

A Passion for Society

HOW WE THINK ABOUT
HUMAN SUFFERING

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UNIVERSITY OF CALIFORNIA PRESS

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University of California Press
Oakland, California

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Library of Congress Cataloging-in-Publication Data

Wilkinson, Iain, 1969– author.

A passion for society : how we think about human suffering / Iain Wilkinson and Arthur Kleinman.

pages cm. — (California series in public anthropology ; 35)

Includes bibliographical references and index.

ISBN 978-0-520-28722-8 (cloth : alk. paper)

ISBN 978-0-520-28723-5 (pbk. : alk. paper)

ISBN 978-0-520-96240-8 (ebook)

1. Suffering—Social aspects. I. Kleinman, Arthur, author. II. Title. III. Series: California series in public anthropology ; 35.

BF789.s8w476 2016

155.9'3—dc23

2015035014

Manufactured in the United States of America

24 23 22 21 20 19 18 17 16 15
10 9 8 7 6 5 4 3 2 1

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Introduction

The girl cannot spare the time to break away from her work. With urgent dexterity she carries on preparing the machine for melting and blending polystyrene with polyethylene to produce another string of plastic beads as she explains:

We work for such a long time every day, but we only get a little salary . . . too little. It's incredibly little. Take me as an example. The most I've made this year is 500 yuan (\$62) per month and not yet 600 yuan (\$75). . . . Because I have come to earth I have to make a living. There are different ways to make a living. Those of us who are not well educated and don't have a good family background have no choice but to work and support ourselves. . . . When I was studying at school I dreamed of becoming an outstanding actress. But this dream will never be realized. . . . [Now I think] about how to help my parents financially and support my younger brother although I cannot realize my dreams. I still have hope in my brother. I believe he can achieve his dreams. I put all my hopes and dreams on my brother. . . . He's studying in school now. He's 12 almost 13. I suppose he has just entered middle school. . . . It's because we are poor. If I go to school, then my brother cannot go to school. Only one of us can go to school. . . . Unfairness is irrelevant. I am willing to sacrifice for my brother.¹

Anxious to avoid the punishment of having her pay docked for not producing her daily quota of beads, she returns to her work. The air is heavy with acrid fumes from melted polystyrene, fumes that when inhaled are known to cause cancer and that also contain chemicals linked to hormonal disruptions and birth defects.² The temperature inside the factory is close to 40°C. All around her there is frenzied activity as her fellow laborers work as fast as they can to paint, polish, and solder strings of beads for export to the New Orleans Mardi Gras Carnival, where in a glut of hedonistic excess they will be traded between revelers in exchanges for kisses and sexual acts. Those riding high on the thrill of Carnival will know nothing of the many “wasted lives”³ invested in the production of the pounds of glittering beads hanging round their necks—all soon to be discarded as cheap trash, flung to the street gutters for refuse collection destined for a toxic landfill.

The vast majority of the Chinese factory laborers are girls between the ages of fourteen and eighteen. They work with heads bowed in intense concentration. There is no time to waste on talk; and aside from this, talk risks further punishment of a cut in pay. Their hands are permanently stained from handling various chemicals, dyes, and paints. Many are swollen and scarred from the cuts, burns, and pin prick wounds accumulated through each working day, a day that lasts on average fourteen hours and can rise to eighteen hours through the busiest times of the year. Between shifts the girls live, eat, and sleep in the factory compound fenced off from the outside world by high walls topped with lines of barbed wire in dorms where beds are shared one between two. They only leave the compound on their day off, which, so long as they are not required to work overtime to meet the deadline for an order from America, comes once every two weeks.

The Tai Kuen Bead Factory is located in the “special economic zone” of Fuzhou in the province of Fujian in Southeast China. Here “state capitalism” operates at full throttle, and nothing—least of all any concerns raised over the health, safety, and welfare of migrant laborers—is permitted to obstruct the frenetic pace at which consumer durables are manufactured for export around the globe. Such zones are the powerhouses of the Chinese economy and are the destination sought by many of the “floating” (*liudon renkou*) rural migrant workers now caught up in the greatest internal migration in human history.⁴ In their desperate attempts to

escape rural poverty, these people are prepared to risk a marginal existence outside the national *hukou* household registration system.⁵ This requires them to endure brutal working and housing conditions beyond the reach of state social security and excluded from work safety legislation and basic health care provision. More often than not they are made to live and work in hazardous environments where a combination of exhausting toil, pollution, unsanitary conditions, and poor nutrition make them particularly vulnerable to life-threatening disease.⁶ The numbers of desperate “floating” people seeking work far exceeds the supply of jobs. Under these circumstances they inevitably find that as individual human beings they are treated by those in positions of power and authority as readily expendable if not little more than superfluous.⁷

This is a context of social suffering. Here the day-to-day experience of life is socially configured to involve large numbers of people in considerable and often excessive amounts of physical discomfort and emotional distress. Social life is met and made in pronounced states of anguish and through grinding misery. People’s living and working conditions are embodied in chronic fatigue, ritualized humiliations, and social shame. The high incidence of depressive symptoms and bodily disease among these populations serves as documentary evidence for social conditions that deliver harm to large numbers of people.⁸ The situations in the textile industry in Bangladesh, in the mines of Burma and Congo, in the houses of Mumbai’s slum dwellers where piecework is done night and day, in the garbage collecting in the northeastern Brazilian favelas, and in the brothels of Cambodia and Lagos are the same if not worse: upending lives, breaking bodies, and vexing minds. Add violence to this destructive mix, because it is common in many places, and the resulting picture is brutal, cruel, and inhuman.

Such conditions are a key concern in this book. This places the problem of social suffering at the center of the attempt to unmask the moral character of human societies. Social suffering is a critical issue that brings moral debate to the human costs exacted by our social arrangements, economic organization, cultural values, and modes of governance. The documentation and analysis of this experience is taken up as a necessary part of the pursuit of social justice and as a vital matter for any who would see “care for the human” as a social priority.

This also draws the conduct and purpose of social science into debate. Here our interest lies not only in the capacity of social research to reveal how social suffering takes place and what it does to people but also with the manner of its contribution to the cultivation of bonds of social recognition and in its potential to inspire real acts of care. We are committed to exploring how social theory and research might operate in the service of social care and as a component of humanitarian endeavor. We contend, moreover, that it is through our participation in caregiving and by our involvement in humanitarian action, however difficult, frustrated, and compromised, that it is possible to attain a better grasp of what is socially at stake for people in the contexts in which they are made to live. The practice of care for others we take to be a necessary part of the pursuit of understanding of how social life takes place through enactments of substantive human values. Coming to terms with society means making sense of social suffering, and that in turn enjoins us to act in the social world on behalf of human lives.

This is another reason that we have featured the experience of a young woman working in the Tai Kuen Bead Factory as a means to introduce our text. It is drawn from a study that attempts to advance a new approach to documenting social life on a global scale by methods of visual ethnography. In his documentary film *Mardi Gras: Made in China*, David Redmon works not only to draw social attention to a chain of global relationships in the production, consumption, and disposal of Mardi Gras beads but also to provide us with an encounter with this as a matter of “sensual life.” At one level his film is a study of how the sensual life of the beads, both in their manufacture and in their exchange, bind strangers across continents in a dense web of associations and interpersonal relations, many of which are exploitative, morally troubling, and destructive of human values. At another level, in addition to providing us with information on what is being done by and to people in these contexts, his aim is to have us affected by the human drama of social life. At the same time that we are invited to join with him in the shocking discovery of social arrangements that are designed to divest individuals of their humanity on one side of the globe so as to fuel the bacchanalia of consumption on the other, we are presented with material to enable us to *feel for* what is happening to people. Redmon’s film is designed both to cultivate the sociological imagination

and to provide a viscerally charged encounter with the brute facts of social life as moral experience in order to provoke in us a response to act to critique, unmake, and remake life.

This book further explores the role played by humanitarian feeling in the acquisition and development of our social understanding. We approach films such as *Mardi Gras: Made in China*, as well as many other sentiment-fired documents of social life, as representative of a long-standing tradition of social inquiry that aims to advance social consciousness by having us feel for people in their day-to-day challenges, perplexities, and struggles. We investigate the forms of inquiry, documentation, and methodology that are suited to make known conditions of social suffering. We set these within a history of critical debate over the category of the social as a component of human experience and as an object of “science,” with an aim to question the moral values incorporated in favored terms of social understanding, especially where these are accorded a privileged place in the production of “authoritative” knowledge of social life. Our plan is to provoke debate over the human value of social science, and, further, over how it might be best equipped to advance care for the human as its prime concern.

We could have emphasized man-made and natural catastrophes, wars, epidemics, and other extraordinary forms of human misery. But instead we seek to privilege the ordinary, everyday forms of structural violence, because this is what social life is like for many people in the world who are poor and desperate, every day.

THE PROBLEM OF SUFFERING

In modern times, the problem of suffering has acquired an unprecedented capacity to confound our moral sensibilities and powers of reason. There are many occasions when it seems that the brute force of human affliction reduces the meaning of life to a worthless absurdity. Suffering is encountered not only as an assault upon our sensibilities and social understanding but also in forms and at intensities that exceed our powers of cultural representation and collective sensibility. The potential for the experience of suffering to bring us into painful confrontation with the cultural deficits of modernity and our inability to reconcile aspirations of social justice with global

inequality and its profoundly human toll feature as a major provocation to philosophical and theological debate and as a principal theme of our narrative fiction.⁹ The problem of suffering resides not so much in the lack of symbolic resources to give formal expression to our experience, but rather in the burden of the conviction that, in struggling to make known the human values at stake in the event of suffering, our efforts are always set to end in failure.¹⁰ There is no form of culture that appears adequate to the task. Human suffering has inspired some of our most celebrated works of art, music, and literature. Yet more often than not it is the difficulty of understanding what suffering does to people and the torments borne through this perplexity on account of the sheer burden of experience that are featured. Our presiding concerns are how to understand and what to do.

How should we relate to a social world in which there is, quite plainly, far too much suffering? For example, how should we venture to account for the experience of the many millions of people whose lives have been, and continue to be, ravaged and drastically cut short by starvation and diseases of poverty? How should we depict the condition and fate of vast populations immersed in a constant struggle for physical survival? What form of language is suited to convey the “violence” that is done to more than a billion people who are born into the rapidly expanding slum districts of the megacities of the developing world and who are largely abandoned to work at surviving in diseased environments overflowing with industrial detritus and foul human waste?¹¹ How do we represent the losses and ungrounded lives of the world’s 50 million refugees? And how do we use the language and understanding we do possess in order to respond?

