Affective Equality: Who Cares?

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Why Love, Care and Solidarity Matter

Caring, in its multiple manifestations, is a basic human capability serving a fundamental human need (Nussbaum, 2000). Being loved and cared is not only vital for survival in infancy, early childhood or at times of illness or vulnerability, but throughout human existence. Experiencing care and love throughout the life course is also essential for human development and flourishing (Kittay, 1999; Engster, 2005). Moreover, when societies endorse solidarity principles in public policy through equalising wealth and incomes, endorsing respect and recognition principles, equalising power relations and supporting care work, this greatly enhances the quality of life for all people, especially that of the most vulnerable (Wilkinson and Pickett, 2009). Whether people subscribe to other-centred, solidarity-oriented norms or not, their own existence is dependent on the successful enactment of such norms (Fineman, 2004; Sevenhuijsen, 1998). No human being, no matter how rich or powerful, can survive from birth without care and attention; many would die at different points in their lives, if seriously ill or in an accident, without care.

The reason love and care matter is because we are relational beings, emotional as well as intellectual, social as well as individual (Gilligan, 1995). All people have the capacity for intimacy, attachment and caring relationships. Bonds of friendship or kinship are frequently what bring meaning, warmth and joy to life. The inevitability of interdependency does not just apply in personal relationships, but also in work places, in public organisations, in voluntary groups or other social settings. While it is obvious that we cannot flourish personally without support, encouragement and affirmation, even in our paid-work lives we can only flourish fully if we work with others who are nurtured, fed and supported so they

are willing and able to work. Love, care and solidarity labours produce outcomes and forms of nurturing capital[i] available to us personally, socially and politically. The amount of nurturing capital available impacts on people's ability not only to relate to others at an intimate level, but also to flourish and contribute in other spheres of life.

Affective Inequality

Being deprived of the capacity to develop supportive affective relations, or of the experience of engaging in them when one has the capacity, is therefore a serious human deprivation and injustice; it is a form of affective inequality. As love, care and solidarity involve work, affective inequality also occurs when the burdens and benefits of these forms of work are unequally distributed, and when this unequal distribution often deprives those who do the love, care and solidarity work of important human goods, including an adequate livelihood and care itself.

Egalitarian theory and care

In spite of its importance for human survival, there is a deep ambivalence in Western society about caring and loving generally (hooks, 2000). This ambivalence has found expression in the academy. In both liberal and radical egalitarian traditions, love and care have, for the most part, been treated as private matters, personal affairs, not subjects of sufficient political importance to be mainstreamed in egalitarian theory or empirical investigations, while the subject of solidarity is given limited research attention. The analysis of inequality in sociological, economic, legal and political thought has focused on the public sphere, the outer spaces of life, indifferent to the fact that none of these can function without the care institutions of society (Baker, Lynch, Cantillon and Walsh, 2004). Within classical economics and sociology in particular there has been a core assumption that the prototypical human being is a self-sufficient rational economic man (*sic*) (Folbre, 1994, Folbre and Bittman, 2004). There has been little serious account taken of the reality of dependency for all human

beings, both in childhood and at times of illness and infirmity (Badgett and Folbre, 1999).

However, 'care feminists', across many disciplines, have challenged scholars to redefine citizenship in a manner that respects our emotionality, dependency and interdependency (Fraser 1997, Held, 1995, Hobson, 2000, Sevenhuijssen, 1998, Fineman, 2004, Kittay, 1999, Tronto, 1993, Williams, 2004). They have shown why public policy needs to be move from working with a concept of the person that centres on the economic, political and cultural actor in the *public* sphere, to one that recognizes that people as profoundly dependent and interdependent not only in the personal sphere but also in the public sphere. The binary divisions, between private and public, between independence are dependence, are now seen to be both unhelpful and false. While human beings are, at times, autonomous, rational self-interested actors, they are more than that. They are deeply relational beings, part of a complex matrix of social and emotional relations that often give meaning and purpose to life, even though they can also constrain life's options.

Care Commanders and Care's Footsoldiers

There are deep gender inequalities in the doing of care and love work (Bettio and Platenga, 2004, Daly, 2001, Ehrenreich and Hochschild, 2003, McGinnity et al., 2005, McKie, et al., 2001, McMahon,. 1999, Strazdins and Broom, 2004). It is women's unwaged care and related domestic labour that frees men up to exercise control in the public sphere of politics, the economy and culture. In general, men are more likely to be care commanders and women care's footsoldiers (Lynch, Baker and Lyons, 2009). Care commanders have immunity from all but the more formal caring for and tending to responsibilities. While they are expected to be present at significant life transition events, birth celebrations, weddings and funerals, they have no obligations to do everyday care, be it visiting, tending, lifting, feeding, collecting or delivering, especially if there is a

woman available to do it. Their culturally designated status and power and/or wealth enable them to be 'free riders' on somebody's (mostly women's) care work.

