What's love got to do with it?

Using social love and power-informed practice in public health and violence prevention

Rachel Forbes, Rachel Westbourne and Shannon Kennedy 08/04/2024

Why love?

What was missing?

R. Forbes, R. Westbourne and
S.Kennedy 08/04/2024

What is social love?

The term ‘social love’ describes the **motivation** and **actions** of a system, organisation, or institution (and people working within them), **for the purpose of the collective good, increasing the wellbeing of another, self, community, and the environment.**

With a **collective affective quality**, it involves care, respect, commitment, knowledge, responsibility, and trust, valuing the other, self, community, and environment, and remaining open and receptive.

Social love is **a lens through which we can explore population health problems and solutions**, and think reflect on decision-making and service / intervention and delivery.

Applying a social love lens to public health problems and decision-making

We tentatively propose a 'check and challenge' series of questions for the public health community as a starting point…

- **Motivation:** What is our ultimate aim? Is it to increase the health and wellbeing of the other, self or community? This may involve asking 'why?' repeatedly to get to the ultimate aim.
- **Care:** How does this impact the health, welfare, maintenance, and protection of the population/community/environment?
- **Respect:** Are we valuing the other, ourselves, our communities, and our environment? This should be regardless of circumstance e.g., even if the issue we are addressing is perceived as self-caused.
- **Commitment:** Are we acting from a position of dedication to improving the health and wellbeing of the other, self or community?
- **Knowledge**: Do we have an accurate understanding of the situation (the issue, the causes of it, the impacts and unintended consequences of our proposed actions or decision), as well as the community this will affect and possible impacts to our environment?
- **Responsibility**: Are we behaving in a socially and morally just way towards the other, self, community, and environment?
- **Trust:** Do we trust our evidence and information? Do we believe that our work is reliable/true?
- **Openness and receptivity**: Have we been open and receptive, allowing inspiration and innovation to feature in our work?

Perspectives in Public Health
OnlineFirst
© Royal Society for Public Health 2024, Article Reuse Guidelines
https://doi.org/10.1177/17579139231220557

Sage Journals

Short Report

What's love got to do with it? Exploring social love and public health

RA Forbes [1], R Crossley [2], A Stevens [3], R James [4], M Black [5], CR Foster [6], and E Such [7]

Keywords
social love, public health, love, health systems, systems change

[1] School of Health and Related Research (ScHARR), The University of Sheffield, Regent Street, Sheffield S1 4DA, UK
[2] School of Health and Related Research (ScHARR), The University of Sheffield, Sheffield, UK
[3] Yorkshire and Humber School of Public Health, Leeds, UK
[4] Faculty of Medicine and Health, University of Leeds, Leeds, UK
[5] School of Health and Related Research, The University of Sheffield, Sheffield, UK
[6] School of Health and Related Research (ScHARR), The University of Sheffield, Sheffield, UK
[7] Anne McLaren Fellow, School of Health Sciences, Queen's Medical Centre, University of Nottingham, Nottingham, UK

Corresponding author(s):
Rachel Anne Forbes, School of Health and Related Research (ScHARR), The University of Sheffield, Regent Street, Sheffield S1 4DA, UK Emails: Rachel.forbes@sheffield.ac.uk; rachel.forbes4@nhs.net

What this paper adds

- A definition of social love that addresses current professional concern over use of the concept.

What's love got to do with it? Exploring social love and public health (sagepub.com)

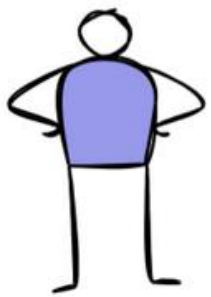
Compassion

Deficit-Based

VS.

