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Professional Caring in Affective Services; the ambivalence of emotional nurture in practice

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Abstract

Emotional nurturance is a fundamental feature of all forms of professional caring. As well as delivering expert social, health, education, practical or personal services, good caregivers possess an other-centred disposition, are emotionally intelligent and relationally skilled, and morally caring. Despite this, the value, role, and status of emotional nurturance in professional care is ambivalent. Drawing on feminist care theory, Hochchild's emotional labour theory, and Bourdieusian social reproduction theory, as well as diverse empirical studies, this paper identifies how emotion is marginalised and misrecognised and calls for the reappraisal of emotion in professional care work in ways that appreciate tensions, contradictions, and dilemmas in practice.

Keywords: care labour; emotion; emotional labour; emotional capital; care ethics

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Introduction

Emotional nurturance is a fundamental feature of all forms of professional caring. Varying in role and status, a diverse and fluid array of caring, social or helping occupations (Boddy, Cameron, & Moss, 2006) are involved in the provision of nurturing whereby the emotional wellbeing of the client is a central objective. As well as delivering expert social, health, education, practical or personal services, good caregivers possess an other-centred disposition and caring identity, are emotionally intelligent and relationally skilled, and morally caring. Much of the quality of affective services depend on the critically reflective relational skills of workers (Hennessey, 2011; Ruch et al., 2018). While the value, role and status of emotional nurturing varies in different affective services (Payne, 2009) none can operate meaningfully without it. Despite this, emotional nurturing care is misrecognised and marginalised within service organisation and delivery in ways which amplify the ambivalence of emotional nurturance in practice. This paper aims to advance critical perspectives on professional caring in reappraising emotional nurturance in care work. Drawing on feminist care theory, Hochchild's emotional labour theory, and Bourdieusian social reproduction theory, as well as diverse empirical studies, this paper identifies how emotion is marginalised and misrecognised in practice. It shows how processes of governance prioritise instrumental care. All the while workers are required to navigate the conflicting expectations of emotional labour and to embody emotional capital even though it is institutionally devalued. Professional care theory needs to develop critical perspectives that value emotion but in ways that appreciate the tensions, contradictions and dilemmas arising in practice.

The Marginalization of Emotion in Affective Services

Emotional care has become more precarious and marginalised within the context of professionalization and regulatory reforms that claim to be about improving the quality of care in affective services. As states take an increasing role in directing standards of service delivery, education, and training programmes, they become the producer and promoter of professional knowledge in the form of 'manuals, guidelines, protocols and standardised instruments for screening, assessments and interventions' (Perlinski, Blom, & Evertsson, 2017, p. 261). The drive to improve quality and efficiency can limit professional discretion and autonomy especially in the framework of New Public Management (NPM) and Evidence Based Practice (EBP) (Perlinski et al., 2017). While professionalization can elevate the status of caring occupations, it can also constrain practice (Pamela Abbott & Liz Meerabeau, 1998) in a quest for accountability (Kline & Preston-Shoot, 2012). Professionalization, whilst promoting disciplinary knowledge, authority, and recognition, as Blom, Evertsson, and Perlinski (2017) note, can also produce deprofessionalization by restricting autonomy through an audit culture of monitoring, assessment, inspection and evaluation.

Whilst improving care standards is important, these processes can overlook, minimise, and marginalise the role of emotional nurturing. Codes of conduct and practice, care standards, continuing professional education, and managerial monitoring set down expectations for how managers and frontline staff monitor their interactions with colleagues and with client groups. Within this context emotional care may be notionally valued but not easily accounted within managerialist practices that control emotion (García, 2014). In particular, affective services monitor workers emotional interactions by controlling how they spend time and privileging instrumental physical and practical activities over social and emotional ones (Lopez, 2006). Though caring professions are characterised by vocational dispositions and a service ideology

prioritizing the needs of service users, they deliver care within the context of bureaucratic organisations, managerialism and statutory regulations which may conflict with client-centred goals (Abbott & Meerabeau, 1998). The result is that 'soft' emotional skills such as negotiation, collaboration, teamworking, conflict resolution, and reflexivity are side-lined to competency-based and technical dimensions within a culture of performance targets and auditing (Gorman, 2000). The emotional worker within affective services may find organisational and managerial practices at odds with intimate, time-dependent, and personalised expectations of emotional care.

