibañez-Martin 2019). But it is not only the words but the combination of her tone of voice, her actions, the smells and the warm water and the fresh towel that turn the situation into co-operative action. It is not possible for us to determine how far Martin was able to grasp meaning and express himself through words, and even less possible to estimate Anna’s assessment of Martin’s abilities. However, we argue that in this situation it is not important whether Anna spoke the words to be understood by Martin. Uttering German words, in this setting, is part of achieving care co-operation, in itself a fragile accomplishment, always in danger of sliding into transgression, control, or manipulation.

Phrases and streams of talking as part of will-work

While in the previous examples care workers used single words which were potentially understood by residents, we also observed the practice of using phrases or a stream of talking in a particular tone and in a particular situation, even though not in a (fully) shared language.

I (Luise) am following Wiola on her morning round. We enter a room which is shared by two German women, Irene and Emilia. I watch Wiola carefully approaching Irene, stroking over her arm and hip. She starts talking in Polish. “Wstań, Irenka.” (Get up, Irenka.) While talking she has moved closer to her and she is speaking quietly, almost whispering. The words sound familiar. I have heard them often while shadowing the care workers. They are uttered during care interactions in the mornings, often as single words, unsupported by the structure of a sentence. Irene is not reacting to the words, however, and Wiola moves back a bit. “Dzień dobry, Irenka,” (good morning, Irenka), she then exclaims, loudly. I walk around Wiola and can see Irene’s face. The calm expression has disappeared, and she has opened her eyes widely. Wiola moves closer, strokes Irene’s hair and says calmly, accompanied by a smile while pointing to the window: “co słyhać, Irenka? Święci słońce!” (What’s up, Irenka? The sun is shining!) Irene also smiles and turns towards us, ready to start her day.

Agata sits most of the time coiled in her wheelchair. She hardly looks up and most of the time has her face turned down. I (Kristine) have observed many times how difficult it is to assist her with eating. She hardly opens her mouth if a care worker tries to offer her a spoon. And if she does so, her tongue is often in the way of the spoon.¹³ Today I observe with astonishment how care worker Ewa is succeeding in making Agata cooperate with eating, opening her mouth and swallowing. She sits on a chair next to her, her body turned to Agata. Her offering of food is accompanied by a continuous stream of words, calling out her name in an affectionate tone at a regular pace. Within the stream of words I can differentiate words which I hear every day when care workers help residents with eating, such as “jedz!” (eat!), “jemy!” (We are eating!) “Zupka” (soup (diminutive form)), “kompcocik” (-compote (diminutive form)), “kochana” (dear/love). I see how Agata is reacting to the spoon, opening her mouth, and taking in some food.

In both examples the care workers very confidently address the seniors in Polish, even though the seniors did not communicate either in Polish or in German words. They direct their attention, transmit a positive mood, and ensure their cooperation. When the opportunity came up, Kristine asked Ewa, with the help of the former translator, how she can explain her success in feeding Agata. Ewa explained the importance of talking in terms of intention, which is transmitted via the persistence of wanting to reach them. “They will react to your intention and not to the exact words,” she explained. Thus, in this mode of will-work the care workers invested their communicative efforts not into the lexical meaning of words, but into the intensity of their talking, tonality, expression, and in the repeating of phrases which are typical for the interaction and situation. We can of course not be sure that Irene and Agata recognized the phrases or recognized in which language they were spoken. We could only see them reacting to this way of communicating which included a lot of bodily movements and inclusion of the material environment (coming closer, pointing to the outside, sitting close, approaching the mouth of Agata with a spoon).

We can also not be sure that Wiola and Ewa spoke for the resident’s benefit only. Throughout our research, care workers constantly talked when attending to the people they cared for, and we found ourselves doing the same. Luise observed how a care worker, when caring for a woman who did not speak and did not move a lot either, carefully announced each step she was going to take when feeding her through a tube. When assisting seniors by turning them in their beds, care workers often used words such as “Już” (ready, now), sometimes even before they approached the seniors. Thus, it could be the case that care workers do not necessarily speak to communicate with the seniors. They might utter words and use streams of talking for themselves, to structure their activities and to deal with the intimacy of the interactions they are engaging in. Wiola’s choice of words might have been for her own benefit and not for Irene’s. This is also what Kristine found herself doing when she assisted Polish speaking seniors, making her actions explicit to herself, by speaking out loudly what she was doing. It slowed her down, and helped her to be more attentive to the resident. Words accompanying practices, a careful touch, a specific tone of voice, positioning the body in a certain way and pointing, seemed to accomplish enough communication work for the seniors to be able to join in, and allow themselves to be assisted.¹⁴

