Kent Academic Repository

Rand, Stacey (2022) *Exploring theological perspectives on adult social care.* Theology, 125 (3). pp. 164-171. ISSN 0040-571X.

Downloaded from

https://kar.kent.ac.uk/92524/ The University of Kent's Academic Repository KAR

The version of record is available from

https://doi.org/10.1177/0040571X221097544

This document version

Publisher pdf

DOI for this version

https://doi.org/https://journals.sagepub.com/doi/pdf/10.1177/0040571X221097544

Licence for this version

CC BY-NC (Attribution-NonCommercial)

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal* , Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies).

Theology

Article

Theology
2022, Vol. 125(3) 164–171

DOI: 10.1177/0040571X221097544
journals.sagepub.com/home/tjx
SAGE

Exploring theological perspectives on adult social care

Stacey Rand
University of Kent, UK

Abstract
A number of theological perspectives on adult social care are considered to illustrate how theology can be brought into creative dialogue with the practical and ethical issues in a way that may inform the ongoing public debate.

Keywords
care, care workers, caring, public theology, theology of work, unpaid carers

Introduction

There has been considerable public debate about adult social care in England over recent years. The COVID-19 pandemic has led to greater awareness of the weaknesses and challenges faced by the adult social care sector; however, public consensus on the best way to address those challenges remains elusive. In this article, I explore what theological perspectives bring to the public debate. While theological perspectives may not be the mainstream of policy analysis or public discourse (in fact, they may be unwelcome), they inform the way in which a significant minority of the population thinks about adult social care and responds to it, both individually and collectively. Indeed, along with other public policy areas, such as the family and households, the archbishops' have recently launched a commission into adult social care (Reimagining Care) that will examine the Church's role in responding to the challenges.[1] Furthermore, contemporary issues influence theological insights and perspectives, as has been evident with emerging work in the

Corresponding author:
Stacey Rand
Email: s.e.rand@kent.ac.uk

areas of disability theology, for example. Yet the specific area of adult social care has been relatively ignored. While this short article cannot resolve the gap, it will seek to identify and explore potential avenues for further exploration.

'Love your neighbour as yourself'

Care and caring through practical responses to human need is a central theme in Christian teaching and pastoral care. Interpretations of Jesus' commands to 'love your neighbour as yourself' and 'love one another' may provoke individual or corporate responses to provide for people in need. However, it could be asked whether this is applicable to adult social care. On the one hand, the practical response of care, whether through paid care work or unpaid 'informal' care, may be informed by the spiritual and theological lens of responding to human need with loving kindness and compassion. To avoid the power imbalance of a one-way giving of care and its potential misuse, it could be emphasized that any caring encounter is a mutual relationship of exchange, whereby both people may be equally blessed. Yet it is precisely the potential for power imbalance, especially in elevating the 'carer' over the 'care recipient', that may limit what this theological perspective has to offer, even if there is a seeking after ways to rebalance the relationship.

Furthermore, it may also focus care and caring on actions limited to the circle of relationships in a family, friendship group or local community. Such social networks vary considerably. They are not equally able to respond to an individual's care needs. Some have more limited resources than others, which places individuals at risk of living with unmet needs that restrict their capacity to flourish. Those who offer care, especially in situations of fluctuating or progressive need, may find that they are unable to cope with what is required. Indeed, it is increasingly recognized that paid care work and also unpaid informal care are risk factors to individual health and well-being. Unpaid carers, for example, may find that they are unable to sustain employment, social relationships or other activities alongside their caring responsibilities. This may place a strain on the person's physical and psychological health, as well as household finances and well-being. Increasing awareness of the consequences of caregiving has informed responses to address care workers' health and safety, as well as to support unpaid carers to sustain their health and well-being.

Therefore, it is vital that 'love your neighbour' is not limited to human need in immediate proximity. There also needs to be a view of social solidarity, mutual responsibility and support ('care for the carers'), especially in sustaining care within families and local communities that have limited resources. There are a number of ways in which this could be achieved, including through organized informal networks of mutual aid (e.g. time banks, support groups), local voluntary organizations (e.g. carers' organizations, lunch clubs, befriending), not-for-profit care provision or publicly funded and/or organized support. This allows 'love your neighbour' not only to be expressed through kindness and practical care in immediate and informal personal relationships, but also to recognize the importance of wider interconnected support in ensuring that people can live well.

