

Affective Equality: Why Love, Care and Solidarity are Political Matters

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Outline

- Limitations of theories of justice: neglect of love, care and solidarity, namely affective relations
- Affective equality – equality in the doing and receiving of love care and solidarity (LCS) as a priority political issue
- Why love and care matters
- Why the neglect of LCS is a serious political issue
- Implications of neglect – commercialisation of services and language
- Conclusion

Key Claims

- Affective relations of love, care and solidarity exercise the same structural role in relation to *relational care life* that economic relations exercise in relation to *material life*
- The concept of affective equality integrates a concept of dependency and interdependency into our understanding of equality, human rights and citizenship
- Affective inequalities matter politically as they have profound implications for other injustices:
- **Inequalities in the receipt of love, care and solidarity (LCS) is a serious human deprivation that exacerbates economic, political and cultural injustices**
- **Inequality in the doing of LCS work is deeply gendered, raced and classed**

Liberalism and the concept of the Citizen

- Liberal political theory is the dominant perspective in public policy and it assumes a very particular Universalist view of Citizenship (T.P. Marshall)
- Rational, autonomous view of the citizen as a person of fixed identity and rights, namely Civil, Political and Social Rights
 - *Civil Rights*
 - freedom of speech and association, right to own property, right to work; to conclude contracts etc. right to control one's own body (civil rights exercised in the courts)
 - *Political Rights* –
 - right to exercise political power (exercised in parliaments, councils, local authorities, public bodies – not interested in power relations in the private sphere)
 - **Social Rights* -rights to social security, welfare, pensions, health care etc.
- Rights as a worker/employee play a key role in determining **social rights*** within the classical liberal framework – this assumption is embedded in European Social Policy and EU Treaties

Theories of Justice: denial of emotions and affective relations

- The concept of the person underpinning dominant social scientific, political and legal analyses of injustice is based on key premises:
 - (a) Cartesian Rationalism - rational view of the person (*homo sapiens* NOT *homo sentiens*) - *Rational Economic Actor* model of the citizen (especially under neoliberalism)
 - (b) the autonomous view of the person (denial of the vulnerability of the embodied human subject) ...(**ideology of 'choice' presumes autonomy**)
 - (c) the person is presumed to be non-relational in making decisions - assumes that social actions are driven primarily by self-referential interests (power, status, money) rather than other-centred interests
 - (d) the citizen that counts is a public adult citizen – the *citizen who can enter into contract* -

Four major social systems where Inequality can arise

Baker, Lynch, Cantillon and Walsh, 2004 – *Equality: From Theory to Action* and
Lynch, Baker and Lyons *Affective Equality: love, care and injustice* (2009)

- **Economic System's inequality-arising** from the unequal distribution/redistribution of wealth/income/resources - **Resolution - Re/distribution** (addressing social class-related inequalities)
- **Cultural System's inequality** - arising from lack of respect for differences in belief, gender, language, ability, sexuality, colour, age, marital/family status, ethnicity, Traveller status, etc. - **resolution - Respect and Recognition**
- **Political System's inequality** – **lack of** parity of representation in the exercise of power in formal politics, work organisations, schools, households, crèches, families etc. - **resolution –Parity of Representation**
- **Affective System's Inequality** –
- Lack of equal access to love care and solidarity (LCS) and
- Unequal sharing of the burdens and benefits of love, care & solidarity work - **resolution – Relational Justice**

*4 Systems where
Inequality can be generated*

- **Economic system**
- **Cultural system**
- **Political system**
- **Affective system**

*Dimensions of Inequality:
where it is manifested*

Resource inequalities

**Respect and Recognition
inequalities**

Representation inequalities

**Relational inequalities – love,
care and solidarity**

The Intersectionality of injustice – generative site of injustices varies for groups but all injustices intersect

Source: adapted from *Equality: From Theory to Action* (2004)

Systems of In/equality	Re/distribution (Resources)	<u>Dimensions of</u> Respect/ Recognition (identities/difference)	<u>In/equality</u> Representation (parity in power and participation)	Relational Justice Affective equality = equality in the doing and receiving of Love, Care and Solidarity
Economic System	XX	X	X	X
Political System	X	X	XX	X
Cultural System	X	XX	X	X
Affective System	X	X	X	XX

Affective Equality – a challenge to mainstream liberal theories of justice

- It recognises:
 - a) **the relational** character of human beings, that humans live in profound states of inter/dependence- relationality frames social dispositions and choices
 - b) **human vulnerability** – all people are at some time in life deeply dependent on others
 - c) **humans are sentient, emotional beings:** feelings inform judgements - normative rationality has an affective dimension
 - d) the person is a carer/care recipient in **both the public and private domains** of life
 - Relationality (dependence and interdependence) brings a normative dimension to decision-making