The Devaluation of Relational Care Ethics

The ambivalent position of emotion within managerialist and professionalization processes is also a consequence of the dominance of liberal justice ethics over care ethics. Within the liberal tradition principles of equality, fairness, universalism, impartiality, objectivity, self-reliance, independence and autonomy can conflict with a ethic of care characterised by subjectivity, emotional relationships, needs and context based decision-making, holism and harmony (Botes, 2000; Rummery & Fine, 2012). Moreover, in contrast to the principled based approach of professional ethics, caring practices based on an ethic of care can be evaluated in terms of how well the moral qualities of attentiveness, responsibility, competence, and responsiveness are applied to the distinct yet integrated phases of caring (caring about, taking care of, caregiving, care receiving) (Tronto, 1993). Perhaps most important is that the foundation of an ethic of care recognises the universality of interdependence (Barnes, 2011).

The moral conflict between care and justice ethics can result in tensions in practice. Hugman (2014) notes, objectivity and impartiality of professional practice can clash with the emotional particularity of care relations. Campbell (2015) suggests the

conflict between the 'voice of justice', where moral action is guiding by legislation, rules, and regulations governing practice, and the 'voice of care', where moral action is guided by attachments, interpersonal relationships, care responsibilities and the emotional context, has arisen because a bureaucratic version of justice has become institutionalised under the guise of performativity, an audit culture, and evidence-based practice. Similarly, Holland (2010) argues a liberal ethic of justice has resulted in an emphasis on systems for monitoring, assessment, reviewing and measuring outcomes. Whilst acknowledging the importance of an ethic of justice she critiques it for marginalising relational practice, practical care, and the care experience, and failing to perceive the importance of interdependency and continuity of relationships throughout the life course. What these critiques suggest is that the marginalization of relational care ethics in favour of policy and bureaucratic procedures sets the wider context that frames the ambivalent role of emotional labour and misrecognises its complexity. It is not that liberal principles or an ethic of justice are invalid in caring, but that they can squeeze out emotional relational care.

The Ambivalent Role of Emotion in Practice

Professional care labour depends on the effective engagement of emotion in the service of helping others meet their needs, but any reappraisal of emotion needs to consider the importance and complexity of the emotional element of care. Feminist care theory can help us understand this relationship. Whilst there are competing debates, there is wide agreement that care takes time, effort and energy and involves a complex interrelation between emotional (feeling), physical (practical), mental (planning) and cognitive work, skills and tasks (Lynch & Walsh, 2009). A common way to conceptualise the distinction between emotional and instrumental aspects of caring is by considering the intricate relationship between *caring about* (as an other-centred disposition, cognitive,

moral, and emotional orientation and caring identity) and *caring for* (tending to physical/practical/personal needs) (Finch & Groves, 1983; Graham, 1983; Rummery & Fine, 2012). Debate arises over the conceptualisation of care as work or love and how it relates to reproductive and domestic tasks (Leira & Saraceno, 2002). For example, can one care without feeling? On the one hand, emotion is central to caring because human beings are emotional animals and human interactions involve emotion management (Hochschild, 1983 [2003]). Yet, while noting how caring involves nurturing, Lynch and Walsh (2009, p. 252), point out it may not always involve emotional work, just as emotional work isn't always nurturing. We might ask if the provision of a good meal, without emotion, caring? There again, emotion is highly complex in that it can be expressed through action or inaction (including silence), and seemingly unemotional behaviour can be intensely emotional (Craib, 1998). But as Lynch and Walsh (2009) point out, even feeling expressed through actions must be felt by recipients and not just declaratory, or as Tronto (1993) argues care must also be responsive to care-receiving. Finally it's important to note that, unlike many forms of service work the intention of professional caring is explicitly nurturing, though this does not necessarily mean being 'nice' as authority, discipline, persuasion, manipulation, control and protectiveness also feature (McLaughlin, 1991) in 'normalising' behaviour based on 'expert' knowledge (Pamela Abbott & Liz Meerabeau, 1998).

