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Love labour as a distinct and non-commodifiable form of care labour

Kathleen Lynch

Abstract

This paper examines the nature of love labouring and explores how it can be distinguished from other forms of care work. It provides a three fold taxonomy for analysing other-centred work, distinguishing between work required to maintain primary care relations (love labour), secondary care relations (general care work) and tertiary care relations (solidarity work). A central theme of the paper is that primary care relations are not sustainable over time without love labour; that the realization of love, as opposed to the declaration of love, requires work. Drawing on a wide range of theoretical and empirical sources, including a study of caring undertaken by the author, the paper argues that there is mutuality, commitment, trust and responsibility at the heart of love labouring that makes it distinct from general care work and solidarity work. It sets out reasons why it is not possible to commodify the feelings, intentions and commitments of love labourers to supply them on a paid basis.

Introduction

The traditional scholarly understanding of work has equated it with self preservation and self actualization through interaction with nature (Gürtler, 2005; Pettinger *et al.*, 2006). It has been blind to the importance of other-centred work arising from our interdependencies and dependencies as affective, relational beings. In particular it has ignored the centrality of caring for the preservation and self actualisation of the human species. A central theme of the paper is care labour takes at least three distinct forms, namely love labour, general care labour and solidarity work. It is argued that primary care relations in particular are not sustainable over time without love labour; that the realization of love, as opposed to the declaration of love, requires work. Love labouring is affectively-driven and involves at different times and to different degrees, emotional work, mental work, cognitive skills and physical work (the distinction between love labour, general care labour and solidarity work is examined in detail below). Without such labouring, feelings of love or care for others can simply involve rhetorical functionings, words and talk that are declaratory in nature but lack substance in practice or action. Verbal utter-

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ances of affection, care or solidarity (which may be valuable in and of themselves) become empty forms of rhetorical functionings when they are not complemented by undertakings on behalf of others. The rhetorical functionings problem is not unique to primary care relations, it also arises in relation to secondary care relations or solidarity relations although these are not the primary focus of this paper (see Moran, 2006 for a discussion of the use of social inclusion as a rhetorical device in the political sphere).

The paper opens with a brief comment on the status of caring work. It then reviews the research literature in the field and provides an explanation as to why love, care and solidarity (LCS) are vital for human self preservation and self realization, both collectively and individually. The core of the paper follows, outlining a three-fold taxonomy of care that distinguishes between the work involved in sustaining love, care and solidarity relations. The paper then presents a brief analysis of the implications of neo-liberal politics for love labouring, examines the way in which gender, social class and migration interface with care commanding, and outlines the significance of economic resources for care work. The paper closes with a discussion as to why love labour in particular is not commodifiable.

Attitudes to love, care and solidarity

Caring is low status work generally undertaken by low status people, especially if engaged in fulltime. In most countries, people who are working full-time as carers at home (mostly women) are not defined as working. Personal service workers, especially carers are poorly paid and have low status. In the United States (in 2004) child care workers had a mean annual wage of $18,060 which was lower than that of baggage porters and bell hops at $21,720 or non-farm animal caretakers at $19,620. Those employed in personal care services had annual mean wages of $19,590 while the mean annual income for janitors and cleaners was $20,800 for the same period (http://www.bls.gov/oes/current/oes). In Ireland, as in many other countries, care workers who are employed in the care sector have the same status as semi-skilled workers such as bar staff, goods porters and mail sorters, which is the second lowest occupational ranking. If care workers are employed in private households as domestic staff they are classified as unskilled workers and are at the bottom of the occupational ranking (Central Statistics Office, 2003).

Not only is there is a deep ambivalence about caring and loving in society (hooks, 2000), there is also considerable ambivalence in the academy. In both liberal and radical egalitarian traditions love and care have been treated as private matters, personal affairs, not subjects of sufficient political importance to be mainstreamed in theory or empirical investigations (Baker, Lynch, Cantillon and Walsh, 2004). 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

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(Fineman, 2004). Within classical economics in particular there has been a core assumption that the prototypical human being is a self-sufficient rational economic man (sic) (Folbre, 1994). There has been no 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).

It was the neglect of the more intimate forms of love labour (Lynch, 1989)[1] that led to the 'Care Conversations' study, which inspired this paper.[2] It involved 20 case studies of care in private households (ten involving care of children and ten involving care of adults with high care needs) strategically chosen to represent different care relations. Twenty nine in-depth 'care conversations' were held with 'carers' and those for whom they had care responsibilities.[3] In addition, two focus groups were conducted involving 14 teenage children exploring their views on their experience of care as children and teenagers. The 20 households and focus group participants were drawn from different social classes; they included disabled people, lone carers, couples (heterosexual and same sex), single people, older and younger carers, people from different ethnic backgrounds, and women and men. Both primary and secondary carers were interviewed where appropriate. The focus of the study was on the subjective experience of intimate care, from the perspective of those who care and those cared for. This paper examines the more theoretical issues that arose from the fieldwork.

