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CARE AS INTERTEXTUALITY—FROM HUMAN CONDITION TO HOLISTIC DEVICE[1]

LOS CUIDADOS COMO INTERTEXTUALIDAD: DE CONDICIÓN HUMANA A DISPOSITIVO HOLÍSTICO

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Abstract: Since the Roman mythographer Hyginus composed the fable of *Cura* in the second century AD, it has been cited and reemployed in literary and philosophical texts by authors like Augustine, Herder, Goethe, Heidegger, Blumenberg and Kristeva. These authors all use the tale about the ambiguous figure of *Cura* (Care) to reflect upon the fundamentals of the human condition. Later, aspects of these philosophies have been

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translated into the medical humanities, but often in an ontologically "purified" form, stripping *Cura* of her ontological ambiguity and more troubling traits such as sorrow, anxiety or dependency. This purification turns care into something easily digestible, fit to "sweeten the pill" of curative medical interventions that can be painful and accompanied by suffering. The ontological, epistemological, and cultural dualisms marking modern medicine are reproduced instead of being problematized, while care is reduced to a soft, psychological, or cultural supplement to "hard" biomedical therapies. How can we restore the original ambiguity and richness of the concept of "care", making it capable of troubling the current system of medical categories? To address this question, we will use Kristeva's notion of intertextuality to explore the inscription and reductionist use of *Cura* in philosophy and the medical humanities.

Keywords: Care; Medical humanities; Intertextuality; The fable of *Cura*; Julia Kristeva; Martin Heidegger; Translation.

Resumen: Desde que el mitógrafo romano Higino compusiera la fábula de *Cura* en el siglo II d.C., esta ha sido citada y reutilizada en textos literarios y filosóficos por autores como S. Agustín, Herder, Goethe, Heidegger, Blumenberg y Kristeva. Todos estos autores utilizan la fábula acerca de la ambigua figura de *Cura* para reflexionar acerca de los fundamentos de la condición humana. Posteriormente, algunos aspectos de estas filosofías se han trasladado a las humanidades médicas, pero a menudo de forma ontológicamente "purificada", despojando a *Cura* de su ambigüedad ontológica y de algunos de sus rasgos más problemáticos como la pena, la ansiedad o la dependencia. Esta purificación convierte a los cuidados en algo fácilmente digerible, apto para "endulzar la píldora" de las intervenciones médicas curativas que pueden llegar a ser dolorosas y estar acompañadas de sufrimiento. Los dualismos ontológicos, epistemológicos y culturales que marcan la medicina moderna se reproducen en lugar de problematizarse, mientras que los cuidados se reducen a un suplemento blando, psicológico o cultural, de las terapias biomédicas "duras". ¿Cómo podemos restaurar la ambigüedad y riqueza originales del concepto de "cuidados" con el fin de cuestionar el actual sistema de categorías médicas? Para abordar dicha cuestión, utilizaremos la noción de intertextualidad de Kristeva con el objetivo de explorar la inscripción y el uso reduccionista de *Cura* en la filosofía y las humanidades médicas.

Palabras clave: cuidados; humanidades médicas; intertextualidad; la fábula de Cura; Julia Kristeva; Martin Heidegger; traducción.

1. Introduction

Care has always been an integral part of medicine, but since the advancing specialization and scientification of medicine, and especially after the advent of evidence-based medicine, care has increasingly been relegated to the softer health professions, like nursing, or to softer disciplines within medicine, such as the medical humanities (Askheim et al.). In this reception some of the more existential aspects of care seem to be lost, reducing it to a soft supplement to the biomedical evidence guiding clinical practice (Kristeva et al., "Cultural Crossings of Care: An Appeal to the Medical Humanities"; Kristeva et al., "The Cultural Crossings of Care: A Call for Translational Medical Humanities"; Ahlsen et al.; Engebretsen et al.).

In this article, we will explore Julia Kristeva's conception of care in relation to the tradition and the medical humanities. Kristeva's critique of biomedical reductionism is central to her construal of care and vulnerability in several of her recent works, (Kristeva, "Healing, a Psychical Rebirth"; Kristeva et al., "Cultural Crossings of Care: An Appeal to the Medical Humanities"; Kristeva et al., The Cultural Crossings of Care: A Call for Translational Medical Humanities; Engebretsen). A recurring motif is the fable of *Cura*, which is used as a point of departure for challenging the divides between health (seen as a state) and healing (seen as an open-ended process), and between cure (recreating a state of health) and care (engaging with individual suffering), demarcations that underpin modern biomedical discourse.

The story about *Cura* appears to have been composed by the Roman mythographer Hyginus in the second century. Since the fable is central in Kristeva's questioning of these boundaries, and we will be referring to it throughout this article, we need to cite it in its entirety:

> When Cura was crossing a certain river, she saw some clayey mud. She took it up thoughtfully and began to fashion a man. While she was pondering on what she had done, Jove came up; Cura asked him to give the image life, and Jove readily granted this. When Cura wanted to give it her name, Jove forbade, and said that his name should be given it. But while they were disputing about the name, Tellus arose and said that it should have her name, since she had given her own body. They took Saturn for judge; he seems to have decided for them: Jove, since you gave him life [take his soul after death; since Tellus offered her body] let her receive his body; since Cura first fashioned him, let her possess him as long as he lives, but since there is controversy about his name, let him be called homo, since he seems to be made from humus.[2]

2 The text in brackets was missing from the original manuscript and has been added later.

The tale was recovered and reemployed by German romantics in the eighteenth century and has since become a point of reference for a philosophical and existential tradition, focusing on care and the temporal aspect of the human condition. Since its employment in *Being and Time* (242),[3] Martin Heidegger's interpretation has occupied a central place in the further reception of the fable, making the fable and his interpretation what we, using a coinage from Callon, will refer to as an "obligatory passage point" for care in the medical humanities. It is our contention that this obscures the intertextuality of care and reduces the ontological potential of *Cura*'s reception history.