These points illustrate the complexity of emotion in caring. The concept of emotional labour has enabled us to appreciate the centrality of emotion in service industries, which, combined with its lack of recognition, arguably results in the exploitation and emotional estrangement of the worker.

The Challenge of Emotional Labour

Hochschild (1983 [2003]) distinguishes between the work of managing emotion (emotional work) involved in private relations and the emotional labour of public work. Emotional labour is commodified emotional work that is governed by organisational feelings rules, a particular hallmark of service work. In such contexts, and depending on the nature of the service, workers are in the business of being nasty and/or nice as they attempt to affect how people feel about the service or interaction. Hochschild argues emotional labour is exploited because it is poorly recognized and remunerated and because it estranges workers from authentic feeling. Workers engage two different emotional strategies in performing and coping with emotional labour; surface acting (deceiving others about what they feel by disguising feeling or pretending they feel differently); and deep acting (deceiving both others and self by displaying a disposition of sincerity).

Emotional labour is useful in showing how care workers manage emotionally challenging interactions with clients, from managing illness, death, or dealing with aggression, to supporting people with mental illnesses and addictions, or helping people with homelessness, family breakdown, domestic violence, and abuse (Bruce & Boston, 2008; Kelly, 2017; Mann & Cowburn, 2005). Emotional labour also has an important role in providing effective services and quality outcomes, socialising professional identity, developing workers coping strategies, controlling emotional involvement, and maintaining professional boundaries. Henderson (2001) showed how UK and Canadian nurses alternated strategies of engagement and detachment when coping with its emotional demands. Gray (2002) demonstrated how the emotion management of UK family support workers enabled them to attend to feelings, put people at ease, reduce interpersonal barriers, build trust and reciprocal understanding, and encourage

disclosure. Emotional labour was central to the work of Kanasz and Zieliñska's (2017) Polish social workers including their interactions with colleagues and other professionals showing how it could vary with the context and situation. Fabianowska and Hanlon's (2014) support workers in harm-reduction addiction services in Ireland used emotional labour to embody professionalism, show empathy, and maintain protective emotional distance. Similarly, Moesby-Jensen and Nielsen's (2015) study of Danish social workers showed how emotional labour strategies protected workers from over involvement whilst displaying professionalism.

Research suggests a nuanced picture of how workers are affected by emotional labour. Although both surface acting and deep acting require effort and are stressful, studies suggest that surface acting results in greater dissonance between feelings and performance, whereas the empathetic effects of deep acting reduce emotional incongruence. Cho and Song's (2017) study of South Korean social workers analysed the relationship between emotional labour and staff retention suggesting that reducing surface acting interactions and increasing worker autonomy and support reduces staff turnover. Likewise, based on their study of English mental health nurses, Mann and Cowburn (2005) suggest workers are negatively affected by surface acting because of the high expectation that professional care is authentic.

Hochschild was somewhat indecisive about the role of emotional labour in professional caring claiming it meets only two of three criteria. Whilst care work requires face-to-face or voice-to-voice contact, and requires workers produce an emotional state in another person through clinical discourses (1983 [2003]: 52), it is not necessarily exploitative if workers supervise their own labour 'by considering informal professional norms and client expectations' and where there is no 'emotion supervisor immediately on hand' (Hochschild, 1983 [2003]: 153). However, she also pointed out

the importance of the emotional labour of care supervisors ('influential directors') in managing the emotional labour of care workers. Commenting on a study of the clinical training practices for workers with emotionally disturbed children, Hochschild (1983 [2003], p. 52) notes how students were expected to perceive the children as victims with little self-control as a result of their emotionally depriving background. Working with these children, according to the director, requires exceptional kindness and indulgence to penetrate the children's perceptions of a hostile and hateful adult world. Workers must never respond through anger, to always be warm and loving, and to always present a 'clinical attitude'. For Hochschild (1983 [2003], p. 118) care managers also use emotional labour when monitoring the emotional labour of carers as they 'monitor the supply', 'patch leaks', 'report breakdowns', and manage workers frustrations when workers are 'offstage'.