Debates about care[4]

Care research now spans all the social sciences and cognate areas and is being advanced by scholars in a wide range of disciplines including sociology, social policy, philosophy, economics, politics, education and law (for examples see Folbre, 1994, 2004 (economics); Noddings, 1984 (education); Fineman, 2004 (law); Harrington Meyer, 2000 and Hochschild, 1989, 2001 (sociology); Held, 1995; Kittay, 1999 and Tronto 1993 (philosophy); Leira, 1992, Ungerson, 1995, 1997 and Williams, 2004 (social policy); Sevenhuijsen, 1998 and Hobson, 2000 (politics).

It has been feminist-inspired work that has played the key role in taking issues of care, love and solidarity out of the privatised world of the family to which they had been consigned by liberal and indeed most radical egalitarians (Benhabib, 1992; Gilligan, 1982, 1995; Held, 1995; Kittay, 1999). Feminist-inspired scholars have drawn attention to the salience of care and love as public goods, and have identified the importance of caring as a human capability meeting a basic human need (Nussbaum, 1995a, 1995b, 2000). They have also exposed the limitations of conceptualisations of citizenship devoid of a concept of care, and highlighted the importance of caring as work, work that needs to be rewarded and distributed equally between women and men in particular (Finch and Groves, 1983; Glucksmann, 1995; Hobson, 2000; Hochschild, 1989; O'Brien, 2005; Sevenhuijsen, 1998).

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The complex way in which power relations and exploitation are embedded in all manner of care relations is the subject of a large body of feminist research (Bubeck, 1995; Fraser and Gordon, 1997; Folbre, 1994; Kittay, 1999; Nussbaum, 2000; Sevenhuijsen, 1998; Tronto, 2002). Feminist-inspired scholars have also contributed to understanding the potential for abuse of dependants in relations of care (Qureshi and Nicholas, 2001). Overall, what feminist scholars have managed to do is to shift intellectual thought from its sociological fixation with the Weberian and Marxist structuralist trilogy of social class, status and power as the primary sites for the generation of inequalities and exploitations. They have drawn attention to the way the affective domains of life are discrete spheres of social action, albeit deeply interwoven with the economic, political and cultural spheres.

The objective of this paper is to extend the work of feminist scholars by dissecting the differences between forms of care, especially between what is and is not commodifiable in the sense that it can be provided on a paid-care basis. A core assumption of this paper is that the affective domain of life centred on caring constitutes a fourth structural system of social relations focused on providing and sustaining people as emotionally and relationally engaged social beings. The affective relations within which caring is grounded is a field of social action within and through which inequalities and exploitations can occur, just as they can occur in the economic, political or cultural sphere (Baker *et al.*, 2004).

Why love, care and solidarity matter

> *'While conditioned in fundamentally significant ways by cultural considerations, dependency for humans is as unavoidable as birth and death are for all living organisms. We may even say that the long maturation process of humans, combined with the decidedly human capacity for moral feeling and attaching, make caring for dependents a mark of humanity'.* (Kittay, 1999: 29).

Being loved and cared for is of central importance for having a minimally decent life, and caring in its multiple manifestations, is a basic human capability serving a fundamental human need (Nussbaum, 1995a, 1995b; 2000). Being loved and cared for is not only vital for survival in infancy, early childhood or at times of illness or vulnerability, but throughout human life. Even when we are not in a state of strong dependency, 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. Being deprived of the capacity to develop such supportive affective relations, or of the experience of engaging in them when one has the capacity, is therefore a serious human deprivation and injustice.

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Whether people subscribe to other-centred 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 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*[5] 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.

Being cared for is not only a prerequisite for survival therefore, it is also a prerequisite for human development and well being (Engster, 2005). Relations of solidarity, care and love help to establish a basic sense of importance, value and belonging, a sense of being appreciated, wanted and cared about. They play a vital part in enabling people to lead successful lives, and are an expression of our fundamental interdependence (Nussbaum, 1995a, 1995b; Held, 1995). To deprive or deny someone the experience of care and love, or to be indifferent or inhibiting of their acts of solidarity, is to deprive them of one of the great 'goods' of human existence.

A further reason why relations of care, love and solidarity matter is because the development of love, care and solidarity relations involves effort, time and energy. Maintaining love and care relations involves work that is often pleasurable but also burdensome. Hochschild's (2001) work shows that the demands of caring for young highly dependent children is seen as work, so much so that people do try to escape it, in particular by spending longer hours in paid employment than they have to. Our own *Care Conversations* study shows that the love labouring involved with young children, and older parents with special needs, is often seen as 'hard work'; it can be simultaneously pleasurable and burdensome. Insofar as love, care and solidarity work is burdensome, it needs to be distributed equally between the members of society, between women and men in particular. The pleasurable aspects of this work also need to be distributed equally.