Including when it involves paid care, an awareness of personal and relational interconnectedness encourages the adoption of an attitude of mutual regard, obligation and attentiveness towards one another (especially ‘in Christ’) that affirms the value and dignity of every human person. This avoids the tendency to regard ourselves and one another as atomized individuals who exist free from the constraints of personal relationships. Such a view may be reinforced by the drive towards understanding care as a ‘service’ that has ‘clients’, who exercise choice and control. While this redresses power imbalances that may be experienced by care recipients and the issue of low-quality or even harmful care, it underplays the way in which we exist relationally and the importance of relationships, including with family, friends and care workers, who are also people to be regarded equally and mutually.

Feminist ethics and theology

The concepts of vulnerability, dependency and care are central to feminist ethics and theology. The concept of the person as an independent and autonomous agent, who acts in a self-determined way, is critiqued by highlighting embodiment and relationality,[2] as has already been explored in the previous section. These insights are important in relation to adult social care, since caring typically happens within established personal relationships (e.g. parent–child or between spouses) and often affects the dynamics of pre-existing relationships. Any informed understanding of care needs to be attentive to these complex interpersonal dynamics and also to the experience of care of the people involved. An abstraction of caring relationships will obscure this complexity and limit its descriptive value. Therefore, even if abstraction is necessary to enable policy planning, administration and decision making, it is important to re-ground the assumptions and conclusions of such analysis against the relational experience of caring. Similarly, feminist ethics and theology may offer the corrective lens to re-ground other theological perspectives on care and caring.

As an example, it is possible to abstract care to a description of care-related tasks: for example, help with washing or dressing. It is possible to assess whether the task has been undertaken, how long it took, and so on. Such analyses may be important in the context of trying to understand the nature and impact of caring on a family member, which may affect the type of health or social care support offered. It may also be used to quantify and cost the delivery of care, whether formal or informal, to demonstrate the economic value of caring. However, such abstractions are not able to capture the relational significance, value or meaning of caring. This includes the attitudes, motivations and meaning of caregiving, which differ between individuals, relationships and contexts. For example, some people adopt a long-term perspective to frame the value and meaning of the emergent caring relationship in the broader context of the existing relationship (e.g. ‘She’d have done the same for me' or 'She looked after me as a child'). It may also be that social attitudes and assumptions are applied to caring (e.g. 'It's what families do'), even if these may also lead to poorer outcomes for carers, especially if applied unreflectively.[3] These meanings may be evident in whether and to what extent people identify themselves or the person who supports them as a 'carer', especially in a way that supersedes or replaces the prior relationship, whether parental, spousal or any other type of relationship. Feminist perspectives keep a view of these complex relational aspects of caring, especially in how they are experienced individually and relationally.

This is important since, historically, and also still in many countries, unpaid care is primarily undertaken by women. The majority of the paid care workforce is also female. It is important to acknowledge and understand the underlying social or cultural assumptions that influence the gender imbalance in care and caring. However, the balance of caring is increasingly equal, especially with the entry of women into the labour market and other social trends and changes in family and household composition. Approximately 40 per cent of carers in the UK are men. Male carers, of all ages, however, are less likely to identify as 'carers' and face barriers in accessing support.[4] Therefore, it is important that the experiences of male carers are also recognized in developing a theology of care and applying it in public discourse. This may be navigated by retaining the feminist focus on relationships and interdependence, while recognizing that these are *human* experiences. Care and caring concern both men and women, since all may experience different levels of (in)dependence or vulnerability that require a caring response from others to enable their flourishing, even if a gendered perspective may help highlight particular needs for support or vulnerability.

Paid and unpaid caring as work

In thinking about those who care, whether paid or unpaid, and the people they support, caring is a phenomenon that brings into sharp focus the themes of interdependence and relational mutuality. However, caring may also be understood as a form of human *work*. These are not mutually exclusive perspectives; they both bring useful insights alongside one another. Therefore, it may be useful to bring insights from recent developments in the theology of work to reflect on caring, both paid and unpaid. In particular, Miroslav Volf's *Work in the Spirit*, which seeks to develop a theology of paid work in the context of Western late modern societies, where people rarely have a 'job for life' and often need to shift careers or roles a number of times through an extended working life, recognizes the blurred boundary between paid and unpaid work, including caring.[5] Volf draws on the doctrine of the Holy Spirit to characterize human work as 'work in the Spirit' – that is, cooperating with God to bring the transformation of God's kingdom. This enables a view of work that transcends the concept of a 'calling' or 'vocation' to one particular type of work; instead, it allows for a person to engage in different types of work, paid and unpaid, that centre on the person's giftedness. All work that is undertaken according to God's will, regardless of role or status, may be cooperating with God. However, Volf is sensitive to the ways in which work may be inhumane: for example, if it is exploitative or oppressive, limits personal development or autonomy, or lacks a communal aspect of working for the common good. Such work is described as 'alienating'.