Maintaining Autonomy and Emotional Authenticity

Hochschild's point is that having control over one's emotions reduces estrangement. Research on caring is also critical of the inauthenticity of emotional labour. Based on a study of care in US nursing homes, Lopez (2006, p. 141) critiques the way emotional labour involves 'putting up a front' of emotional detachment because such inauthentic displays violate the mutuality and reciprocity required of healthy relationships and distance caregivers from the needs and suffering of clients. However, research also suggests workers can exercise agency and genuineness when caring (Bolton, 2000). Roh, Moon, Yang, and Jung's (2016) study of US social workers found a public service orientation reduced the negative effects of surface acting on job satisfaction. Similarly, Stalker et al's. (2007) research on Canadian Child Welfare workers found a caring disposition and feeling of making a difference positively effects job satisfaction even

when facing stressful work in negative work settings. Isenbarger and Zembylas' (2006) US teachers experienced estrangement, stress and burnout but the excitement and challenge of emotional labour also enhanced their self-esteem especially where they possessed a pre-existing caring disposition. McClure and Murphy (2007) argue that Hochschild's dualistic concept of emotional management, with 'use-value' emotional work within unwaged ('altruistic') private interactions, and 'exchange value' emotional labour within waged public interactions, oversimplifies the multiplicity of emotional exchanges in nursing. The labelling of all emotional display behaviours as emotional labour hides those that are discretionary, volitional, or spontaneous and not only performed because they are paid. From this perspective, without denying the emotional labour of nursing, not all interactions are paid for and regulated and suggest they can also be authentic.

Managing Love and Professionalism

The notion that emotional care can be authentic is most problematic in respect of the commodification of love. Professional caregivers are expected to develop nurturing bonds with recipients whilst also managing and maintaining professional boundaries. These ambivalent boundaries between care and love (Ungerson, 2005) and the 'feelings rules' where work and care collide are complex (Hochschild, 1983 [2003]: 204). This is most evident in practice where the ideals of good caring as love breach the boundaries of professionalism. Care workers are expected to be emotionally nurturing yet bounded by contractual and professional obligations. To apprehend this often contradictory, tense and ambivalent relationship it is helpful to distinguish, as Lynch and Walsh (2009) do, the way care relations are shaped by relative degrees of relational (inter)dependence and emotional obligations differing within primary (love labour), secondary (care labour) or

tertiary (solidarity work) relations. Lynch (2007) makes a conceptual distinction between care and love, arguing that care labour, including professional caring, is commodifiable, but not the love labour of primary care relations. Love labour is essentially non-commodifiable, non-transferable, and inalienable because within primary love relations the relationship itself is the goal. Essentially there are some relational activities that cannot be substituted or sub-contracted to another as if it were from oneself. One can, for example, pay someone to care for one's child but not to love the child as if it were from oneself.

Although care cannot be substituted for love, Cantillon and Lynch (2017) note they may be closely intertwined, and under certain circumstances professional care relationships may transform into primary love labour relationships. Nonetheless, the central purpose of professional caring is realised through caring rather than the 'intimate, mutually supporting, love-led relationship' being the objective itself (ibid. 175). Affective services typically reach their limits when trying to provide love. Whilst the dualism between love and money (commodified care) can be overplayed (Folbre & Nelson, 2000) and the boundaries between love and care are frequently blurred, they differ in time and scope (Lynch & Walsh, 2009). Care labour involves less intimacy, trust, expectations, and feelings; obligations, interdependency, attachments and responsibilities are of a lower order and they are more contingent and subject to choice than primary relations (Lynch & Walsh, 2009, p. 46). The distinction between care and love is contingent on its contractual basis wherein the moral obligation ends when the employment does (ibid. p.47). This illustrates why the genuineness, voluntarism and agency of love resists the possibility of commodification, as Rummery and Fine (2012) note emotional authenticity cannot be easily bought or forced in caring services.