In the medical humanities, *Cura* is often called upon as a device to mend gaps and mediate dualisms like body and soul, nature and culture, and biomedical cure and psycho-social care. We maintain that such deployments of Care involve *a forgetting of care as a constituent part of the human condition*—and thus of death, anxiety and the more ambiguous aspects of care. Consequently, "care" used as a holistic device, risks reiterating some of the ontological, epistemological, and cultural dualisms marking modern medicine rather than representing an existential alternative to biomedical thinking.

However, there are important exceptions from this generalization, which we draw on in our argument. Halvor Hanisch recently published an article where he explicitly explores the intertextual relations of *Cura*, using them to throw light on his relationship with his disabled son and to present new answers to what it means to be a caregiver ("How care holds humanity"). Describing birth as an uncanny experience filled with waiting and uncertainties, Tanja Staehler brings forth nuances and ambiguities in Heidegger's analysis of care that she believes are useful for midwives in facilitating the process of giving birth ("Passivity, Being-with and Being-There"). Already in 1996, Stan van Hooft turned to Heidegger to find an ontological notion of care, that he termed "deep caring" (84). While Lavoie and colleagues bring Levinas into the picture, criticizing Heidegger for not providing a sufficiently deep ethics of care on which to base nursing practice (Lavoie et al., "The Nature of Care"). Even though Staehler, van Hooft and Lavoie and colleagues, all use care as some sort of device for improving health care practices, they don't reduce the concept to a template. Hanisch opens it up to the whole philosophical tradition, connecting it to the experience of caregiving and providing it with new meanings and significations. We want to build on this by identifying some shortcomings in the medical humanities, a) to suggest how these shortcomings were made possible by the veiling of the intertextual tradition, and b) to try to re-open an interpretive space by gesturing towards what we see as important moments in this tradition.

3 Unless otherwise stated, references to *Being and Time* refer to John Macquarrie's and Edward Robinson's 1962 translation.

The fable of Hyginus has changed as it has been inserted in various texts and contexts. This process of use and reemployment can be construed as a process of intertextuality, and in this article, we will use the notion of intertextuality to pinpoint some of the semantic changes that have been produced by the many de- and recontextualizations of the tale. In other words, we will try to throw into relief what is brought over and what is left by the wayside as care and the fable have become a reference point for the medical humanities. We ask: How can we restore the original ambiguity and richness of the concept of "care", making it capable of troubling the current system of medical categories?

We will begin by introducing Kristeva's concept of intertextuality and Callon's concept of obligatory passage point, before presenting Heidegger's interpretation of care as such a passing point. Then we will look at some of the dualisms in medicine and some examples of how the medical humanities tries to overcome them through employing care as a device. This employment underscores Heidegger's place as an obligatory passage point and hides the intertextual network embedded in his interpretation. To get a glimpse of this network, we will then unwind his conceptual ball and pull out some of the threads. Attempting to re-open an interpretative space beyond Heidegger's obligatory passage point, we will then draw on a less well-known reading of the fable by Hans Blumenberg, before we go into Kristeva's different readings of care and how they contribute to the medical humanities. As a conclusion we draw some parallels between care and intertextuality that have come to the fore through our analysis.

2. Intertextuality

Textual transfers are not always manifest or obvious and signs may be lost in historical sediments, so we need an analytical framework that is able to uncover traces and construct mediations, linking them to the discourse or history under investigation. If we look at the history of *Cura* as a series of intertextual transfers and transformations of a tradition, we will get a clearer idea of what is silenced and what is accentuated when it is translated, alluded to, quoted and reworked into the medical humanities.

Characteristically, Kristeva's maybe most innovative and influential concept grew out of a quote or more specifically, a translation of "an insight first introduced into literary theory by Bakhtin: any text is constructed as a mosaic of quotations; any text is the absorption and transformation of another" (Kristeva, *Desire in Language* 66). The concept of "intertextuality" is in itself constructed in an—inevitable—intertextual process, having no unified meaning of its own but fundamentally connected to an

ongoing dialogue with Bakhtin's text. Kristeva explicitly replaces the concept of "*inter-subjectivity*" with that of "*intertextuality*" to emphasize that meaning is far more than the product of a dialogue between conscious subjects. Rather, meaning must be understood as temporary rearrangements of pre-existing textual elements. Both "Kristeva" and "Bakhtin" are intersections in this continuous intertextual interplay rather than subjects producing meaning.

Kristeva later coupled these Bakhtinean insights with ideas from psychoanalysis, where the unconscious functions as a reservoir of imprints, traces or even inscriptions, and thus implies that there is a historical dimension to life and the workings of the self. Accordingly, Kristeva clarified her definition of intertextuality, underscoring the temporal dimension:

> For me, intertextuality is mostly a way of making history go down in us. We, two texts, two destinies, two psyches. It is a way of introducing history to structuralism and its orphan, lonely texts and readings […]. The etymological meaning of 'semeion' is a distinctive mark, a trace, an engraved or written sign, that makes us think of the Freudian 'psychical' marks, called drives, rhythmical articulations of embodied impulses and psychical movements. In this sense, the meaning of the socio-historical aspect of intertextuality, as already developed by Bakhtin and Barthes, acquires a new significance: within each sociolect or ideology, (both well-established sign-systems) there will always be a breach of subjectivity carrying out a hidden matrix of pre-symbolic forces able to make history move on through all its short and singular stories. (Kristeva, "'Nous Deux'" 8-9).