Affective Inequalities

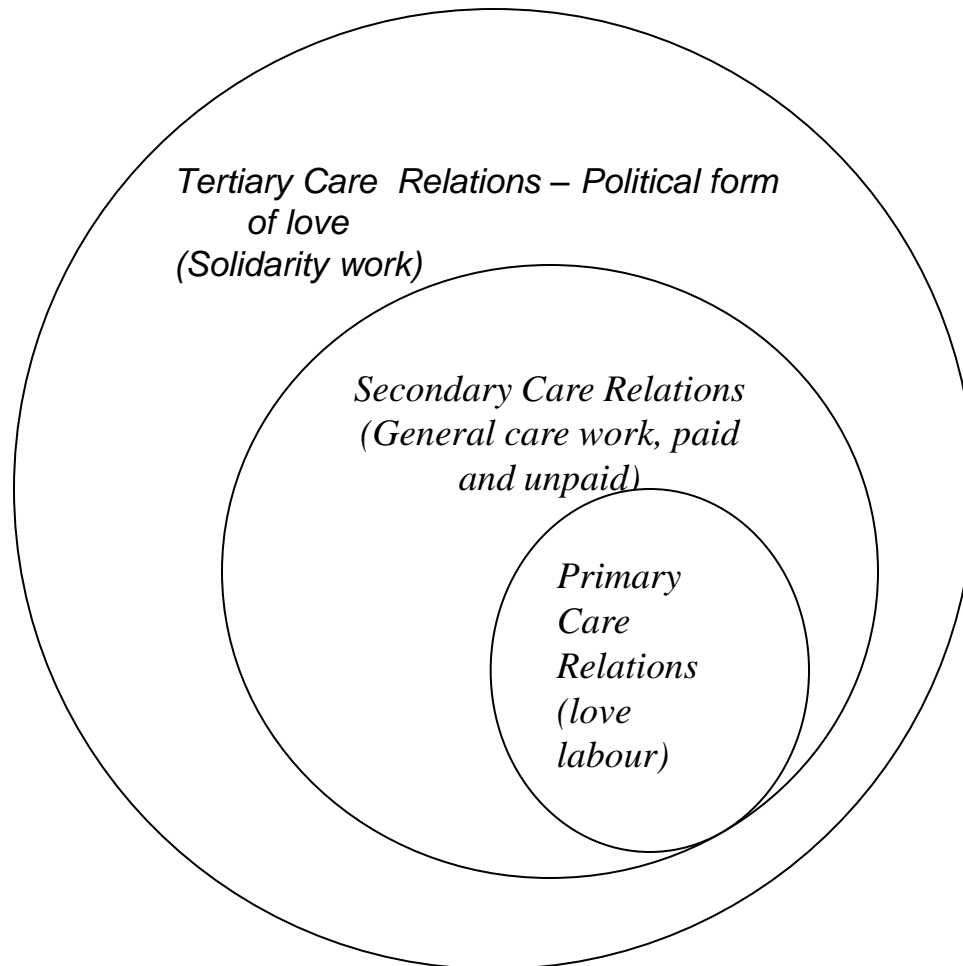
▶ Affective inequality occurs directly when:

- People are deprived of the love, care and solidarity (LCS) they need to survive and develop as human beings
- The burdens and pleasures of care and love work are unequally distributed e.g. between women/men, north/south
- The contribution of care to human well-being is not recognised

▶ Affective inequality is reinforced when:

- We are not educated regarding the theory and practice of love, care and solidarity work
- and when love, care and solidarity work is trivialised by omission from public debates/analysis

Affective Relations of Care (adapted from Lynch, 2007, *The Sociological Review*) recognising the primacy of relations of love, care and solidarity



Affective care relations

- Primary care relations are love relations.
 - These refer to relations of high interdependency where there is greatest attachment, intimacy and responsibility over time. Love labouring is the work undertaken to create, maintain and enhance primary care relations
- Secondary care relations are lower order inter/dependency 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.
- Tertiary care relations refer to relations of solidarity and do not involve intimacy
 - Solidarity is the social and political form of love.