Love, care and solidarity matter also because they each involve work that produces outcomes that can be seen and felt if not always easily measured. The outcomes are evident in the presence of emotionally resourced family members, friends, colleagues, neighbours or partners. We recognise the presence or absence of love and care in the lives not only of those familiar to us, but even among strangers, especially where we have to engage with them. The outcomes of solidarity are also visible in collective form, in the political energy and commitment that so many civil society groups produce when they work

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together in the interests of others. Ironically, the primacy of love, care and solidarity is often most visible in its absence. It becomes visible in social institutions such as prisons where people are not only deprived of basic civil liberties such as freedom of movement or freedom of association, but also of freedom to engage in love and care relations. Its importance is visible in its collective absence too when communities are broken by conflict or violence (Leonard, 2004).

Because love, care and solidarity matter for the survival and development of humanity and for the effective functioning of economic, political and cultural systems, their importance cannot be denied. Someone has to do this nurturing work on a daily basis much of which is unpaid. Knowing the differences between what caring can be put out for hire and what cannot is vital not only for promoting gender equality in the doing of care, but also for knowing what form of caring is in operation at a given time and what is and is not commodifiable within it.

The relational realities of caring

Human beings are ethical, committed and emotional, as well as economic, political and cultural; there are sets of values that govern people's actions in everyday life that are central to how people live and define themselves (Sayer, 2005: 5–12). People struggle in their choices between what is good and the not-so-good; their lives are governed by rules of lay normativity in much of their social action (ibid: 35–50). Because human beings live in affective relational realities, they have emotional ties and bonds that compel them to act as moral agents, to act 'other wise' rather than 'self wise' (Tronto, 1991, 1993). And one of the defining struggles in the lay normative world is the struggle over how to balance concerns and commitment to others with personal and career self-interests (Ball *et al.*, 2004).

Concentric circles of care relations

Human life is lived in a wide range of overlapping care networks. The three major contexts where these operate are visually represented in Figure 1 as care circles. Care circles are interlocking sets of relational realities connected to each other (and with the material world we share with other species) in complex and often unobservable ways (Gilligan, 1995).

There are three major life-worlds or circles of 'other-centred' relational care work. First, there is the world of primary, intimate relations where there is strong attachment, interdependence, depth of engagement and intensity; the prototypical relationship in this circle is that between parents and children. Even if little love labour is invested in this sphere by parties to this intimate world, relationships retain a high level of care significance. Secondary care

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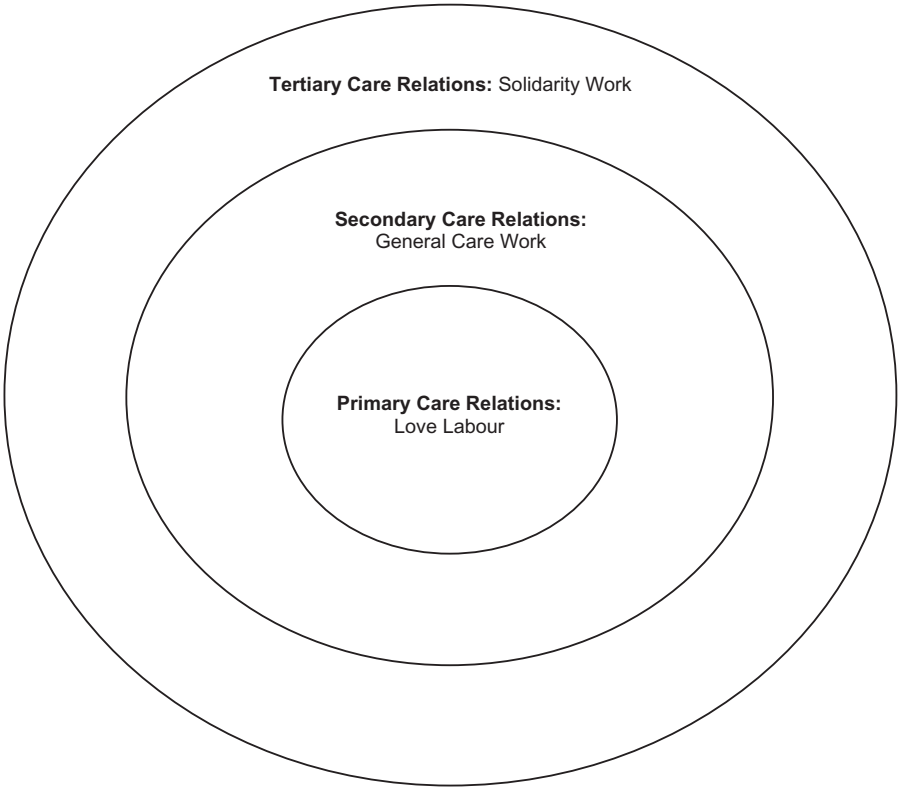

Figure 1 *Concentric Circles of Care Relations*

relations involve outer circles of relatives, friends, neighbours and work colleagues where there are lower order engagements in terms of time, responsibility, commitment and emotional engagement. Tertiary care relations involve largely unknown others for whom we have care responsibilities through statutory obligations at national or international levels, or for whom we care politically or economically through volunteering. Within each of these circles of care, people live in varying states of dependency and interdependency. And each care reality is intersectionally connected to the other, moving along a fluid continuum from care-full-ness to care-less-ness.

