The material effects of Whiteness: Institutional racism in the German welfare state

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Abstract
The scholarship on institutional racism has emerged from contexts such as Australia, the UK or the US. Less is known about how racism operates within institutional settings elsewhere. What is more, our understanding of Whiteness is shaped by this Anglocentric literature. In this article, I explore the contextual features of Whiteness in residential care in Germany. More specifically, I trace how institutional routines shape affective subjectivities and thereby develop material effects. The study draws on 17 expert interviews and 20 interviews with managers of care homes run by the two largest providers, the Christian welfare associations Caritas and Diakonie. Respondents frequently highlighted their organisation's commitment to equality, which they saw grounded in its Christian ethos, their professional self-understanding as carers, or Germany's post-racial nationhood. Paradoxically, however, my analysis shows that respondents also deployed these 'representations of self' to justify access and service quality differentials. On this basis, I argue that Whiteness materialises via self-ascribed civility, 'goodness' and egalitarianism in the German welfare state. Signified by visual markers, Whiteness emerges from projections of purity, innocence and good intentions. In varying ways, groups distinctively racialised as 'Other', notably as 'Black', 'Muslim' or 'Eastern European', are placed outside this notion of Whiteness.

Keywords
Germany, institutional racism, performativity, race, social care, welfare state, Whiteness

Introduction
During the first spike of the Covid-19 pandemic in spring 2020, Ferda Ataman of the advocacy group ‘Neue Deutsche Organisationen’, tweeted: ‘I have a hunch which population groups would be treated first when hospitals start running out of ventilators’ (Twitter 23/03/2020). Her message was retweeted 633 times, received 1.8k likes and
solicited 1.1k individual responses – including from high-ranking representatives of political parties, doctors and care workers. Respondents criticised ‘inappropriate’ associations with German history and saw the medical profession ‘smeared’ during a health crisis. A week later, Ataman clarified in a follow-up tweet that her intention had not been to subject doctors’ and carers’ excellent work to ‘general suspicion’, but to draw attention to the fears of people from immigrant families: ‘They wonder about the effects of institutional racism in a looming state of emergency. I regret if this was misunderstood’, Ataman added (Twitter 30/03/2020).

This incident illustrates how the denial of racism often constitutes a ‘knee jerk’ reaction. The discursive features and tropes of denial, including its role in safeguarding positive self-representation, have been the subject of previous scholarly analyses (see specifically Seu, 2010; and with a focus on racism, Bonilla Silva, 2015; Lentin, 2020; Van Dijk, 1992). Like Ataman’s follow-up tweet, these contributions have flagged that racism has an institutional dimension. Yet, less is known about how racism – or its denial – operates distinctively in specific institutional settings, including the provision of health and social care in Germany.

We know that welfare provision reproduces social inequalities. For instance, there is a substantial research literature into care of older people, which has documented that post-migration minoritised groups are (1) underrepresented in residential care, have (2) negative experiences with everyday interactions and (3) face procedural disadvantages when receiving care (for an overview, see Lewicki, 2021b). Yet, the scholarship that documents these patterns hardly mentions racism as a historical or organisational-institutional phenomenon. Disparities in the welfare sector are, for instance, related to practitioners’ individual ‘attitudes and prejudices’ (Drewniak et al., 2017). And even though the term ‘discrimination’ has recently entered scholarly debates in German medical sociology, it often is equated with ‘language and cultural barriers’ or differential rights resulting from residency status (see Razum et al., 2020; Schenk & Peppler, 2020), whereby the responsibility to eradicate inequality is – implicitly or explicitly – attributed to minoritised populations. This literature has only begun to recognise the need to examine institutional processes more systematically.

The scholarship on institutional racism, in turn, draws our attention to the ways in which specific settings operate, and how they thereby – intentionally or otherwise – produce differential outcomes (Murji, 2017). Sara Ahmed (2012) asks us to critically inspect the role of institutional cultures and routines in reproducing Whiteness as the norm – and in enabling narratives of denial and deflection. Exploring the education or the criminal justice system in the UK, the US or Australia, this scholarship has advanced our conceptual understanding of institutional racism. It has also highlighted the significance of political-economic contexts. Research into health care in the UK, for instance, has traced how the legacies of British colonialism (Fitzgerald et al., 2020) or policies such as ‘Prevent’ (Younis & Sushrat, 2019) contribute to institutionalising racism. Thus, context matters. However, our understanding of Whiteness itself is often informed by contributions to this Anglocentric literature. Yet, Whiteness, as this literature also points out, is not merely constituted by phenotype but assumes distinctive contextual meanings – including against the backdrop of regionally specific histories of race. When we examine institutional dynamics of race, we thus need to consider more explicitly how Whiteness
is configured distinctively within different settings (for a comparative exploration of Japan and the UK, see for instance Drnovšek Zorko & Debnár, 2021). What is more, the literature on Whiteness and institutional racism has, to date, engaged too little with the distinctive material effects constructions of Whiteness may have for differently racialised groups. Notably, various repertoires of racism, including racism against people of colour, anti-Muslim racism, Antisemitism, Antizyganism or racism against people from Europe’s East, are constructed distinctively in relation to Whiteness. In this article, I thus examine how Whiteness is assembled within a specific institutional and national setting – residential care in Germany – and explore its material effects on groups racialised as ‘Other’.