Why love, care and solidarity are political issues

1. **Survival** – depends on love, care and solidarity (LCS)
2. **Human flourishing** – requires caring and loving, and political, economic, environmental and cultural solidarity
3. LCS is **Productive** – it produces **outcomes** and lack of care/poor care produces negative outcomes- fear, a sense of being unloved and unwanted, anxiety; poor health, including poor public health
4. LCS involves **Work**– physical, mental and emotional work that requires attentiveness, responsibility, commitment, responsiveness; it takes time, competence, energy and is both burden/pleasure. It involves stress and conflict as well as joy

Why Love matters

- Love relations play a primary role in producing people as social and intimately capable – produces human beings in the relational sense –*without the investment of nurturing, people cannot be created relationally*
 - Love matters politically, socially and economically as a public good - without love, life is significantly less than it has the capacity to be
- Love relations are analytically and socially distinguishable from other forms of caring especially as they are non-substitutable (see Cantillon and Lynch, ‘Affective Equality: Love Matters’, *Hypatia: journal of feminist philosophy*, 2017)

Love's inalienability and non-commodifiability

- Because love is generated in intentions and feelings for others, it cannot be bought and sold as it involves dispositions and practices that are voluntary and person-specific
- In love labouring relations, the person doing the caring is inseparable from the care-giving – love is not a service
- Love involves presence so it cannot be segmented – one cannot be partially physically present to another
- Love labouring cannot be assigned without altering the very nature of the relationships involved into something it is not

The logics of love, care and solidarity

- Love labouring, secondary caring and showing solidarity have a different **Temporal Logic** to other work – they cannot be done in measurable time: nurturing needs dictate the time frames not economic or policy logics
- Love and care labour time is **not infinitely condensable**; you cannot do it in less and less time. It is not possible to produce ‘fast care’ like fast food in standardised packages – **time-defined care often leads to pre-packaged units of supervision**
- Care is dictated by needs –Love, care and solidarity work has no **clear boundaries**, always open to negotiation in time, effort, investment – site of conflict and stress
- The **rationality of caring** is different from, and to some degree contradicts, scientific and bureaucratic rationality. There is no hierarchy or career structure to relations of love labouring; they cannot be supplied to order. There is no identifiable beginning, middle and end.

Why care and love matter for politics and social change

- *Democracy is not neutral in its object or purpose; it needs to have a goal...* (Joan Tronto's idea of *Caring Democracy*, 2013)
- Care is not just a mode of action, it is also a disposition in action
- **Care is a way of relating ethically** through attentiveness, responsiveness, informed other-centredness; it encompasses the way we relate to each other collectively and how we relate to all living creatures and the environment

Why the neglect of love/care is a political issue

- Urgency and immanence of high-dependency caring removes both carers and care receivers from public engagement where politics is lived and practiced
- OUTCOME: weakening of democracy
 - a) those who are primary carers (overwhelmingly women)
 - b) those who have high-dependency needs (children, intellectually disabled, the incarcerated - in prisons, in direct provision) are not defined as socially or academically significant, or political
- Are generally excluded from political framing – denied parity of political representation in public life

Making care invisible by not measuring it

- Within the Census, *A Carer is anyone who provides regular unpaid personal help for a friend or family member with a long term illness, health problem or disability.* (CSO, 2016: Q22)
- This definition fails to count the largest body of unpaid care workers in the State – Carers of Children and those who are carers of adults + children (1.2 million approx.)
- Women are almost 2.5 times as likely to be carers of children than men but carers of children alone are not counted as carers in the National Census