How should we, moreover, venture to understand the great forces of destruction that have been unleashed upon the world through modern warfare and the scale of the human horror inflicted upon populations by powerful states intent on their annihilation? What kind of narrative script is adequate to capture the moral meaning of the many atrocities of war visited upon people in the mass slaughter of the Somme, the ruthless ferocity of Operation Barbarossa, the 20 million killed and 250 million displaced by Japan’s war on the Chinese people, the bombing of Hiroshima and Nagasaki, the napalming of villages in Cambodia and Vietnam or the consequences of the destruction of Iraq?¹² Can anything in our culture serve to adequately account for the harm that is done to people made vic-

tims of the Shoah and other genocides or the trauma that is visited upon generations thereafter burdened by the knowledge of how the lives of those they love have been treated as no more than a superfluous irrelevance? Mass violence forces us to confront past horror and present brutality as the persistent “cruelty of the social.”¹³ What can be our response to such structural ferocity, such regular savagery? And doesn’t that response also need to account for how memories of social suffering can fuel acts of vengeance, create vicious cycles of violence, and ruin lives of those unable to master histories of trauma?

When confronting these agonizing questions, some are inclined to take agony itself as a key to understanding how such extremes of suffering are borne within our culture. For example, Emmanuel Levinas advises that there may well be an essential part of the experience of human suffering that imposes itself on consciousness, yet must always remain somehow unacceptable to consciousness. He holds, “Taken as an experience the denial and refusal of meaning which is imposed as a sensible quality is the way in which the unbearable is precisely borne by consciousness, the way this not-being-borne is, paradoxically, a sensation or a given.”¹⁴ Levinas argues that it may well be by attending to the experience of failing to bestow sufficient meaning on suffering that we stand to gather some insight into the torment by which it is constituted in experience.

In a similar vein, others argue that we should approach suffering as a phenomenon that we literally “cannot come to grips with” and, further, hold that in acknowledging what suffering does to a person we should not flinch from declaring it “unspeakable.”¹⁵ Indeed, such a stance finds support from George Steiner when he argues that as a matter of ethical propriety we should stand opposed to the attempt to render extreme forms of human suffering amenable to representation in language, for words are always bound to trivialize such experiences to a point that is morally objectionable.¹⁶

A contrasting view holds that it is often through the adoption of an attitude of silence that we “mystify something we dare not understand.”¹⁷ On this account, the witness of silence is portrayed not so much as a form of empathy or moral understanding but rather as a device by which people work to remove themselves from the tensions borne in the face of the suffering of others.¹⁸ It is argued that when struck by the difficulty of

understanding what suffering does to people, our quiescence serves as a means to relinquish the effort to make sense of the brute facts of their situation. This is not only recognized as a matter of intellectual bad faith but also and more worryingly as a stance that some in positions of power and authority use to suppress wider questions of social justice and responsibility. Here many share in Hannah Arendt's concern to expose the capacity for official double-talk to silence the authentic voice of human affliction, and in this context it is claimed that it is likely that silence "degrades" the moral status of human suffering to a point where it can be treated as no more than a "meaningless triviality."¹⁹

A further layer of complexity is brought to these matters by Arthur Schopenhauer, who in a shift of emphasis notes that it is frequently the case that the experience of suffering is "powerfully intensified by thinking about absent and future things."²⁰ From this perspective, a great deal of the problem of suffering resides not so much in a lack of meaning but rather in the extent to which it acquires power to torment us through an elaborate use of meaning. Indeed, John Hick goes so far as to refer to suffering as "a function of meaning,"²¹ for some terrible part of the trauma of the experience appears to consist in our capacity to imagine ourselves without suffering. On this account, it is vitally important to recognize the pain borne by people who are brought under the compulsion to reflect upon the overwhelming significance of adversity and loss. For instance, Primo Levi testifies that, contrary to what one might expect, his experience of Auschwitz was made all the more unbearable when, for a brief period, he was made to work in the relative comfort of a chemical laboratory, for here there was time and space in which to reflect upon the life he had lost and the miserable state to which he had been reduced. It was the "pain of remembering" that made his suffering even more "ferocious."²²

At this point, while it is clear that suffering takes place within the most intimate dramas of personal life, at the same time it almost always encompasses attitudes and commitments that comprise our wider social being. As Eric Cassell observes, "[People] suffer from what they have lost of themselves in relation to the world of objects, events and relationships. Such suffering occurs because our intactness as persons, our coherence and integrity come not only from intactness of the body but also from the wholeness of the web of relationships with self and others. . . . [It incorpo-

rates] all the aspects of personhood.”²³ It is almost always the case that the most grievous components of human suffering take place in the experience of broken relationships and lost connections to those individuals and contexts that bestow on our lives positive meaning. In the problem of suffering, the social constitution of our humanity is at stake. The most terrible and disabling events of suffering tend to involve us in the experience of losing our roles and identities as husbands, wives, children, friends, colleagues, and citizens; and thus we are made lost to ourselves. The social fabric of our world is torn, and may well be left beyond repair. We find ourselves enduring the unendurable. This experience of loss of a moral world is a kind of social bereavement connected to both man-made and natural disasters and registered in the individual and collective body as a sadness, disorientation, anomie, and unfulfillable longing.

Accordingly, we should not be surprised to find that the radical introspection that takes place when we are shaken by suffering cannot be withheld from a wider questioning of the social and cultural circumstances in which we are made to live. The difficulty of making adequate sense of suffering makes critics of us all. Indeed, it may well be the case that it is according to the force of our encounters with and proximity to experiences of human pain and misery that we revisit the original urgency of the drive to make “the social” component of our lives an explicit object of critical inquiry and moral concern. In this regard, the brute fact of suffering works on us so that we attend with heightened alertness and alarm to the ways in which our lives are marked by social circumstance; yet from here, many are also readily made to appreciate how difficult it is to make social life amenable to understanding, or to return to an unthinking acceptance of things as they are.

It is often suggested that under conditions of modernity—with the intensification of individual experience—the social experience of suffering has acquired a distinctive pitch and force. In part, this appears to be related to the peculiarity of the ways in which people are now socially disposed to feel, interpret, and respond to the tribulations of self and others. Accordingly, it may be addressed as a component of a series of modifications in shared ethical standpoints and cultural worldviews. At the same time, many have understood themselves to be witness to the development of social structures and material circumstances that are bound to increase the incidence

and scale of human misery. Albeit with different frames of analysis in mind, the major classical social theorists tend to share in the understanding that processes of modernization give rise to institutional arrangements and cultural conditions that are experienced as deeply alienating and antihuman and that here the problem of suffering is set to grow in proportion and significance.²⁴

Certainly, it is now widely recognized that it is largely due to the magnitude and force of critical events of human suffering that the past century is marked out above any other as “an age of extremes.”²⁵ In recent history more people have been murdered or have been allowed to die as a direct result of human decisions than ever before.²⁶ At the same time, modern technologies of violence have greatly increased in power, range, and destructive force. It is only under conditions of modernity that it has become possible for nation-states to adopt strategies of warfare that involve the mass bombing of civilian populations. It is only here that social systems and industrial processes have been designed for the purposes of administering genocide and that we have witnessed the development of institutional practices that enable individuals to function with bureaucratic indifference and to morally disassociate themselves from the organizational behaviors that empower totalitarian regimes to perpetrate such horror.²⁷

For many years social analysts have noted that modern societies are comprised by institutional arrangements that position individuals at a moral distance from the plight of others. A great deal of life is conducted according to social conventions and media of exchange that require us to deal with people in purely abstract and instrumental terms, and in this regard, it is argued that our ethical situation is quite unlike that of any other period of history.²⁸ Through the adoption of commonsense attitudes and routine behaviors we are thoughtlessly caught up in social processes and economic transactions that bring great suffering to distant strangers. Indeed, on this account, the problem of suffering has changed not only in relation to the scale and destructive force of catastrophes that break apart societies but also in accordance with the extent to which these are held to result as the unintended consequence of social practices that at their point of origin may well be viewed as ordinary and benign.²⁹ Modernity has given rise to social conditions in which the maintenance of “lifestyle” and the pursuit of “consumer aspiration” at one end of the globe are struc-

turally implicated in the intensification of forces of destruction, violence, and oppression at the other.³⁰ We inhabit a global society where practices of everyday life are bound at some point to involve us in perpetuating social and cultural arrangements that deliver great harm to remote populations. Never before has social life been so thoroughly organized and regulated through institutions that remove us from the immediate task of thinking about, or rather, the stress of feeling for, the pains borne by abstract others. Here it seems all too easy for us to relate to the suffering of large numbers of people with an attitude of moral indifference, even to the point that it is possible to approach this situation as a “banal” fact of life.³¹

At the same time, however, under conditions of modernity it is possible to point to many social arenas and cultural contexts where the experience of human suffering attracts an unprecedented amount of moral attention and public concern. One of the more perplexing aspects of modern social life lies in the fact that while spending large amounts of time in institutional arrangements that dispose us to think and act without feeling for others, we are also brought into social settings where we are made to be emotionally preoccupied with the welfare of strangers. As Emile Durkheim observed, we appear to embody a social paradox in which at the same time that we might be inclined toward egoism we can also be possessed by a “sympathy for all that is human” and “a broader pity for all sufferings.”³² Indeed, some hold that it is by working to make clear the social conditions under which people acquire a heightened sensitivity to the spectacle of human misery that we begin to touch upon matters that make the modern problem of suffering quite different from any form in which it was recognized or experienced in any other time.³³

There is a wealth of historical evidence to suggest that in the middle decades of the eighteenth century new structures of feeling and forms of sensibility took shape and gathered force in Western European societies and that these were accompanied by a major reorientation of attitudes toward human suffering.³⁴ This period witnessed the rapid rise of public campaigns against the use of torture in criminal proceedings, and it was also the point at which movements for the abolition of slavery gathered social momentum and political support. It is argued that at this time moral sentiment became a powerful force in our political culture; and further,

that this was, and to this day remains, a vital component of humanitarian politics and the social appeal of human rights.³⁵

The politics of sensibility have always been riven with controversy. At its origins many were inclined to question the authenticity of expressions of fellow feeling and moved to pour scorn upon any suggestion that there is virtue in moral sentiment.³⁶ More often than not, in the history of Western social science writers have worked more with a mind to question the social and political legitimacy of moral feeling than to explore the possible ways in which this might be cultivated as a means to further social understanding or pursue matters of social justice.³⁷ It is only in recent years that there has been a concerted movement to reappraise the cultural histories of sentiments such as pity, sympathy, and compassion, on one side, and forgiveness, remorse, and regret, on the other, so as to chart their wider social significance and contribution to public affairs.³⁸

On many accounts, the renewed vigor with which social scientists now attend to the cultural and political dynamics of varieties of moral feeling is intimately connected to the spread of modern communication media, especially where this serves to make visible multiple and extreme forms of human suffering that would otherwise remain hidden and remote from our day-to-day fields of experience. John Thompson contends that via television and the Internet, we are regularly brought into contact with extreme forms of death and destruction that would have been unknown (or at least unseen) to previous generations.³⁹ Similarly, when highlighting the peculiarity of the cultural and moral landscapes we occupy, Michael Ignatieff observes that such technologies have made us routine “voyeurs of the suffering of others, tourists amid their landscapes of anguish.”⁴⁰ In this context, it is generally held that the task of fashioning an appropriate moral response to such experience is made inordinately difficult.

