Care/Sorge

Construction, reproduction, and dissolution of significant relationships

van der Geest, S.

Published in:
Medicine Anthropology Theory

DOI:
10.17157/mat.5.4.365

Link to publication

Creative Commons License (see https://creativecommons.org/use-remix/cc-licenses):
CC BY

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.

UvA-DARE is a service provided by the library of the University of Amsterdam (http://dare.uva.nl)
In an earlier review of a German publication in this journal (Van der Geest 2015), I explained the reason for presenting work in the German language to an international (English-speaking) audience. German colleagues have played a unique role in the development of medical anthropology and still do so today. They deserve to be read outside of their own language, which is no longer a vehicle for international communication (as it was a century ago). All academics – not only anthropologists – outside of the Anglophone world face the dilemma of choosing between their own language or English when publishing their work. This also applies to colleagues in, for example, China, Latin America, Russia, and France, with audiences that comprise many millions of native speakers. Bypassing one’s own language when writing about one’s own society is odd and in several respects counterproductive, certainly from an anthropological perspective. Yet we do so more and more in order to communicate with colleagues abroad and reap international recognition.

It is not really the task of reviewers to promote non-English work among English-speaking readers, but most reviews do in fact inform the public about the contents of studies that they may never read. This also counts for Tatjana Thelen’s monograph on care in eastern Germany. Fortunately, we also have a number of English articles authored by her that partly
overlap with some of the chapters in her book. I recommend readers of this publication take interest in her work. I first summarize the book’s principal argument, then briefly discuss terminological complexities surrounding the English term ‘care’ and the German ‘Sorge’. I conclude with some remarks about the great absentee in this book on care in Germany: Martin Heidegger.

Thelen defines care as ‘a process that – as a dimension of social security – connects a giving side and a taking side in practices that focus on the satisfaction of socially recognized needs’ (p. 41, my attempted translation). In a theoretical article about care (Thelen 2015, 497), she proposes looking at care practices ‘as vital elements of social organization’. Care is not limited to help given to persons who, because of physical, mental, social, or economic disabilities or restrictions, cannot help themselves; it is a general need of all human beings, since we all live in interdependency. It is not a one-directional phenomenon but a reciprocal one; indeed, it is the basis of social organization. As such, care is not limited to personal and intimate relationships but is also a public and political ‘mechanism’.

Thelen conducted anthropological research in 2003 and 2006 in Rostock, a medium-sized town in the former German Democratic Republic, where she examined human relationships of ‘care’ in the workplace of a company, in an institution for the integration of young people into the labor market, and in two voluntary associations or clubs. The radical societal changes that were brought about by the Reunification (die Wende) of East and West Germany around 1990 provide a fascinating and fruitful opportunity for comparing the practices and emotions of care in different political systems. In her discussions about care, her interviewees constantly compare past and present conditions, before and after Reunification.

Her description of care relationships at work is a striking example of how political and economic change affects the conditions of care. In one of her English articles (Thelen 2005b), she argues that work relations in the socialist past were multifunctional and very different from those in Western capitalist countries. Colleagues at work spent a lot of time together, also discussing personal and family affairs. As one man remarked: ‘Before, I spent more time with my colleagues than with my wife; we talked about all sorts of things then’ (p. 22). After Reunification, interpersonal concern and care shifted more to the domestic sphere. The nuclear family became the most important locus for solving all sorts of problems. The present involvement of grandparents in the care of children is another example of the ‘privatization’ of care in the wake of the economic transition (see Thelen 2005a).

The author’s study of a network of Protestant women meeting in the Elisabeth Café shows another development after Reunification. Church and religion became a more prominent
ground of sociality and a source of charity and social security as state-provided social security dwindled. The collapse of the socialist system, which led to widespread unemployment and the return of religious freedom, thus provides another piece of evidence in Thelen’s central understanding of care, as both a personal and a public/political phenomenon (see Thelen 2009).

What strikes me in her ethnographic observations is not only this political dimension of care but her interviewees’ overwhelmingly positive memories of a caring socialist society and the trust between the citizens of that society. These signs of positive appreciation of the socialist past starkly from the image that the Western world had – and still has – concerning what was then the Democratic Republic of Germany. Is this a matter of sentimental nostalgia (‘Ostalgia’, as it is phrased in Germany – ‘Ost’ meaning ‘East’)? Or does it reveal the ethnocentric, capitalist, so-called democratic othering that so often takes place in the West?