The structuralist reading of Freud proposed by Jacques Lacan, where the unconscious is structured like a language, is here used by Kristeva to add historicity to structuralism. If meaningful experiences can be sedimented in the unconscious as repressions, trauma, or neurosis, as Freud claimed ("Repression"), they can also be uncovered through analysis and made manifest. Such inscriptions are treated as signs in the structuralist and semiotic sense, where the relation between signifier and signified is arbitrary. This liberates the sign from any transcendental signifier and opens up new spaces for interpretation and new ways of reading, including the reading of what is not directly visible and present.[4] Intertextuality understood in this way, as multiple relations to, and traces of, hidden "pre-texts", makes it possible to uncover sedimented meaning and latent textual forces. This is—precisely—our aim in the subsequent reading of *Cura*'s destiny in the medical humanities.

4 We also find this model of reading, which combines elements from structuralism and psychoanalysis, in other French thinkers from the same era, such as Louis Althusser and Étienne Balibar, Pierre Macherey, and Roland Barthes.

3. Passing through Heidegger

In a classical text on method in the sociology of translation, Michel Callon uses the term "obligatory passage point" to refer to a point in a network that all the actors must pass through to pursue their goals (205-6). Callon uses it to describe a relay in a specific research infrastructure, but we want to use it to designate a relay in the intertextual network of care, directing its potential significations and, in effect, creating a semantic bottleneck. Heidegger's concept of care and his use of the fable of *Cura* has become a standard reference for writing about care, including in several of Kristeva's engagements with the topic. Consequently, it has also emerged as something of an obligatory point of passage for care in the medical humanities, barring access to the intertextual ingredients in Heidegger's conceptualization. It is no exaggeration to say that most writers on care relate to Heidegger's use of care and the meaning of the fable in his existential analytic of "*Dasein*". We will therefore briefly introduce Heidegger's use of the fable and his interpretation of care.

In an attempt to free himself from the dualist tradition of Western metaphysics, Heidegger invents a new philosophical vocabulary. Most importantly, he wants to overcome the subject-object dualism, and for that specific purpose he adopts the concept of "*Dasein*" or being-there. As "*Daseins*", we disclose a world through our being in it, and through our dealings with the practical issues this entails. By analyzing the basic structure and conditions of these dealings and practices, Heidegger hopes to come closer to the meaning of Being.

The first division of *Being and Time*, "The Preparatory Fundamental Analysis of Dasein", is a phenomenological description of the basic conditions and functions of "*Dasein*", while in the second division, "Dasein and Temporality", temporality and historicity are introduced. The fable of Care is inserted and analyzed, towards the end of section one. The fable thus functions as a prelude to the second division on time and, just like the character Care in the story, the narrative of *Cura* or Care actually unites the analysis of being *and* time.

Both with respect to its form and its content, the fable of Care is an anomaly in *Being and Time*. It is the only citation of a complete text. Moreover, Heidegger here inserts a complete Latin text, whereas he has strong preferences for Greek as a philosophical language, disdains Latin, and stretches his own German to enter into a dialogue with the Greek origins of philosophy. Finally, it is the only extended myth or story inserted in the work (Graybeal 110-111). "What Heidegger seeks to demonstrate by placing care at the heart of *Being and Time*, is that in one form or another, the conduct of Dasein is

essentially guided by care" (Larivée 134). The German "*Sorge*" has slightly different connotations than the English "care" and Heidegger utilizes this fully when he distinguishes between "*Fürsorge*" and "*Besorgen*". "*Fürsorge*" would be something like "caring for" and concerns our relations with each other, whereas "*Besorgen*" is more like "taking care of" and concerns our dealings with objects. These are aspects of Care as the structure of the being of *Dasein*. As this basic structure of our existence, Care constitutes all our involvements in the world.

Heidegger thus appropriates the story of Care and puts it to work in his attempt at recovering the meaning of Being, making care a constitutional and all-encompassing structure of "*Dasein*". Both the fable itself and Heidegger's conceptualization of care contain many elements and are generally open-ended with room for various interpretations. However, their reception in the medical humanities to a large extent remains on the abstract and general level of the fundamental and all-encompassing, without concrete analysis, interpretation or application. This makes it possible for care to function as a useful rhetorical figure that can be adopted to fit a whole range of purposes, signaling wholeness, connectivity and a fundamental unity, and as such, a useful device for handling, mending, overcoming or criticizing dualisms. This is often how it is employed in the medical humanities, effectively hiding the intertextual network contained in *Being and Time* rather than utilizing its potential, and thus running the risk of reifying rather than rectifying dualisms in medicine. We will now try to show how this closing could take place *and* how Heidegger could become an obligatory passage point for care in the medical humanities.

4. *Cura* and the Medical Humanities

The same year as Heidegger published *Being and Time* (1927), the physician Francis Peabody published a lecture titled "The Care of the Patient". With the authority of an experienced professor of medicine, he establishes that "the application of the principles of science to the diagnosis and treatment of disease is only one limited aspect of medical practice" (813). He goes on to say that medicine is also an art, and an important, but often undervalued part of that art is *care.* In contrast to treatment, "the care of the patient must be completely personal" (814). It is a reminder to students that medicine is a holistic practice, and when zooming in on the organ or part under treatment, one tends to forget that the part is only a part and that there is a whole person carrying it. He concludes his speech by saying that "the secret of the care of the patient is in caring for the patient" (818).

The tensions within medicine, between science and art and between cure and care, have been reconfigured since Peabody and especially since the advent of evidence-based medicine in the 1990s (Askheim et al; Solomon). Scientific aspects and curative efforts have been more emphasized, to the detriment of care. This has made it possible for care to re-enter medicine as something supplementary and optional, in addition to regular treatment. As Kristeva and colleagues write, due to the temporal and ontological purification of biomedicine, care "finds itself in constant need of 'repairment', and a bridging of the gap between bios and zoe through various supplements" ("Cultural Crossings of Care" 2). A context was thus created for care as a separate field, and as a supplement to medicine proper. This is partly how the ethics of care has become a part of bioethics and the medical humanities.