It is very likely that the moral and political contradictions that arise for people in connection with the experience of being positioned as remote witnesses of other people’s suffering are without precedent. Luc Boltanski contends that the widely shared experience of being a “detached observer” of human affliction intensifies a shared sense of political powerlessness and moral inadequacy,⁴¹ for we routinely find that we have no adequate means to answer the imperative of action—to do something, anything to respond—that the brute facts of suffering impress upon us. On a more

critical footing, it is suggested that when repeated over time such experience serves to erode our capacities for moral feeling and thereby makes it all too easy for us to dissociate ourselves from ties of responsibility toward others. Indeed, some are inclined to argue that the mass dissemination of the imagery of suffering via commercial forms of cultural reproduction and exchange is effecting a major transformation in the experience of social subjectivity, particularly insofar as this “normalizes” a vivid awareness of others’ suffering in contexts that foreclose possibilities for participation in public debate and withhold the option of a compassionate engagement with human needs.⁴² This transformation of the self holds broad significance for understanding, as well as for pursuing, how suffering is experienced and how that embodied experience is changing in distinctive cultural periods.

Throughout history and across all cultures, human suffering has been identified as a “limit condition” through which we stand to apprehend some of the most basic truths about our state of being and place in the world.⁴³ In this respect, it appears that the vulnerability of the human condition is such that we are always bound to take the impossibility of retreat from suffering as a bitter guide to self and social wisdom. In the record of human suffering, we repeatedly come across the extreme paradox that through experiences that entail the most terrible uprooting of life, we are brought under the compulsion to reach out for what really matters in our lives.⁴⁴ That makes suffering an intensively moral experience, one laden with value and reflective of value conflicts.

Human beings are continually set to the task of making the brute facts of suffering productive for thought and action; but on many accounts, the scale of this task now readily exhausts our capacities for thinking and makes the greater part of our actions appear useless. The dimensions and complexity of this problem are overwhelming. In venturing to make the problem of suffering a matter for social inquiry and understanding, it may well be the case that we do no more than embark on an ill-advised and foolhardy quest to carry “the weight of the world.”⁴⁵ Failure seems inevitable; yet it may still be possible to fail forward toward better ways of taking account of ourselves and relating to others. This is the character of our commitment and hope. And for knowledge useful for the art of living, there is no likely alternative.

SOCIAL SUFFERING

Social suffering is a concept developed to understand how people's suffering is caused and conditioned by society. It is designed to document forms of social experience and lived conditions that determine how suffering takes place and what this does to people. In the study of social suffering, people's pains and miseries are taken as grounds on which to make our social state of being a matter for critical and moral inquiry. The labeling of problems under this heading is intended to bring critical scrutiny to the ways in which the character of society is exposed through the incidence of suffering. Research and writing on social suffering incorporates an analytical practice that aims to have us attend to the ways in which cultures and societies develop in response to the uprooting of life that suffering visits upon people. Social experiences of suffering and social responses to what suffering does to people are treated as significant forces shaping interpersonal behaviors and the directions taken by institutional arrangements. Accordingly, the experience of suffering per se is treated as a dynamic element within wider processes of social and cultural change and as a circumstance in which these might be apprehended through their human effects.

There is the potential for social suffering to take place at all levels of society and in every social event and process. While most obviously taking place in the context of critical events that involve people in experiences of sudden destruction and loss, both man-made and acts of nature, it is also a component of the structural conditions and formative processes that govern the course of our lives from cradle to grave. At the same time, as a focus on social suffering incorporates an attempt to understand the moral calamity of human catastrophe, it is also a moral register of political and economic processes that leave people materially disadvantaged, culturally undernourished, and socially deprived. Social suffering takes place wherever harm is done to human life.

As a field of inquiry, research and writing on social suffering may be located in a wider movement within current sociology and anthropology that understands bodily experience and expressions as not only the product of individual behavior but also as instances where social worlds are seen, touched, and felt. Embodied experience is held up as a mirror to society

and as primary material for sociological and anthropological investigation. Social suffering draws a focus to how bodily experiences of pain and distress are conditioned and moderated by social context. This often serves to expose how “structural violence” plays a part in the social distribution of many forms of bodily disease and mental illness, and for this to be made materially evident in the limits set for people’s health.⁴⁶ Bodily afflictions—from TB to AIDS, from depression to eating disorders—are analyzed in terms of what they reveal about a person’s social and material conditions of existence and are treated as a platform from which to initiate critical inquiries into the structural formation of societies and the institutional exercise of power. Privations of health and health care, such as malnutrition, neonatal and maternal mortality, and untreated chronic noncommunicable diseases, are taken as instances of the violation of people’s social, economic, and civil rights. Biological processes are seen as biosocial interactions that give rise to local biologies such as drug resistance, stress and placebo responses, and medicalization.

To analyze the social meaning and bounds of human suffering requires that we recognize from the outset that we are dealing with a profoundly moral experience. Suffering takes place as an intensely violent and harmful assault on human personhood. It is an overwhelmingly and, very often, alarmingly negative experience. The pain of suffering signals that something very bad is taking place and that there is something terribly wrong with our world. As such, it not only issues a demand for critical scrutiny, but also for ameliorative actions to oppose the harms that it does to people. Even though a great deal of the torment of suffering resides in the struggle to make adequate moral sense of it as an experience, an even greater part of it lies in the urgency that is brought to the imperative to reduce its effects and to remove people from harm’s way. It brings brute force and volume to the fact that social life takes place in enactments of substantive human values in settings of real danger and serious uncertainties. A great deal is at stake for persons. Within the analytical frame of social suffering, the task of social understanding requires that we work at being particularly attentive to the dilemmas of moral experience and the great tensions that are borne by people under the struggle to lead a moral life, including using understanding to forge more adequate responses to suffering and, more generally, to create social care. Social suffering requires a response of care and

caregiving practices, action on and in the world. This needs repeating. Social suffering cannot be studied in the absence of committing to social interventions. Such interventions, however, not only may relieve suffering; they can increase it (intentionally or unintentionally), and they also can fail. This landscape of implementation of programs and services is also the landscape of social suffering; it is fraught with moral difficulty and almost inevitably courts opposition and conflict.

FOR A NEW SOCIAL SCIENCE

We contend that under the attempt to engage with problems of social suffering, the practice of social science is brought to new ground. Here the task of understanding social life involves open expressions of moral worth and political aspiration. Empirical social research is valued both as a means to bring the evidence of lived experience to bear upon theoretical terms of analysis and public debate and as a “reflexive” process whereby practitioners are sensitized to the moral values and political investments that shape their professional conduct and genres of action. As fields of social practice and as spaces of knowledge production, the social sciences are placed under moral and political scrutiny. In addressing problems of social suffering, we are called to question the social meaning and moral worth of academic work and the formal processes whereby problems of human life are adopted as scholarly concerns.

To work at addressing problems of social suffering involves more than a drive to expose the social causes and distribution of the harms that are done to people.⁴⁷ In the commitment to the task of devising forms of social theory and research that are relevant to understanding how suffering takes place and what can be done to limit its deleterious effects on human life and to respond with care, a focus on problems of social suffering demands a thoroughgoing examination of past and current conventions of social science. It requires an effort to make explicit the social, cultural, and political conditions under which knowledge of society is produced and sanctioned as a legitimate basis for public debate and policy concern. It involves us in critically reappraising the methods and techniques that are deployed under the effort to extend the boundaries of human insight and

social care. On this view, social work and social policy, including the social sciences in health and health care, are as central as sociology, anthropology, political science, history, social psychology, and social theory.

A key matter for analysis and debate concerns the involvement of lived experience in our research and thinking. This involves an examination of traditions of ontology and epistemology, and in particular, the relative importance placed on the contribution of human experiences of social life to the conceptualization and analysis of public affairs.⁴⁸ It requires that we investigate the forms of transaction that take place under the effort to document social experience, and that we make explicit the interpretive practices and expository techniques that come into play as this is disciplined to the strictures of sociological and anthropological understanding. It also calls on us to declare a standpoint with regard to claims that we are witness to, and to a greater or lesser extent contributing to cultural and political processes that impoverish people's experiences of the world and their outlooks on life.

In all this a focus is brought to the ways people experience, express, and struggle against the presence of suffering in their lives. At one level, this engages us with the task of bringing anthropological and sociological meaning to the experience of critical events and social upheavals that shock our sense of reality and overturn our normative expectations for the world. It involves attempts at understanding how personal and social worlds are suddenly and radically altered under the brute force of experiences that bring violence and destruction to those things that hold prime value and meaning for life. At another level, it incorporates the analysis of cultural processes, institutional formations, and structural conditions that either increase or diminish the negative force of suffering over extended periods. Human suffering takes place both in the experience of disruptive events that crash into our lives and as a contingent product of cultural worldviews and social conventions that are rooted in historical and material circumstance. Accordingly, we need to understand how current problems of suffering contribute to the dynamics of contemporary social and interpersonal change, but we also have the task of recognizing the extent to which past experience leaves its marks upon the forms of culture and social practices through which we deal with the present. Indeed, here the door is opened on to debates concerning the ways in which social suffering

has had, and continues to have, an incisive bearing upon the trajectories set for modern processes of rationalization, from the categorization of emerging illness to the way we conceive of serious environmental problems, and how these might be more effectively managed for the benefit of humanity.

In these contexts, questions of human value are always liable to be raised in relation to the conduct of research and the tenor of thinking on display. By engaging with problems of social suffering, social scientists are frequently brought to debate with the legacy of humanism in their respective fields of practice and to answer for the damage and injury that have taken place under this name. Here social science is placed under a moral demand to make clear the ways in which it might be construed, or indeed misconstrued, as a site of learning that aims to advance the bounds of human empathy and understanding. It is brought under pressure to examine the extent to which its practices might be associated with humanitarian ideals and interventions. It is made to assess its contribution to the development of humane forms of society. On some accounts, this calls for an appraisal of the possibility that social science might be repositioned and reformed as a project of “critical humanism,” that is, as an arena of study where practitioners stand opposed to forms of essentialism and reductionism that diminish our appreciation for the great variety of human conditions but united in a commitment to understand how our capacity to recognize the suffering borne by others can be nurtured as the common ground on which to establish principles of human rights and practices of care.⁴⁹

In these quarters, the issue of social suffering has a tendency to preoccupy social scientists with further questions relating to the global relevance of their work. Researchers stand to acquire a heightened awareness of the extent to which traditions of Western social science amount to only a minority report on what is at stake for humanity within present conditions of modernity. When the incidence, severity, and distribution of human suffering is brought to the fore as a key matter for social understanding, then attention is readily drawn toward the biases set within American and Western European conventions of analysis and narrative representation. The brute fact is that many of the more extreme forms of human suffering take place in poor and often non-Western sectors of the

globe, that is, those parts of the world that Western social science often treats as standing “outside” or as “lagging behind” the core experience of social life in the modern world (i.e., that which takes place within the borders of the most industrially “advanced” nations).

