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All Things Considered, Should Feminists Embrace Basic Income?*

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Abstract – As a feminist, I am committed to equality of condition between men and women, defined multidimensionally in terms of respect and recognition; resources; love, care and solidarity; power; and working and learning. I concentrate in this comment on equality in the affective system, i.e., the set of social relations that operates to meet people's needs for love, care and solidarity. A central problem for egalitarians is that recognising, valuing and supporting care work risks reinforcing the gendered division of labour, a problem of much wider remit than the issue of basic income. I argue, however, that basic income can be construed as recognising and supporting care work as a form of worthwhile but noncommodifiable activity and that this should be combined with confronting the division of labour culturally and ideologically. I cite recent empirical work on caregivers and care recipients in Ireland in support of my position.

Keywords – basic income, care, division of labour, equality, feminism

The central principle of feminism, as I understand and embrace it, is equality between women and men. This equality should not, of course, be based on assimilating women to male norms but on eliminating gendered norms altogether,

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in a context of accepting and appreciating human diversity. Equality itself is open to many conceptualisations. My own commitment is to the ideal of “equality of condition,” loosely understood as the equal enabling and empowering of all. My colleagues and I have characterised equality of condition in terms of five key dimensions: respect and recognition; resources; love, care and solidarity; power; and working and learning (Baker et al., 2004). We emphasise equality across all the major social systems: the economic, political, cultural and affective – this last system being the ways that societies are organised to meet or frustrate their members’ needs for love, care and solidarity, their “affective needs”. Although some of these needs can be met through the market, many of these needs require forms of emotional work that are not commodifiable, for such reasons as the particularity of relationships of love and care, the motivations embedded in these relationships, and the way commodification can undermine their value.

In this comment I focus on issues of affective equality: that is, on inequalities that arise within the affective system. The most central of these are inequalities in the love and care that people experience, in the work that goes into sustaining these relationships, and in the degree to which such work is recognised, valued and materially rewarded relative to other work. Affective relationships also include important inequalities of power.

1. Affective Equality as a Goal

We live in a world where many people’s affective needs are ignored and where many experience the very opposites of love and care. An egalitarian world would aim to meet these needs for every person. Care work in a broad sense, including the “love labour” of sustaining personal relationships, is a necessary feature of such a world and is indispensable to meeting human needs. At present, this work is governed by a gendered division of labour where women do most of the care

work. At the same time, it is under-recognised, undervalued and given little material support. Many power inequalities around care work are themselves traceable to the gendered division of labour, and to lack of recognition and material support, such as the greater social and moral pressure for women to undertake care work and the power men have over women in traditional “male breadwinner” households. Many inequalities in people’s access to relations of love and care are also traceable to these factors: the gendered division of labour frustrates the care needs of many men by denying them access to the positive aspects of caring, while lack of recognition for care frustrates the needs of many women, who in their caregiver role need themselves to be cared for (Kittay, 1999). Equality of condition therefore requires both that care work should be recognised, valued and supported, and that it should be equally shared between men and women.

Before we look at basic income at all, we can discern a potential conflict between these egalitarian objectives, namely that any attempt to give more recognition, value and support to care work would risk reinforcing the gendered division of labour, since it would make women’s position within that division more tolerable. *Any* such attempt would remove one significant reason women have for objecting to the gendered division of labour as such and for engaging in other forms of work that are symbolically valued and materially remunerated more highly. But this conflict is not a fact of nature. It is perfectly possible to imagine a world where care work is both valued and shared, along the lines of what Fraser (1997) calls the “universal caregiver” model. Our chances for abandoning the gendered division of labour might even be increased by revaluing care work, since that would reduce the costs to men of engaging in it.¹

¹ How much of a difference it would make is open to question, since men already often receive more recognition for taking on caring roles than women do (Lynch et al., forthcoming).

2. The Role of Basic Income in Promoting Affective Equality

How does basic income fit into all of this? On the face of it, not easily. Precisely because basic income is universal, it does not seem to play any role in recognising, valuing and supporting care work (Krebs, 2000; Robeyns, 2001a). You get it whether you are involved in care work or not. On the face of it, payments targeted at caregivers, or more generally a participation income scheme that recognised care work as one of many valuable ways to participate in society, might be better (Robeyns, 2001b). But this argument moves too quickly. First, it ignores the downside of such schemes. Unlike means-tested benefits, participation income does not stigmatise recipients, but it certainly stigmatises non-recipients, many of whom may engage in forms of care work that are too invisible or unusual to be reflected in bureaucratic rules (Pateman, 2004). The bureaucratic surveillance involved in assessing whether someone qualifies for participation income is itself a form of power inequality that we should resist, not embrace (De Wispelaere and Stirton, 2007). Moreover in traditional households, participation income would reinforce the idea that care is the woman's "job" and would thus legitimate male withdrawal from care work (Pateman, 2004). Precisely because basic income is not conditional on identifying worthwhile occupations, it can serve not as a *payment* for care work but as a universal *support* for care work, providing everyone with a more effective opportunity to engage in it, whether by partial or complete withdrawal from the labour market. At the same time, it can be thought of as operating on the presumption that nearly everyone is engaged in a range of worthwhile activities that it is legitimate for society to support. So it is not true that basic income does nothing to recognise the value of care work. On the contrary, basic income can be presented as recognising care work as one of a range of (partially) noncommodifiable activities that people can engage in and for which people deserve to be materially supported (McKay, 2001). Whether basic

income is understood in this way depends on how it is framed in public discourse, which itself depends on the broader ideological climate.