This analysis draws on empirical research into Germany’s main providers of welfare services, Caritas and Diakonie, between 2016 and 2020. Rather than running its own facilities, the German state provides public funding to six semi-public associations who deliver welfare on its behalf. The biggest among these, the Christian organisations Caritas and Diakonie, are the second-largest employers nationwide and primary providers of key services. The study draws on 17 qualitative interviews with experts on ‘diversity’ in the welfare sector and 20 semi-structured interviews with managers of Christian residential care facilities across Germany. Focusing on two specific providers enabled me to trace the crafting of institutional cultures at various organisational levels of the German welfare state. In interviews, research participants reflected on how post-migration diversity was relevant to their work, their organisation’s approach to equal treatment, selection criteria for residents, etc.

The data provide insight into how those involved in shaping policy, and those in charge of the delivery of care narrate their individual and institutional responsibilities. Representatives of both welfare associations frequently highlighted their organisation’s commitment to equal treatment and stressed that caring for everyone, especially marginalised groups, was part of their institutional ethos. This ethos, they argued, was grounded in their organisation’s Christian profile – but also their professional self-understanding as carers, and/or Germany’s ‘post-racial’ nationhood. All three narratives, notably, were framed in identitarian terms: they featured as ‘representations of self’, thus stories about who respondents understood themselves to be, including a ‘good Christian’, ‘dedicated carer’, or ‘anti-racist German’.

Paradoxically, however, the data also show that these identitarian registers were commonly invoked to attribute responsibility for patterns of inequality to racialised minority groups, deny the need for institutional reform, or justify differential treatment. Notably, no respondent seemed to intentionally rebuke racism but engaged in its denial despite (and even via) assertions of a self-understanding as anti-racist. The data hence illustrate what Ahmed (2012) calls the (non-)performativity of egalitarian commitment. In this case, everyday iterations of egalitarian self-representations shaped respondents’ sense of self so powerfully that they provided reassurance which could be, and in fact often was, deployed to rebut, deflect from and deny even the possibility of racism. These three collective narratives of identity, I therefore suggest, are key constitutive components of Whiteness. More specifically, I argue that Whiteness is assembled through identitarian registers that centre on invocations of ‘goodness’ and egalitarian commitment. Whiteness, in this understanding, is constituted via the normalisation of some bodies as ‘unmarked’ and develops its material effects via assertions of innocence and the denial of a standpoint of structural
power and privilege. Phenotype is a key signifier of Whiteness – which, however, is also deeply entangled with attributions of values, conduct and behaviour. Specifically, as I illustrate in this article, Whiteness materialises via ascriptions of inherent egalitarianism, purity, superior morality and ‘civility’. In varying ways, groups racialised as ‘Other’, notably as ‘Black’, ‘Muslim’ or ‘Eastern European’, are placed outside this notion of Whiteness.

The article develops the literature on institutional racism in three ways: the yet under-explored German case allows me to shed light on the contextual making of Whiteness. In German care institutions, Whiteness is assembled via the performativity of value-based narratives such as the self-representation as ‘Hippocratic profession’, ‘post-racial German nation’ and ‘embodiment of Christian care ethics’. These identitarian registers, I show, reinforce and (re)produce racialised subjectivities. More specifically, my analysis illustrates how these narratives operate to justify access and service quality differentials. Yet, these effects are not identical for groups who are differently positioned as ‘Other’. Rather, I illustrate how the performativity of Whiteness relates to Germany’s distinctively racialised ‘Others’ – in this specific case, people of colour, those perceived or self-describing as ‘Muslim’ and people from Europe’s East.2 Because Whiteness is contextual, many of its features as described in the following are specific to this institutional and national setting; yet some of the dynamics of institutional denial are likely to operate similarly elsewhere. Future studies into institutional racism, I conclude, need to reflect more explicitly on context-specific meanings of Whiteness and its varying material effects on differently constructed ‘Others’. Whiteness, as the analysis illustrates, is not unitary or static, but continuously made and remade at the macro-, meso- and micro-level of institutional life.

**Institutions and the performativity of Whiteness**

The scholarship on ‘institutional racism’ turns our attention to the covert, subtle and not necessarily intentional ways in which race operates through bureaucratic procedures or routines (Murji, 2017, p. 82). In the late 1990s, the British Stephen Lawrence Inquiry3 proposed a definition of institutional racism that became influential in public policy debates in the UK and Europe. This definition, however, also sparked critical academic commentary, which subsequently enabled a more nuanced understanding of the phenomenon. For instance, rather than ‘merely’ an effect of the actions of individuals who hold racist views (Back, 2004; Gomolla & Radke, 2009), racism needs to be understood as reproduced by institutional practices that result in unequal outcomes (Murji, 2017). Thus, it has an organisational dimension that enables individual action in the first place (Heinemann & Mecheril, 2014, p. 45). This institutional dimension of racism, as Ahmed (2012, p. 45) suggests, should not be reduced to an abstract process, ‘unwitting prejudice’, ‘inaction’ or ‘failure to provide a service’ to people on the basis of their ‘difference’; instead, we need to understand it as a form of ‘doing’, an ‘ongoing series of actions, decisions and steps taken’ that craft and sustain ideas of difference. As Scholz et al. (2020, p. 17) put it: ‘Institutional discrimination focuses on the “input”, on the actions, behaviours, decisions of people in power within institutions.’
This scholarship has thus drawn attention to the productive capacities of institutions and the ways in which they shape routines, norms and conventions. This does not always involve the active making of an ‘Other’. Institutions contribute to creating difference by performatively reproducing Whiteness as a norm – which, as Ahmed (2012, p. 42) emphasises, should not be reduced to skin colour, or to something we can have or be. Mills (2015, p. 218) proposes to understand Whiteness as a ‘particular optic, a prism of perception and interpretation, a worldview’ that rests on and perpetuates ‘racial constructions of reality’. This cannot, he suggests, merely be the ‘ignorance among people who are white’ (p. 218). Rather, Whiteness is crafted through the attribution of values, behaviours, or appearances to specific bodies and positionalities and their positioning as ‘normal’, ‘pure’ or superior. The designation of Whiteness, as Mills (2015) flagged, does not rule out internal heterogeneities and hierarchies within the (phenotypically) ‘white’ population itself – which often perpetuate a racial logic. A ‘white space’, thus, is constituted by the ability of some bodies to pass, while others ‘stand out’ (Ahmed, 2012, p. 42).