In tracing the development of care within health care, several authors point to Carol Gilligan and her *In a Different Voice* from 1982 as an important landmark study, being followed by Nel Noddings (1984), Joan Tronto (1993), Virginia Held (2005) and others. This has been the starting point for the development of an ethics of care (Pettersen), especially within nursing (Benner and Wrubel; Allmark), but also, more broadly, within bioethics (Reich). In these health care contexts, care is constituted as an expert practice, an ethical orientation, an object of research, and as a fundamental attitude in taking care of the patient.

This tendency circumscribes care, makes it something additional, extra and supplementary, something that only the most empathic and friendly nurses do, and only in addition to what they *really* do, which is treating and curing the patient. Already Peabody's speech from 1927, is directed at what he perceived as such a tendency. He invokes care as a holistic device in an attempt to counter typical dualisms within medicine, between cure and care, between the psychological and the somatic, and between the science and art of medicine. That makes him into an early exponent for the medical humanities, where holism tends to be the cure and reductionism and dualisms the illness.

Within the medical humanities, writing on care is not necessarily directly related to concrete medical issues, practices or professional skills, but is often more related to epistemological or ethical issues. This is how Heidegger's use of the fable of Care in *Being and Time* could become an obligatory passage point for the entry of care into the medical humanities. However, the field of the medical humanities is notoriously difficult to delineate (Viney et al.; McManus; Shapiro et al.; Bleakley), and there is a great deal of overlap between different disciplines within health care and medicine when it comes to writings on care with certain perspectives or influences from the humanities (e.g. Pa-

ley). For our purpose, questions of demarcation and distinction are not essential and we have tried to limit ourselves to a few examples from a widely shared idea of care in the medical humanities, the only criteria being that they refer to either the fable or to Heidegger's concept of care, or use of the fable. What is care made into in these examples?

5. Care as Device

In an appeal to "remake the moral world of medicine", Arthur Kleinman and Sjaak van der Geest contrast the "technical meaning" of care in health care, with Heideggerian care as "the structure of being" (159-60), indicating that the latter is superior to the former, and suitable as a lever for remaking the moral world of medicine. They assert that "biomedicine needs a 'remake' to involve the care that characterizes the moral world of human experience" (159) and imply that Heidegger's concept of care can be a means to that end. Heideggerian care is briefly presented, and related to later writings on care (e.g. Tronto), before the deficits of care in health care are introduced and a response is given to what is to be done. However, Heidegger is neither mentioned nor alluded to in this response and it remains unclear why they needed Heidegger's care in the first place, as anything more than a template for making care in health care more phenomenological, holistic and moral. The question of how this should be accomplished is never really addressed.

Searching for the meaning of care in nursing, Paulo Joaquim Pina Queirós asks a pertinent question: "If it is a generalized human action and attitude, what is the meaning of its appropriation as key concept by a professional group and a discipline of knowledge (nurses/nursing)?" (140). He goes back to Plato, Sophocles and the fable of Care, hoping to enrich "current theoretical thinking in nursing" (140), and contributing to discipline construction. He sees Hyginus as conveying "the structuring essence of caring for the human dimension" (140), and refers to Heidegger's interpretation of care as the being of *Dasein* (143). One of the dualisms mentioned by Pina Queirós is between subject and object, and Heideggerian care is supposed to help nurses see past the patient as a body-object and reach for the whole patient as a subject. Lacking a clear diagnosis of what is missing or wrong with care in nursing, we are presented with a conjuring where "the professionalisation of the caring attitude" in nursing should be "based on and founded upon the inherently human caring" (145). The fable of Care remains a rhetorical peg on which to hang the "clarification of the meaning of professional care" (139).

Zamperetti and colleagues use the fable of Care and the myth of Eos to criticize the implementation of what they call high-technology medicine (HTM). According to the

authors, HTM produces only incremental gains in health, feeds dreams of immortality and creates gross inequalities due to unequal access, especially between more and less developed countries. They interpret the fable of Care as a rejection of what they call "worthiness morality": "The clear meaning is that the right to receive care should depend on being human, not on deserving it or being able to pay for it" (832-3). The issue is inequality and the remedy is "progress in bioethical reflection" (833). The fable of Care thus becomes a vehicle for raising the rhetorical questions of "whether health care is a fundamental right of every human being or merely a consumer good, available only to those who can buy it", and whether the goal is "adequate care for all" (833). How the fable of Care is supposed to contribute to progress in bioethical reflection remains unclear.

In a critique of "the McDonaldisation of care" in the UK, Ann Bradshaw contrasts a traditional view of care in nursing as an axiom, or a duty to practice compassionate help for the patient, with Heidegger's care as "existential anxiety or concern of the self in temporary being in the world" (466). The context is a government proposal to "measure nursing care for compassion" (465), which is endorsed by the Royal College of Nursing, while criticized by Bradshaw. In her view, "conceptions of care divorced from virtue […] make nursing practice philosophically incoherent and artificial" (467), implying that philosophies of care, like Heidegger's, could and should have an impact. In this case, Heidegger's care is more or less a figurehead for the philosophical tradition, representing an alternative to "Judaeo-Christian", "Good Samaritan"-type of care. It is a non-normative, non-measurable and non-instrumental care but, except such negative characteristics, it is not further explored, analyzed or exemplified.

Discussing cure and care in psycho-oncology, Luigi Grassi finds inspiration in the holistic approach of Seneca and Galen, seeing it as a precursor to the biopsychosocial model. He identifies "[t]he separation between curing and caring" as a reflection of "a Cartesian dualistic model" (1683). To counteract such a tendency he wants to recuperate "the old Latin concept of cura" (1684), and it is in this context that Heidegger and the fable of Care is invoked. It is invoked as a holistic and anti-reductionist device, to conjoin cure and care, link "science and technology […] with human relationships" (1684), biology and psychology, and subject and object. Cartesianism is deemed absurd as a starting point for oncologists, while holism and humanism are better models for health care practices. However, it is not really spelled out how identifying care with Heidegger's "*Dasein*" is supposed to guide us in this endeavor. Rather, Grassi's conclusion appears more like an incantation.

