

MODERNISATION, SOLIDARITY AND CARE IN EUROPE
THE SOCIOLOGIST'S TALE

1. SETTING THE STAGE

In today's affluent Western European societies most people take full-fledged health and social care for granted. They are free from fear of the dire poverty that was for a long time the consequence of unemployment, ill health, or old age. The adequate provision of care by the welfare state has become so self-evident for them, that it has become an *idée reçue*. Yet newspapers report daily on the negative effects of bottlenecks in our systems of health and social care and on health and care costs that get out of hand. With almost the same frequency, ideas and policy proposals are presented that claim to provide remedies for such malfunctioning or overspending. Some plans propose only financial solutions to the problems at hand. These plans take either of two forms; on the one hand there are those who worry chiefly about the quality of care and brush aside cost objections. They want to increase the budget for care by raising taxes and levies or, by making individual co-payments compulsory. On the other hand there are those for whom increasing costs are subject to constant concern. They want to cut costs and at the same time make efficiency improvements, so that the level of care provision can be kept at the same level or even raised. Others, neither believes in the willingness of governments and people to pay more and more for health and social care, nor do they have enough faith in substantial cost reduction in combination with efficiency improvements. They deem rationing measures necessary or propose that the sick, the disabled, and the elderly queue up in anticipation of cure and care. In the face of such plans for reconstructing the existing collective risk-sharing arrangements, full-fledged health and social care provisions are in danger of losing their self-evidence.

From an historical perspective, of course, such self-evidence has always been a misconception. Freedom from fear was for a very long time more a statement of hope than of reality. Historically, health and social care in Europe were originally restricted to rather elementary arrangements based on spontaneous voluntary solidarity within groups nested within well-defined communities. These underdeveloped systems of care were transformed in the course of time into comprehensive systems of care based on organised and enforced solidarity characteristic for modern welfare states. This development may be described as a process of inclusion. To the effect at least that, based on universalistic pretensions and shaped within

collectively financed arrangements, the collectivity in the form of the state came to insure all citizens against the risks of unemployment, ill health and old age, and rendering them equal rights to full-fledged care.

It is common practice to place this development of the welfare state in the wider perspective of the modernisation process, as indeed the modern welfare state is both a product of this societal development and a factor that has significantly contributed to its acceleration. In this sense the welfare state has become inextricably bound up with modernity. This process of modernisation has signalled a transformation of the form that solidarity takes on in society, which in welfare states may be termed contractual solidarity. As Durkheim has pointed out, such a contractual design of solidarity is founded upon or presupposes a consensus on fundamental values. Modernisation is an ongoing process having societal consequences, which in an earlier phase have induced the rise and growth, and more recently, the decline and possibly fall of the welfare state. Due to this recent retrenchment of the welfare state, some authors have expressed concerns about the sustainability of the contractual form of solidarity. They have even asked whether the end of the welfare state is near (Svallfors and Taylor-Gooby, 1999). Their answer to this question is, however, as far as public responses to state retrenchment is concerned in the negative. Despite the pressure and changes in the economic and political climate, people's values concerning welfare state arrangements are remarkably in support for continuity rather than change.

That is, however, not the end of it. Both the welfare state and increasingly systems of health and social care have become under strain. While the demand for care services has risen sharply, due to demographic developments as well as the advance of technological possibilities, the supply of care provision increasingly lags behind. The building up of pressure on the system of health and social care has induced attempts to revise the terms of the contract on which solidarity has been built. Such revisions may, with reference to Durkheim, eventually challenge the consensus on fundamental values, whereby the contract itself and not just its terms could be questioned. Such a challenge may provoke a growing tension between changing notions of solidarity as a fundamental value and developments within the institutionalised forms of solidaristic arrangements.

In this volume developments within systems of health and social care in European welfare states are studied from this perspective as transformations of solidaristic arrangements. The authors take stock of public support for and public debate on solidarity in several European welfare states. Their aim is to explore the whole range of public attitudes towards health and social care systems. Is there some basic unity in the diversity of the ways public opinion and political office holders react to the tensions in health and social care in the member countries of the European Union? Or is there more variety than uniformity discernible?

Given this objective, this chapter is set up as follows. In section two we describe briefly the advance of modernity into the particular configuration of organised solidarity and individual responsibility in the realm of the welfare state. The aim of this volume is first and foremost to give a descriptive account of solidarity as a public value and its manifestations in health and social care systems. Therefore, we next discuss solidarity as a sociological construct by examining the ideas that sociological authors have put forward in their reflections upon the way solidarity is transformed in the process of modernisation. Such an overview is incomplete without acknowledging the contributions of contemporary sociologists as Giddens and Beck, the subject of section four, who argue that the process of modernisation has entered a new phase of reflexive modernity that once again changes the nature of solidarity.