An additional factor, rarely mentioned in discussions of basic income, is that within such a system, financial support for caring does not necessarily come exclusively from the basic income of the caregiver. That support might also come from the basic income of the person being cared for. If we favour a level of basic income sufficient to meet everyone's basic needs, then the level appropriate for children and for other people in need of a considerable amount of care should be sufficient to cover the cost of whatever care may be appropriately provided through the market. In the case of young children, parents could use their children's basic income either to pay for child care or to support their withdrawal from paid labour.² Understanding basic income in this way implies that the level payable for young children should be higher than that for school-age children, and that the basic income of other people in need of care should be supplemented by or include a needs-related payment. A basic income so conceived could also help to redress some of the power inequalities experienced by care recipients.³ Such a model would help to avoid the possibility of basic income generating what Robeyns (2007) has called a "childcare trap," through which mothers face severe disincentives to enter or resume paid employment. Of course, this kind of trap already exists for mothers whose potential earnings are insufficient to cover the cost of child care, and sometimes even more acutely for other caregivers. I am not arguing for higher levels of basic income for care recipients as an alternative to

² There are obvious similarities here to Alstott's (2004) proposal for caretaker resource accounts, although Alstott restricts the uses of these accounts.

³ This intersects with a question worth pursuing in its own right: how should we design basic income in relation to equality for disabled people, as informed by the social model of disability? One way or another, just institutions must provide for the additional costs of impairment, which are exacerbated by disabling environments. Whether formally incorporated in a disabled person's basic income or treated as a supplementary payment, how decisions would be made about eligibility and payment levels, whether they would be tied to particular uses, what conditions determine whether they would be controlled by the disabled person or by a trustee, etc. are all important issues in analysing basic income and would affect the power relations between disabled persons and their personal assistants.

subsidizing institutional care, but only suggesting that an adequate basic income would cover the current cost of care, subsidized or otherwise. The lower the subsidy, the higher would have to be an adequate basic income.

But what about the effect of basic income on the gendered division of labour? Returning to the general issue raised above, it does seem to risk reinforcing that division by making care work more attractive, especially in comparison with some of the low-paid and exploitative jobs that many women are currently forced to take up. But in a social context where traditional gender roles are already changing, basic income could be a way of making care work more palatable to men too. The key issue is the broader ideological climate in relation to gender. The belief that it is women's role to do the care work plays a much more powerful part in maintaining the gendered division of labour, and the many practices and institutions that sustain it, than does the tax and benefit system. A cultural shift that regards it as right and proper for care work to be shared therefore seems to be a far more important way of changing that division than whether basic income makes it more advantageous, at the margin, for women to give up paid work than for men to do so. One of the ideological tasks of the women's movement and of the equality movement more generally is to encourage such a shift (Baker et al., 2004, pp. 218-228).

3. The Commodification of Care

In a recent empirical study, Kathleen Lynch and Maureen Lyons engaged in "care conversations" with a number of caregivers and care recipients in Ireland.⁴ Among the central themes that emerged was the fact that their care relationships were governed by a nurturing rationality quite different from the rationality conventionally attributed to economic actors. Over and over again, the reasons

⁴ The results of these conversations are presented in Lynch et al. (forthcoming), especially chs. 3-7, 10.

caregivers gave for making care choices, often at substantial material cost to themselves, related to love, moral obligation and the patent absence of alternatives that could meet the needs of their children, dependent spouses or parents. While caregivers wanted more recognition and material support for their care work, they also felt that its love labouring aspects were inalienable; they needed time to be present to intimate others and to have the energy to engage in the nurturing forms of care. Because this part of care work is based on norms of mutuality, commitment and presence that define intimacy, they believed that paid forms of care could complement but not replace it. Gendered expectations clearly led to women providing more care than men, although the conversations with male caregivers were also instructive and illustrated contemporary shifts in the construction of gender. In a society in which these beliefs are widely held, an attempt to address the gendered division of labour by externalising and commodifying care while pushing caregivers into paid employment runs against people's deeply ingrained understandings of human relationships and frustrates their needs for love and care. In light of caregivers' willingness to prioritize care over economic gain, such a strategy relies on raising the cost of withdrawal from the labour market to an unbearable level. Of course, a strong case exists for challenging the belief that care is women's work, but I see no case whatsoever for challenging the importance of intimacy and resistance to commodification. Once those premises are in place, social policy must aim to support relations of love and care rather than to supplant them.

4. Conclusion

In this note I have used a multidimensional equality framework to trace inequalities of work, recognition, resources, power and care itself within the affective system. I have focused on affective equality, both because of its intrinsic

importance and because some other treatments of the gender-equality effects of basic income (for example, Bergmann, 2004, p. 116) operate with a narrower conception of equality centred on income and employment. I have argued that a feminist strategy on care work must attack the gendered division of labour, but must also recognise and support care work in a way that acknowledges the limits to its commodification. Finally, I have shown how basic income can contribute to this strategy, and have indicated in particular its advantages over two alternative approaches: those that explicitly target caregivers for financial support, and those that target them in a more sinister sense by driving them into paid work. Affective equality is only one aspect of the relationship between basic income and gender equality. A fuller treatment would look at equality in the other major social systems, in each case examining the multidimensional inequalities between men and women and the impact that basic income could have on them.⁵ One thing we can be certain of is that achieving gender equality throughout society depends on a lot more than introducing basic income. But if the analysis above is correct, basic income can make a positive contribution to that aim.

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