The focus on social suffering brings urgency to demands for a radical realignment of the poles of world understanding, particularly where it is made all too painfully clear that the majority experience of modernity takes place amidst wastelands of material deprivation and violent disorder. Here the importance accorded to matters of health not only marks an attempt to document some of the most widely prevalent and existentially decisive contexts of social suffering, but also a move to devise analytical practices and terms of critical inquiry that are suited to account for planetary human conditions, conditions shaped by social injustices and inequality. In this context, it is understood that a focus on health disparities serves to present the sociosomatic condition of humanity—the registration of social forces in the body—both as an issue of utmost importance for global social research and as the foundation for debates on social justice. And engagement with a wider world of theories of suffering, including local understandings and non-Western traditions, offers a promising alternative to the limits of established and increasingly conventional understandings in what might be called a new global social theory.⁵⁰

This all involves a strong commitment to the development of social science as a field of social care and caring practice. There has to be more than an expression of intellectual interest and emotional concern here; there must also be an application to “work that sustains life.”⁵¹ While there are occasions when this involves an immediate attempt to disrupt social conventions and to break down moral boundaries that obstruct possibilities for human engagement, elsewhere it calls for concerted political actions to oppose social conditions and policy decisions that bring harm to populations. Under the effort to promote social possibilities for people’s recovery, regeneration, and healing, it challenges us to forge alliances and working partnerships with colleagues outside our immediate spheres of expertise and nationhood. It highlights a pressing need for a critical reflexivity that aims not only to make explicit the values that shape our practice but also to take action to change the institutions that govern the way we work. It requires an active engagement with the task of reordering institutional

priorities and redesigning occupational practices so that these are made more responsive to pressing human and social needs. It aims to make social science transformative in aspiration: both a caregiving and world changing activity.

CHAPTERS IN OUTLINE

Our text is designed to court many intellectual tensions and moral perplexities in the hope that these will be productive for further thinking. At the same time as we venture to mark out a distinctive position on how research and writing on problems of social suffering might be adopted as a core concern in contemporary sociology and anthropology (the areas of social science with which we are most familiar), we also aim to equip readers with some of the critical questions with which they might respond to our work. Each chapter is written as an invitation to dialogue and debate. We invite and welcome dispute, for we understand this serves as a means to involve readers in questions of human value and social purpose. Indeed, we hold that this is necessary for thinking about the human condition in contexts of social suffering.

The first three chapters trace the origins and development of social suffering as a form of human experience and as a matter for social inquiry and analysis. In this we aim to provoke debate over how we should engage with and account for “the social” in human experience. We also explore the potential for the moral experience of being positioned as a witness to human suffering to serve as a spur for the development of social consciousness and as a provocation to engage in the pursuit of social understanding. The first chapter is largely devoted to the attempt to explain how the creation of social suffering as a means to categorize human experience marks a revolution in modern terms of cultural understanding. To this end, a spotlight is focused on the earliest references to social suffering in the late eighteenth century; and here we analyze the involvement of this term in Enlightenment cultures of critical debate relating to the forms of social understanding that are made possible through moral feelings aroused by the spectacle of human misery. In chapter 2 we trace the development of these debates through the nineteenth century and examine their reception

within, as well as their influence upon, nascent forms of social science. Here we also review some of the ways in which matters of moral sentiment have often been cast as anathema to conventions of social science, albeit with a concern to outline an opposing point of view. In this context we underline the particular potential for problems of social suffering to arouse dispute over the forms of social inquiry and practices of social investigation that are best suited to convey the human experience of social life. Chapter 3 further develops this theme via a critical analysis and appraisal of the ethical and methodological problems left in the wake of C. Wright Mills's celebrated account, *The Sociological Imagination* (1959). We use this as a means to frame and review some of the main developments in contemporary research and writing on social suffering. Here we begin to argue in favor of an approach to social inquiry that, while attending to the causes of human suffering and its lived consequences, takes steps to move beyond a position of critique so as to engage in the practical delivery of care and progressive social reform.⁵² Accordingly, we declare an interest in redeveloping Mills's sociological ambition beyond the limits of "imagination" to a point where it holds practical value and relevance for people in lived experience. We look forward to a possible reconfiguration of social science as a critical practice of accompanying and caring, protecting and liberating.

Chapter 4 offers a broader framework of analysis for historically situating and critically appraising this endeavor by reviewing the components of Max Weber's theorization of the problem of suffering and its development as a distinct form of experience within modern culture. We hold that there is still much to learn from Weber for understanding the cultural limitations of social science and how these are exacerbated through the practice of social inquiry, and particularly where this is applied to the attempt to explain the causes and consequences of human suffering. We commend Weber's thinking on these matters for the extent to which it enables us to better recognize and endure the considerable "antinomies of existence" that we encounter when we attempt to make our research and writing hold relevance for making sense of what suffering does to people. Our interest in Weber lies not only in how he can help us to theorize the cultural context in which we operate but also in the extent to which his work might inspire us with the resolve to endure the task of living through

the experience of this in practice. We see Weber's view of the tragedy of history, and especially where he engages in an attempt to understand the peculiarity of our modern social condition in terms of an experience of pronounced value conflicts and considerable antinomies of existence, as one deep reading of life that holds the potential to alter the way we live.

In chapters 5 and 6 we dwell more directly on issues of application and practice. Both these chapters review and analyze some of the modifications that are set to take place in the conduct of social research as this is fashioned to address and respond to problems of social suffering. We explore some of the strategies that may be used as a means to feature experiences of social suffering within the cultural scripts of sociology and anthropology. We promote the pedagogy of caregiving as a means to acquire social understanding and to give full rein to a passion for society.

Chapter 5 critically appraises the praxis that informs some of the methods used to render the experience of human suffering as a "text" for social understanding. We argue that a "humanitarian social imaginary" is heavily involved in the attempt to provoke social consciousness and bring moral urgency to the quest for knowledge of people in social terms in order to respond to social suffering. We also outline arguments to support this, and further, move to defend our standpoint against some of the objections that may be leveled against the incorporation of "humanitarian reason" in documents of social life.⁵³

Through a review of Jane Addams's manner of "doing sociology," we turn in chapter 6 to the task of assessing possibilities for the conduct of social research to be both engaged with and to draw inspiration from practices of caregiving. We argue that, in the final analysis, it is in its potential to serve as a means to promote social care and caring social relations that research and writing on social suffering should be held up for moral and critical judgment. Our interest lies not so much in the currency of care as an ethical principle or moral ideal but rather in the ways in which real acts of caregiving, while committed to helping people live through, endure, and recover from real-life situations of adversity, also serve as a guide to social understanding. With this emphasis we declare a commitment to a social research practice that is sustained not so much by a quest for academic recognition but more by a moral concern to be actively involved in the creation of humane forms of society.

In conclusion, we provide a summary outline of the key arguments developed through the book. We also take steps to make clear the scale and character of the challenge set for social science when problems of social suffering are taken up as a core concern. This most certainly requires that we arm ourselves, as Weber might put it, “with a steadfastness of heart which can brave even the crumbling of all hopes,”⁵⁴ for there is no doubt that this must involve us in attending to social conditions that destroy both human life and the possibility of it holding positive meaning. At the same time, we take this as necessary for the cultivation of sociologies and anthropologies to inspire genuine hope for humanity, and above all, the passion to sustain the care required to deliver this in lived experience.

6 Caregiving

Being cared for and caring for others is a necessary part of human life. We all have basic needs that can only be met through the kindness, help, and support of those who care for us. Particularly through the early and later years of our lives, the realization of our human dignity is dependent upon the quality of care we receive. Through care we are equipped to participate in social life, and in being cared for we are affirmed with recognition and value. In acts of care real things are at stake, including life itself. In relationships of care we are made present to each other and are there for each other. Emotions are invested and worked through and become the grounds of interpersonal solidarity.

In questioning what care involves people doing, the conditions under which care is practiced, who does the care work, and how well particular individuals and groups are cared for, we are set to examine the most elemental conditions of human sociality. A focus on care involves us in attending to relationships of vulnerability in which social values are dramatically exposed in terms of their human consequences and effects. Care settings engage people in social relationships that are saturated with moral meaning as well as material practices and symbolic acts central to lived moral experience. It is often the case that those being cared for are beset by urgent

needs and are vitally dependent on the help, kindness, and support of their carers. Furthermore, in many instances the giving of care includes brute materiality: heavy lifting, physical support, and hard work. It exacts a heavy bodily and emotional toll on those doing it. It is a painstaking activity that requires considerable commitments of physical energies and a readiness to involve oneself in troubled and conflicted emotional situations. In this respect, like social suffering, caregiving makes unavoidable the interrelationship between subjectivity and society. Both point to the interpersonal space as the context where human life and life projects succeed and fail, where human beings endure. The practice of care brings considerable volume to the fact that social life takes place as an enactment of substantive human values and thus that it is inextricably moral and political.

Care is a critical issue for understanding how social life is made possible; but all too often a focus on real-life enactments of care reveals people struggling to fulfill their roles and commitments in contexts of social neglect. By attending to present conditions of care work and how this is distributed, we are liable to discover that in many instances social life is organized so as to hide its importance and degrade its value. Care workers are among the lowest paid in our economy, have little political power, and occupy positions of low social status. Full-time carers usually belong to the most socially underprivileged and economically disadvantaged groups in society.¹ Those engaged in the most time-consuming commitments and emotionally difficult and exhausting bodily acts of care tend to be women drawn from lower socioeconomic groups; and it is often the case that they also belong to segments of the population classified as immigrants or people of color.

A focus on who receives the best care and who is doing the actual care work brings a spotlight to contemporary power relations. It sets in bold relief the asymmetry between those who are most valued and those who are hardly valued at all.² At the same time that this exposes huge deficiencies in the moral conditions under which social life is governed and set into practice, it highlights the presence of powerful ideological forces that operate to cast debates over the meaning and value of care work to the margins of political concern.

These are among the reasons for Joan Tronto's contention that by venturing to develop a "care perspective" on society we are involving ourselves in "the most important form of contemporary radical political thinking."³

In this chapter we follow Tronto in regarding the quality of care given to and received by people as matters to set standards for our critical thinking about the character of our society and the values we live by.⁴ We are not, however, so much concerned with the examination of care as an abstract ethical value or matter for utilitarian social policy debate but rather with the experience of how this takes place as a committed human relationship and vital social bond.

We bring a focus to *caregiving*. Our interest lies in *the doing* of care, that is, the visceral, muscular, and sensory work of caring for the health, well-being, and needs of others. In this we are concerned to extol the giving of care not only as a social value but also as a practice that is indispensable to the pursuit of social understanding. In this model, caregiving is treated as a method for getting at what holds social worlds together at the level of moral experience. The effort of building and rebuilding people's lives is taken as a means to acquire knowledge of society. We aim to advance a form of social inquiry engaged to the pedagogy of caregiving, that is, a "social science" that operates with the understanding that it is in the giving of care that we are equipped to piece together a knowledge of how social life is made possible, sustainable, and with a potential for human flourishing. We take caregiving as a *phronesis*⁵ that offers the moral and practical wisdom for the art of living socially in networks and community.

In this concern we are advocating a *return* to a form of social investigation pioneered by Jane Addams and others associated with the settlement movement of the Progressive Era.⁶ We take Addams's approach to social inquiry as an important illustration of the potential for caregiving to operate as a means to expose the moral texture of social life for understanding. The first part of the chapter reviews the principles that she set into action and explores some of the ways in which her manner of "doing sociology" was configured through her care for the neighborhood of the Near West Side of Chicago around Hull-House over the late nineteenth and early twentieth century.