The examples presented above introduce care as "the structure of being" or similar tropes, affirming its holistic and all-encompassing properties, but then leave behind its critical potential by remaining on an abstract level. The intertextual network is cut short by making Heidegger and *Cura* into transcendental signifiers, thus overdetermining care and diluting the concrete content of the concept. There is a paradox here, where the expansion of the range and determinations of care reduces its meaning by multiplying it, yet increasing its usefulness, like transcendental signifiers. When something involves everything, it hits nothing and as such it becomes harmless. From being this fundamental and powerful structure, condition or responsibility in Heidegger, care is made into an instrument for dealing with more or less specific problems in health care, often concerning some dualism or lack to be rectified. In other words, it is turned into a multi-tool, or a device, but overcharged for the task at hand, like using a sledgehammer to crack a nut.

This reduces the fable and the concept of care to a kind of "argument from authority", or simply a rhetorical ornament. The more troubling aspects of care that are present in the intertextuality of care are concealed behind the new transcendental signifiers Heidegger and *Cura*, thereby reducing care to what Kristeva and colleagues call a soft supplement ("Cultural Crossings of Care" 56). Or, in the words of Stan van Hooft, without "deep caring", the attempts at making care a crucial element in health care are doomed to only scratch the surface (84). This downplaying of the ambiguities of care plays up to the determination of care by cure. When you don't allow care to play a role other than as a soft supplement, you at the same time allow cure, treatment and more reductive approaches to play a bigger role (Askheim et al.). There seems to be a kind of dialectic involved here, an internal logic. What is silenced when care becomes a device?

6. Digested by Heidegger

If Heidegger has become an obligatory passage point for care in the medical humanities, silencing the intertextuality of care, we need to look more into how Heidegger constructs his care to get a better grasp of what happens with it as it is transported into the medical humanities. Through an intertextual mapping of the diverse sources and connections at play in Heidegger's work, we hope to both be able to present important elements of the history of care and to reactivate the existential tradition of care that we believe is abstracted and diluted in the medical humanities.

In a footnote to *Being and Time* (190 n. 5),[5] Heidegger claims to have "found" the fable of Care in a 1923 essay by Burdach ("Faust und die Sorge"). Burdach shows how Goethe, in the final moments of the second part of *Faust*, reworked a poem by Herder ("Das Kind der Sorge"), which was an adaptation of Hyginus' fable. Goethe uses Care to release both his play and the character Faust, saving him from eternal damnation. Burdach traces care further back to Seneca and Horace and, highlighting the ambiguity of the Latin "*cura*", he contrasts the positive and uplifting care that he finds in Seneca with the darker elements in the fable. Ellis Dye notes that both aspects are captured in *Faust* when he exclaims: "Two souls are dwelling in my breast!" (Dye 208). In his "History of the notion of care" (1995), Warren Reich also mentions Virgil's sense of care as something that "drags humans down", while the Christian care-tradition is more positive. This ambivalence is a constant theme in the history of care, and both elements are present in Augustine, according to Dye (209).

Already in 1921, Heidegger was lecturing on care in Augustine, only he designates it as "*Bekümmerung*" at this time (Dye 208), a word underscoring, perhaps, in a manner even stronger than "*Sorge*", that care is no picnic. To account for the existence of evil, Augustine formulates the first proper concept of free will (Nilsen 2), thus attributing the responsibility of evil to man himself (Blumenberg 133). This paves the way for his ideas of original sin and universal guilt, where we are all responsible for the evils in this world because of the original sin of Adam. However, in the same way as prohibitions made by the Law are necessary for any idea of sin (Rom 7:7-8), temptations are necessary for the self to know itself and become itself as singularity (Fritsch 13). Yet, this openness, insecurity and unpredictability of the future, turns the self into something like a "subject in process" to use Kristeva's term ("The Subject in Process"), never fully self-conscious, self-present or self-possessed, but being constantly split between bodily drives and expressions on the one hand, and, on the other, the Law or the social order that arranges these into a coherent and unified structure, namely, the symbolic. It is against this background that Augustine and others could give the ancient idea of self-care a Christian spin, as a search for God and towards a self directed towards God.[6]

The historical context of Hyginus' fable is the transition period between Greek and Christian worldviews (Groth 30), where we also find the Stoics, another of Heidegger's models of care and one of the references in Grassi. Heidegger refers to Seneca (243),

5 This note corresponds to Joan Stambaugh's 2010 translation.

6 See for instance Matt 11:28-9.

but he implies the whole "care of the self" tradition going back to the Greeks. For Socrates in the dialogues of Plato, care of the self means a continuous work on your soul to become a better and more virtuous person.[7] This included "knowing yourself", as the oracle told Socrates, and nurturing the truth in yourself and in others, following from the idea that if you know the good you will do the good, or if you know what is right you will also do what is right. This is perhaps what is implied by Bradshaw, when she criticizes "conceptions of care divorced from virtue" (467).

In *The Apology*, Socrates sees himself as sent from the Gods to "remind men that they need to concern themselves not with their riches, not with their honor, but with themselves and their souls" (Foucault, *The History of Sexuality: The Care of the Self* 44),[8] and in *The Statesman*, Plato juxtaposes gods and human beings, saying that humans must "take care for themselves" (274d). These ideas are echoed by Seneca in the letter cited by Heidegger (number 124), where Seneca says that man, unlike Gods, attains goodness by virtue of care, not by nature (Seneca 99-103). This aspect is not explicit when Grassi refers to Seneca.