However, there is little point in blaming individual men for their care immunity. In the global construction of the gender order, masculinity is defined for men in most societies in terms of dominance (Connell, 1995) and caring for men is at best equated with breadwinning (Hanlon, 2009). Because masculinity is defined as care-free, especially in terms of doing emotional care work and taking responsibility for that work, women become the default carers in most societies (ibid).

Ironically, women's political, cultural and economic designation as carers is constructed as a 'free choice'. Yet there is a moral imperative on women to do care work that does not apply equally to men; a highly gendered moral code impels women to do the greater part of primary caring, with most believing they have no choice in the matter (Bubeck, 1995, O'Brien, 2007).

Relational identities

In a recent set of studies on caring undertaken with colleagues (Lynch, Baker and Lyons, 2009) we have shown that primary carers (those who are responsible for doing hands-on intimate love labouring and for organising it and making sure it happened), be they of dependent adults or children, defined their caring responsibilities as a core feature of their personal identities. This was especially true for women, particularly mothers, whose lives revolved around their care responsibilities in a way that did not apply to fathers or men. However, whoever became primary carers, be they parents or not, found their lives centred to a considerable degree on their love labouring and care-related tasks. To say this is not to deny the importance of paid employment in defining personal identities (and the need to do paid work to earn a livelihood) but merely to note the

importance of care-centred identities paralleling paid-work identities. We found that priority was frequently given to love labouring work when major conflicts arose between it and career and income gains, especially by women.

While women's status as the default carers of society is indicative of their domestication, and subordination to patriarchal norms, there is a need to distinguish between the gendered identities of carers, the status of care, and the significance of care (love labouring in particular). When we examined the thinking, hopes, frustrations and imperatives, behind care decisions, and in particular behind love labouring decisions, by both women and men, we found that primary care relations were not defined simply in terms of economic logic. Yes, women knew they were exploited as carers, as did that minority of men who were primary carers. However, they did not devalue care even if the conditions for doing it were deeply unjust in gender terms for women, and in material terms for both genders. Life is not lived solely on the basis of profit and loss in the material sense. People are moral as well as economic beings (Sayer, 2007). They exercise a lay normativity that guides their actions and choices, albeit a normativity that is often ignored in the social sciences (ibid).

The narratives of primary carers were characterised by a discourse of nurturing that was distinctly oppositional to the narratives of competition that pervade the public sphere in neo-liberal capitalism (Boltanski and Chiapello, 2007). Narratives with respect to caring for children were focused on their happiness in the present and their security in the future; among those caring for adults and older people, the focus was on respecting their wishes and desires for comfort, or for presence. Care recipients also defined themselves in terms of the quality of the care they received (and some of these also did care work for others). They were not passive actors in the care process. Whether they were children or adults, they exercised a certain amount of power and control over their own caring, often drawing on cultural narratives to assert their care needs.

Nurturing rationalities vs. economic rationalities

Nurturing rationalities are different to, and often trump economic rationalities. Primary carers often make economic and personal sacrifices in order to prioritise the care of those they love; they can and do place love labouring over both career gains and financial gains (Lynch et al., 2009). Given the moral imperative on women to care (O'Brien, 2007) most of the sacrifices are made by women. However, in the minority of cases when men are primary carers, there is no simple economic logic determining primary care choices. Both women and men who are primary carers are embedded in a set of relationships that have a history and an assumed future; the care identity becomes an integral part of one's sense of purpose, value and identity (Lynch et al., 2009). To renege on *responsibility* for caring (even if some of the tasks have to be assigned to others) is to assign the person for whom one was caring an 'unwanted' caring status and to identity oneself as a person 'who is not caring'.

Caring was not seen therefore as a discrete set of tasks that could be separated completely from the relationship in which it was embedded, and the identities of those involved. Because of this, only certain aspects of care could be handed over to others or paid for at times without undermining the relational identity of both carer and care recipient. Care is therefore not just a practical dilemma about a set of tasks to be undertaken, it is also an emotional and moral dilemma about who one is relationally and what is best care. There are aspects to care, namely the love labouring dimension, which are seen as inalienable. People know that one cannot pay someone else to build or maintain one's own relationship with intimate others (Himmelweit, 2005; Lynch, et al., 2009).