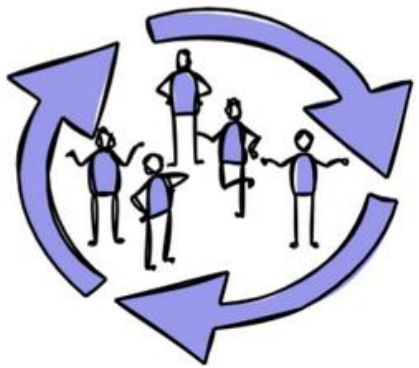
Social Love

Asset-Based



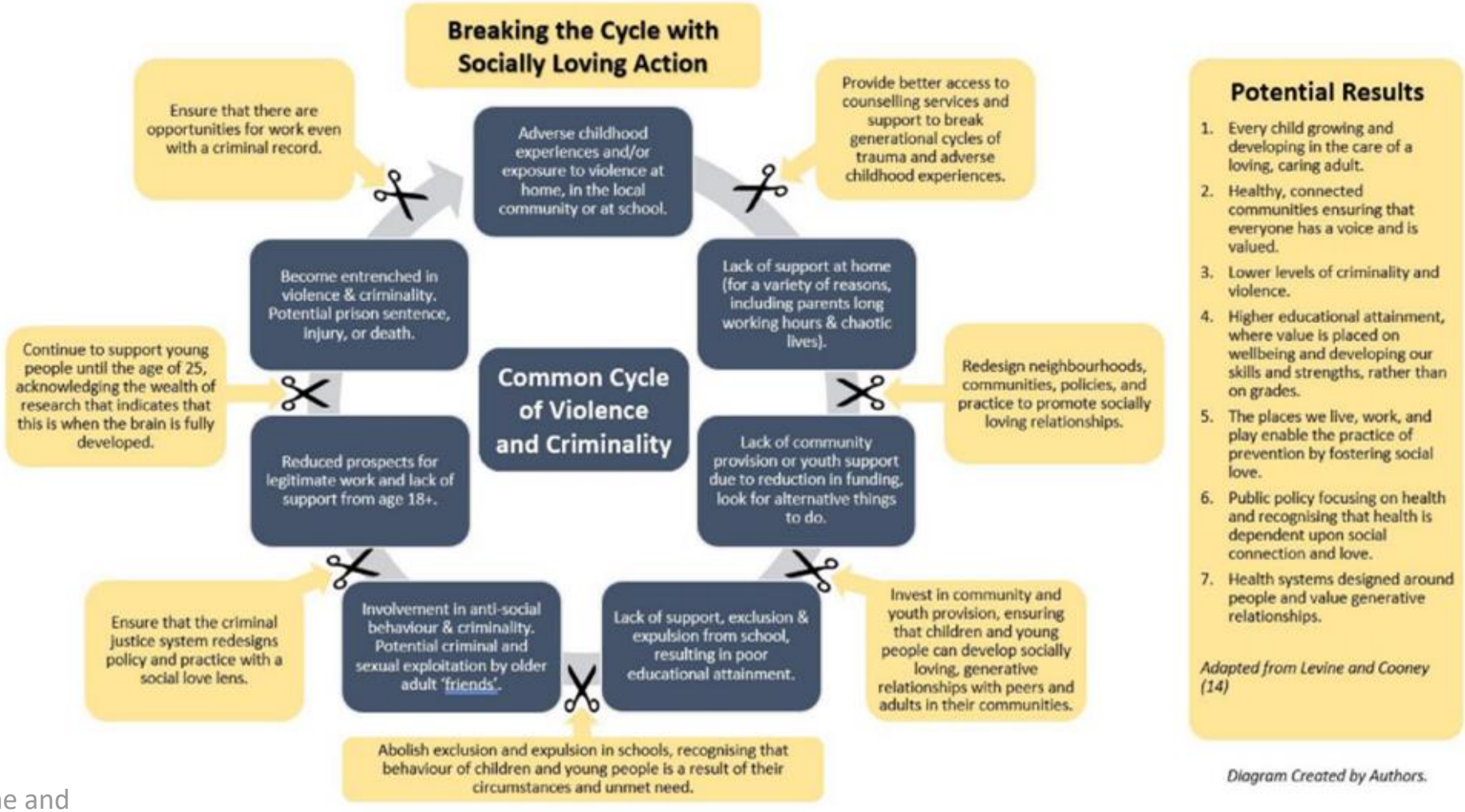
Individual

VS.



System

An example: socially loving actions to break the cycle of violence and criminality



R. Forbes, R. Westbourne and S.Kennedy 08/04/2024

On power

R. Forbes, R. Westbourne and
S.Kennedy 08/04/2024

What do we mean by power?

It is experienced intersectionally → compounds inequalities experienced across these identities

Power is "a complex concept which includes the ability or capacity to do (or not to do) something and control, force or influence through a variety of means." (Health Scotland 2016)

Power is sometimes limiting or used coercively, but can also be enabling and empowering.

The World Health Organization endorsed a model recognising four identified types of power:

- Power over - ability to influence or coerce others
- Power to - individuals can challenge and change existing power structures
- Power with - communities, groups, organisations' collective power through working together
- Power within - agency to enact power as an individual

Why power?

- Underexplored but pervasive and consequential – key dynamic throughout society and relationships
- A fundamental cause of health inequalities that influence health outcomes / inequalities.
  ⬆ power = ⬆ health ; ⬇ power = ⬇ health

"Various dimensions of *socioeconomic position*, including relative income, wealth and power, have been examined and confirmed as demonstrating a persistent relationship with health outcomes, and thus as constituting fundamental causes of health inequalities"

(McCartney et al. 2020)

- We can't solve what we don't name → must address unequal distributions of power if we are to reduce health inequalities

Power functions at different levels…

Power is in every relationship and functions at every level, from the individual to the whole of society.