Marketing Love in Affective Services

Affective services often seek to obscure the contractual basis of care by emphasising a familial, homely ambiance, and contrasting medicalized healthcare approaches, as James (1992) asserts, familial models of institutional care are more likely to emphasise emotional engagement. Blurred boundaries are most acute where homecare is commodified especially for live-in workers where migrant women are especially vulnerable (Anderson & Anderson, 2000; Bauer & Österle, 2013; Leece, 2004). In some cases, care goes beyond contracted duties and agency rules and workers experience an emotional dilemma between maintaining professional boundaries and responding to clients with genuine affection. Karner (1998) suggests paid US home care workers were incrementally adopted as 'fictive kin' by care recipients, with relationships becoming more familial in ways that breeched traditional professional boundaries. Workers and care recipients negotiated increased intimacy over time expanding the workers role, obligations, and commitment beyond contracted tasks as affection, friendships and attachments developed. Imagining workers as kin maintained a cultural ideal of familial caring and intensified the obligations of workers and thus the caring resources available to recipients. And although workers did more, they also gained a positive sense of purpose and meaning. Once the fictive bond is established, Karner argued, workers their caregiving became a responsibility binding them to the client as it could with familial obligations. In this sense the tasks of *caring for* fuse with *caring about* as 'Workers feel responsible not only for the tasks that they are employed to do but, but for the total care and concern of the elder' (ibid: 79).

Emotional care is difficult to achieve despite these organisational efforts. Based on a study of care in five European countries, Ungerson (2005, p. 196) suggests professionally regulated care produces 'cool' relationships based on mutual respect and

acceptance, whereas unprofessionalized caring tend to produce too little or too much emotion. However, the commodification of the informal care provided by relatives is one of the best ways to achieve mutually warm relationships because, although unprofessionalized, they are more equitable given how a shared identity and biography tends to 'smooth the edges of a purely contractual relationship' (ibid: 202). Decades of debates in feminist care theory as well diverse empirical studies like this suggest that a reappraisal of emotion in professional caring must consider how workers in affective services are placed under these complex, tense, and contradictory expectations to be emotionally nurturing and loving whilst also maintaining professional boundaries.

The Contradictory Status of Nurturing Capital

Establishing, maintaining, and managing emotional nurturing relationships presents a significant contradiction for professional caring. On the one hand nurturing work is skilled and complex, with professional contractual obligations requiring a controlled emotional involvement, which may be challenged, obscured and unbounded in practice. On the other hand, good care is supposed to be genuine, authentic, and natural. This contradiction has been ignored because care is feminised, and women are presumed to naturally embody nurturing capital.

(Dis)Embodying Nurturing Capital

Emotional capital, those other-centred resources principally linked with gender (Reay, 2000), plays a decisive role in selection processes, occupational closure, and social reproduction (Cahill, 1999). Professional care work is perceived as an extension of women's natural caring disposition (Pamela Abbott & Liz Meerabeau, 1998) and

possessing a nurturing nature is a basic, taken-for-granted, and implicitly-presumed, biologically essentialist requirement for entry to care work (Taggart, 2011). Whilst possessing a caring disposition advantages woman entering care work, it is low status feminized work which can be difficult for women to move out of or progress within. Exploring the advantages and limitations available to workers on the basis of their gender in diverse caring professionals, Huppatz (2009, p. 50) identified two forms of gendered capital. Female capital is the advantage associated with being perceived to have a female body while feminine capital is the advantage associated with having a feminine gendered disposition. Huppatz's participants understood their advantage in gaining and maintaining their employment in the feminized field of paid care work to be derived from having the right body and disposition for the job and 'a necessary sisterhood'. Possessing the required disposition or habitus, often derived from the association between femininity and motherhood because caring required 'feminine' skills and aptitudes. This feminine asset facilitated the women to know and play the game within the field of caring.