The Gendered Economic Costs of Caring: QNHS 2013- women and men aged 20-44 years

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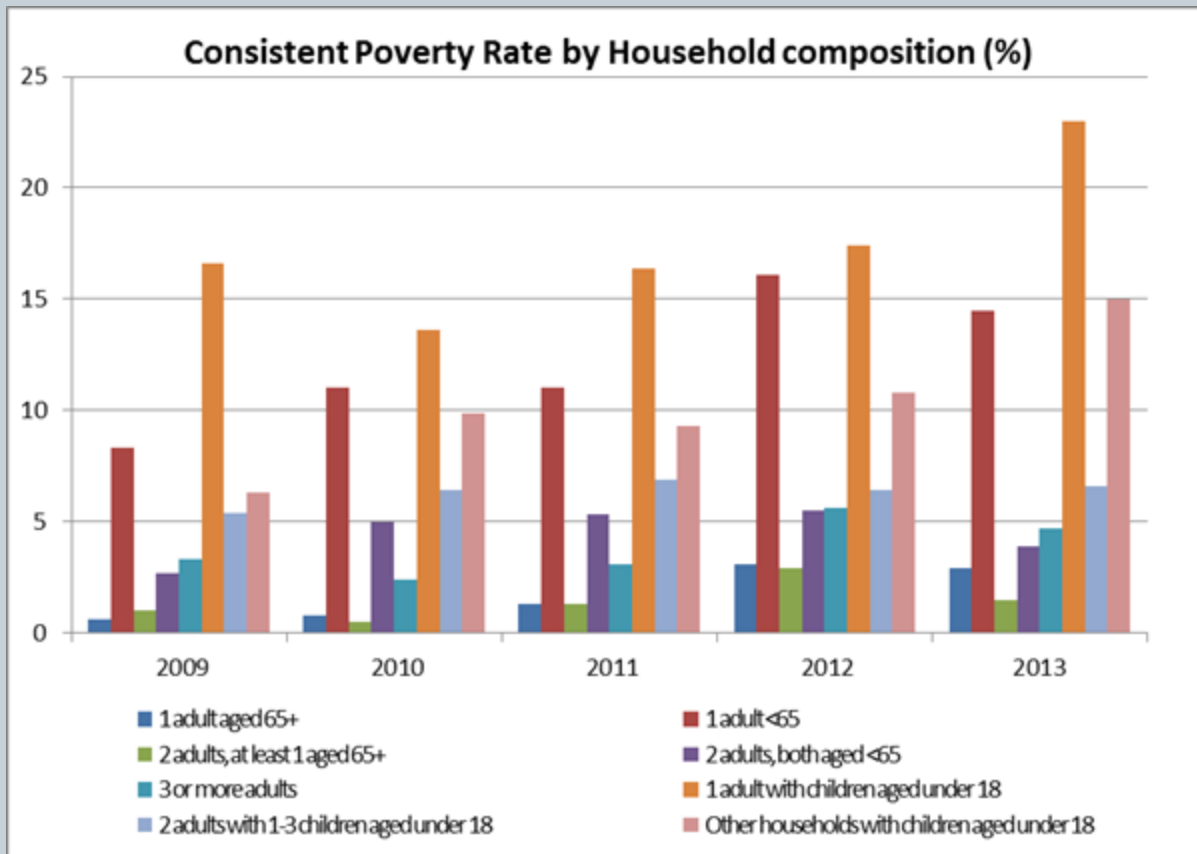
- 63% of women of aged 20-44 were employed in 2013 compared with 82% of men
 - This rate varied from 86% for women with no children to 59.5% for women whose youngest child was aged between 0 and 3 years of age
 - 86% of men with no children and 82% of men with children between 0 and 3 years were employed

Income

- A 2016 study of wage gaps (by consultants Morgan McKinley and UL) found a 20% wage gap advantaging men: the gender gap in bonuses among professionals was 50% in favour of men
- Average income of women aged 55-65 is only 53% of men's income (Source: Table 1.7, *CSO Women and Men in Ireland 2008*)- reflecting their care status over a life time
- Sources: Central Statistics Office (CSO, 2009) *National Employment Survey 2007*, Tables 42, 43) and CSO (2011) *Women and Men in Ireland*.

Highest in one parent-families (mostly female-led) and households with large no. of children under 18

Source: CSO statbank, SILC data



Austerity 2008-13: Care-related issues (CSO, SILC 2013)

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- **Children's enforced deprivation** (of 2 or more necessities):
 - ✦ 11.8% in 2007,
 - ✦ 18% in 2008
 - ✦ 32.5% in 2013
- **Single parent families** (over 90% of whom are women) had a 63% enforced deprivation rate in 2013, almost twice what it was in 2008
- **Illness and Disability-related unemployed:** deprivation rate rose from 36% in 2008 to 53% in 2012
- **Carer's grant** cut by almost 20% during austerity (restored in 2016)
- **Home care hours** (caring for older vulnerable people) 18% cut in hours

Care and Commercialisation



- Since 2006 in particular, expansion of the private home-care companies: **150 for-profit companies** operating in Ireland in 2010 mostly for older people but also for young children in residential care
- **Tax breaks** for building or refurbishing non-profit nursing homes and hospitals, introduced in 2000, were **extended to for-profits in 2002**
 - The Irish Private Homecare Association claimed the so-called **'home care market'** in Ireland was worth €340.27M in 2009 (PA Consulting & IPHCA, 2009).
- For-profit sector is pressuring the government to privatise more of the home care 'market' and make saving of up to €2 billion annually **through reducing wage costs** (casualised, low-paid, mostly female workers)
- **Disability Services _ Intellectually Disabled** – market (user-purchaser) model is proposed where disabled people purchase a service

Rise of for-profit care for older dependent persons



- Care of vulnerable older people now seen as a major site for profiteering
 - On 31 December 2015, there were 577 active nursing homes registered with HIQA, providing 30,106 registered beds in the sector.
- Of these, 76 per cent were provided by the for-profit sector, 3 per cent by the non-profit/voluntary sector and 21 per cent by the HSE (HIQA, 2016, pp. 11–12)
 - The HSE closed 1,650 beds for elder care between 2010 and 2012, thereby further increasing the *market share* available for private for-profit providers.