Addams is of further interest to us here insofar as we understand that her marginalization as a "classical" social theorist and founder of American sociology is in considerable part connected to the extent to which, in its time, her commitment to caregiving was regarded as anathema to the ethos of the academy and the professionalization of social sciences. We hold that

analyzing the motives behind the “politics of erasure” that was mobilized in response to Addams’s work is important insofar as it serves to alert us to forces and strategies of opposition that still operate to distance and disassociate social science from caregiving. Exposing this history as an issue for critical reflection and debate is a necessary part of the movement to reestablish the pedagogy of caregiving as central to the pursuit of social understanding.

The second part of the chapter reviews recent attempts to rehabilitate projects of social investigation along the lines advocated by Addams through community-based participation research (CBPR). We offer a brief assessment of the progress made in this direction and some of the challenges faced by those working to fashion more “engaged” and “action-oriented” forms of social science. More directly, we explore and question the extent to which these are either alert to or motivated to involve themselves with the pedagogy of caregiving. Here we note that this rarely features as an explicit concern, and insofar as new projects of CBPR look back to the example set by Addams, this appears to be more with an eye cast to her concern with problem solving than to her radical social ethics and political philosophy.

Finally, we note the potential for contexts of social suffering to involve researchers in a heightened critical negotiation with the political meaning and moral consequences of their work but now with a focus on how this might be channeled toward caregiving. In this regard, we highlight the ways in which, perhaps more than any other discipline, medical anthropology is geared to cultivate and, more important, set into practice care work that is at the same time committed to expose social worlds as objects for critical reflection and analysis. Indeed, we argue that as far as contemporary social science is concerned, it may well be in the engagement between medical anthropology and social suffering that we uncover the most productive ground on which to rehabilitate the legacy of Addams.

JANE ADDAMS: CAREGIVING AS “DOING SOCIOLOGY”

Jane Addams’s life and her achievements are the subject of many biographies.⁷ Born into a relatively prosperous family in Cedarville, Illinois, in 1860, from an early age she was by no means inured to hardship by the

trappings of her material privilege. Throughout most of her life, having contracted Potts disease (tuberculosis of the spine) as an infant, Addams suffered from poor health, and it is recorded that, particularly as a young woman, she often felt embarrassed by the “ugliness” of the physical deformity that resulted from this affliction. By the age of twenty-one, moreover, she was already well acquainted with tragedy, bereavement, and loss. Her mother died from internal bleeding after having fallen awkwardly while pregnant when Addams was just two years old. Four of her siblings died in infancy, and at the age of six she was further devastated by the loss of her sixteen-year-old sister, Martha, to typhoid fever and, when she herself was sixteen, by the death of a family servant, Polly, who had cared for Addams throughout her childhood. It was the sudden death of her father in the summer of 1881, however, from acute appendicitis, that left her feeling most shattered and bereft of life purpose; and it was shortly after this shock that Addams was struck down by a deep depression, which at the time was diagnosed as a severe case of neurasthenia. On Addams’s own account, it is important to understand her outlook, motives, and character as being shaped from an early age by a profound sense of being left “unsheltered in a wide world of relentless and elemental forces.”⁸

Along with most of her biographers, Addams held that such experiences played a significant part in nurturing her sympathy for the plight of the poor; but there was much more than a moral resolve born from grief involved in her decision to collaborate with her friend, Ellen Gates Starr (1859–1940), to found Hull-House on the Near West Side of Chicago in 1889 as a place where they, along with other like-minded individuals, might live as “neighbors” among the poorest members of society in an effort to craft the solidarity required to deliver actions to combat conditions of destitution and disadvantage. It is also widely noted that Addams was driven by a passion to establish a public role outside the domestic sphere for educated women like herself. In this regard, the causes and activities taken up by the residents at Hull-House were shaped by a belief that, due to the gendered division of labor and, in particular, their ascribed roles as carers and guardians of the household, women were particularly well invested with forms of moral experience that could be applied to caring for the conditions of society at large. Beyond this, Addams was influenced by Christian Socialism,⁹ and she was inspired by the ways this

movement served to institute practices of social care as a means to work at bringing desired forms of society to life. It is widely noted that while recovering from her mental health problems during a visit to England in the summer of 1888, she was particularly impressed by the work of Toynbee Hall,¹⁰ a settlement house based in the slum districts of London's East End. On this point, however, it is important to note that Addams did not seek to affiliate her activities with any Christian organization, and on recognizing that the culture of Toynbee Hall in the late nineteenth century was shaped by an ethos of middle-class paternalism, she sought to distance Hull-House from the Toynbee model of social reform. Under Addams's direction, Hull-House was much more "egalitarian, more female-dominated, and less religious."¹¹

Patricia Madoo Lengermann and Gillian Niebrugge observe that since her death in 1935 more often than not Jane Addams has become far more "a name learned in school [rather than] a mind to be reckoned with."¹² She has been celebrated as a "social reformer" and is often portrayed as the embodiment of the political spirit and moral idealism of the Progressive Era.¹³ Following her campaign for peace during the First World War, for which, after much political controversy and hostile opposition, she was awarded the Nobel Peace Prize in 1931, she is also remembered as a "peace campaigner." Insofar as her activities have featured as matters of academic interest, more often than not, this has been with a focus on the ways in which these might be portrayed as a pioneering example of "social work."¹⁴ Very little effort tends to be expended in the direction of understanding her methods, ethics, and philosophy and how these developed through her collaborative work at Hull-House. Moreover, it is largely forgotten that she understood herself to be involved in developing a practice of sociology, although it should be emphasized that Addams intended to direct this along an alternative path to that now established in most environments of the academy.

It was only toward the end of the twentieth century that scholars began to reappraise Addams's work as a "sociologist." Those concerned with rehabilitating Addams's status as a founding figure in sociology aim both to underline the role played by women in the creation of sociology and to bring critical scrutiny to bear upon the ideological forces at play in the construction of the history of the so-called classical period of the discipline, particularly insofar as this privileges the achievements of white male aca-

demics to the exclusion of those of women, African Americans, and immigrants working outside universities.¹⁵ While reminding us that Addams was a founding member of the American Sociological Association and a frequent contributor to the *American Journal of Sociology* and that she wrote nine books of social theory and analysis, this work of recovery and revision also highlights the possibility of understanding the purpose, value, and practice of “sociology” under terms radically different from those advanced by most modern-day university courses and introductory textbooks.¹⁶

Working and writing at a time before the compartmentalization of social inquiry into separate fields of sociology, anthropology, social policy, and social work, Addams advocated an approach to studying social life that involved active participation in the lived experience of people’s lives. She also maintained that this should be normatively geared to alleviate hardship, conflict, and suffering and that it should be intent on devising and setting into practice better ways of living together in society. On the model advocated by Addams, the conduct of sociology should not only be shaped by a commitment to social reform, but also by collaborative movements to bring humane forms of society into existence. She rejected the view that sociology should be developed as a professionally accredited “objective science.” Moreover, insofar as social researchers working within universities were institutionally positioned to operate at an academic distance from the immediate realities of the subjects of their inquiries, she held that a proper knowledge of social life remained beyond their reach. Heavily informed by pragmatist teachings and philosophy, Addams’s work can be approached as a practical and political realization of the philosophy of knowledge advocated by William James and John Dewey.¹⁷ Addams held that social understanding could only be gathered through immersion in the *experience* of real-life conditions.¹⁸ It required social researchers to operate in sympathy with individuals dealing with the practicalities of lived perplexities and everyday problems. Indeed, she stressed that working to empathize with people’s subjective points of view was not only an indispensable component of social research but also a moral obligation without which it was impossible to grasp the reality of their social situation.

With these interests set to the fore, Addams’s methods of social investigation involved a heavy investment in strategies designed to expose and unsettle her own class and cultural prejudices and those whose backgrounds

were similar to hers.¹⁹ In her writings she frequently refers to events that served to awaken her to the fact that she was a particular “social type” (i.e., an institutionally privileged, relatively affluent, well-educated, white woman) and that this not only shaped her way of seeing the world but also how she was set to be seen by others.²⁰ She aimed to equip and empower individuals living in the community around Hull-House to communicate their experience of the world. In *Twenty Years at Hull-House* (1910) she records that, on realizing that the Hull-House Settlement was regarded in some quarters as Addams’s “sociological laboratory experiment” in living among the lowly, she always involved members of the neighborhood in public lectures on her work. Addams writes, “I never addressed a Chicago audience on the subject of the Settlement and its vicinity without inviting a neighbor to go with me, that I might curb any hasty generalization by the consciousness that I had an auditor who knew the conditions more intimately than I could hope to.”²¹ Moreover, in essays such as “The Subjective Necessity for Social Settlements” (1892) she contends that, on her model, the settlement aimed to “socialize democracy” and that this required a movement to create social environments in which people from different class and ethnic backgrounds could share together in the attempt to understand the problems of their community and the possible actions by which they might be best solved.²² Such initiatives were based on the conviction that “much of the insensibility and hardness of the world is due to the lack of imagination which prevents a realization of the experiences of other people.”²³ Addams argued that experiences “determine our understanding of life” and “the scope of our ethics.”²⁴ She held that all too often, by the refinements of their education and the comfort of their material circumstances, many from privileged social and cultural backgrounds are made too removed from the experience of their poorer neighbors and are thereby unable to extend the empathy required to make possible social understanding. At the same time, she aimed to create social settings that made it possible for those deprived of the status and learning of the middle and upper classes to participate in attempts at problem solving, so that all would benefit from the experience of collaboration with others. As Charlene Haddock Seigfried notes, under Addams’s direction the settlement aimed to set into practice transactions that “criticized top down approaches to problem solving in favor of working with others in a way calculated to change the attitudes and

habits of both the settlement workers, mostly middle- and upper-class women, and members of the impoverished working-class neighborhood with whom they worked.”²⁵

In *Twenty Years at Hull-House* Addams explains how this culture of cooperation was founded on and sustained by caregiving. Hull-House was ostensibly set up to provide educational and social opportunities for the local community, but Addams and her associates quickly found that residing in one of the poorest areas of the city where most people of working age were employed in some form of sweatshop labor brought many desperate human needs to their door. She writes of the first days at Hull-House, “In addition to the neighbors who responded to the receptions and classes we found those who were too battered and oppressed to care for them. To these, however, was left that susceptibility to the bare offices of humanity which raises such offices into a bond of fellowship. From the first it seemed understood that we were ready to perform the humblest neighborhood services. We were asked to wash the new-born babies, and to prepare the dead for burial, to nurse the sick, and to ‘mind the children.’”²⁶ Addams records that at first it was by creating space in Hull-House for the provision of child care in the form of a kindergarten that it subsequently won the affection and trust of the local community as a place for local gatherings to address more deeply entrenched problems of work and family life. Through actively caring for the most vulnerable members of the community, the residents at Hull-House were involved in attending to wider social needs; for, indeed, it was often the case that families were unable to provide adequate care for the young, sick, and elderly due to the harsh conditions under which adults were made to work and the squalor of their local tenement housing. While the creation of a public bathhouse, public kitchen, and coffeehouse further established Hull-House as a place of care for the body and the community, its activities were soon extended to include more far-reaching initiatives of collaborative social reform.