A few remarks about ‘care’/‘Sorge’. It is indeed ironic that the author finds the German vocabulary inadequate or unfit to describe and analyze practices and concepts of care in her own German society. Let us first look at some examples. Caring for sick or elderly people would in colloquial German be ‘Krankenpflege’ and ‘Altenpflege’, not ‘Krankensorge’ or ‘Altensorge’, with the nearest literal translation of ‘Pflege’ in English being ‘nursing’. ‘I take care of or look after my elderly mother’ would be ‘Ich kümmer mich um meine alte Mutter’. ‘Caring for children’ would be ‘Kinderbetreuung’. Looking after my neighbors’ house while they are on holidays is again expressed through the verb kümmer. Taking care of the garden, the home, flowers, hair, or animals is expressed using Pflege. Raumpflege (taking care of the home), Gartenpflege (taking care of the garden), Tierpflege (taking care of animals), etc. Interestingly, Raumpflegerin (a woman who takes care of the home) is perceived as a better, more respectful word than Putzfrau (literally ‘cleaning woman’), so Pflege is here a term that expresses more appreciation for the person who does the Pflegen or Putzen. ‘Health care system’ is simply Gesundheitssystem, ‘Gesundheit’ meaning health.

Thelen also discusses further terminological obstacles: ‘sich sorgen um jemand’ does not mean ‘caring for someone’ but ‘being worried/concerned about someone’. Sorge, she concludes, is not so much associated with the positive emotions of apple cake and mother love but rather with worries (p. 23). But ‘sorgen für jemand’, while it could include Pflege, also includes the notion of being responsible, for cooking, etc., for example: Wer sorgt für die Kinder, wenn du weg bist? Meine Mutter kümmt sich. (Who will look after the children when you are away? My mother will.) In my own correspondence with the author, she emphasized that while theoretically ‘Sorge’ could be used in most or even all of the expressions mentioned above, in spoken German this hardly ever happens (an exception would be ‘Seelsorge’, meaning pastoral care). It was this linguistic impediment that moved her to use the English term ‘care’ in her work. Disregarding ‘Sorge’ (or ‘Fürsorge’), however, therefore implied that she could not in her
own language adequately argue her central understanding that care should be viewed as a basic principle of social organization in its most general meaning.

Yet it was the German philosopher Martin Heidegger who almost a century ago in his *Sein und Zeit* proposed the concept of *Sorge* as the basic form of authentic being, a vision that seems to me akin to what Thelen tries to convince the reader of when she calls care a vital element of social organization in its widest sense. *Sorge* signifies someone’s existence and makes it meaningful, according to Heidegger. He takes the phenomenon of *Sorge* to circumscribe the structural whole of being (*Dasein*) (Nichols 2000, 2). Shields (2013, 89) writes, ‘Sorge has been described as an existential-ontological state characterized by both “anxiety” about the future and the desire to “attend to” or “care for” the world’. In a discussion in an online philosophical forum about the concept of Sorge in Heidegger’s thought, Mozibur Ullah quotes from an unpublished document entitled *Heidegger’s Dictionary* by Michael Innes, who states that Heidegger uses three related terms in the description of care:

*Sorge* – properly the anxiety, worry arising out of apprehensions for the future; and refers as much to the inner state as well as external cause.

*Besorgen* – to get or provide something for oneself or someone.

*Fürsorge* – actively caring for someone who needs help; thus welfare (as is organised by charitable bodies or the state); or solicitude.

The concepts are distinct in that *Sorge* pertains to *Dasein* itself; *Besorgen* to activities in the world; and *Fürsorge* to being with others.

In my own simplifying words, Heidegger chose the concept of ‘care’ (*Sorge*) to characterize the structure of being. He argues that ‘caring’ (*sorgen*) captures the two basic movements of human existence: towards the other and towards the future. To be, for a human person, means to be with others, to be oriented towards the presence of other people. Dealing with others implies some measure of care, some degree of practical and emotional involvement. Being with others in the world necessarily includes caring for and being cared for. *Sorge* also implies an orientation towards the future. Being human is moving forward, projecting oneself, being ahead of oneself (*sich schon vorweg sein*). If I understand him correctly, Heidegger argues that the act of caring for oneself and for others and the attitude of ‘carefulness’ typifies being a ‘human being’; to ‘care’ is the essence, the structure of being (Kleinman and Van der Geest 2009).
I believe that Thelen’s exploration of the meaning and practice of care in German society could have benefitted from Heidegger’s philosophy. Is Heidegger’s absence in her book – and in all anthropological publications on care as far as I know – the result of the philosopher’s involvement with National Socialism and his antisemitism? If so, is it right to silence or reject his philosophical work because of his political affiliations? Or should his absence rather be attributed to the hermetic and incomprehensible style of his writing?

Acknowledgements
Thanks to Kristine Krause and Silke Hoppe who helped me through the labyrinth of German vocabulary.

About the author
Sjaak van der Geest is Emeritus Professor of Medical Anthropology, University of Amsterdam. He has conducted fieldwork in Ghana and Cameroon, and his present research interests include pharmaceutical anthropology, ageing and care, and culture and hygiene.

References