Feminine capital holds symbolic currency readily convertible into economic capital for women within caring work. However, while the emotional capital students acquire through professional socialization may increase their occupational prestige it may not have symbolic capital in other fields (Cahill, 1999). In providing advantages, Huppatz (2009) notes, feminine cultural capital also worked as a 'double edged sword', useful in the field of caring work, but with limited transferability to masculine fields where hegemonic masculinity is care free (Hanlon, 2012). Women also face disadvantage within the field of caring itself, particularly when they sought to pursue power and money where they find their capital lacks legitimacy where masculine capital prevails. By investing in feminine cultural capital women gain advantages over men

within the field of paid caring work but were disadvantaged when competing with men for 'masculine' roles. Skeggs's (1997) study exposed the intersection of class and gender for working class women who participated in caring courses at a UK further education college. Their investment in respectable femininity to reclaim status devalued by class, merely halted their losses rather than offering meaningful currency for symbolic capital and money.

Colley's (2006) analysed the emotional labour of UK nursery nurses and the social practices involved in marketing of love and care in nursery education. The emotional predispositions such as warmth, friendliness, compassion, gentleness, sensitivity, enthusiasm, and affection were construed as natural and intuitive for the young female trainees, yet at the same time required refining in cultivating respectability within a hidden curriculum. Contrasting these nurturing attributes was another layer to the hidden curriculum whereby workers were expected to remain detached, in control and suppress their feelings and emotional responses when facing the stress of the challenging aspects of children's behaviour and needs. The official curriculum understood such detachment negatively, but it was essential for the job. To be successful, the students needed to navigate between the idealised and the realistic demands of the job. The gendered and class-based habitus of the students was required but not sufficient because to be successful nursery nurses they were required to work on their feelings and to prove their moral respectability.

Negotiating Professional Status

Although there are complex processes behind care professionalisation (García, 2014) the ambivalent identity and subservient status of many forms of care work has resulted in strategies driven to distinguish expert and skilled caring from untrained everyday

caring (Pamela Abbott & Liz Meerabeau, 1998; Lyons, 2012). Cameron and Boddy (2005) highlight the privileging of different forms of knowledge in care education is predicated on the social status of the care recipient, and whether it is mainly experiential or procedural. The struggle over professional status, they suggest, has polarised the difference between instrumental and relational based care. Emphasising a care work spectrum from informal to formal, they claim education for care workers combines tacit knowledge or practice wisdom (personal qualities and experience, functional knowledge (competence in tasks and standards) and professional knowledge (theory for skills, experiences, and reflective practice). Professionalization has resulted in the privileging of instrumental, technical, and competency-based approaches that emphasise technical-rational skills and scientific knowledge over caring capabilities and expressive care (Pamela Abbott & Liz Meerabeau, 1998; Woodward, 1997).

Workers can find themselves having to negotiate a caring position within the confines of this technical instrumental discourse. For example, Taggart (2011, p. 87) maintains care ethics are highly prised informally among practitioners but marginalised within competence based professionalism that defines care capabilities 'as part of a 'taken-for-granted' assemblage of lower skills'. Apesoa-Varano (2007) found student nurses ideologically reconciled scientific and medicalized professional discourses with their gendered caring dispositions and negotiated equal status using the notion of 'educated caring'. Apesoa-Varano argues, educators lack of a theoretical understanding of care or how it should be valued or taught, is related to its ambiguous occupational and feminized status within the hierarchy of medical professions as well as by a desire to increase their own status. The educators' assumption that care is innate exposed an essentialist discourse, implicitly devalued women's caring capabilities, reinforced

patriarchal stereotypes, and failed to provide nurses with the conceptual skills to appreciate and challenge their gendered status.