This conceptualization of work may be applied to the work of care, both paid and unpaid. It highlights the way in which caring can be deeply fulfilling and rewarding. Despite the risks and burdens, it can be experienced as making a real difference to someone's life, to forging connection and expressing care. However, it may stunt personal development or autonomy (e.g. a young adult who cares for a disabled parent and is unable to complete their education or enter into paid employment). It may not allow space for adequate rest or it may be exploitative or oppressive in a way that dehumanizes both the unpaid family carer and/or care worker and the person receiving care. This applies to both paid care workers, who work on a 'poverty wage', and those unpaid carers who have to give up employment to focus on caring and may end up in financial difficulty as a result. It also relates to concepts of 'care', or the way in which it is organized and delivered, that focus excessively on profit or minimizing costs rather than the 'common good', including the well-being and dignity of the person with support needs, as well as the well-being and dignity of the worker/carer.

By applying the lens of care as work, it enables a view of what is 'good' about such work, for both carer and care recipient, and also moves away from a discourse that sets the 'rights' of one party (i.e. carer or care recipient) against those of another. Instead, it focuses on how there is a shared responsibility to ensure that care and caring are humane and non-alienating work *for all parties*. The emphasis here is on what we,[6] collectively, need to do to achieve this: for example, paying a fair wage, supporting (un)paid carers, and ensuring good use of resources to deliver good-quality, safe, responsive, effective and humane care.

A fuller version of compassion

Caring is typically a response to human need, whether physical, mental or emotional, sensory, cognitive or intellectual, as a result of long-term illness, disability or ageing. While such needs may not always cause suffering, it may be that the experience of ill health, disability or ageing is a source of suffering, both for the individual and for those close to them. Christian theological perspectives on human suffering have tended to focus on the central role of compassion. Art, music and devotional practices that encourage a meditation on Christ's suffering, for example, have led to an emphasis on the capacity to feel and respond with both empathy and compassion. In theologies of care that begin with compassion as a response to others' suffering, however, it is easy to ignore the agency and independence of the person being supported. Indeed, the voices of people with care needs may be overlooked or even silenced, including by well-meaning interventions. Actions to 'give people a voice', for example, may unintentionally curtail their agency and ability to speak and be heard on their own terms. The expectations of how someone *ought* to experience ill health or disability, rather than starting from that person's actual perspective, may also lead to unhelpful attitudes, behaviours and responses that create or sustain inequalities, stigma and social exclusion.

In addition, by focusing on compassion as an emotional response to (actual or expected) suffering, there is the danger of developing compassion fatigue or despondency in the face of overwhelming human need or suffering. It may also embed or perpetuate power imbalances that may remove people's dignity, independence and autonomy. It may also create a sharp divide between 'givers' and 'receivers' of care that obscures the reality of human vulnerability and caring – i.e. most people are likely to both receive *and* give care at different stages of their life course.[7] This is not to say that compassion, as a response to suffering, is entirely undesirable, especially if it is empathetic and person-centred; however, there needs to be awareness of its complexity. This includes the potential negative or harmful effects of power imbalances between carer and care recipient, compassion fatigue, burnout and disengagement, and the consequences of a possible lack of mutual regard of shared humanity and equal dignity, by both carer and care recipient.

As a counter to this, a theology of Christ's suffering that focuses on the cross – not merely as a symbol of suffering that moves us to pity, but as a mystery that reveals to us God's love and saving power, through Christ's resurrection – may enable us to develop a fuller account of compassion. This perspective allows us to view how we live in a world that includes human suffering, yet we are also called to behold God, in Christ, through the cross, which reveals the promise of fullness of life and living hope. To gaze upon the cross is to see the reality of human suffering and also our powerlessness to 'fix it'; yet also, by attending to it, as God also attends, we may discern how to respond by alleviating it, as far as we are able. This is a view that recognizes the vulnerability and powerlessness of the 'giver' as well as the 'receiver' of care, both of whom are bound together in the common experience of being human, who are in shared relationship with one another and also with God, in Christ.