To understand more of the background for the "care of the self" tradition and what might be implied by the expression "ethics of care" as it emerged in health care, we can look at what Foucault writes in the *History of Sexuality*: "[M]oral conceptions in Greek and Greco-Roman antiquity were much more oriented towards practices of the self and the question of askesis than toward codification of conducts and the strict definition of what is permitted and what is forbidden" (*The History of Sexuality: The Use of Pleasure* 30).[9] In the two last volumes of the *History of Sexuality*, Foucault analyses these themes as an ethics of care, but ethics is here understood as the relation of a subject to itself,[10] effectively redefining this basic existential premise as an ethics.

These two last volumes were published in 1984, concurrent with the emergence of the feminist ethics of care (e.g. Noddings 1984), as we noted earlier. In contrast to Foucault's ethics, the feminist ethics of care and the ethics of care that enters health care conceive of ethics in relational terms. Foucault uses more Nietzschean expressions such as "an aesthetic of the self" and perceives ethics as an "aesthetics of existence", combining "the care of the self" tradition with Nietzsche's idea of making oneself into a work of art (O'Leary).

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7 For example, in *Phaedo*.

8 See *The Apology* (29d-e).

9 Compare with Pina Queirós reading of Foucault: "It is indeed Foucault . . . who clarified the meaning of the care of the self for the Greeks as being one of the rules of conduct of social and personal life" (141).

10 See also *The Hermeneutics of the Subject* (2005).

Foucault used the word aesthetic in the sense of giving form to, and he took from the tradition of Greek ethics and care of the self "the idea that ethical practice was primarily a matter of giving form to one's life through the use of certain techniques" (O'Leary 131). In a sense, this is also what Care is doing in the fable. Ultimately, the ancient "care of the self" tradition is set up to liberate the self from everyday concerns, demands and limitations and to strive upwards towards care as solicitude, attentiveness, watchfulness or consideration. For both the Greeks and the Stoics, the motivation to cultivate thought, wakefulness and care of the self is often a meditation on death (Larivee 126), bringing to mind Heidegger and other existential thinkers.[11]

If these ideas of freedom and responsibility are to be meaningful, the being of the self and its characteristics must be clarified. For Augustine, the self as true, singular and meaningful is the self in relation to God, but "due to original sin, life's struggles with its temptations are unending […] and the outcome as well as the gift uncertain, the self reveals itself in its nakedness and stretches itself out onto an open future" (Augustine, qtd. in Fritsch 13). This lifelong struggle makes the being of the self a concern for it: "I have become a question to myself" (Augustine, qtd in Fritsch 13), or as Kierkegaard would put it centuries later in *The Sickness unto Death*: "The self is a relation that relates itself to itself or is the relation's relating itself to itself in the relation; the self is not the relation but is the relation's relating itself to itself" (Kierkegaard 13). This is what Foucault called ethics and related to this self-relating are anxiety, despair and responsibility, but also consciousness, concern and commitment, in other words, care in all its ambiguity. Both Augustine and Kierkegaard are taken up in Heidegger's definition of "*Dasein*", as a being whose Being is an issue for it (67). Hans Blumenberg interprets the role of care in Heidegger as what makes possible a "profound recovery of Dasein's self-understanding" (*Care Crosses the River* 140).

All these different aspects of care are absorbed in Heidegger, making his concept of care very expansive and all-encompassing, yet maintaining its existential and ambiguous character. The fable of Care already contained many elements and is generally open-ended, making room for various interpretations and appropriations. As such, it is susceptible to hijacking and to a strategic employment as a powerful rhetorical device, since it appears flexible enough to be adapted to different needs and goals. Heidegger's appropriation of care into the fundamental structure of *Dasein*, increases rather than decreases the fable's utility for various purposes.

In making Heidegger's care an obligatory passage point, the field of the medical humanities hides the intertextuality of care, largely including the fable itself and reduc-

11 For Heidegger, one of the authentic modes of being is Being-towards-death (Scott).

ing care to a placeholder for holism, humanism, the good, the non-dualistic, non-Cartesian, fundamental or right way of thinking about and practicing care in health care. As the concept of obligatory passage point was originally developed, to define an obligatory passage point was an act of power and a sign of appropriation, whereas in this case the obligatory passage point is in our view a sign of failure on the part of the medical humanities to challenge the biomedical hegemony in health care.

In the philosophical tradition, care is usually a form of practice, something we do, and a process, one we cannot refrain from engaging in. As such it is part of our ontological condition, or our anthropology. By contrast, in the medical humanities, care seems to be trapped in epistemology or ethics, and it is portrayed as optional, like a choice and something on which we can consciously decide. To further re-open the living intertextuality of the philosophical tradition and liberate care from simply being a device for a more holistic ethics of care or a less dualistic epistemology, we will draw on a very instructive reading of Heidegger and the fable of Care carried out by Hans Blumenberg.

7. Blumenberg's Latent Traces

Following Karel Kosik, we can say that the history of a text is in a certain sense the history of its interpretations, and Blumenberg begins his analysis of care in Heidegger by saying that "the excessive weight of the great interpretation has hindered attaching further significance to what has been interpreted" (*Care Crosses the River* 140). "The great interpretation" has gained weight by being reiterated, referred to and discussed in the reception, thus silencing Heidegger's intertextual interlocutors and closing off alternative readings and nuances. This reductive process is exacerbated when the great interpretation becomes an obligatory passage point, and thus increasingly difficult to bypass. Blumenberg warns readers not to "accept the evidence that it radiates at first glance" (140). In other words, we have to read what the fable does not say.