In the examples discussed so far, relating is created in different ways. This might also include new Polish phrases and words. Going back to Irene’s and Ewa’s example, we can assume that the words they heard when being woken up or sitting at lunch were not new to them. They had lived in the Polish care home for a long time, coming across the words “Dzień dobry, Irenka,” and “jedz!” time after time. However, due to their advanced dementia we assume that their capacity to remember words of a new

language was limited even though the sound of the words might be familiar to them by now through their embeddedness in situation and care activities.

As Goodwin showed (2017), words and language are always intertwined with materialities and actions on which speakers build. In our cases these have been various things and actions, such as the warm shower water, gentle strokes, intruding movements, loud voices, or consistent speaking. Using single words, phrases and streams of talking, embedded in specific interactions and practices, can open up possibilities for relating and creating cooperation, provided that social and material conditions allow these.

Advantages of language-inhibited hanging out

In the rest of this article we turn back to the methodological questions of how we learn in the field when we do not have access to the direct meaning of verbal interactions, and how language-inhibited hanging out might turn into an advantage. With some reflections on these questions already laid out above, we would like to discuss further how language-inhibited hanging out enabled us to (1) pay attention to details, (2) not ask questions too early but stick to the practices, and (3) how it made the field articulate itself differently to us.

Attention to details was brought about by Luise's inability to speak Polish in the following care situation:

We push the silver trolley filled with plates of food through the first floor to give each resident who is not able to join lunch downstairs a plate of food. Every day there is soup. Since it is a Friday, the soup we serve today is without meat. Natalka is the last person on the floor, she needs assistance with eating. We have fed four seniors already and served soup to many more. I see Agnieszka struggling to feed the soup to Natalka. The pieces are small, but different in size and when on a spoon, the liquid easily drops down. There are already a few stains, barely visible against the bright yellow of the bed sheet. "Natalka, jemy" (we eat), she says impatiently when Natalka turns her head and a big drop of soup falls onto the bed sheet. I have heard this word "Yeme" (as I would spell it) many times already today. "Pij" (drink), she says when giving Natalka something to drink. This word "Peeyi" is also familiar to me. I try to memorize these two words. I will write them in my notebook later and ask someone to translate them for me. I hear a noise: Natalka has pushed away the spoon and more soup has dropped on the bed and on the linoleum floor underneath. Agnieszka bends down to pick up the spoon and quickly uses her right hand to wipe the drops of soup from the bedsheet. "Już" (ready, now), Agnieszka says, stretching the u, with a high intonation at the end. She seems to want to feed the soup to Natalka quickly. Her movements are quite hectic and much faster than with the seniors we fed before. Yush?¹⁵ This word is new to me. I quickly step out the door, take out my notebook and note down the new word I have heard. She had used three words while feeding Natalka, which was unusual. While feeding other seniors she had only used one: "Jemy."

As described in the beginning of this article, we did not design this research to analyze language care practices. The observations Luise made in this example were born out of a necessity to adapt to the circumstances in the place she was conducting research. She was not able to conduct interviews or hold informal conversations. To describe daily life in the care homes she was dependent on her observations. In the situation between Agnieszka and Natalka we can see how this affected her attention to detail. She focused on micro-movements, such as Agnieszka wiping drops of soup from the bedsheet. She witnessed speaking as a practice, as we can see in her noticing Agnieszka's intonation and hectic movements while speaking. Of course, such focus on detail is also possible while being able to communicate with the subjects of one's research and even a common practice in sociolinguistic research. Moreover, in sociolinguistic research settings additional tools can be applied to capture communication practices (Drew et al. 2001). However, our study was not a sociolinguistic one. Because our focus on detail was not planned, but a necessity, it was not all-encompassing. When sociolinguistic research would have further zoomed in, we zoomed out again, focusing on the bigger picture – the German seniors' lives in the Polish care homes. At the same time we came to learn about the usage of language and words in care-settings when verbal communication was not possible.