The Hull-House Women’s Club, which was formed as a branch of the kindergarten, devoted itself to a campaign to clean the streets of garbage, filth, and dead animals, and eventually succeeded in persuading the city council to regularly organize the collection of refuse and to repair the streets. This success encouraged them to apply themselves to the task of improving the plumbing of tenement buildings so as to combat the

insanitary conditions that contributed to epidemics of typhoid and dysentery as well as the overcrowding that helped tuberculosis to spread. Moreover, this ended in the successful criminal prosecution of landlords who failed to provide adequate housing for their tenants.²⁷ It is, however, in connection with their attempts to reform the culture and organization of the workplace that Jane Addams and her collaborators at Hull-House initiated some of the boldest and most controversial movements of care for those in their neighborhood.

Addams records that her involvement in actions to care for people in work and in campaigning for better conditions of employment began with the founding of the “Jane Club” in 1891. This provided young girls working at a local shoe factory with safe and cheap local apartments where they could board. At first these were rented out by Hull-House, but thereafter they were paid for by members of the club for themselves. Addams mentions that the initial impetus for the founding of the club came from the desire to support those striking for better pay and working conditions. The provision of an affordable place to live enabled the girls to participate in the strike without fear of being pressured to return to work by the threat of being turned out of their homes through periods of strike action when they had no money for rent.²⁸

As Addams and her associates became more alert to the dangers and depravity of sweatshop work, especially in terms of its impact on the lives of women and children (some as young as four years old) working in the factories, they became more organized in their attempt to apply social science to the task of documenting people’s living and working conditions so as to gather information for campaigns for social reform. Major studies of work and living conditions in the local area, such as *Hull-House Maps and Papers* (1895),²⁹ were among the arsenal of information that was used to campaign for legislation to protect the health and safety of factory workers and to help unions agitate for improved wages and shorter workdays. Indeed, insofar as Hull-House became associated with helping to organize trade unions, Addams notes that it was often portrayed in arenas of public life as a hotbed of “radicalism” and as a movement conspiring to undermine capitalist industry. Particularly in the aftermath of the Pullman strike of 1894,³⁰ which finally collapsed after federal troops were used to stop strikers obstructing the movement of trains (resulting in the deaths of

thirty strikers and the serious injury of many more), insofar as it was publicly identified as operating in “fellowship with trades-unions,” Addams records that “Hull-House lost many friends.”³¹ At the same time, in *Twenty Years at Hull-House*, she contends that being brought into conflict with “public opinion” and powerful interest groups was an inevitable and necessary part of caring for the suffering of those working in the local factories and industry, especially insofar as it involved taking actions to protect the most vulnerable members of the community from institutionalized cruelty, socioeconomic hardship, and physical harm.³²

In an effort to highlight the radicalism of Addams’s approach to caregiving, Maurice Hamington notes that, while it was founded on embodied openness to the experience of others and material acts of care, it also demonstrates how the practice of care may be channeled to promote policies and institutions that are attentive to human social conditions and responsive to people’s social needs.³³ Her caregiving operated not only for the good of particular individuals but also for “the betterment of society.”³⁴ Addams and her associates involved themselves physically and emotionally in caring for people’s health, well-being, and potential for flourishing. It was exhausting, and on many occasions, difficult and upsetting work; but it also made possible much comradeship and mutual social understanding. Here caregiving involved committed work of “active listening” to others.³⁵ It also served to cultivate moral solidarities, practices of civic participation, and friendships through which “caring knowledge” could be applied in actions for the good of society as a shared corporeal concern.

It is also important to understand that Addams’s caregiving courted much public controversy, professional hostility, and political opposition. Indeed, it might well be identified as the essential ingredient in her sociology that made it most unpalatable to many of those working to promote social science within the academy. Mary Jo Deegan provides a detailed breakdown of how Jane Addams and her associates at Hull-House were increasingly brought into conflict with the University of Chicago and the interests of key actors in its Department of Sociology.³⁶ She also highlights the extent to which these hostilities were aggravated in large part by Addams’s social morality and her attempt to install this as a vital part of her sociological practice. In her public and practical support for the trade union movement, Addams was identified as a politically dangerous radical operat-

ing in opposition to leaders of the Chicago business community. This led the University of Chicago Board of Trustees to work at disassociating the university from any public support for her work, particularly insofar as a public endorsement of Addams and Hull-House was believed to place the funding of the academy at risk.³⁷ Deegan also contends that Ernest W. Burgess and (especially) Robert E. Park worked hard to set up an approach to sociology that was opposed to the values and methods advocated by Addams. On her account, Park was possessed by “a virulent ideology against social reform and ‘do-gooders,’”³⁸ but beyond this, along with Burgess, Park was heavily invested in a movement to promote sociology as a “scientific” enterprise that operated above the fray of politics. Deegan holds that in writing their *Introduction to the Science of Sociology* (1921), a book that was widely adopted in American universities as the standard textbook introduction to the discipline, Park and Burgess were also engaged in a campaign to demote the intellectual standing of Addams’s work (along with that of other women sociologists of the time, as well as men associated with the work of Hull-House) and to erase it from the corporate memory of the founding of sociology within the academy.³⁹

It may be argued that with the creation of “social work” as a discipline of applied sociology and as a field of activity more heavily associated with women, Addams’s sociological legacy was still afforded a place within the academy. More often than not, however, it is now generally conceded that social work was founded and developed on a set of principles quite different from those advocated by Addams. In its emphasis on “case work,” “service provision,” and “professional” assistance to individuals in need, modern social work operates more in the tradition of the Charity Organization Society than that of the settlement movement.⁴⁰ Addams herself declared that in their use of “moral means testing” and their concern to relieve poverty with charitable assistance and “friendly visitor” advice on how individuals living in dire circumstances should work at rehabilitating themselves, in their methods, ethical standards, and political beliefs “charity visitors” clashed “absolutely” with the values and practices of Hull-House.⁴¹ In addition, insofar as Addams was not only committed to living as a “neighbor” among the poor and working alongside people to solve their problems but also helping to organize movements for large-scale social reform that

brought her into open conflict with employers, landlords, politicians, university trustees, and cultures of hierarchy within the academy, her activities are regarded as too radical for modern social work.⁴²

Our argument here is that, so as to grasp both the form and the enduring presence of the controversies generated by Addams's work at Hull-House, it is important to understand how these were coupled to her advocacy of a radical approach to caregiving. Through her manner of caregiving, Addams was cast as a politically subversive radical; even to a point where, in the Red Scare of the 1920s she was not only named at the top of a list of the "sixty-two most dangerous and destructive people in the country" that was presented to a Senate subcommittee investigating individuals who posed a threat to national security, but she was also featured along with other women sociologists from Hull-House in a Daughters of the American Revolution "spider web chart" denoting "dangerous citizens" operating as part of "un-American organizations."⁴³ It is also her commitment to caregiving both as a means to acquire social understanding and as a means to involve herself in collaborative acts of social reform that served to mark out her approach to doing sociology as radically opposed to the ethos and culture of that practiced within the academy. Indeed, while her advocacy of a sociology committed to caregiving was rejected by those working to advance sociology as an accredited "science," it also led Addams to distance herself and her activities from those of the academy. As Deegan explains, her decision to decline Albion Small's invitation to have Hull-House affiliated with the University of Chicago and to take up a half-time faculty position was due to Addams's reluctance to have her sociology disciplined to the rule of the University of Chicago's philosophy of education.⁴⁴ In addition to this, she feared that an association with the university would damage the moral meaning and practice of her work through its academic portrayal as a "sociological laboratory" experiment.⁴⁵ Quite simply, it was not only that she had no need for the status of an academician but also that she understood a great deal of the culture and practice of academic sociology to operate along lines that were antithetical to the practices of democratic citizenship, collaborative learning, humanitarianism, and social fellowship that she sought to promote through her work.

A NEW BEGINNING?

In recent years a considerable number of books and articles have been dedicated to announcing the renaissance of “community engagement” and “participatory research” in academic programs across the United States and Europe.⁴⁶ On many accounts, a renewed movement to promote community-based participatory research has taken root and is gathering force. This is particularly noticeable in the field of public health. Articles have been published on the value of CBPR as a method for assessing the social determinants of health and as a strategy for encouraging greater communal participation in health promotion initiatives.⁴⁷ It has also been taken up as a key concern for educationalists committed to fostering good community links between universities and their localities, especially where these come under political pressures to demonstrate their value to society as sites of privilege located in areas of social deprivation. There are many reports on “outreach initiatives” from universities that involve students and faculty in various “service learning” activities in their local communities.⁴⁸

Jane Addams is frequently referred to as providing a model for this work.⁴⁹ She is often credited with being the first to put participatory research into action, and in noting her practices of democratic citizenship, practitioners openly declare themselves to be operating with the aim of revitalizing her politics and philosophy.⁵⁰ When introducing CBPR, authors tend to celebrate its value as a method that gathers together people from different social backgrounds with a common interest in solving a particular problem and/or improving a shared area of life.⁵¹ A CBPR approach is lauded as a means to initiate and enact processes of civic participation. It is further argued that, when properly established and maintained, it holds the potential to expand the critical consciousness of participants, even to the point where they may be inspired to work together to transform fundamental social structures and relationships.⁵² In all these respects, the pioneering work of figures such as Addams is referenced not only as a point of academic validation but also for its value as a guide for practice.⁵³

Questions may be raised, however, about the extent to which new projects of CBPR are prepared to adopt Addams’s critical standpoint and social morality. Indeed, in most instances, contemporary research does not venture to trouble itself with her pedagogy of caregiving. It is only on very

rare occasions that the experience of caring for people and of practitioner involvement in actions to care for their needs is profiled as an explicit aim for the new generation of scholars engaged in participatory/action research. For the most part, technical considerations take precedence over any concern to establish and sustain social relationships of care. Rather than take their experience of conducting CBPR as a cue for critical reflections on the qualities and conditions of human relationships, more often than not practitioners are inclined to treat it as a model strategy for disciplining health-related behaviors or as a means to improve student test scores.

Mary Brydon-Miller and Patricia Maguire claim that as CBPR has become more widely established as a component of health promotion initiatives and as part of nonformal adult and teen education, it has often been disconnected from more critical traditions of social inquiry.⁵⁴ They argue that the new generation of practitioners tends to be possessed by a technocratic ethos that essentially commits CBPR to problem solving and is thereby not much concerned to provoke critical debate over unjust and inequitable social conditions.⁵⁵ More directly, Brydon-Miller and Maguire contend that rather than approach their research as “a political engagement” that warrants that practitioners question their own involvement in maintaining networks of power and privilege, the majority are inclined to treat it as a “formulaic strategy” for implementing more effective measures of social control.