Individual/interpersonal (micro)	Interpersonal relationships, individual decisions, personal socioeconomic position	E.g. bullying, interpersonal violence, domestic abuse (this may link to societal disempowerment by gender, age etc)
Community/organisation (meso)	Position in and as a member of a group/community, and power in relation to community e.g. collective action by community groups, agency through joining a group with shared interests or identify	E.g. Stonewall uprising, Sarah Everard vigil, Black Lives Matter, Neighbourhood watch, Safer Streets, a vibrant community centre, a gang
Societal/structural level (macro)	Power at a cultural level including structural power dynamics such as racism, social movements e.g. growing populism or COVID response – societal movements, how people and groups are empowered (or not) within society	E.g. Black maternal mortality, the carceral system, US War on Drugs, UK abolition of the death penalty, abandonment of corporal punishment of children

Power and violence

- Certain exercises/dynamics of power e.g. coercive encompass a degree of violence. Conversely, disempowerment is arguably a kind of violence e.g. microagressions, systemic racism – those who hold the greatest and most stable power "are responsible for generating structural vulnerability"
- Power imbalance creates subordination and enables exploitation and victimisation of one agent (individual or group) by another. This can be overt and direct violence, or more subtle acts. These can lead to increased allostatic load and chronic stress, leading to poorer health outcomes – is this not violence?
- Those who are disempowered through victimisation, abuse etc. especially as children more have increased likelihood to act violently
- Like other resources, power can be distributed inequitably and we know that inequality is inversely correlated with social trust. Societies with greater inequality and low social trust also experience increased crime and violence. Similarly to power, violence can be structural, organizational, and interpersonal
- Power plays an important role in what activity is recognised as violence and what violence is then classed as crime see e.g. ethnic/racial inequalities in arrest, conviction

Power-informed public health practice

- Public health practice should be power-informed
- Power relations underpin everything else we experience
- Role of power in society can be assessed and then reshaped through community, belonging, and inclusion
- Engagement alone is not enough – must act with intention, care, self-awareness, and a critical eye to ensuring equitable power

"The greater the emphasis on giving communities more power and control over decisions that affect their lives, the more likely there are to be positive impacts on service quality, social cohesion, socioeconomic circumstances, community empowerment and ultimately population health and health inequalities"
(Popay *et al.* 2015)

Love and power…

"One of the greatest problems of history is that the concepts of love and power are usually contrasted as polar opposites. Love is identified with a resignation of power and power with a denial of love. What is needed is a realization that power without love is reckless and abusive and that love without power is sentimental and anemic. Power at its best is love implementing the demands of justice. Justice at its best is love correcting everything that stands against love."

— Dr. Martin Luther King Jr.

Power-informed practice and a socially loving approach

Sharing and redistributing power should form part of a socially loving approach to public health:

1. To ensure we're not using coercive power in our practice
2. To recognise power as a health determinant, and employ the socially loving response of redressing power imbalances
3. To ensure we are considering a fundamental cause of inequalities alongside promoting protective factors
4. Building collective community-based power to enable more socially loving approaches

A paradigm shift in how we think and practice

Both approaches point towards similar solutions:

- asset-based approaches
- fostering community empowerment, sharing power and participatory approaches
- collective power and redistributing power
- Seeing the public health profession as part of the community, not just “working with” or “doing to”