Passing into Whiteness, as critical race scholarship has demonstrated, has varying implications for different positionalities that have been excluded from Western Europeanness (see Ahmed, 2012; but also Krivonos & Diatlova, 2020). The criteria for passing thereby reflect and reproduce hierarchies of Europeanness and global hierarchies of race. The performativity of Whiteness, as Hesse notes (2011, p. 165), ‘signifies not so much a singular act’ but an ‘invocation that produces the iteration of a norm or set of norms that conceals or dissimulates the conventions of which it is a repetition’.

In this understanding, Whiteness is not static, but continuously performatively made and remade. Accordingly, critical race scholars have highlighted the relevance of context – yet, they have reflected less explicitly on how Whiteness materialises distinctively within specific national and institutional settings; nor have they explored in greater detail how it may carry varying implications for groups. Distinctively racialised as ‘Other’. In this article, I thus further explore the contextual features of Whiteness – or, in other words, I trace how institutional routines and conventions shape affective subjectivities and thereby develop material effects. Particularly, my analysis draws attention to the crafting of collective ‘narratives of self’. For, as Bonilla Silva (2019, p. 5) suggests, ‘the social relationships that produce Whiteness are also emotionally charged and create identity’.

More specifically, I suggest that various overlapping identitarian registers play a role in delineating Whiteness, charge it with contextual meaning, and channel its affective dimension. In the context of the German welfare state, three such collective ‘narratives of self’ stand out in particular: The self-representation as post-racial nation, the self-image as Christian organisation, and the self-understanding as professional carer. These identity political registers are produced at the level of the state, the care institution and the caring profession (see also Rommelspacher, 2012).

The narrative of the post-racial nation, for instance, frames racism as a historical phenomenon – in the German case as manifested in the Holocaust (Hesse, 2011; Lentin, 2020). Only recently has Antisemitism also been problematised as entangled with Antizyganism and anti-Slavic racism in this period (Petersen & Panagiotidis, 2022). Yet, even this extended debate often remains Eurocentric and frames racism as emanating from 20th century fascism, whereby colonialism slips from view (Hesse, 2011; Lentin,
By ‘securely fixing’ racism ‘in history’ (Lentin, 2020, p. 64), it can be positioned as successfully ‘dealt with’ (Boulila, 2019, p. 126). Pratt Ewing (2008) has shown how the post-racial narrative underpins the postwar notion of German nationhood that is cultivated via public rituals of commemoration. German society, in this identitarian register, now embodies the values of egalitarianism.

Another influential narrative is the self-representation of European societies as shaped by Christian and, more recently, ‘Judeo-Christian’ values (see Topolski, 2020). The values of democracy and equality are positioned as exclusive to and characteristic of ‘enlightened’ and ‘secularised’ Christendom and the ‘West’. Rommelspacher (2012) shows how the state’s national identity politics often recurs to Christian symbols in this spirit. The Christian welfare providers themselves also deploy this identitarian register via their employment and staff development policies (Lewicki, 2021a). Institutional regulations and norms thereby racialise affiliation with Christianity – nominal or observant – into a superior category of belonging.

The third narrative operates at the level of the caring profession and is nurtured via professional training. Health care workers consider themselves as bound by a set of ethical principles as defined in the ancient Greek Hippocratic oath; this involves a commitment to the provision of care to the best of their ability and to everyone, regardless of their origin or status. This equal concern for ‘everyone’, regardless of ethnic or religious affiliation, is placed at the core of the profession. As care work often is delivered under precarious contractual conditions and receives only occasional public recognition (such as in the early days of the Covid-19 pandemic), professional carers often construct their self-understanding around the intrinsic value of their work and take pride in ‘doing good’.

Qua their iteration in everyday rituals, routines and conventions, these three identitarian registers can harden into collective identifications that provide those involved in professional care delivery with a sense of self – including a self-understanding as egalitarian, anti-racist and ‘good’. Being a German, a Christian, and a care worker thereby becomes entangled with ideas of ‘goodness’, ‘doing the right thing’ and ‘commitment to equality’ – because of who somebody is, or more specifically of who they think they are. In the following, I will argue that it is this embodied self-identification with ideas of civility, morality, ‘goodness’ and egalitarianism that is constitutive of Whiteness in the German welfare state; this becomes evident, I show in the following, from the ways in which these self-representations are invoked to deflect from differential treatment. Whiteness, while distinctively tied to phenotypical appearance, thereby manifests itself via projections of purity, innocence and good intentions on the self.