Evidence to support this view may be found in articles that reflect on the difficulties of incorporating CBPR with strategies of health promotion and, in particular, where practitioners write with the aim of clarifying lessons learned through the experience of failing to achieve desired levels of communal participation and/or qualities of partnership. For example, when reviewing the possibility of developing CBPR as a “mainstream” strategy for “engaging multiple stakeholders” in health promotion initiatives designed to prevent and control cardiovascular diseases, Carol Horowitz and colleagues portray many of the conflicts and disputes encountered in the attempt to forge partnerships between academics and “at risk” communities as largely matters to be solved via further expert training in appropriate research methods and communication skills.⁵⁶ Similarly, when summarizing the successes and failures of a suite of public health initiatives in poor districts of Seattle that incorporated a CBPR

approach, James Krieger and associates contend that where they sometimes found it difficult to recruit adequate numbers of people to participate effectively in their projects, this should be attributed to technical difficulties in their manner of conveying information to community partners and inefficiencies in the management and design of procedures for involving participants in decision making.⁵⁷

In this setting, the example set by Nina Wallerstein and Bonnie Duran, which shows the ways in which CBPR initiatives are liable to be compromised by researchers' attachments to the culture of academy, is not so common.⁵⁸ Wallerstein and Duran argue that insofar as academics are endowed with "higher" social status and are apt to display educated conduct and manners of speaking, this can make "lower" status and less educated lay participants feel socially awkward and averse to collaboration. Beyond this, they contend that one of the main reasons for a breakdown in relationships of trust between researchers and their "partners" in the community lies in the extent to which scholars are identified as operating not so much in the interests of the community but more for the advancement of their university careers. Arguing in a vein similar to that of Diane Calleson and colleagues, they claim that where academics are institutionally and professionally committed to placing a priority on cultivating research partnerships that provide opportunities for advancing scholarship and furthering research funding applications, CBPR initiatives tend to be hamstrung by practitioners' mixed motives and conflicting value orientations.⁵⁹ On this view, while most scholars would think it culturally acceptable and even recognize themselves to be under a professional obligation to confront the shortcomings of their work by airing problems of method, by contrast, it is more of a taboo to take the frustration of failing to establish productive relationships with their community partners as a cue to critically question the cultural values and material interests that govern their profession.

Yet a preparedness to critically question, actively disrupt, and even break with academic convention and criteria of value may be required to establish an ethos and practice of care. Indeed, this is precisely what Helen Meyer and colleagues report as part of the "unexpected learning" that took place through their involvement in various "action research" projects that handed resources and initiative to students from socially deprived backgrounds so that they might define research problems and set terms of dis-

cussion in an exploration of their educational experience.⁶⁰ Meyer and colleagues report that among the more surprising discoveries made through establishing a more collaborative ethos in the classroom was that they found themselves to be nurturing social bonds of care. In this instance they arrived at the point of valuing their work not for the steps toward solving problems but rather for the “journey” into care for their students, as well as the mutual respect, empathy, and social understanding that this made possible. They emphasize, however, that on many occasions this required them to work at making themselves vulnerable to one another and to their students by openly confronting problems encountered in their own educational experience and also by confessing to ongoing tensions connected to their working values and motivations. In short, by disrupting their “front stage” performance as professional educators, students were made alert to their teachers’ “backstage” nerves, self-doubts, and moral conflicts.

In light of the fact that care work and acts of caregiving, though vital and indispensable for social life, are frequently devalued or hidden as matters for serious academic and policy debate, Virginia Olesen argues that we should be particularly concerned to examine the contexts that determine our “socialization to ethical thinking.”⁶¹ She contends that we need to work at sensitizing ourselves to how we are being conditioned to think, feel, and act either with or without care for others. Certainly, it appears that when conducted with the aim of nurturing a critical self-reflexive orientation to one’s social field and concerns, CBPR appears particularly well suited to serve this purpose. While Meyer and colleagues appear to have stumbled upon this discovery, this is precisely the recognition that guided Jane Addams in her work. As Erik Schneiderhan emphasizes,⁶² while taking steps to distance the work of Hull-House from the economic logic and paternalism of a “charity organization” approach to poor relief, Addams made a special effort to involve herself in relationships, physical activities, and social situations that brought a critical challenge to her cultural prejudices, traditional beliefs, and moral values. She took the view that she needed to take actions to disrupt and unsettle her own social condition so as to be open to understanding the social condition of others. Indeed, on his account, we should never allow her achievements in implementing measures of social reform to obscure the fact that this was driven by a passion to acquire greater human understanding and *social intelligence*. She was

actively working to convert herself and her neighbors to a heightened level of social consciousness and, further, for this to be applied to the goals of communal solidarity and mutual care.

Schneiderhan would have us understand such conviction and sensibility as rooted and sustained in a conjunction between, on the one hand, her maternalist ethics and, on the other, her philosophical commitment to pragmatism. While acknowledging that her standpoint was heavily informed by her struggle to find a valued role in public life, he tends to explain Addams's modus operandi as largely a product of political conviction and moral outlook. On this point, Schneiderhan stands with a number of other commentators who when accounting for her project and method tend to dwell on her "purposeful idealism," as Louise Knight puts it, and its fashioning through a carefully considered process of ethical deliberation.⁶³

On another tack, Christopher Lasch contends that while Addams was possessed by a moral sensibility cultivated through careful reading and reflection on the cultural malaise and social divisions of her times, we should not let this obscure the fact that, by her own testimony, she was shocked into action by a dramatic encounter with human suffering.⁶⁴ In a chapter titled "The Snare of Preparation" in *Twenty Years at Hull-House*, she takes steps to emphasize that it was the experience of participating in "slumming" in the East End of London,⁶⁵ that is, being taken as a "tourist" to gaze down from the top of an omnibus on the Saturday night sale of rotting vegetables to the poor, that left an indelible impression on her. Having witnessed the swaying crowd of desperate people with empty hands "clutching forward for food which was already unfit to eat" and one starving man tear into and devour a raw and decaying cabbage, she writes, "Perhaps nothing is so fraught with significance as the human hand, this oldest tool with which man has dug his way from savagery, and with which he is constantly groping forward. I have never since been able to see a number of hands held upward, even when they are moving rhythmically in a calisthenic exercise, or when they belong to a class of chubby children who wave them in eager response to a teacher's query, without a certain revival of this memory, a clutching at the heart reminiscent of the despair and resentment which seized me then."⁶⁶ In elaborating on the experience, she adds that she was further agitated and disgusted by the fact that, in the struggle to master her feelings, she was immediately prompted to indulge

in literary reflections. Addams records that she was suddenly made painfully aware of the fact that she was caught up in a “hateful and vicious circle” in which she was guilty of using cultural reminiscences as a means “to cloud the really vital situation spread before our eyes.” Paraphrasing Matthew Arnold, she goes on to confess that at this point she was deeply and irrevocably admonished by the understanding that “conduct and not culture is three fourths of human life.”⁶⁷

SOCIAL SUFFERING AS INCITEMENT TO CAREGIVING

In their review of CBPR as a radical “epistemological orientation” to research, Maxine Jacobson and Chris Rangeley’s writing is distinguished by an emphasis on the extent to which the coupling of CBPR to critical social justice agendas takes place in contexts where practitioners have a shared experience of suffering.⁶⁸ They work to make clear that while radical traditions of CBPR are well established in countries in southern and eastern Africa and South America but remain a more peripheral concern in countries such as the United States and the United Kingdom, this is related to the different degrees to which researchers are apt to identify themselves as all in the same boat as victims of gross abuses of power, economic disparities, and social injustice. They argue that there must be a “foundational level” of corporate concern and interest. People need to be “joined with” one another in experiences of disappointment, distress, and abandonment. It is by sharing in the burden of social suffering that they are brought under the compulsion to question their social state and are driven to develop practices of mutual aid and communal care.

In the final analysis, our interest in problems of social suffering lies in the extent to which it might be rendered productive for this end. We take people’s experiences of the brute fact of human suffering to be a necessary part of the dialectical process through which they may not only be critically awakened to their social condition, but also moved to care for others. Of course, as should be clear by now, we also understand that there are many other possible responses and reactions to human suffering and, indeed, that many of these are geared to operate as a means to obstruct the cultivation of social conscience, to distance “us” from ties of moral

responsibility to “others,” and to devalue and/or disable practices of care. People’s sensitivities, interpretations, and moral responses to the problem of human suffering are heavily conditioned by cultural context and social circumstance. Throughout this book we have worked to frame a broad range of cultural and social possibilities with historical, sociological, and anthropological understanding. It is the case, however, that insofar as our efforts might serve as a spur to critical thinking and moral debate, our overriding aim is to promote the social value and practice of caregiving.

We hold that the “cash-value,” as William James put it,⁶⁹ of research and writing on social suffering should be sought in the extent to which it serves to advance caregiving both as a response to human suffering and as an indispensable component of the pursuit of human social understanding. At the same time, we recognize that much of the work that takes place in this domain falls short of meeting these goals. A great deal of current research and writing on problems of social suffering seems to be more caught up in a protest against the conditions that do harm to people than in the task of devising more effective means to actively engage in caregiving.

Insofar as they remain mired in this pitch of protest, some have been moved to make clear the moral disquiet they experience through their conditions of research and manner of writing, particularly as these leave them in the role of “voyeurs” of human misery operating to collect and publish documents of human pain and distress. For example, at one point in her study of suffering endured by Latvians in their struggle to make sense of the damage done to their cultural history and identities under Soviet rule, Vieda Skultans confesses to being burdened by the conviction that in accounting for people’s experience within the cultural grammar of social science her actions were akin to “the well-fed anthropologist carrying out a participant observation study of famine.”⁷⁰ Similarly, Pierre Bourdieu admits that in according a dominant role to the voice of people in his studies of social suffering published in *The Weight of the World* (1999), he was working to combat the “symbolic violence” that is done to their experience when it is appropriated as part of an “objectifying” script of social science.⁷¹ Here Bourdieu explains that he intends his work to be a protest against established conventions of sociological understanding and the role of the contemporary sociologist as a morally detached “expert” and “scholar.” Not only does he aim to provoke critical debate over the moral responsibilities

that social researchers bear toward their subjects in the field; he also seeks to expose their role as agents of cultural reproduction that have a moral and political stake in shaping “*the way we look at* other people in ordinary circumstances of life.”⁷² Indeed, he declares that his ultimate aim is to fashion an approach to social research and social understanding by which it is made possible for the problems of “respondents” to become our own.⁷³ Bourdieu hankers after the remaking of sociology as a civic engagement and as a cultural movement untrammelled by “intellectualism” so that it is made to operate with care for people in their life context.⁷⁴

These are among the reasons for the value that we place on medical anthropology, and particularly its more critical and politically engaged variants; for we hold that when compared to other disciplines and domains of social science, it is better equipped than most to advance the praxis of caregiving.⁷⁵ More directly, it is the fact that medical anthropology is configured around a meeting between, on the one hand, an applied engagement with health care and, on the other, a commitment to ethnographic method that is most important here. While possessing valuable knowledge, training, and skill to potentially make a practical and positive contribution to people’s bodily experience and health conditions, practitioners are also engaged in processes of data collection and knowledge production in which they aim to share in people’s lived experience and to participate in their way of life. At the same time that they are working to grasp and absorb “the insiders view of the world,” they are involved in significant practices of care.⁷⁶