Reappraising Emotion in Professional Caring

Emotional nurturing care has a fundamental yet ambivalent value, role, and status in professional practice. Professionalisation and managerialist practices are marginalizing emotional relationships and an ethic of care within bureaucratic processes of governance. Workers are expected to use emotional labour, yet its complexity, tensions, and contradictions in terms of providing authentic care and love within the context of maintaining professional boundaries is poorly recognised. The naturalization of gendered emotional capital hides its value and subordinates it within professional hierarchies. Such misrecognition reproduces class-based and gendered inequalities as workers navigate and negotiate the performance of nurture and professionalism.

The importance of reappraising emotion in care work is clear though not unproblematic. Critical accounts of emotional care must consider how to value both relational care and social justice, how to support the role of emotional labour, and how to raise the status of emotional nurture without reproducing or reinforcing inequalities.

(i) Valuing Emotional Care and Social Justice

A critical reappraisal of emotion in professional caring needs to explore how a relational ethic of caring should complement, integrate with, or alter an ethic of justice (Hay, 2017). Collins (2007), for example, claims care ethics represent an incomplete model of care, but appraises it for sensitising and humanising caring dominated by neo-liberalism, bureaucracy, proceduralism and managerialism. Barnes and Brannelly (2008) promote an ethic of care in practice on the grounds that these moral principles are required to ensure that people are helped and that there rights are respected. They

maintain a care ethic provides a 'relational approach' to social justice rather than an individual rights approach, which prefaces understanding the perspective of the care recipient in arriving at solutions to complex care problems, rather than solely relying on universal principles. Good care and equality, they claim, cannot be assured based solely on formal principles, protocols and procedural rights, recourse to which may be interpreted as uncaring. Rather, a 'relational ethics' is crucial in facilitating equal, but not standard care, whereby the contextual needs of the recipient are established through emotional bonds attendant to vulnerability. They propose 'dialogic care', a perspective and a language for diverse professions, lay carers, and recipients, to discuss essential aspects of care irrespective of cultural, institutional, or professional contexts. Clifford (2016) reminds us that care ethics foregrounds care as a universal need and that subjective emotion is important in understanding oppression and in motivating moral actions. The individualism, for example, central to liberal justice deflects attention from structural and relational elements of oppression. Ethical caring, Clifford (2016) suggests, requires professionals to apply clinical evidence, their critical knowledge of human need and vulnerability, and social research to the specific situations and to identify and represent through critical reflexivity service users' needs through 'creative dialogue'.

These critiques are in keeping with Tronto's (1993) argument, that although a care ethic requires a theory justice, a theory of justice devoid of care is incomplete. Lynch et al (2009) have placed care at the centre of their theory of equality and professional caring would benefit from an analysis of how care and justice interface in practice.

(ii) Supporting the Role of Emotional Labour

A critical reappraisal of emotion in professional caring needs to redress the way emotional labour is inadequately recognised and supported. Affective services and professional education must recognise the importance of emotional labour (Grant, Kinman, & Alexander, 2014) and wide-ranging negative effects in terms of recruitment, retention and burnout (Gregor, 2010; Henderson, 2001; Leeson, 2010; Mann, 2005; Mann & Cowburn, 2005; Smith & Gray, 2001; Staden, 1998). Leeson (2010), for example, explored the emotional labour of English social workers for children in care. Notwithstanding the centrality of emotional labour in producing quality relationships, they felt poorly prepared for emotional labour and believed it undervalued by the structures and institutional practices favouring managerialism, outcomes, bureaucracy, and case management approaches. The stresses of social work involved managing risk, responsibility, time, and heavy caseloads within systems which increasingly preface paperwork and case management outcomes. Emotional labour requires reflective spaces, good supervision and support, secure working conditions and autonomy, along with personal attributes such as emotional intelligence, resilience and coping strategies to help prevent emotional exhaustion (Gregor, 2010; Stalker et al., 2007). Critically reflective supervision has the potential to manage the tension between support and surveillance (Blom et al., 2017). Supervision must have a wider role than one focussed on averting risk (Hair, 2014), creating spaces where professionals can reveal authentic feelings and counter negative emotional cultures (Mazhindu, 2003).