Methodological considerations

The analysis draws on empirical data collected as part of a larger research project in 2016/17, and a series of additional expert interviews conducted during a follow-up study into institutional cultures in German welfare provision in early 2020.

Specifically, the analysis draws on a dataset of 37 interviews with two sample populations: 17 participants were policy experts on ‘post-migration diversity’ and welfare. When I started interviewing in 2016, the topic was ‘niche’ and the circle of specialists very small; it had grown only marginally by 2020. Potential interviewees could easily be
identified by contacting relevant government departments, NGOs and the welfare associations. The response rate was high, as the topic was considered ‘up and coming’. I spoke to diversity and/or care coordinators within the federal and regional branches of Caritas and Diakonie, interviewed government representatives, and met with welfare experts from ethnic minority organisations in Berlin and elsewhere. Interview topics were often tailored to the respondent’s expertise and concerned engagement with equal treatment across the sector and by the two Christian providers. Interviewees who represented federal government, Caritas or Diakonie had exclusively ‘German’ sounding names and reported personal experience of privileged international travel (rather than ‘migration’). Representatives of civil society organisations, in contrast, often had parents who had moved, or had relocated themselves from North Africa, the Middle East, Poland or Turkey. Interviews with this part of the sample provided insight into policy decision-making at the level of the welfare state.

The second half of the dataset consisted of 20 interviews with managers of Caritas or Diakonie residential care facilities. I travelled to care homes in urban and rural areas in Germany’s South, North, East and West. Rather than approaching individual facilities, I wrote to regional branches of Caritas and Diakonie and asked for institutions that might be prepared to discuss their experiences with post-migration diversity. Caritas and Diakonie were thus able to showcase facilities that they considered as engaged in ‘best practice’. Here too, the response rate was high, and participants reported curiosity about my findings. As they readily disclosed, respondents in this part of the sample had no migration history. The interview guide included questions about the ethical principles underpinning their work, their understanding of discrimination and its implications for institutional routines. All managers, I should add, were actively involved in the everyday life of their facility, including encounters with residents. These interviews thus offered insight into how their understanding and choices shape institutional cultures ‘on the ground’.

All interviews were anonymous and lasted roughly an hour. Participants seemed to perceive me as outsider to their organisations, yet as insider in other respects. As my German is accent-free, many related to me as a fellow ‘German’ and ‘highly educated professional’ who, seemingly an additional curiosity, worked at a British university. While none of the managers asked about my biography, I mentioned in some of the expert interviews that I had moved country twice, including a precarious migration from Poland to Germany in early childhood, and a privileged migration as a postgraduate student from Germany to the UK. This disclosure notably shaped the dynamics of the interviews with minority representatives who, as they said, felt they could speak freely rather than having to ‘advocate for equality’.

The two samples were complementary in terms of insights into wider trends within the care sector but also into specific dynamics within care facilities. The data were organised into subthemes with the aid of the software NVivo. Initially statements were grouped according to the information they contained about ‘understanding of discrimination / equal treatment’, ‘organisational ethos’, ‘access’, ‘experiences with everyday communication’, ‘procedures’, etc. On this basis, I identified the three main ‘narratives of self’. Parallel to analysing these data, I also worked on two overviews of the research literature on inequalities in German health and social care institutions (Bartig et al., 2021; Lewicki, 2021b). The engagement with this evidence base drew my attention to the ways in which
respondents referred to their own self-representation(s) when discussing usage patterns and service quality.

**Collective self-representations and differential treatment**

*The narrative of the Hippocratic profession*

Post-migration minority groups are notably underrepresented in care (Lewicki, 2021b). This has been related to deficient information about the right to a service, but also anxieties of discrimination as experienced in earlier life. Research participants often discussed questions of access with reference to what I call the ‘narrative of the Hippocratic profession’, thereby framing equality in identitarian terms, as an inherent characteristic of medical and care professionals. The representative of the federal branch of one of the welfare associations explained:

Equal treatment is a key pillar of public welfare [. . . and] a central principle in everything we do. [. . .] Turning anyone away on grounds of their origin or background would be contrary to our self-understanding. [. . .] We would never do this, as it would be, so to speak, alien to the essence of our being [‘wesensfremd’].

This respondent considers equality an expression of the organisation’s professional ethics and as such intrinsic to the institution’s identity. She regards her institution as open to everyone *qua its nature*. To her, discrimination is manifested in a proactive act of refusal, a ‘turning down at the door’. Ways in which individuals are marked as (not) belonging, in this understanding, has no bearing on the duty of care. This narrative assumes that anyone with the possibility to learn German has identical experiences to somebody who is perceived a ‘native German’. The respondent elaborates:

So, if you have a person with a migration background, who has lived all their life in Germany, and who is very very well integrated anyway, where you don’t require information to be translated into their native language or anything, the organisation doesn’t have to take any particular action, why should it?

As the institution is open ‘by nature’, the institutional responsibility ends where language barriers have been overcome – there is nothing else that the institution *can or should* do. Thus, the commitment to equality materialises *qua* the self-description, and the self-description, in turn, inspires commitment. The invocation of a collective professional identity, in this instance, becomes an iterative practice that, in Ahmed’s (2012, p. 117) terms, does not produce the effects it names. Equality as invocation does not allow even for the possibility of differential outcomes; hence, there is ‘no need’ to monitor usage patterns or else engage with accessibility.