Blumenberg asks why Care crosses the river in the first place, when she might as well have found clay on either side. He indicates that an important piece is missing from the myth, namely a reason for crossing the river, and a less arbitrary choice of form for the clay figure. "This lacuna in the center of the fable makes it clear to me that the fable concerns a Gnostic myth. And precisely what provides the peripeteia for the majority of Gnostic myths is eradicated from the fable: Cura crosses the river so that she can see herself mirrored in the river" (140). For Blumenberg this sets "the entire process of duplications in motion" (140), eventually producing the problem of whether the world really

exists and, accompanying this doubt, an aggravated sense of self-assertion to cast off the doubt.[12] In *The Legitimacy of the Modern Age* (1983), Blumenberg analyzes this motive of self-assertion in the face of a growing skepticism towards the external world, as the main driving force of modernity. The Gnostics tried to explain the existence of evil by separating God as demiurge and creator of the world, from God as the redeemer, where the first is responsible for the wickedness of this world, and the last is responsible for saving us from these evils (128). This opens up the possibility of the world being imperfect and incomplete, which implies for Blumenberg a "'disappearance of order', causing doubt regarding the existence of a structure of reality that can be related to man" (137).

Despite the eschatological elements in early Christianity, the world prevailed, and thus one had to adjust to the thought of keeping on living in it. This changed the nature of man's responsibilities: "It is responsibility for the condition of the world as a challenge relating to the future, not as an original offense in the past" (*The Legitimacy of the Modern Age* 137). The motive of self-assertion thus requires an orientation towards the future (138-9), which is a "presupposition of a general conception of human activity that no longer perceives in given states of affairs" (137). In other words, it becomes possible to think a temporality where the future is not given, where messianism and the messianic can take the place of the eschatological. For Christians this was an immense challenge, involving coming to terms with a "historical-temporal structure of a life that assumes its own future as self-enactment" (Fritsch 17). In this way, the existential abyss of anxiety opens, conjuring care as a highly ambiguous figure.

Blumenberg reads the fable as a Gnostic myth, despite the fact that "what provides the peripeteia for the majority of Gnostic myths is eradicated from the fable" (*Care Crosses the River* 140). Yet he makes a coherent, reasonable and justified argument as to why this is the case, but an argument based on clues, structural similarities and temporal dislocations. Both in *The Legitimacy of the Modern Age* and in the reading of Care, Blumenberg is obsessed with strains of what he calls "the Gnostic inheritance" (*The Legitimacy of the Modern Age* 140), and he sees it as the repressed drive of modernity continuously returning to haunt it. He detects its presence through traces and remnants in various intertextual networks and, in effect, presents the fable as a return of the repressed. What if we try to think about care in the medical humanities in the same intertextual way?

12 It is possible to see this process of duplication as a variety of what Heidegger diagnosed as metaphysics of presence, and as such it becomes even more of a mystery why he chose to include the fable in *Being and Time*.

So far, we have analyzed care in our examples from the medical humanities as a kind of device, but if we look carefully at some of them, the intertextuality of Care can be summoned. The concept of care in these examples contain previous significations, meanings and interpretations, like a Russian doll. Reaching the meanings captured within requires an act of opening, or in other words, analysis, making what is textually latent, manifest. Seemingly ingenuous, authors in the medical humanities refer to Hyginus, Heidegger or Seneca, using them as abstract authorities taken out of their context and their intertextual networks. If we instead use them as traces, these references stop being ingenuous and instead incarnate infinite chains of signifiers, with the potential of evoking deeper levels of care, beneath "Remaking the moral world of medicine" (Kleinman and van der Gest 159).

8. Kristeva and the Concretization of Care

Several of our examples frame medicine and health care as a world of its own, with its own rules and problems. By contrast, Bradshaw and Zamperetti and colleagues gesture towards more general social dynamics affecting health care, and thus make care into a political rather than an ethical issue. They talk about structural inequalities, priorities and sedimented hierarchies. If we read care more politically in the other papers as well, what happens in "the moral world of medicine" (Kleinman and van der Gest 159), cannot be separated from what happens in the world in general. This is not to say that there are no internal rules or dynamics in the medical world, or that care in a more restricted sense is not important, but to suggest that medicine and health care are dependent on a lot of other systems, dynamics and developments in society.[13] We believe that this is the right context for introducing Kristeva's writings on care, which we will subject to her own idea of intertextuality.

Kristeva's first treatment of care is in relation to Hegelian negativity in chapter four of *Revolution in Poetic Language* (128-132). Here she refers to Heidegger's use of the tale of *Cura* and criticizes it as belonging to a "medical ethic that has a kind of patching-up or first-aid function" (129). She claims Heidegger uses care as "a metaphor for the wet-nurse, the mother or the nurse" (129). Kristeva finds an alternative rendering of care in Karel Kosik's *Dialectic of the Concrete*, where it is read into a Marxist dialectic and defined as "the entanglement of the individual in a network of relationships that confront him as the practical-utilitarian world" (37). For Kosik, belonging to a Western

13 For example, the analysis by Annemarie Mol in *The Logic of Care*, or how The Care Collective analyze the Covid-19 crisis in the UK, in their *Care Manifesto* (Chatzidakis et al.).

Marxist tradition, the primary determination of humans is praxis, using what is given in the surroundings to create new things and thus changing the surroundings and thereby also ourselves. We make our own history through practical engagements with the material world,[14] which is what provides us with a meaningful temporality. Care, in this view, signifies attachment, relationality and interdependence (Kosik 37),[15] which is echoed in the feminist ethics of care (e.g. Noddings).

Kristeva's second engagement with the fable of care is a lecture given at a conference on cancer treatment, first published in 2002 and reprinted as the chapter "Healing, a psychical rebirth" in *Hatred and Forgiveness* (320). Here the myth resurfaces, but this time Kristeva analyzes the myth itself, independently of Heidegger. Instead, it is related to medicine, cancer, depression and healing. For Kristeva, this represents Care's crossing into medicine, and like in some of the other examples from the medical humanities, it is used as a kind of device. Yet, despite the objection that her use of care in this sense could be seen as reductive, she compensates by being less reductive in the way she conceptualizes healing, illness and the subject.