A response to gazing on the cross is not limited to compassion, as a bearing of or sharing in another's suffering. It is rooted in the broader shared experience (empathy) of *being human*. By regarding another's experience, from our view of their perspective (as well as we are able to understand it), it invites us to ask what it means to live a full life as a human person. Even if the answer is not exactly the same for everyone, it is possible to agree on commonalities that bridge individual differences: for example, personal and social relationships are important to human flourishing, even if what that means and how it is expressed are different for each person.[8] In regarding suffering and human need as 'gazing upon the cross', it is seeing how someone is unable to live fully, whether as a result of a long-term health condition, illness, poverty or other disadvantage; yet it is also about asking what actions will enable someone to live fully, as they wish. This requires a willingness and ability to understand and share in another's perspective in a person-centred way (i.e. laying aside our assumptions and attitudes, to empathetically enter into that person's perspective), creative and flexible problem solving, and an attitude of partnership in care (i.e. the care recipient and the carer should work together towards a common goal). It also disrupts the power imbalance and excessive focus on the caregiver's perspective, as it steps away from the concept of care as something bestowed on another as a result of compassion (i.e. another's suffering is seen, felt or shared by the caregiver, and alleviated by the caregiver's action). Instead, it sees caregiver and care recipient as equals. The reality of suffering is acknowledged, without seeking to downplay or ignore it; however, the movement is towards action to enable human flourishing, as far as possible.

Conclusion

In this article, a number of theological perspectives on adult social care have been considered. These are not exhaustive, but they illustrate how theology can be brought into creative dialogue with the practical and ethical issues raised by adult social care in a way that might inform the ongoing public debate. Adult social care is one of the major social issues of our time. Theological engagement is seen as key to ensuring that the Church is able to meaningfully and critically engage in the public debate, especially in responding to and actively shaping the narrative around care and caring.

Notes

1. See <www.churchofengland.org/about/archbishops-commissions/reimagining-care-commission>.
2. Susan Dodds, 'Dependence, care and vulnerability' in Catriona Mackenzie, Wendy Rogers and Susan Dodds (eds), *Vulnerability: new essays in ethics and feminist philosophy* (Oxford: Oxford University Press, 2013), p. 181.
3. Stacey Rand, Juliette Malley and Julien Forder, 'Are reasons for care-giving related to carers' care-related quality of life and strain? Evidence from a survey of carers in England', *Health and Social Care in the Community*, Vol. 27, no. 1 (2019), pp. 151–60.
4. Nan Greenwood and Raymond Smith, 'Barriers and facilitators for male carers in accessing formal and informal support: a systematic review', *Maturitas*, Vol. 82, no. 2 (2015), pp. 162–9.
5. Miroslav Volf, *Work in the Spirit: towards a theology of work* (Eugene OR: Wipf and Stock, 2001).
6. 'We' would include those who pay towards care as well as those who have a stake in, design, manage, oversee and deliver care. In England, this would cover all taxpayers and 'the public', since care is a public service.
7. Alasdair Macintyre, *Dependent Rational Animals* (Chicago and La Salle IL: Open Court, 1999), pp. 1–9.

8. Work has been conducted to define those aspects of quality of life that may be supported by social care; these are known as social care-related quality of life (SCRQoL) and may be measured using the Adult Social Care Outcomes Toolkit (ASCOT) (see <www.pssru.ac.uk/ascot>). The ASCOT concept of SCRQoL includes: social relationships; doing things you value and enjoy; having choice and control over daily life; food and drink, personal comfort and cleanliness; home comfort and cleanliness; personal safety; and dignity. The ASCOT definition of SCRQoL moves away from 'needs' defined by functional limitations (e.g. not being able to wash or dress oneself) and instead asks to what extent someone is currently able to live as well as they would like (based on personal preferences and attitudes) and how the right support could improve or maintain their SCRQoL.

Author biography

Stacey Rand is a senior research fellow in social care policy at the Personal Social Services Research Unit (PSSRU), University of Kent, and an Anglican priest in the diocese of Canterbury.