This self-assurance not only enables ‘inaction’. A diversity practitioner reported that just the mentioning of gaps is seen as ‘accusation’ and invokes knee-jerk rebuttals:

The health care sector is specifically sensitive in this regard because it is part of the professional ethics to care, treat and look after everyone individually and to the best of one’s ability, that
means it’s basically a key part of the job not to discriminate. That makes it very difficult to discuss racism in the team or leadership responsibilities.

In an identitarian logic, discussions about differential access are perceived as personalised accusations of failure that touch the core of a carer’s professional self-image.

Yet, paradoxically, the refusal to treat individuals racialised as ‘Other’ is also rationalised as ‘fear of failure’ or ‘inability to do the job well’. A manager in Germany’s East explained:

So if I imagine we’d have many Muslim residents, I think I really would require further training to be able to relate to them and to understand them. And the other question is: would my staff even want that? I can imagine that would be quite a challenge. [ . . . ] Its not necessarily the ‘manual’ aspects of care that would be difficult, but it would be a challenge to fully relate to such a person, a real challenge. [ . . . ] These people live their lives very differently, and as a carer, I’d have to respect many things that I don’t respect for myself. [ . . . ] For instance, I cannot understand why Turkish women have to veil, they are such pretty women!

The care manager, who trained in a diverse West German city, does not think she would be able to fully relate to a Muslim care recipient because of what she describes as ‘excessive’ difference. Notable is that appearance, here manifested in practices of veiling, plays a role in this ascription — it is perceived as indicative of a value set within what is essentialised as a coherent group. As equal treatment is part of her professional identity, this care manager prefers to look after people who she can relate to and empathise with. Caring for a Muslim resident poses a professional challenge to her ability to maintain the standards of her profession. Later in the interview, when asked about selection criteria for residents, she reiterates her institution’s egalitarian commitment, but mentions ‘wiggle room’ to execute personal judgement:

Sometimes this is a difficult decision. The person should fit into the group, and at times there are people who don’t fit in, and one can end up with such an exception.

While ‘ethnicity’ or ‘religion’ do not formally feature as access criteria, in fact would be considered as contrary to her professional self-understanding, the ascription of difference indicates that given the option to choose, this manager may well consider a Muslim applicant to ‘be not a good fit’ or involve ‘professional challenges’. Highlighting her own egalitarianism, she draws a contrast to the inegalitarian ‘Other’. She positions herself as having ‘too little in common’ with this ‘Other’ to fully realise her professional standards and relate to them. In this inability to relate to her Muslim care receiver’s vulnerability, she strips them of their full humanity.

In summary: the narrative of the Hippocratic profession, while affirming a sense that inequality is injustice, also habituates identifications as egalitarian ‘by nature’. Not only does it carry connotations of virtue and innocence, it also is deployed to purify the carrier against ‘accusations’ of deviance. The example discussed above illustrates how the narrative is underpinned by a racial logic, in that it allows the drawing of a contrast to people positioned as inegalitarian ‘Other’, in this case those racialised as ‘Muslim’. Here, veiling practices feature as visual markers of difference, but stand for a wider set of values
such as ‘gender equality’. The example illustrates how Whiteness is signified with reference to visual appearance and dress code, but materialises via invocations of egalitarian ethics, purity and ‘goodness’. This self-understanding reinforces racialised relations and contributes to justifying discriminatory practices with material consequences, in this instance access to professional care.

**The narrative of the post-racial nation**

Since the Second World War, Germany has placed *Vergangenheitsbewältigung* at the core of its idea of nationhood (Pratt Ewing, 2008). The state’s politics of memory strengthens this ‘overcoming of the past’ through everyday acts of iteration: public monuments and rituals of commemoration often include reminders of guilt and genocide. As Messerschmidt (2017) notes, these practices also shape how contemporary racism is discussed or denied. For one, this politics of memory can create the illusion that Germans are particularly well-equipped to recognise racism (Messerschmidt, 2017). Notably, the historic context of Nazi Germany thereby remains the main frame of reference. In the following, I discuss how the self-understanding as post-racial is invoked in relation to everyday interactions and experiences within care institutions.

A care home director in Germany’s South, for instance, referred to his residents’ refusal to be cared for by a person of colour as ‘brown behaviour’ (the colour of Nazi uniforms):

*We had very frank conversations about this, and I made clear that they have to accept this and stuff their brown comments or find a different care provider. [. . .] I sent a clear message: this is not acceptable. [. . .] In relation to a brown mindset – what you need is a clear message.*

He explained how he acted in line with his anti-racist commitment and drew a line. The respondent’s colleague, who participated in the interview, added:

*So when it comes to a brown mindset I don’t have a problem either, but then I also know that many older ladies in their 90s are also scared of the black man (‘haben Angst vorm schwarzen Mann’), which has nothing to with a racist imaginary, but is simply a primary fear, especially if they are suffering from dementia. . . that can get difficult if the black man suddenly appears (‘wenn der schwarze Mann plötzlich auftaucht’).*

Nodding, the first speaker responded:

*So in my experience it has always been a positive additional spot of colour, and I have always liked it when we had somebody like that, that has loosened things up a bit, but I can imagine that some people stiffen up when a really pitch black carer (‘rabenschwarzer Pfleger’) comes along. However, my own mother for instance, who is 82, thought it is cool to have a rather intensely pigmented carer.*

In this exchange, both respondents emphasise their ‘anti-Nazi’ stance, before exoticising people of colour and weighing up their threatening potential of ‘proper black’ – all in the same breath. The framing as threat is normalised as an ‘archaic fear’ with reference to the
children’s game ‘Who is afraid of the black man?’ (‘Wer hat Angst vorm schwarzen Mann?’). Similar to ‘Cowboys and Indians’, in which the colonised are assigned the role of the bad guys, the chaser in this game is the ‘black man’ from whom everyone has to run until caught. And while there is some understanding of ‘negative attitudes’ as a problem, exoticisation and reflections on graduations of ‘threat’ are normalised rather than recognised as dehumanising. This framing is part of the racialisation of ‘Others’ who are positioned as suitable for care and domestic work in this specific context (see Prattes [2022] who discusses this in relation to masculinities) – but also the expression of a wider disavowal of Germany’s colonial legacies. ‘Coming to terms with being the perpetrators of antisemitic genocide’, as Lentin (2020, p. 71) notes, has gone ‘hand in hand with a denial of the coterminousness of the Holocaust and colonial rule’. As a result, anti-racist commitment can be as habitually expressed as everyday racism. Through iteration and citation neither commands attention but becomes second nature (Ahmed, 2012, pp. 126–127). The exchange above thereby illustrates how comfortably anti-racist commitment and racist tropes can be uttered simultaneously.

A Eurocentric understanding of racism, however, does not mean that repertoires of racism associated with National Socialism are more systematically contested. For instance, a care home director in Germany’s East reported that Polish cleaners could not enter several residents’ rooms, as they were repeatedly subjected to verbal attacks, accused of ‘stealing jobs’ and suspected of theft of residents’ belongings. These representations draw on established tropes that criminalise Polish people as ‘thieves’. Notable in this context is that the director himself described this behaviour as ‘racist’ but did not undertake any steps to address it. One of experts I interviewed (who had also worked as a facility manager) was the only respondent able to identify and sanction relevant incidents as racist. She shared stories of references to people’s genes, racist humour and abusive comments towards carers or care recipients from Turkish communities. Her staff did not understand why they had been reprimanded, as to them, racism was synonymous with Nazi atrocities. Thus, as Lentin notes, the performativity of the post-racial nation can contribute to fixing racism ‘securely in history’ (2020, p. 64). If it thereby is exclusively equated with genocide or physical violence, everyday manifestations slip from view. The framing as ‘excessive’ or ‘aberrant behaviour’ also renders racism an ‘outrageous accusation’ to be rebuked (Lentin, 2020, pp. 54, 58).

Most respondents ruled out the possibility that care recipients could find themselves at the receiving end of racism. A representative of one of the federal associations explained:

> If such conflicts arose, so if the behaviour of residents or carers was to be perceived as discriminatory, the affected person can talk to the care home director, and this will be addressed just like any other complaint. The other question is how this is being handled in practice, and what happens in such cases, but on that. . . I have to say. . . I couldn’t say what happens really. But I would go as far as saying that I don’t think that this is – in terms of numbers – a big problem. [. . .] I don’t think this is a relevant phenomenon. Otherwise it would have been brought to our attention at some point.

The suggestion here is that because complaints have not been brought to her attention, the problem does not exist. The speaker refers to racism as ‘conflict’ and as ‘perception’
and hardly considers the asymmetry of the encounter in a care setting. Taking an issue to the highest level in the hierarchy involves a risk that is unlikely to be taken in the absence of a culture that encourages one to do so freely and without repercussions.

Finally, the discourse of the post-racial nation is regularly invoked in response to anti-racist activists’ demands for a better monitoring of service usage and quality. In the context of the Covid-19 pandemic, researchers have highlighted the importance of data that allow examining whether and how various social groups are disproportionately affected by infectious diseases (Hendl et al., 2020; Lewicki, 2021b). The argument brought forward against the collection of equality data, including by health researchers, is the country’s experience with the abuse of such data in the Nazi era (Snethlage, 2020). This defensive reflex, as Messerschmidt (2017) noted, has its roots in the wish to ‘never become guilty again’ – yet in this instance contributes to disguising racism.

In summary, Germany’s politics of memory may add a nuance of humility to public rituals. Yet, anti-racist commitment and racist repertoires have developed a similar performativity within everyday routines. The identitarian narrative of the post-racial nation contributes to the illusion that Germans are particularly well placed to recognise and overcome racist practices. This means, for instance, that the criminalisation of Polish populations, who were racialised as lesser humans during the Nazi era, can be recognised as racism – but does not necessarily result in repercussions. Rather, the narrative feeds ‘rebuttal reflexes’ that prevent the state and care providers from engaging with their role in reproducing racism. Resonant with racial logics, the post-racial self-image equates Germanness with purity and cleanliness. Crucially, the narrative reduces racism to its prominent manifestations in the Nazi era. This self-image thereby insufficiently accounts for the experiences of people of colour. Whiteness, in this instance, is signified via skin tone, and materialises via civic commitment to egalitarianism and a successful erasure of racism.