The inalienability of love labouring and the dilemma for women

Most of the literature about care work treats it as a singular entity, classifying it largely in relation to the context or persons with whom it is associated, be it

family care, institutional care, nursing care, home care, child care, elder care, etc. There is little understanding of which aspects of caring can be provided on contract and which cannot (Lewis and Giullari, 2005). The differences between secondary care labouring, which can be commodified, and love labouring, which cannot, are only minimally understood. Yet it is important to discriminate between interpersonal forms of care that are alienable and inalienable, namely between secondary care labouring and love labouring respectively, but also between interpersonal forms of caring and inter-institutional and group-related forms of caring, that is between love and secondary care labour on the one hand and social solidarity on the other.

Love labour refers to the emotional and other work oriented to the enrichment and enablement of others, and the bond between self and others. Love relations are created through love labour in relations of high interdependency where there is strong attachment, intimacy and responsibility over time (including negative experiences of same when neglect or abuse occurs). Love labour involves a set of perspectives and orientations integrated with tasks, involving emotional and other work oriented to the enrichment and enablement of others and the bonds between self and others. All love labour involves care work but not all care work involves love labour[ii].

Because, love labouring work cannot be commodified without being fundamentally altered and rendered as something else, and because women are morally impelled to do this work (and compelled by customs and/or laws in many societies) love labouring is both a deep constraint on women's lives and a valued social task. It is the inherent contradiction of love labouring that makes it so problematic in societies that allow or expect men to be care commanders and women to be care's footsoldiers. The fact that love labouring must be done and that women are the people assigned to do it, this means that women's sense of self, their sense of being of worth as a woman, is tied up with taking a very unequal burden of caring.

Conclusion: Affective Equality Who Cares?

The resolution of care-related inequality is fundamental to the attainment of equality for women. There is a need to establish ways of institutionalising the universal caregiver model of citizenship (Fraser, 1997), and to marry this with a care-full rather than a care-less concept of masculinity (Hanlon, 2009). To change the gender order of care relations, not only must women no longer be defined as the default primary carers, the definition of what it is to be a man and to be masculine must also change (Seidler, 2007). The equation of masculinity with dominance (Connell, 1995, 1998, Connell and Wood, 2005) is what especially needs to be challenged if men are to value themselves as nurturers and carers.

Vulnerability is inherent to the human condition (Fineman, 2008). To have affective equality, there is also a need to recognise that people need love and care, not only to survive but to grow and develop. The work in providing nurturance, namely love labouring, cannot be assigned to others without altering the very nature of the intimate relationships and identities involved. The importance of the analytical distinction between what is and is not alienable in care terms, what we can pay others to do on our behalf and what we cannot, must not be underestimated. When primary carers are forced to migrate to other countries (be it for economic or political reasons) not only is there a care drain from the countries from which people leave, there is also emotional loss and deprivation in the absence of presence for both the care recipients and the carers (Piperno, 2007). The presumption of global capitalism that people are labour units, movable from one country to another as production requires, is an institutionalised form of affective injustice. It assumes that emotional well-being and care relationships are immaterial as it is premised on the false assumption that human beings are just economic actors, devoid of relationality. And people need resources, time, presence and education to do this kind of work effectively.

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[i] It is important to distinguish between emotional capital, and the related but separate phenomena of *nurturing capital.* While emotional capital (and the associated emotional work involved in love

labouring and caring that produces it) is integral to nurturing capital, not all nurturing involves emotional work (and neither does all emotional work involve nurturing as Hochschild showed in her work, *The Managed Heart)*. Nurturing can involve the enactment of practical tasks with limited emotional engagement at a given moment. The doing of nurturing tasks is generally motivated by feelings of concern for others, however, the undertaking of the task itself may well be routinized at a given time and require low emotional engagement.

[ii] Secondary care relations are lower order interdependency relations. While they involve care responsibilities and attachments, they do not carry the same depth of moral obligation in terms of meeting dependency needs, especially long-term dependency needs. Solidarity relations do not involve intimacy. Sometimes solidarity relations are chosen, such as when individuals or groups work collectively for the well being of others whose welfare is only partially or not immediately related to their own, or solidarity can be imposed through laws or moral prescriptions (for further discussion see Lynch, 2007, Lynch et al., 2009).