In primary care relations, labours of abuse and neglect can replace love labouring, not only denying someone the benefits of love labour but damaging them through abuse and/or neglect. Equally in the secondary care relations fields, other-centred care labouring may or may not take place; neighbourhoods mired by poverty or violence are not likely to produce the kind of trust that underpins neighbourly care or so-called 'social capital' (Leonard, 2004). In the global or national stage of social action, opportunities to express solidarity through forms of fair trade, debt cancellation or the curbing of sex

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trafficking are greatly undermined when governments and multi-lateral agencies conspire against them. There is nothing inevitable in the love, care and solidarity (LCS) world; the relational sphere provides contexts when it can happen but also contexts where it can be destroyed.

Mapping other-centredness

Figure 2 below identifies the features of love labour that distinguishes it from both secondary and tertiary care labour. The features identified are not only those that have been observed by a wide range of scholars who have researched the care field (Bubeck, 1995; Finch and Groves, 1983; Harrington-Meyer, 2000; Hochschild, 1989, 2001; Kittay, 1999; McKie *et al.*, 2002; O'Brien, 2005; Reay, 2005; Tronto, 1991; Williams, 2004), but also those that have emerged from the findings of the *Care Conversations* study (noted above). A more complete analysis of this study is forthcoming in (Lynch, Baker, Lyons, Cantillon and Walsh, 2008).

What is clear from the work of care researchers is that care work generally involves not only *emotional work* and *moral commitment*, but also *mental work* (including a considerable amount of planning*), physical work* (doing practical tasks including body work such as cleaning, lifting, touching and massaging) and *cognitive work* (using the skills of knowing how to care). Caring is a multifaceted set of endeavours especially when it takes love labouring forms; it not only involves all of the senses, it also engages the mind and body in a complex range of interlocking practices and thought processes. In Figure 2 below, the differences between love labour, secondary care labour and solidarity work are presented in summary form; they are then discussed in detail in the following section.

Love labouring

Love relations refer to relations of high interdependency that arise from inherited or chosen dependencies or interdependencies and are our primary care relations.

Love labouring is the work required to sustain these relations (Lynch, 1989). It is undertaken through affection, commitment, attentiveness and the material investment of time, energy and resources. It is visible in its purest form in relations of obligation that are inherited or derived from the deep dependencies that are integral to our existence as relational beings (child care relations, and parent-child relations being the most obvious types).

Love labour is *emotionally engaged work* that has as its principal goal the survival, development and/or well being of the other.[6] There is an intense sense of *belongingness* and *trust* in primary care relations when they are positive and of isolation, distrust and pain when they are neglectful, exploitative or abusive

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Forms of care work			
Features of care work	**Love labour**	**Secondary care labour***	**Solidarity work****
(Cognitive work)* Using the skills of knowing how to care	Having knowledge of what love is and what it is not	Knowing how to care	Knowing how to do solidarity work (as opposed to charity)
Emotional engagement **(Emotional work)**	Intense and prolonged (may be positive or negative)	Moderate and variable	Politically emotional rather than personally emotional
Commitment and Responsibility	Long standing and sustained but may be reneged upon	Temporary and Contingent	Variable – can be long standing or temporary
Spending Time	Prolonged time	Variable time	Variable time
Moral Imperative	Strong and compelling especially for women	Limited and bounded	Determined by law, culture and personal values
Trust	High (expectation)	Moderate and variable	Variable but can be reasonably high
Belongingness	High (expectation)	Moderate and variable	Variable but can be reasonably high
Attentiveness including advance planning **(Mental work)**	High (expectation)	Variable	High at the political level if it is to be effective
Scope	Extensive	Bounded	May be bounded or Extensive
Intensity	High	Low and bounded	Variable
Mutuality	High interdependency whether voluntary or not	More circumscribed	Not necessarily present
Practical tasks including **Physical work**	High (expectation)	Moderate and variable	Variable but can be reasonably high

***Secondary care work involves varies considerably depending on whether it is set in the context of professional care relationships or voluntary relationships.**
**** Solidarity work also varies in character depending of whether it is determined by state action, custom or culture and whether it is voluntary.**

Figure 2 *Mapping other-centredness: love, care and solidarity*

that does not hold for other care relations. Although it has a material dimension, when the distribution of resources is involved, or where practical tasks have to be undertaken, love labour is fundamentally affectively-driven work that enhances humans as emotional beings. This is not to suggest that love labour actions are entirely altruistic, as the bonds that develop in the caring dimensions of human relationships have the potential to be mutually benefi-

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cial, even if the benefits to the care giver are disproportionately small, contingent or temporally distant. However, it is arguable that love labour is essentially other-centred in that it is directed in the first instance by the good of the other rather than the good of the self. It often has little marginal gain for the carer in either the short or longer term and may in fact involve a net loss to them financially, socially or emotionally. To recognise the potential gains from love labour for the labourer is not to deny the power differentials that are integral to all such relations, and the potential costs to the caregiver, especially if the love work is undertaken in structurally exploitative care relations (Delphy and Leonard, 1992; Bubeck, 1995). To recognise the role of love labour is also not to deny the abuse and neglect that takes place when the trust that is central to love labouring relations is broken or exploited.