In Kristeva's psychoanalytic framework, the soul has an autonomous logic and produces symptoms, psychical and somatic. As such it is at the center of the healing process, and the caregiver must gain access to the soul to rebuild or restructure the psychic life of the patient. Kristeva considers healing as a question of restoring the identity of the subject, which is similar to Blumenberg's interpretation of care in *Being and Time*, as a "profound recovery of Dasein's self-understanding" (*Care Crosses the River* 140).

Kristeva sees illness not only as "the deterioration of an organ but also as the symptom of the organism as a whole and, beyond that, a symptom of the subject" ("Liberty, Equality, Fraternity" 153). Thus, healing cannot be obtained by considering patients as "objects under treatment", but only by treating them as "emerging subjects" ("Healing, a Psychical Rebirth" 37). She argues that conceptualizing care in this sense allows us to refine our conception of recovery. She opposes "the definitive idea of 'healing' resulting in a '*state of health*'", with "the durative idea of 'care'": "a process with twists and turns in time" ("Liberty, Equality, Fraternity" 154). This implies acknowledging not only the psychic life of the patient but also the duration of treatment, its open-endedness towards the subject in process.

14 "Men make their own history, but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given and transmitted from the past" (Marx 10).

15 Care shows up in a chapter on "Economics and Philosophy" and Kosik refers to Herder, Heidegger and Burdach, but does not mention Hyginus nor the fable specifically. In a footnote he refers to Ortega y Gasset, claiming he is the first to conceive humans as care: "We come to define man as a being whose primary and decisive reality is his concern for his future […], his preoccupation. This is what human life is, first and foremost: preoccupation or, as my friend Heidegger put it thirteen years after me, Sorge" (Gasset, qtd. in Kosik 86).

The subject to be restored through the healing process is not a unity—in terms of a bodily organism or a coherent illness experience—but an ongoing process or struggle. This also involves society as a whole because, in contrast to how Socrates and the Stoics looked at the soul, Kristeva believes we live in soulless times: "Psychic life is atrophying, the soul is dying" ("Liberty, Equality, Fraternity" 157). We are somatizing, Kristeva says. If care is seen as a unifying principle, this diagnosis gives it an even stronger rhetorical force, since one of the elements which are supposed to be united is threatened, ignored or marginalized. In this sense, Kristeva's analysis goes one step further, identifying not only a split, but also some of its possible consequences. Compared to some of the incantations of care in the medical humanities, her analysis is both more concrete, and yet more wide ranging.

In an appeal to the medical humanities, Kristeva and some of the present authors turn to the fable of Care to problematize the deep divide between nature and culture in medicine. The text pinpoints how the concept of care is constantly crossing between ontological, cultural and epistemic domains. Heidegger is again mentioned, but only in passing, while the focus is on the fable and its potential for radicalizing the medical humanities (Kristeva et al., "Cultural Crossings of Care"). Again, care could be seen as being reduced to a device but, as in Kristeva's earlier treatment, medicine, health and illness are enlarged. The analysis of the fable is similarly concrete and includes the account of a case where an adolescent is suffering from "ideality disorder" (56).

As can be seen from the analysis above, at strategic points in her treatments of care Kristeva severs the intertextual networks. In the first instance, the fable itself is missing and we are left with Heidegger and Kosik. In the second instance, it is the opposite, effectively neutralizing Heidegger and his role as obligatory passage point. In the third instance, the context is still medicine and health care, but now both Heidegger and the fable are present, although the focus is on the latter. By analyzing both the fable and a case, she renders the meaning and potential of care more concrete, making it a more poignant starting point for criticizing the dominance in medicine of reductive biomedical understandings of health and illness.

9. Care as Intertextuality and Intertextuality as Care

As we have seen, the intertextual networks we have mapped in Heidegger and the medical humanities are rich in nuances, meanings, ambiguities and differences. By re-invoking and activating elements from this tradition, it is possible to re-open the interpretations, making room for many different concepts of care in the medical humanities that can be used for diverse purposes, including but not limited to, mediating dualisms. One final

speculation relates to the absence of references, both in Kristeva's writing on care and in the medical humanities, to the ambiguous status given to the fable by Heidegger, as "a pre-ontological document" (243). For Heidegger, this means that it represents a state or situation before Being became being, or before the fall into metaphysics and the separation of subject and object. Recalling care as the structure of "*Dasein*" or the being of "*Dasein*", we see an affinity with Kristeva's "subject in process". Her pre-ontological is the pre-symbolic, or what is not yet fixated and put under the Law or the Father.

Taking these clues seriously, it obviously becomes wrongheaded to use care or the fable to overcome ontological dualisms, as the fable itself represents a state prior to or prefiguring the divisions one wants to overcome. This includes the separation of cure and care, since the existential sense of care is the basis and foundation for both. As a device, care loses its existential qualities related to death, temporality and anxiety. The intertextual networks are severed and the links are repressed, fixing the meaning of care in the symbolic.

However, a more interesting observation is how care understood in this pre-ontological sense becomes another way of thinking intertextuality, underscoring the "breach of subjectivity carrying out a hidden matrix of pre-symbolic forces" (Kristeva, "'Nous Deux'" 9). As such, care emerges as another concept of intertextuality more than just a case of intertextuality, and by reading care intertextually, we have made care into intertextuality and intertextuality into care.

Analyzing care in the fable and in the tradition (including both Heidegger and Kristeva), brings forth three important elements: subjectivity, temporality and relationality. This opens up a space for concern, attentiveness, anxiety, sorrow and a host of other all too human experiences and states. If we try to define the crucial components of intertextuality, we end up with the same three elements: subjectivity, temporality and relationality. So, perhaps, if we read with care, we read intertextually, and if we read intertextually, we read with care.

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