The narrative of the Christian ethos

The manifestations of inequality most written about are what the scholarship describes as ‘cultural barriers’ (Razum et al., 2020; Teczan-Güntekin et al., 2015). Since the early 2000s, Caritas and Diakonie were leading in their advocacy for the accommodation of diverse cultural and religious practices. Caritas published comprehensive guidelines on the ‘intercultural opening’ of its services over a decade ago, and Diakonie more recently appointed a commissioner to promote this process. Both organisations consider this engagement an expression of their Christian ethos, as a Caritas representative explains:

> How we handle cultural diversity in German society is part of our self-understanding and of our code of conduct – that means that we are open to people of all confessions, and that also means that we try to do justice to any background they bring with them.

For most respondents, including this Diakonie care home director in the North of Germany, this also meant that the Christian profile needed to be emphasised in institutional life:
The Christian profile is present in our employees’ heads, it is a characteristic of this house, and this gives us, to a degree, our identity. We do have to stress it regularly, so it does not get lost.

These quotes reflect a wider trend across the dataset: most respondents regarded the Christian ethos as an identitarian feature to be nurtured and cultivated. Representatives of both organisations, such as this manager in Germany’s South, regarded ‘intercultural openness’ as expression of this commitment:

We have also had a very religious Muslim resident, and that is not a problem for us. [. . .] We had a very open and clear conversation from the outset and clarified what it meant that we are a Catholic house, e.g. that we regularly hold Catholic services. But that also means that we are particularly open to accommodating special requests, such as providing an east-facing room in this instance.

This quotation illustrates three recurring themes across the dataset: firstly, respondents felt urged to explain that ‘Muslims were not a problem’. This attempt to counter vilifications still racialises Muslims, as a generalised perception as ‘problem’ is considered as ‘given’. The second theme is the assertion of Christian rituals as part of institutional life. Especially spaces and rituals of worship were often exclusively Christian, even in large institutions with significant proportions of staff and residents of no or other faiths. However, individual exemptions were offered – such as adjustments to the position of the bed, pastoral care, or dietary arrangements. Thirdly, Caritas’s and Diakonie’s faith-based profile often is considered as a feature that renders Christian organisations particularly open to minorities.

This self-representation sits alongside the positioning of minority faiths’ claims for accommodation as ‘excessive’. The same Caritas representative who stressed the openness to people of all confessions elaborated:

We have noted a trend, including in recent court rulings, to exercise more restraint towards special religious requests (‘Sonderwünsche’). It is possible that their growing complexity, growing diversity, and rising conflict increase our reflex to get a bit more cautious with such claims. [. . .] But this is not a necessity, it is also possible that Muslims find their own measure, and perhaps limit themselves a little more and note that they have freedoms which they do not need to push to the extreme.

In her narrative, the practice of a faith ‘different’ from Christianity is framed as a ‘source of conflict’. Claims for its accommodation are denormalised as ‘special treatment’. The data indicate that respondents either considered the accommodation of minority practices as exceeding what a Christian organisation can provide or were unaware of what it could involve. For instance, separate halal arrangements, the provision of multi-faith or additional prayer facilities, or same-gender care were either not considered or framed as excessive (although same-sex care is a preference among all residents). Even in relation to individual exemptions, e.g. from the dietary plan, which respondents were familiar with and happy to provide, the data indicate a lack of ability to relate. The manager of a Diakonie facility in South Germany, for instance, was confused about the food that Muslims did not eat:
There was nothing exceptional about the process – if they didn’t want to eat beef, we gave them the vegetarian option, but there was nothing else special that they got.

A director of a Caritas care home, also in Germany’s South, explained:

Well, they sometimes had to watch when the others were getting something that they were not allowed to eat. But I noted that the woman who came from another culture, she eventually got dementia and then she just didn’t care anymore. She ate from other plates too, and at time there was pork on them, but then, ah well.

In either context, the care provider made sure that the ‘Other’ didn’t get anything too ‘special’. Both citations give evidence of the inability to manage dietary requirements in a dignified and respectful manner – by confusing beef with pork or letting those who didn’t ‘conform’ watch while others eat. The care provider, furthermore, did not feel bound by the residents’ preference once she lost her capacity to insist. These examples illustrate a failure to provide dignified care to those placed outside the Christian ‘norm’. The framing of equality as avoidance of ‘special treatment’ further affirms Christian practices as the ‘norm’.

Such ‘superior norms’ are not only asserted towards people of a faith racialised as ‘Other’; the civilisational connotations of this narrative are entangled with ideas of ‘Western values’ and as such also invoked towards people from Europe’s East. For instance, a care home director from Germany’s West in charge of a Christian facility in its East told me that residents who had been expelled from Poland (at the end of the Second World War) and East Germans were not used to religious rituals, tablecloth or ‘vintage decorations’. Taking up his role, he introduced Christian ceremonies and table covers – to him, signs of a ‘civilisational standard’ – which he asserted against ‘protest’ and ‘sabotage’. He indicated his indignation at residents who resisted his civilising efforts. Invocations of a Christian ethos, in this example, operate through complex contradictions, as many East Germans were unaffiliated with any church, while people displaced from Poland or further East may well have been. This example illustrates, however, that regardless of actual affiliation, ‘Eastern Europeans’ are placed outside Western civilisational norms – with direct consequences for residents’ experiences.