Having not paid attention to the importance of uttering words in care practices beforehand, Luise became attentive toward the usage of such words, since she desperately searched for single

words she could understand. We believe that it was exactly due to Luise not knowing Polish that she was attentive toward these “everyday” words and how they were spoken. For when she asked care workers to talk about words which might be used during care interactions, they were not able to help her. They could not remember what they would say and did not understand that anybody could be interested in such normal practices. We argue that Luise was able to grasp the few Polish words spoken during care interactions, since these seemed arbitrary to her and she did not perceive them as normal. Each word she heard was potentially important to her. In an environment where few words were spoken, her position as a foreign researcher allowed her to foreground these few words.

This was different to the situation of Kristine, who could rely on the help of a senior who had worked as a translator in the past, and was more than happy to assist with translations for her. In comparing our notes, we realized that Luise had been far more attentive to the effects of single words than Kristine. In addition, she did not ask questions too early. Let us see how Luise’s day with Agnieszka continued:

After finishing caring for Natalka, Agnieszka and I take the silver trolley back to the kitchen. Agnieszka points to the stairs and we go back to the first floor. When we arrive in front of the small gym, we stop. Agnieszka enters and I follow her. The room is almost empty, there is only one resident, Bolesław. He is sitting on a stationary bicycle, but not moving the pedals. He looks quite fragile and I wonder how he manages to stay on the bicycle alone. “Is he able to work out by himself?” I would have liked to know, and “Why did you leave him alone in this room?” I watch Agnieszka approaching him. She holds his left hand and he leans his whole weight onto her. He slowly moves his buttocks towards her, with his feet still on the pedals. It looks dangerous. “Do you need my help?” I want to ask her, and I start walking towards them. But before I can remember the Polish word for help, Bolesław has already managed to slide off the bicycle seat and to put his feet on the ground. The fast movement must have made me wince. Bolesław is laughing at my expression. Agnieszka is merely helping him to keep his balance while he himself lifts his feet and gets off the bicycle with ease. Agnieszka gets his walker from the corner of the room and together we leave the room.

Luise’s inability to ask proper questions in Polish prevented her from interrupting this sequence. Even though she often had an urge to ask for explanations, or to make a light remark during moments of silence, she did not do so, because she was not able to. Since many of her initial questions were concerned with practices, they were often answered in the course of a care activity or a shift. Thus, there would not have been a need to ask the question in the first place. The care workers, at the same time, did not need to pause their work to explain things, they just performed their activities as they were used to.

Luise learned about the advantage of not being able to hold informal conversations, when she was accompanied by our colleague Mariusz for a week. With his help she wanted to ask care workers about specific words while they were doing the care work. However, the strategic keywords she had witnessed before, now turned into whole conversations, because as soon as there was a possibility to converse, care workers would eagerly explain the work they were doing. Not only became Luise less aware about single words, care workers also directed large parts of their attention to her, instead of to the seniors. In another leg of the research, Kristine shared the language with all seniors, but not with the care workers. In moments when seniors struggled to make themselves understood, she found herself jumping into the situation, instead of staying in the background. While this appeared the right thing to do in those moments, it interrupted the emerging co-operation between care workers and seniors.

With this we do not wish to suggest that better research is accomplished with not talking and only observing, but the inability to ask questions has the advantage of privileging observing, instead of taking refuge in small talk or in intervening in the care interaction. Small talk and informal conversations are known as key tools in ethnographic research to gain insights in unexpected ways (Hennink et al. 2013: 179). We were, however, both unable to engage in informal conversations or to ask care workers on the go to give additional explanations about practices. What is more, we could not analyze any conversations between care workers or between care workers and Polish-speaking seniors.

While these limitations were very much felt by both of us, they also made us experience the position of a person who does not understand the dominant language, as was the case with the small number of seniors who could only speak German. It allowed us to at least relate to the issues that come with not understanding and not being understood. For instance, even though the care workers were friendly toward us and tried to include us in activities as much as possible, we both struggled with not being able to communicate in spoken language. Luise noted that whenever she heard a German word – even though in most cases it was addressed to the seniors and not to her – it lightened her mood. She preferred to join the few care workers who were able to talk a few words in German. This was her own experience with not speaking and not being understood and cannot be transferred to the German seniors. However, having experienced “non-speaking” herself made it easier for Luise to appreciate this aspect of the German seniors’ lives. As mentioned already, in Kristine’s fieldwork the situation was slightly different because there was a group of active seniors who were fluent in German (including the professional translator). In her case, because she could not speak nor understand Polish, this activated the German speaking skills of the seniors which made her aware of the ambiguous role different languages have played in the seniors’ lives.