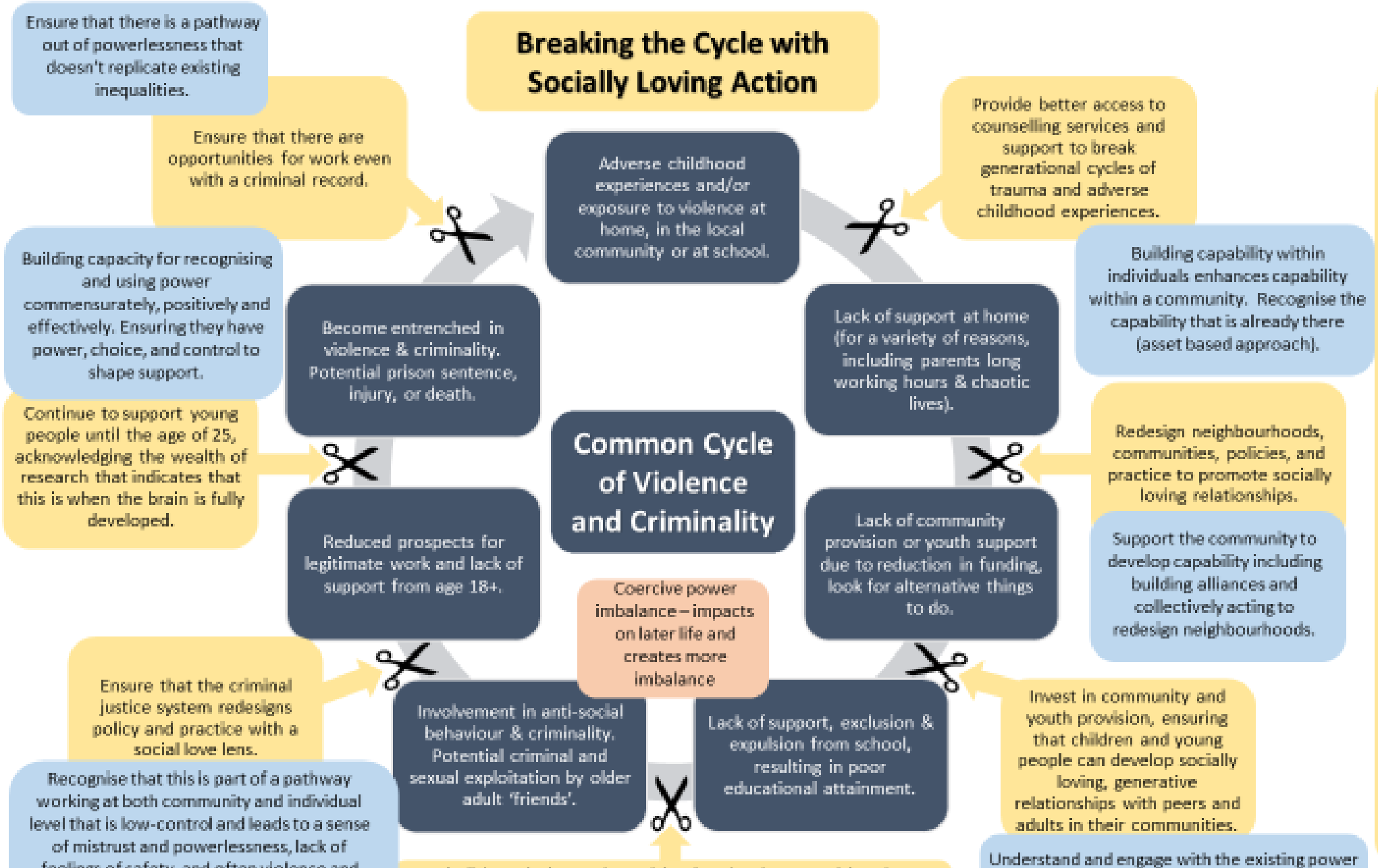
Both approaches are about critically considering our own role and work, and explicitly considering concepts which if not addressed risk exacerbating inequalities / not addressing underlying causes.

Both are about addressing fundamental and structural determinants closer to their source.

Analysing the cycle of violence and socially loving solutions through a power lens

R. Forbes, R. Westbourne and S.Kennedy 08/04/2024

Breaking the Cycle with Socially Loving Action



Potential Results

1. Every child growing and developing in the care of a loving, caring adult.
2. Healthy, connected communities ensuring that everyone has a voice and is valued.
3. Lower levels of criminality and violence.
4. Higher educational attainment, where value is placed on wellbeing and developing our skills and strengths, rather than on grades.
5. The places we live, work, and play enable the practice of prevention by fostering social love.
6. Public policy focusing on health and recognising that health is dependent upon social connection and love.
7. Health systems designed around people and value generative relationships.
8. Resolving one of the underlying drivers of inequality (imbalance of power).

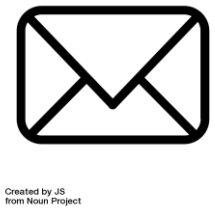
Adapted from Levine and Cooney (14)

Diagram Created by Authors and S. Kennedy using terminology from Papay et. al. 2020. and Whitehead et. al. 2016.

What's next?

Podcast - showcase examples of socially loving approaches and projects

Support organisations, etc. to become "socially loving"



Please get in touch with us if you're interested!

rachel.forbes4@nhs.net
rachel.westbourne@nhs.net
shannon.kennedy5@nhs.net

Q&A

R. Forbes, R. Westbourne and
S.Kennedy 08/04/2024

Questions to consider?

- How does social love connect with your work area?
- Do you have any reflections on whether you are already noticing these concepts in your own work?
- What could you take back into your role from today's webinar?