Contracting out care services to private providers



- **Residential Child Care:** (source: Majella Mulkeen, 2016)
 - 46 publicly funded residential homes for children in care
 - 28 voluntary-non-profit residential homes
- **More than half of the homes for children in residential care (80) are now for-profits run private companies**
- *(Salaries in the profit-profit sector are significantly lower)*
- For-profit companies are the only expanding sector for children in need of residential care
 - **Regular Child care** – (Single Affordable Childcare Scheme) being provided on a quasi-market basis (through state subsidies)

Commercialisation of care evident in Market language in government departments



- **Citizens with Rights Vs Customers**
- **Unemployment Assistance** changed to **Jobseekers...** **'Probation and Welfare'** changed to **'Probation'...**
- Revenue Commissioners – **There are 1,562 references to 'customers' on its website**
- Department of Social Protection – **over 2,200 references to 'customers' on their website**
 - <http://www.welfare.ie/en/Pages/Customer-Charter.aspx>
- Health Service Executive (HSE) has multiple sites and 100s of references to customers <http://www.hse.ie/eng/>
- Department of Education (also has a Customer charter)
 - <http://www.education.ie/en/The-Department/Customer-Service/Customer-Charter>
 - **One cannot be a customer to a human right as it is not something you purchase off a shelf**

Why Affective Equality is central to politics



- Love (and care and solidarity) produces people in their humanness as mentally and emotionally capable intimate beings: loss of love/care/solidarity is a social injustice as it injures the ability to survive and/or develop/flourish
- Love, care and solidarity relations are deeply interwoven with each other and with economic, political, and cultural relations: *inequalities in the latter can undermine the capacities and resources to do love, care and solidarity work*

Why Affective equality matters for social justice

- Love, care and solidarity involve work- burdens/benefits that need to be equally distributed by gender, class, race, age, citizenship status etc.
- Love and care work is highly gendered- affective relations of loving and caring are the primary site of the social injustice experienced by women globally
- The inalienability, urgency and immanence of love and care labouring limits the ability of carers, and those who are highly care-dependent physically and mentally, to make take care and love issues into the public domain

Concluding comment

- Dominant theories of justice and human rights are about regulating relations between strangers (contractual relations).
 - This reflects the fact that those who care and nurture the world do not have the space or time to name their own injustices (politically and even academically) – *political and legal theory is very male-dominated and the domain assumptions of the academics who write is reflected in their paradigms / theoretical models*
- As care and love work is not defined as politically significant, social sciences generally assume that social actions are *interest-led* (power, status, money) –we assume human are utility maximising individuals -BUT - Decisions are not governed exclusively by economic, power or status interests. Human beings are fundamentally relational and - *evaluative and moral* as well as interest-led; we are other-centred as well as self-centred.
- Policy makers and political theorists need to recognise the centrality of affective relations (love, care and solidarity) to politics

Commercialisation of Health Care, Child Care and Care of the Older persons -some questions



- Why are for-profit hospitals, nursing homes and home-care providers allowed to advertise as if they were not profit-led?
- Why are the working conditions of staff not publicised?
 - Is it morally right to allow the care of the most vulnerable in society to be a source of profit-making?
 - Have we forgotten the ethics of care in politics?

Relationality as central to humanity

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- Our relationality makes us moral agents
 - ✦ Not all political and social actions are interest-led; many are value-led arising from affective ties and relationality- e.g. proof of this is in the sacrifices carers make for vulnerable others for no pay
 - ✦ The normative or evaluative (values) dimension of social relations is grounded in the dependencies and interdependencies integral to human relations
 - ✦ The intellectual non-recognition of *affective relations* (other-centred-actions) has disempowered academic scholarship in challenging the unethical in an era of neoliberal capitalism

Why affective relations matter for research

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- Humans are relational beings, tied affectively through relations of love, care, solidarity at one end of the continuum and neglect, abuse and violence at the other
 - ✦ Affective ties, arising from vulnerabilities and inevitable dependencies and interdependencies, play a key role in framing social actions
- The normative or evaluative (Values) dimension of social relations is grounded in the dependencies and interdependencies that are integral to social life
 - ✦ A disengagement from the *affective relations* (other-centred-actions not just self-referential action) has disempowered academic scholarship in challenging the unethical in an era of neoliberal capitalism – it hides the sociological fact that not all actions are interest-led, they are value-led arising from affective ties and relationality