Love labour is generally characterised by relations of strong *mutuality*; there is a sense of mutual dependence no matter how poor the relationship may be. While one party to the relationship may undertake much more love work than the other, the structurally defined care recipient is not necessarily a silent or powerless partner, a *tabula rasa* for someone else's love labour. People who are very vulnerable due to illness or infirmity may be physically powerless but they can and do exercise power and control. They can show appreciation for care or fail to show it; they can call on the moral imperatives to care available in the culture to enforce their care expectations and in that way exercise care commands on carers (Bubeck, 1995). The mutuality that is at the centre of love labour relations is also a relationship of power and control exercised through the medium of care.

One of the defining features of love labour that distinguishes it from *secondary care labour* more generally is that it is not only a set of tasks, but also a set of perspectives and orientations integrated with tasks. It is a feeling and a way of regarding another while relating to them. While it involves respect for the other like all forms of care, it involves higher levels of *attentiveness and responsiveness* than would apply to other forms of care (Engster, 2005). It denotes not just the activity of thinking about people or having them on one's mind, although this may be part of it. It also refers to the very real activities of 'looking out for', and 'looking after' the other, including the management of the tensions and conflict which are an integral part of love labour relations. For the person who has the primary responsibility for the care of vulnerable others in particular, it involves drawing up the care map for the other. It involves carrying the care map in one's mind at all times, and overseeing its implementation in terms of scope and quality throughout the care journey. In the case of children or adults with high dependency needs, it is quite literally a 24-hour care map (what are called 'caringscapes' by McKie *et al.* (2002)). In cases where there is a dependency relationship but more autonomy among the care recipients, it is a less detailed map and the care journey does not require the same level of checking, or re-routing as needs change.

Love labour variously involves *physical and mental work as well as emotional work*. It involves practical physical tasks such as cooking favourite meals

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for a child, friend or partner (not just feeding them so they are not hungry), listening to cares and worries as required, massaging the body, or giving financial help if needed. At the mental level, it involves holding the persons and their interests in mind, keeping them 'present' in mental planning, and anticipating and prioritising their needs and interests. Emotionally, it involves listening, affirming, supporting and challenging, as well as identifying with someone and supporting her or him emotionally at times of distress. While love labour varies in level of intensity and degree of commitment depending on the care context and depending on cultural and legal norms, it does involve making some kind of *commitment* to continuity to doing love labour overtime, although the length of that commitment can vary: the moral and legal imperative to care for dependant children is clearly much stronger than it is to care for a parent long-term; care for friends is more loosely defined in terms of the commitment expected, as indeed is the care for sisters or brothers especially in Western societies.

At times love labouring is experienced as heavy work, especially where it involves prolonged care of persons who are multiply dependent and/or with whom there neither is nor is likely to be any great reciprocity in care terms; at other times it is simple pleasure (Lyons, Lynch and Feeley, 2006).[7] Although women are generally more likely to be morally impelled to undertake love labouring work, especially where it involves taking leave from paid work, than men, there are differences between women;[8] sometimes family care is organised in highly individualised agreements between family members and/or between the carer and care recipients[9] (ibid).

While primary care relations also require secondary care labour to sustain them, they can be distinguished sociologically from secondary care relations on a number of grounds. Neither the *moral imperative* to care, nor the expectations of trust, mutuality and attentiveness that are part of love labouring relations, are present to the same degree in other care relations. There are also higher levels of *time* invested in love labouring relationships, and more of the self invested within them than applies in other care contexts. And they involve levels of commitment, responsibility, trust and attentiveness that do not apply in other spheres. The care that is available to others in love labouring is personally defined and non-transferable, as it is given in the contexts of pre-established relationships with a unique history and an assumed future involving continuity and attachment (Barnes, 2005: 8–9).

Distinguishing between love labour relations and secondary care labour is important for heuristic purposes although the boundaries between these forms of care labouring are often blurred. Love labouring relations can and do change to secondary care relations when friendships or intimate relationships mutate over time. Sometimes the primary love labourer becomes the care recipient such as when a parent becomes dependant due to illness or infirmity. Equally, secondary care friendships at work or elsewhere may develop into love labouring relationships. Although most people who are engaged with others in intimate primary relationships both engage in and receive the ben-

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efits of love labouring simultaneously within that relationship, others may be the love labourer in one person's life and the primary beneficiary of love labour from a different person. A prime example of this is when the love labour partners invest in each other is paralleled by the love labour they may individually or collectively engage in for dependant others, be these children or adults.

Secondary care relations and general care work

Outside of primary care relations, there are *secondary care relations* that operate at one or more removes from the intimate in terms of trust and expectation. These secondary care relations are lower order interdependency relations. They operate according to second-order degrees of other-centredness. While they involve care responsibilities and attachments, they do not carry the same depth of feeling or moral obligation in terms of meeting dependency needs, especially long-term dependency needs, although depending on the context, they can change to primary relationships over time. There is a degree of choice and contingency about secondary care relations that does not apply to primary relations.