This points to the importance of affective services appreciating the tensions, contradictions and dilemmas for practitioners and developing practices of emotional caring. Lopez (2006), for example, proposes the concept of 'organized emotional care' both to complement the insights of emotional labour theory, and to counteract its overstating the power of organisations to direct and exploit the emotional lives of

workers. She contends that care spans a spectrum from institutionally coerced emotional labour (negative) to organized emotional care (positive), with the latter explaining how organisations can also support '… ongoing human relationships in which the emotional rules can be negotiated by the participants' (ibid:134). Hochschild's theory, she claims, allows little space for workers' agency and the possibility of genuine caring relationships outside of institutional control. Such a depressing worldview, she notes, contradicts the goals and aspirations of organisations providing professional caring. An 'organized emotional care' strategy supports '…emotional authenticity instead of attempting to manufacturer it' by replacing coercive regulatory mechanisms (e.g., coercive rules, procedures, record keeping) with supportive ones that 'encourage relationship building and emotional honesty' (2006, pp. 136-137).

(iii) ***Raising the Status of Emotional Nurture***

Emotional nurture needs to have a status in line with its importance yet feminised nurturing capital is devalued by professionalisation. Ironically, the drive to seek greater recognition and professional identity for caring has resulted in blurred boundaries between with healthcare and education and between formal and informal care. Boddy et al. (2006) suggest the future identity of care work is uncertain as recipients distance themselves from the symbolic association of care and dependency, and as practitioners seek higher status afforded to health and education professionals. Professionalization has devalued nurture and, as Hugman (2014) notes, dumped lower status activities on paraprofessionals such as nursing assistants.

A central contradiction, then, with which any reappraisal of emotional nurture needs to contend is the fact that it too is caught up in reproducing hierarchies. Although subordinated two technical-instrumental-rational knowledge it also claims the status of

emotional expertise. Hands-on, practical, and personal care such as cleaning and domestic service tends to be subordinated to technical, scientific, and medicalized knowledge (Dyer, McDowell, & Batnitzky, 2008) of which therapeutic emotional care can form part. Duffy (2005) argues the emphasis on emotional 'nurturant care' privileges the experiences of white middle class women above migrants and women of colour who are concentrated in precarious, non-relational, 'dirty', domestic forms of 'reproductive labour' such as cleaning and cooking. The project to revalue nurturing, Duffy (2005) cautions, may have the unintended consequence of further hiding and devaluing reproductive labour and engendering racialized hierarchies in care work. Abbott and Meerabeau (1998) maintain the emotional labour of professionalised female-dominated forms of caring can represent occupational closure for working class and minority ethnic women and Macdonald and Sirianni (1996) point out the hierarchies involved in emotional labour distinguish expert service workers from above 'the emotional proletariat'. Even within similar caring occupations the recognition of emotional labour can be unequal. Wharton (2009), reminds us how differently prepared care professions may be whether this be within the formal or hidden curriculum. She highlights Orzechowicz's (2008) term 'privileged emotion managers' to identify how the resources, recognition and support available such as the extensive training in strategies of emotion management are unequally available to workers. Simonova (2017), for example, suggests the low standing, pay and ambiguous professional status of Russian social workers meant they had to rely on wider emotional cultural norms and their gendered 'moral mission' in the absence of professional guidance or explicit training in emotional labour. Para-professionals often have even less autonomy and control in their work (Pamela Abbott & Liz Meerabeau, 1998). Professional education needs to engage with critical perspectives where care workers can learn the knowledge

and skills to resist subordinated subjectivities and challenge their precarious and subordinate situation (Colley, 2006). Overall my argument is that professional care will benefit from a critical engagement with the insights of care theory because it puts care as the centre of social life and at the heart of practice.

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