It’s my (Kristine’s) third day in the care home and I don’t know yet all the seniors by name. During afternoon tea I notice a small and well-dressed woman raising her hand, shyly smiling at me and calling with a soft-spoken voice “Frau Kristine?”.¹⁶ I approach her and she tells me in German that she needs to go to the toilet. I ask whether I should help her. She responds in very polite German “wenn das möglich wäre?” (if this would be possible?) When we take small steps together, I ask her: “how come you speak German so well?” “Ich spreche nicht gut. Sie sprechen so schön!” (I am not speaking well. You speak beautifully!) she answers. I assure her that her German is perfect and that I am so happy that I can talk with her. She tells me that she worked as a health professional and had many German speaking patients. Later when we are finished in the toilet, walking back to the table, she tells me that she likes hearing me talking, because it reminds her of her mother.

It’s lunch time and many of the seniors who need assistance with eating are downstairs in the dining hall. Julia, the care worker in charge, invites me with gestures to give a hand in assisting with eating. She assigns me Radek, who sits slouched in his wheelchair, his head down, his chin almost touching his chest. He is not talking much, as far as I know, and if so, only in Polish. I am a bit unsure how to approach the assigned task. This stresses me a bit, because I am so happy that I can be of help to the very busy care workers, but I feel awkward approaching somebody without a shared language. Julia seems to read my mind. *Mówić po niemiecku!* (speak in German), she encourages me. I get close to Radek, bend down and greet him in German. I tell him that I am here to help him eat, and that I only understand German. I ask him whether he understands me. He suddenly awakens and raises his gaze and looks into my eyes: “Ja, ich verstehe sehr gut Deutsch!” (Yes, I understand German very well!). This, and his sudden waking up positively surprise me and make me laugh. I say that this is wonderful, how lucky I am and ask whether he wants to try the soup. He accepts the spoon and turns his eyes again to me and asks why I am not able to speak Polish. “Du must Dich mehr anstrengen!” (you have to try harder!). I agree with him, but say that it is very difficult. He responds again that he speaks German well, and that he learned it, that he tried hard. And from there we engage in a little back and forth, which will become our standard conversation for the next weeks, him scolding me that I should try harder, and me complementing him on his German, with spoons full of soup in between.

These are just two examples among many others in which Kristine learned that next to the officially declared German speakers, there were many other hidden ones among the seniors. She learned that her apparently innocent question “how come you speak German so well?” was not innocent at all. She knew in theory that the region in which the care home is situated underwent different state affiliations in which the Polish and German language became highly politicized issues (Kneip 2021). But before the fieldwork she had only limited understanding of how this could have played out in seniors’ biographies. Under later Nazi occupation, everybody was forced to learn German. When the region became Polish in parts again, and in some parts after over one hundred years of partition (Wiszewski 2014), all street names, surnames, and names of shops were changed back to Polish. Any remaining German speakers also had to speak Polish, with strict sanctions if they were found to speak German (Kneip 2021). Thus, being asked why one spoke German could evoke both the need to hide the fact that German was spoken in the family, or the drill and horror from the school system under Nazi

occupation. For Kristine, the fact that she could not converse in Polish meant that the field articulated itself differently to her, and made her ask and read up on different questions.

Concluding thoughts

To care for people with memory problems that affect their verbal exchanges is challenging precisely because verbal communication is so central to care (Arnold and Black 2020). When someone is not open to argumentation based on words, how can one negotiate with them, or convince them to take a shower when they feel comfortable with how they smell, or make them drink if they have forgotten that they could be thirsty or do not remember what a cup is for? In this article we have looked at situations in which care workers and seniors do not share the lexical meanings of spoken language.

Building on Driessen (2018) and Goodwin (2004; 2017) we argued that the words spoken become part of will-work care workers and residents perform with each other in negotiating care co-operations. Because care is always incomplete and never perfect, these co-operations are an accomplishment requiring work and creativity from both sides. The uttered words and phrases thereby cannot be separated from the setting – in the same way that the setting cannot be separated from the words.

In addition we have interrogated the language-inhibited mode of our hanging out: what can we learn when we do not have access to the direct meaning of verbal interactions? Can not-speaking a language generate new insights? With this article we want to encourage fellow researchers to embrace fully, and be more transparent about, their language capacities. Hanging out, and doing fieldwork with our own flaws and vulnerabilities, is as generative as are all the capacities we bring along. Not speaking a language is not only blocking understanding and relating but can initiate different forms of it. It can sharpen the senses and observations, and can trigger the field to show different sides of itself to the researcher.