Neighbourly friendships or work friendships are likely to be part of this type of care relation as they are context specific and can and do end when the context changes. (One is not expected to continue to live and befriend neighbours no matter how close one is to them, if work or immediate family obligations require that you move house). Relations with relatives outside of the immediate family are also generally of a secondary rather than primary character as they do not carry the same dependency demands in Western cultures.

While it is analytically helpful, to distinguish between the nature of the care work done in intimate, primary relations from the care work undertaken in secondary relations, some love labouring may take place within secondary care relations. Some forms of love labour can be undertaken for colleagues at work or for neighbours or close associates no matter how limited it may be in terms of time, scope and responsibility. When it occurs it involves the same type of mental, emotional and physical work, albeit exercised to different levels of intensity, commitment and resourcing.

Neither are secondary care relations confined to the familial and the personal. Secondary care work cements relations of solidarity in community, associational and work relations as well as in intimate relations (Glenn, 2000; Kittay, 1999; Tronto, 1991). Within employment contexts, where there is a lack of a care ethic for workers, where people have no time to listen to one another, to take account of personal needs and to modify work practices so that they are supportive of caring, there is an inevitable deterioration in the quality of work relations; the contrary is also the case. Lack of time to engage in voluntary and community associations, also impoverishes the quality of life in neigh-

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bourhoods, in voluntary organisations, in community bodies from sports clubs to tenants and residents' associations. The emotional work involved in maintaining bonds of solidarity and care is fundamental to the fabric of social and political life (Putnam, 1995).

An obvious question that arises in relation to care is the status of paid care relations. Paid care work is definitively emotional work, although it can be undertaken with varying degrees of emotional engagement. What distinguishes such professionally-defined care relations from love labouring in particular is their contingent quality; they cease with the contract of employment. There is no contractual or clear moral obligation to care when the contract ceases. This is not to deny that those who undertake paid care work often do establish deep emotional relations, for which they are not paid (Meagher, 2002). People who work as paid carers do not necessarily leave their moral sense about caring outside the professional door (Nelson and England, 2002). It is not appropriate to suggest therefore that good emotional work or good care is done in families and friendships and poor emotional work in paid care. Families and friendships can be and are exploitative at times in the way they care and paid care relations can be supportive and involve commitment.

Tertiary care relations and solidarity work

There is also a tertiary care sphere that is more collective in form and context, and operates outside of the face-to-face relationships. *Tertiary care relations* are essentially relations of solidarity that can be enacted without intimacy or personal engagement with the other. They are public care relations involving solidarity work that sustains people as public persons. Care as solidarity manifests itself in two primary forms either as statutory obligation or as voluntary effort or community work. Solidarity is expressed in statutory regulations in States that require members of society to fund public goods and services through taxation and other policy provisions, even though they may be only a minor beneficiary of same. It is also evident in the voluntary and community work that is undertaken without payment particularly in civil society organisations.

Solidarity work refers to a wide range of other-centred public care work and can be both national and international in its scope: it includes work involved in sustaining public goods and services that may be of little or no immediate value to oneself, campaigning for homeless people, prisoners' rights or better welfare services, or working on global solidarity campaigns. It can also involve simply providing financial support for campaigns and activities that express solidarity with others, or working politically and/or organisationally within one's own society to create solidarity. Sometimes solidarity relations are chosen, such as when individuals or groups work collectively for the well being of others, but they can also be obligatory when they are constituted legally or normatively by the State or local authority of which one is a

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member. At other times solidarity work is governed by social norms rather than by statutory provision.[10] There can be strong moral imperatives underpinning the latter depending on cultural context.

Discussion

Neo liberalism and care

In the neo-liberal political framework, there is a core assumption that all services are best provided via the market (Lynch, 2006). In line with this thinking, both day care and State child care are increasingly being privatised in many countries. Care for older people is also moving steadily towards the market, and is frequently advertised as a commercial opportunity for investors, giving good financial returns. Given the endemic income and wealth inequalities in capitalist societies, what is conveniently ignored in the neo-liberal framework is that unequal economic resources will inevitably lead to unequal access to care services. This is already well established in both the health (Wilkinson, 2005) and educational fields (Gamoran, 2001).

The failure to make an analytical distinction between forms of care that can be provided for pay and those that cannot makes it easy for neo-liberals to argue for providing care on the market. Care can and is easily represented as a generic and undifferentiated activity, a set of practices which is no different substantively from heating, transport or other services. (There are of course a host of reasons why essential services such as transport, health, education etc. should not be provided by profit-driven interests, but it is not possible to deal with these here).