These examples reflect what Khan-Zvornicanin (2015) describes as a paradox: while ‘diversity’ concepts are well-advanced in elder care, hardly any have been put into practice. If care homes undertake reforms, they often are economically driven attempts to access specific client groups. Diversity as ‘business model’ involves cosmetic changes, such as the translation of information brochures or colourful room decorations. Intercultural opening processes as such also offer limited capacity to improve the quality of care. At the less sophisticated end, they operate with ‘checklists’ inspired by corporate travel; at the more nuanced end, they still focus on the accommodation of ‘needs and requirements’ resulting from what is essentialised as ‘difference’. As Gunaratnam (2008) noted, the mere focus on cultural competence thereby constitutes an attempt to control the unfamiliar and erodes responsibility for emotional and ethical thinking. Khan-Zvornicanin (2015) shows that the ability of individual carers to relate to the
vulnerability of populations racialised as ‘Other’ depends entirely on their individual skills and sensitivities.

In summary, while the Christian ethos is frequently invoked, embedded into daily rituals and routinely associated with a commitment to equality, it contributes little to improving care workers’ ability to relate to the precariousness of those racialised as ‘Other’. Rather, everyday rituals and narratives position Christianity as the norm and denormalise ‘other faiths’, in this instance Islam, as ‘strange’ and ‘excessive’. People from Europe’s East are, regardless of their actual complex affiliations, placed outside these civilisational standards. Whiteness is thereby signified via religious belonging, and equated with progress, peacefulness and moderation. These ascriptions have direct material consequences for people racialised as inferior and the empathy and quality of care they can receive.

Conclusions

The scholarship on institutional racism, to date, has mainly emerged from debates in Australia, the UK or the US. Accordingly, our understanding of Whiteness and of the racialisation of majoritarian groups is shaped by the meanings attributed to it in these contexts. In this article, I examined how Whiteness is distinctively configured within a less well researched national and institutional setting – residential care in Germany – and explored its material effects on groups distinctively racialised as ‘Other’. Or, in other words, I traced how institutional routines and conventions shape affective subjectivities with direct effects on those positioned as Germany’s ‘Others’.

Specifically, I suggested that various overlapping identitarian registers play a role in delineating Whiteness and channel its affective dimension. In German care homes, three such collective ‘narratives of self’ stood out: the self-representation as post-racial nation, the self-image as Christian organisation, and the self-understanding as professional carer. Cultivated through everyday iteration at the level of the welfare state, the care provider and the caring profession, these self-descriptions harden into identifications that provide carers with a sense of self. Respondents drew on these narratives to describe themselves as ‘dedicated professional’, ‘anti-racist German’ or ‘good Christian’ – each of which signalled their embodied commitment to equal treatment of care recipients, especially those from marginalised groups. However, my analysis also showed how these narratives were deployed to deny or rebuke even the possibility of differential access, everyday racism in personal encounters, or the accommodation of requirements. Thus, rather than translating into material equality, these narratives play an important role in purifying the self-image. The process of purification generates and reproduces distinctions between naturally ethical ‘Christians’, ‘Germans’ or ‘Westerners’, and ‘Others’. Thus, Whiteness materialises via ascriptions of egalitarian commitment, innocence, goodness, purity, morality, moderation and civility.

Invocations of phenotype played a distinctive role in these attributions. Visual markers thereby operate as key signifiers. For instance, nuances of what was racialised as ‘Blackness’ were equated with degrees of threat; veiling was seen as indicative of the excessive value difference ascribed to people racialised as ‘Muslim’; and people racialised as ‘Eastern European’, while in some ways ‘invisible’, are distinctively positioned as
'not quite' civilised (see also Kalmar, 2022). Thus, Whiteness is signified via appearance – which makes passing easier for those who (can) choose to work on their selves to this end (and face the psychological repercussions). Yet, Whiteness is far more than appearance, and can never be achieved via the performance of the values associated with it. Rather, it is an identitarian construction that operates via a range of registers and excludes groups distinctively positioned as outside of its norm. This exclusion, my analysis showed, has tangible material effects: for those racialised as ‘Other’, it can mean being considered not a good ‘fit’ for a resident community, being confronted with exoticised objectifications, verbal attacks and accusations while cleaning or washing a client, being made to watch while others eat or being subjected to civilisational efforts in old age.

Whiteness, my analysis thereby brought out and stressed, is highly contextual. Future research into institutional racism needs to reflect more explicitly on the ways in which it materialises distinctively within specific regional and institutional contexts.

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Notes
1. Van Dijk (1992, p. 89) distinguishes between strategies of denial at the interpersonal, the institutional and the macro level of politics.
2. I should add that Antisemitism and Antizyganism also are salient in contemporary Germany; they, however, happened to appear less in this dataset.
3. The report defines institutional racism as the ‘collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness or racist stereotyping which disadvantage minority ethnic people’ (The Stephen Lawrence Inquiry, 1999, 6.34.).
4. These data were collected as part of the project ‘Care Ethics and the Production of Racial and Moral Others in Institutional Life’ which I lead as Postdoctoral Researcher at the Berlin Graduate School of Muslim Cultures and Societies at Freie Universität in Berlin. The follow-up interviews in 2020 were conducted as part of a collaboration with the Antidiskriminierungsstelle des Bundes and the NGO ProDiversity for a report commissioned by the Stiftung Mercator (see Lewicki, 2021b).
5. This and the following citations are translated by the author.
References