An earlier form of anthropology as “care” can be found in Benjamin Paul’s effort to integrate anthropology into public health. The case studies in his *Health, Care, and Community* (1955) show ethnographers seeking to integrate local knowledge and practices into public health intervention programs to make them more culturally congruent and thereby more effective in improving local health conditions. These applied anthropological efforts did not extend to an idea of social care.⁷⁷ Over the past two decades, a small but rising cohort of medical anthropologists has included social and cultural anthropologists who are also physicians and public health experts. This cohort straddles medicine and social science. Its members notably include the current president of the World Bank (Jim Yong Kim), as well as arguably the leading figure in global health (Paul

Farmer), and researchers who have situated their work at the intersection of clinical interventions and social inquiry.⁷⁸ Humanitarian assistance and human rights activities are led by such scholar-practitioners, as are some of the most notable activities in global public health, including, for example, programs focused on providing care for poor patients with multi-drug-resistant tuberculosis, AIDS, and chronic noncommunicable diseases like diabetes and cancer, as well as mental illness.⁷⁹

Obviously, the dual training in medicine and social science legitimates and empowers these researchers to build professional caregiving activities into social programs that include such things as the accompaniment by community workers of patients taking complex and dangerous treatments (Rwanda, Peru), postearthquake relief and reconstruction among those most deeply traumatized (Haiti), and caregiving activities with special populations, such as prisoners with tuberculosis in Siberian prisons and vulnerable people in postconflict settings (Rwanda). These projects are simultaneously social and medical. They build out of ethnographic knowledge projects that are explicitly meant to help the most vulnerable people who are beset by the cascading of deep poverty and deadly infectious diseases. The projects are also meant to generate knowledge that can assist communities and the individuals in them to better understand the social problems they face and to partner resources and practices that can make a difference in people's lives. Not all medical anthropologists work in this way; and yet the MD-PhD cohort offers a particular kind of model in which implementation of interventions is as important as generating social knowledge; and non-MD anthropologists now work in this way as well.⁸⁰ Indeed, global health in this mode is reset as a resocializing biosocial field. Local knowledge and global social theory complement each other with the explicit goal of delivering services that in many areas of the world are backlogged and balked.⁸¹

One of us (AK) developed such a pilot project in China, immediately on the heels of the greatly destructive Cultural Revolution.⁸² In 1980, at the then Hunan Medical College, formerly (and again now) the Yale-in-China Medical School, we investigated the traumatic consequences of mass violence on the lives of intellectuals, cadres, and workers who had developed symptoms of neurasthenia. The one hundred individuals studied suffered from dizziness, deep fatigue, and pain, among other complaints. Almost

all were disabled. Few had recovered or received any lasting professional medical benefit. They were accompanied by family members and friends—many of whom were worn out and frustrated by the years of failed quest for therapy of any kind. The upshot of the study, which extended over several years, was to show that although patients could be rediagnosed as suffering from clinical depression and related psychiatric conditions, their somatic complaints did not improve with conventional treatment until they had resolved work, family, and political problems that had become inseparable from their debilitating symptoms in long, drawn-out social courses that were as much life history as disease syndromes. The cardinal complaints themselves were a threnody performed as a cultural bereavement for a lost time.

The social knowledge became part of the interviews and life stories. “You listened to me. No one else did. You heard what I said. You helped me say it. You showed you cared for me. I felt better just talking to you. I always wanted to thank you for that,” several wrote years later. Not all; and yet a surprising number got better in the course of the research, which increasingly became a mutual exploration of the great danger and personal and collective injury they suffered. Some of the lessons learned were carried over to the treatment of other patients with neurasthenia in the Medical School’s Second Affiliated Hospital.

The Chinese psychiatrists who participated in the study were surprised and concerned by the research: both because of its social process and because of the type of knowledge it was utilizing, which struck them as only partly medical. They realized that they were part of the story. Some of them shared the symptoms, and almost all had been injured by the mass violence. The stories of suffering were ones they could and did share, deepening the witnessing and bringing a compassion that was rare at that time in clinical work or societal interactions. The purpose of the research was as much caregiving, it is now clear, as it was a quest for social wisdom about how ordinary people get through a terribly destructive era. Symptoms, both bodily and emotional, offered medical legitimation for treatment that included social care, otherwise unavailable and disguised as medical intervention.

We acknowledge that it may be possible to shape ethnographic research techniques to the practice of caregiving without the researcher being

actively involved in medicine or possessing professional training in some formal discipline of health care, like nursing, occupational therapy, and clinical social work, where such efforts are taking place. Indeed, we recognize that some of the most impressive ethnographies in medical anthropology have been written by social and cultural anthropologists who are not trained clinicians but have committed themselves to ethnography as a caregiving form of knowledge generation and use.⁸³ These works make many valuable contributions to a search for wisdom in the art of living, through caring for their subjects and using what they learned through research to dignify and uplift their fellow beings. There is still, however, something of great importance to underline in the more formal engagements between anthropology, medicine, and clinical study: namely, the particular urgency that is brought to the ethics of social practice.

In their review of the history and development of medical anthropology, Hans Baer and colleagues note that this is particularly distinguished by a concern to debate and clarify moral codes and behaviors.⁸⁴ This is due to the fact that in their work, practitioners are not only repeatedly being confronted with real experiences of human affliction, misery and distress, but also by the moral imperative and practical opportunities to apply their skills and training to take actions to secure processes of healing, recovery, and regeneration. In their praxis they are directly involved in many morally challenging situations in which it is made all too clear to them that by their actions they hold the potential to either do good or harm. While other disciplines might readily find the space in their work to entertain dichotomies of theory and practice and to separate thought from action, by contrast, in medical anthropology this is either severely curtailed or totally denied. More often than most, its practitioners are immersed in contexts of social suffering where their actions hold great consequence for what really matters for people, and even life itself. Implementing effective services so that they can be generalized to poor populations at risk can bring needed technology via community accompaniment in a human way to bear on some of the great threats to health of our era, and to do so with care complementing prevention and with social good as an outcome.

It is here that we identify developments taking place that come close to rehabilitating the approach to social understanding first pioneered by Addams, an approach in which knowledge is sought through “the doing”

of care and where there is a ready understanding that this is only gained through an intimate involvement in the deep perplexities, hardships, and miseries of people's lives. Here it is also important to take note of the fact that in their manner of work, medical anthropologists are also more motivated, and more *legitimated*, than most other academics to move beyond the environs of the academy. In this regard, they are presented with rare opportunities for molding a social research practice beyond the disciplinary reach of the academy and also a more obvious and greater demand for this to be informed by the pedagogy of caregiving. We don't present this example as an exception; it is for us an illustration of how the rest of social science can encompass the implementation of social care as an intended outcome.

CONCLUSION

A passion for society requires that we do more than expose the social conditions that bring harm to people. It also calls us to actively involve ourselves in movements to deliver the care that makes possible their recovery and healing. At the same time that we embark on a quest to understand the embodied interpersonal experience of local social worlds, we must be engaged in practices to make people's living conditions more socially beneficent and humane. Moreover, not only does this involve us in a moral commitment to do good to others; it also involves us in efforts to acquire the social wisdom that is only made possible through caregiving.

It is important to understand here that we hold this to be more than a matter of political calling or expression of humanitarian resolve; we also contend that this is the route toward proper social understanding. In this respect, we hold a considerable portion of the knowledge of society produced within the academy to be morally deficient and lacking in human substance. Quite simply, it cannot serve as an adequate means to make known how people socially experience, morally inhabit, and embody their world. It also fails to trouble researchers and students over the moral and political values they are enacting through their institutional conduct, modes of disciplinary study, and manner of academic writing and further how these might often be implicated in the perpetration of considerable social harm.

In their introduction to participatory research Randy Stoecker and Edna Bonacich work to make clear that to engage in efforts to democratize the production of social knowledge and to apply this to the task of empowering disadvantaged and oppressed peoples with the means to positively change their lives, we must not flinch from making clear the social values we either choose or, rather, are *made* to live by. Moreover, as far as the institutional cultures of contemporary Western universities and the configuration of the social sciences within them are concerned, it may well require us to begin from a position where we acknowledge that in the pursuit of social justice, much that takes place here is more a part of the problem than any solution. Indeed, they contend that disciplines such as sociology are often to be found operating as “one more element in the structures of control that maintain oppression and exploitation, sustaining a class of professional experts who are linked to those with power and who proclaim what is legitimate knowledge, thereby drowning out the knowledge of those who lack power.”⁸⁵ We would also add here that it certainly is the case that this tends to be divorced from any concern with practices of caregiving and the creation of effective relations of care in society.

Care does not feature as a privileged matter for debate within either “classical” or “contemporary” traditions of anthropological and sociological inquiry; and as far as the latter is concerned, it is almost entirely absent as a recognized component of social life. While it might be argued, moreover, that later developments of the “sociology of the body” and the “sociology of gender” as distinct fields of study signal a new disciplinary openness to issues of care, it is still the case that it is never addressed as a core topic for analysis within contemporary social theory.⁸⁶ At best, care remains a peripheral and specialist area of medical sociological and medical anthropological interest. While care in practice may be studied by those seeking to apply social science to issues of health and medicine (especially with a focus on the conduct of nursing) and while the organization and funding of care provision is debated as an issue of social policy, care is not identified as a vital matter of interest within studies of society and social experience at a broad level of concern. In this regard, the “revolutionary” impact of the so-called feminist ethics of care has not been felt much beyond a fringe community of moral philosophers and associated scholars invested in the task of reforming practices of social work or with

criticizing the quality of professional care provided for marginalized groups of vulnerable people.⁸⁷

In this environment it remains the case that Addams's approach to "doing sociology" is only of interest to those with a dissident view of contemporary social science. Her legacy is most likely to feature as part of an arsenal of protest against the institutionalized conventions, presiding values, and professionalized practices of social research and its favored methods of knowledge production. Very few are disposed, are permitted, or have the courage to take this as an imminently realizable model for their practice. Indeed, as we have already sought to emphasize, there is evidence to suggest that it is only in contexts where social suffering is plainly abundant and where there are meager opportunities for social researchers to keep themselves cocooned in positions of institutional and material privilege that Addams's example is embraced as a guide to social understanding.

We are left with the fragile hope that current initiatives in medical anthropology will be further nurtured as part of institutional arrangements configured for a renewed caregiving approach to understanding human social life. By itself, however, this is unable to deliver either the scale or the full substance of the reforms we are looking for. In order for these to be more widely recognized as matters of urgency, it is very likely that it will take much more than the inspiration to be drawn from outlying examples of caregiving social science in practice. Ultimately, it may only come where it is made painfully clear that the current setting of social science education and social research within the modern university is both inadequate and unsustainable. Indeed, one of the more worrying lessons to gather from the history of social science to date is that, more often than not, its human value and practical worth for living well with others are only grasped at the point where social conditions have fallen to a desperate state.