Yet, the sets of social relations within which care work is embedded frame the nature of caring. It is constitutionally impossible to offer primary care on a paid basis as, by its very nature, the love labouring that is involved in producing it is person-specific and is set within the context of pre-established relationships of trust; it has an assumed future involving continuity and attachment. While paid care is necessary as a support for primary care, it cannot substitute for it. When a 'care' relationship is set within a system of social relations focused on profit or gain in particular, it is self-evident that the care dimension of this relationship is likely to be either precluded, subordinated or made highly contingent on the profit-margins expected. This is very evident in human service relationships such as nursing where the move to provide health care on a for-profit basis undermines the time available for care and personal attention.

What care, love and solidarity relations have in common is that they all involve relations of dependence and interdependence, relations of giving and receiving; they are other-centred to a greater or lesser degree. Because they have an other-centred dimension to their character, they cannot be entirely marketised without undermining their care or solidarity purposes. One of the distinguishing features of love labour relations in particular (but also of the other-centred dimensions of care and solidarity relations) is that they are not commodifiable.

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Care commanders: gender, class, ethnicity and migration

Caring does not take place in a vacuum; it takes place in a nested set of power, class, gender and global race relations. The moral imperative to undertake care work in all forms is much stronger for women than for men (Bubeck, 1995; O'Brien, 2005). The division of care labour is gendered, classed and raced locally and globally (Tronto, 2002). Women bear disproportionate responsibility for care work, be it in the informal world of work in the family or in the formal world of the care economy (Daly, 2001; Folbre, 1994; Reay, 2005). As most care labour is unpaid, especially love labouring given its intimate and inalienable quality, those who perform it incur a material net burden due to loss of earnings. Simultaneously they enable others (mostly men) to pursue more materially beneficial activities, notably paid work and leisure. There is a very real sense in which the women's exploitation as carers is the main form of exploitation that applies specifically to women (Bubeck, 1995: 182–3).

While women undertake more care work than men in all classes, poorer, working class, ethnic minority and migrant women undertake disproportionately high levels of caring (Ehrenreich and Hochschild, 2003). The wealthy and the powerful can generally claim immunity from care responsibilities, especially the more burdensome forms of care. They tend to be care commanders. 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, cleaning, tending, lifting, feeding, collecting or delivering. Their power and/or wealth enables them to be 'free riders' on somebody's (mostly women's) care work (Fineman, 2004). They are granted immunity from caring by interfacing class, race and gender norms.

What is notable about globalised codes of glamourised, high status masculinity is that they are definitively not other-centred (Connell, 2002). Hegemonic masculinity is aggressive, unattached and designed to out-compete others (other men in particular) (Connell, 1995). High status for both men and women is inversely related to the doing of love, care and solidarity work. Idealised workers are 'zero-load' workers: these are people without care, be it by being detached from dependency relations by ignoring them, delegating dependency work to others (paying others to do it), or by commanding others to do their dependency work.

Nurturing capitals and resources for care

Although the focus of this paper is on the differences between forms of care, it is important to note the interface between the affectively-generated domains of life and other social and economic relations. The quality of love, care or solidarity given is influenced by financial resources; not least because of the scope money offers to buy other people's time to release someone from

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the more burdensome parts of care to do the more pleasurable and mutually sustaining parts. The quality of the love or care also varies with the wealth of emotional resources available to sustain it. Those who have received much care in life are 'care-rich', be it at the personal, community or state level. They have had the time and resources of others invested in them. This may be it in the form of intimate love labour devoted to them in terms of emotional support, listening, attending and/or presence in the mindful care of another; or they may be beneficiaries of the voluntary and community efforts of others to secure services such as public parks, sports activities or transport, for them locally; or they may be beneficiaries of the political efforts of others working in solidarity to protect their rights as workers, older people, children etc. In a sociological sense they have considerable *nurturing capital* although there is no language in society to name this and to indicate to those with considerable care capacities the scope of their resources. Those who are care rich may not just owe a dependency debt, as Fineman (2004) suggests, but may also have a wealth of nurturing capitals that they can work to redistribute.

Conclusion: The non-commodifiable nature of love labour

While certain care tasks are commodifiable, and there is a case for substantially improving the conditions of its commodification to preclude exploitation (Meagher, 2002), love labour cannot be commodified in the same way. The emotional work involved in loving another person is not readily transferred to a paid other by arrangement; neither can it be exchanged. To attempt to pay someone to do a love labour task (having a meal with a partner, visiting a friend in hospital, reading a story to a child or making an ageing parent's favourite meal) is to undermine the premise of care and mutuality that is at the heart of intimacy and friendship (Strazdins and Broom, 2004).

This is not to suggest that paid care is neither desirable nor necessary. Public care often supplements informal care rather than substitutes for it (Waerness, 1990: 122–3). Where intimate care is poor or even abusive, paid care is necessary and often preferable, however, it is fundamentally different.

The existence of commodified care systems, either in the form of public care institutions or private therapy for those who can pay for it, does not mean the end of intimacy or solidarity relationships. It may indeed signify the very opposite, a demand for greater satisfaction in personal lives by having certain basic caring needs provided for on a paid basis (so one has time for the more pleasurable forms of love labouring) or by developing one's emotional life via therapy to enable one to have more fulfilling personal relations.