Lastly, while we have foregrounded how spoken words as a part of care practices produce relating, we have also observed situations in which the lack of a shared spoken language posed limits to care co-operation. Beyond washing and feeding, seniors who did not understand or speak Polish often had difficulties in relating to the carers, as well as to the other seniors. This was particularly obvious during collective activities such as gymnastics or ergo therapy in which meaning-centered aspects of language seemed to play a bigger role for interaction and relating. Thus, in highlighting communicative co-operations among carers and seniors we do not want to romanticize the challenging situation of multilingual care environments, and the risk that seniors who speak only a minority language might be excluded. But we think there is much to learn from the practical ways that seniors and carers engage with each other in will-work through using words beyond the lexical meaning. This learning is particularly important because in many contexts where senior care is done in care homes, we find people with different linguistic backgrounds who need to get along in daily interactions.

Notes

1. ERC Grant 949,200 “Relocating care within Europe, moving the elderly to places where care is more affordable,” <https://www.relocatingcare.org/>.
2. Relocating German seniors to Central and Eastern European countries happens only on a small scale. But it is emblematic for the privatization and marketization of care in Europe and for “care fixes” (Dowling 2022: 191) that fix a gap but do not address the underlying structural issues. Thus, while EU legislation provides the template within which it is possible, the actual outsourcing of care is an outcome of austerity regimes and the marketization of care in both sending and receiving countries (Aulenbacher et al. 2018; Bender et al. 2018; Kolářová 2015; Ormond and Toyota 2016; Schwiter et al. 2020).
3. Private care homes are a relatively new phenomenon in Poland (Krajewska 2014; Robbins 2014). Societal changes but in particular the big numbers of out-migrating women have affected the availability of care within families. Many of the Polish seniors in private care homes have family members abroad who can afford the costs, or are themselves returning migrants.

4. In the three care homes in which we did fieldwork, we encountered many seniors who for various reasons (which to detail are beyond the scope of this paper, see Palenga-Möllenbeck (2014)) hold German citizenship and speak both languages fluently. In this article we are mainly concerned with monolingual German seniors and ignore the complexity and multiplicity of the category “German” in the region (but see Kneip 2021; Strauchold 2014; Wiszewski 2014).
5. Multilinguality in the field did not only concern Polish and German, but also Ukrainian, since in several of the homes Ukrainian members of staff were employed. In one of the homes there was also a resident with another first language, who had migrated to Germany for work and was now taken care of in Poland. These complexities are however beyond the scope of this paper.
6. Apart from being practically “not ideal,” it is also sensitive, because it potentially reproduces the power imbalance between Poland and Germany, in which the Polish side makes more efforts to learn German.
7. Luise, first author, conducted the research in 2019 as part of her Masters at the University of Amsterdam, supervised by second author Kristine, and as part of the pilot research for the bigger project. Ethical clearance was obtained through the ethical board of the master’s program. Kristine’s research took place in 2022 when the project had received full funding from the European Research Council (ERC). Ethical clearance was obtained by the ethical boards of the Amsterdam Institute for Social Science Research and the ERC.
8. These included seniors who spoke only German, and many who spoke both German and Polish, due to the specific history of the region.
9. Both authors had hands-on experience as care assistants from previous jobs.
10. Information about the project, including details on data protection and how to withdraw from the study, were circulated before the research started in Polish and German via the management, to family members (proxy-consent for residents with advanced dementia) and care workers. This required people to actively reach out to us if they wanted to voice disagreement. Appreciating that this might be uncomfortable because of dependencies on management and hierarchies within the organization (Plankey-Videla 2012), we stayed (and remain) sensitive toward the question of consent throughout the (still ongoing) research process.
11. Pols (2015: 83) uses this term to denote the analytical quality of descriptions, which never only record but actively reshape what they are describing. See also Hirschauer (2006).
12. While we focus here on interactions between care workers and seniors, we also witnessed seniors communicating with each by smiling, touch, clapping or pointing.
13. It is beyond this paper to discuss whether people with dementia should continue to be fed if they are no longer cooperating with eating. The fact that Ewa sometimes accepted food and enjoyed it (she showed preferences for dessert over the main course) was understood by the care workers to mean she still wanted to eat.
14. It is beyond the scope of this paper to discuss the role of language and dementia in the geriatric sense.
15. Transcription of what Luise heard.
16. In addressing me like this, the resident was using a polite Polish form in German. In German one would use the surname.

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