What makes commodification of care work problematic is the attempt to commodify the non-commodifiable dimensions of it. Mutuality, commitment and feelings for others (and the human effort that goes with expressing these) cannot be provided for hire as they are voluntary in nature. The love labour that produces a sense of support, solidarity and well being in others is gener-

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ally based on intentions and feelings for others that cannot be commodified as it is not possible to secure the quality of a relationship on a paid basis. Furthermore, one cannot provide love on a rational basis like one can provide other personal services because of its nature it is not bounded; it cannot be packaged. The rationality of caring is different from, and to some degree contradicts, scientific and bureaucratic rationality (Waerness, 1984). There is no hierarchy or career structure to relations of love labouring; they cannot be provided on a hire and fire basis. There is no clear identifiable project with boundaries illuminating the path to the realisation of the goal. Indeed, as the goal is the relationship itself, there is no identifiable beginning, middle and end. The goal or objective is often diffuse and indefinable.[11] The reality of social life is that one cannot pay someone to love someone else; one cannot pay someone to make love to one's partner and claim that this is a substitute for oneself; one cannot pay someone to visit or talk to a friend in hospital and claim that the visit is from oneself.

Love labour time is not infinitely condensable; you cannot do it in less and less time (Folbre, 2004). The illusion of 'quality time' is that one can have it in condensed or reduced time, ignoring the fact that it is the preliminary time in the (positive) presence of the other that allows for the trust and understanding to develop that enables quality time to exist (Tronto, 2003: 123). It is not possible to produce fast-care like fast food in standardised packages. If we go the McWorld route in caring what we will get is not care but 'pre-packaged units of supervision', feeding, attending without intimacy or personal interest in the welfare of others (Badgett and Folbre, 1999: 318).

Those aspects of relationships that boost confidence, inspire strength and encouragement, give people a sense of belonging, and a sense of being wanted and needed and of being free, cannot be commodified as they can only exist in a context where there is some choice or decision to care and commit oneself for the sake of the relationship and not for payment. This is not to deny the reality of the 'compulsory altruism' which has been a feature of so many women's lives, nor is it to suggest that those who care should not get paid for certain types of caring work. Quite the contrary, payment for certain aspects of caring often has a positive rather than a negative effect on care relationships, as it makes the relationship between the carer and the person being cared for more reciprocal and more equal (Qureshi, 1990); it also creates time for the pleasurable aspects of love labouring.

University College Dublin

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Notes

1 The title 'Love Labour its Nature and Marginalisation' was the full title of the original article (Lynch, 1989) published on this subject. However, as the reviewers took strong exception to the term 'love labour' at the time, describing it as 'OTT', the title of the article was changed to 'Solidary Labour: its nature and Marginalisation'. I did not agree with the change to 'solidary labour' but felt I had little option but to accept it at the time as I was new to academic life.

2 The fieldwork for the care conversations study in the Republic of Ireland was led by Maureen Lyons who was assisted by Maggie Feeley of UCD; it was designed and guided by the author. The study was funded by the EU Programme for Peace and Reconciliation and was part of a larger study on *Equality and Social Inclusion* with QUB Belfast.

3 There is a mutuality in caring relations that cannot be captured easily in language. Even those who are defined as care recipients by the state (as their carers receive child benefit or a carer's allowance) often do care for their carer albeit in subtle and non-obvious ways.

4 The term 'care' is used in the paper as a collective noun to refer to the combined activities involved in providing love, care and solidarity. This is not entirely satisfactory, but given the limitations of language it is not possible to find a more suitable generic noun to connote the range of human activities that are strongly other-centred.

5 It is important to distinguish between emotional capital, and the related but separate phenomenon 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.

6 To say this is not to deny that love labouring can become routinised and emotionally disengaged especially when people are tired, stressed or unwell. However, the commitment to engage in the care of another is strongly affectively driven and this prior emotional engagement sets the context and frames the care relations. Even if love labour is undertaken without expressed feeling, it remains implicitly part of the relationship.

7 Caring for older family members, partners and friends who are coming to the end of life is very different to caring for young healthy children, even though the tasks undertaken may be fundamentally the same: the hope of the future that is there with children is not present with a parent who is terminally ill. (Lyons, Lynch and Feeley, 2006).

8 While women are more likely to be carers than men, there are differences between women in terms of who does the caring. Women without skills or in poorly paid jobs are more likely to become unpaid carers than professional women, and this is true not only between families but within families. When adult women have no children of their own and/or are single, there is also an assumption that they are available to care for needy parents, an assumption that does not apply to the same degree to men without children (Lyons and Lynch, 2005).

9 Often agreements are not even spoken of, such as the assumption in farming communities that the person who inherits the farm will take care of the older relatives living on it, particularly if they are their parents (Lyons, *et al.*, 2006).

10 An example of this is the meitheal system of mutual co-operation that operated traditionally in rural Ireland especially around harvesting time. (see Arensberg and Kimball: 255–257, 2001 edition).

11 The differences between the rationalities underpinning love labouring and those governing paid employment was a continuous theme in our care conversations (Lyons *et al.*, 2006).

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