Having explored the issue of modernity and solidarity, our topic of discussion in section five involves the rise and retreat of the welfare state, having become inextricably bound up with modernisation. This is the background against which the debate on solidarity and care takes place. At this point, we also have to consider that, although modernisation embodies a trend towards convergence of the form that solidarity assumes, i.e. welfare state solidarity, systems of organised solidarity in the EU widely diverge in their structural characteristics. Such differences, discussed in a sixth section, however, do not change the fact that all health and social care systems in European societies more or less struggle with the same fundamental issue of the extent and limits of solidarity in late modernity. We therefore, in section seven, continue our argument by addressing the issue of modernity and its threat to solidarity in section seven. Our conclusion that this issue seems to result in rather ambiguous answers signals the need to exchange abstract theoretical considerations for empirical research, thus allowing us to introduce the contributions to this volume.

2. MODERNITY, ORGANISED SOLIDARITY, AND INDIVIDUAL RESPONSIBILITY

Earlier we have placed the development of the long-lasting rise and the recent retrenchment of the welfare state in the broader context of the modernisation process. This process refers to a long-term secular trend of ongoing rationalisation of economic, social and political life in Europe and North America. The core idea is that in modern societies, rational decision-making and co-ordinating mechanisms such as markets and states have eclipsed traditional communities. The history of economic, political and social life in modern societies is normally presented as consisting of two main periods. While the first era involved the expansion of markets into pre-existing communities in the nineteenth century, the twentieth century saw the interventionist state imposing itself upon the new market economy (Streeck and Schmitter, 1985, p. 120). The important and distinctive

features of this transformation of traditional into modern society are often sketched by referring to a whole range of sub-processes such as industrialisation, urbanisation, democratisation, secularisation, bureaucratisation, professionalisation etc. Developments of care in arrangements may be said to have followed the logic of the modernisation process. The provision of care has been gradually taken out of the traditional context of ongoing social relationships within a well-defined communality. In the late nineteenth and early twentieth century insurance markets more and more took over the role of parishes, local communities and guilds in financing and guaranteeing the provision of care. Care financed and provided through insurance markets, however, did not always succeed in providing satisfactory care to all. For this reason, the state in its turn took over many functions of insurance markets in the second half of the twentieth century, by establishing an increasing range of care provisions and by building up comprehensive systems of organised solidarity. By further rationalising the care provision whenever markets failed, the welfare state has become inextricably bound up with modernity. As such, the rise of the welfare state can be interpreted as a process directed at the further rationalisation of care (Zijderveld, 1999).

This development into modernity signals a process of inclusion or expanding coverage of risks by centralising responsibility for the provision of care to all. Simultaneously, however, the same modernisation process has affected solidarity in Western societies by setting in motion a process of ongoing individualisation with its frame of reference of individual freedom and responsibility. There is a case for Ignatieff's interpretation of the modern welfare state as an attempt to reconcile the antinomy of freedom and solidarity (Ignatieff, 1990, p. 136). In the course of the past centuries the significance of traditional structures and ties, such as class, religion, family et cetera, in shaping individual life has receded, enlarging options for individual choice (ibid). The modern welfare state has been shaped by this societal development as much as it advanced this process of individualisation. On the one hand, the process of individualisation helped to create the conditions for the state to undertake the task of guaranteeing the alleviation of the basic needs of all citizens. Once established, however, in reducing our (mutual) dependence of assistance by traditional structures and social ties, the welfare state created more room for individual choice and autonomy.

Such freedom of choice and individual autonomy are in the modern frame of reference highly valued as preconditions for self-realisation and human dignity. As only through choice, life becomes truly human, as the argument goes, humans ought to be freed from the predicament of unfulfilled basic needs to shape themselves through free choice as human beings and, through experience and exercise, as moral beings by choosing the good. If individual responsibility is a central notion in this freedom-oriented frame of thought, however, this notion only makes sense if

individuals are able to exercise control over their situation. The welfare state as well as its underlying value of comprehensive solidarity was designed to free human beings from the daily concerns with respect to basic needs by way of collective arrangements. Negative freedom, to be free from want, would lead to positive freedom, to be free to choose. The ideas that underlie the welfare state do recognise that for those in need organised solidarity is a precondition to do justice to liberty and individual responsibility.

Despite such attempts at reconciling its built-in antinomies, the modern welfare state has not overgrown its somewhat paradoxical nature, which may be traced back to its intimate relation with modernisation. Noting the apparent paradox involved in the modernisation process, Durkheim (1964, p. 37) earlier addressed the pivotal question concerning the relation between the individualisation process and solidarity: 'Why does the individual while becoming more autonomous, depend more upon society? How can we be at once more individual and more solidary?'

3. SOLIDARITY AS A SOCIOLOGICAL CONSTRUCT

Although solidarity is one of sociology's key problems, the theoretical connotations of this concept have, since the early important contributions of Durkheim, Simmel and Weber, seldomly been analysed in a satisfactory manner (Bayertz, 1998; Doreian and Fararo, 1998; Van Oorschot and Komter, 1998). Following Van Oorschot and Komter (1998), it is therefore appropriate to begin our overview with these classical contributions.

Drawing attention to solidarity in its descriptive connotation, Durkheim described the transition from a traditional to a modern society as involving a transformation of the form and content of social ties between individuals in society and therewith of the nature of social solidarity. He characterises traditional or pre-industrial societies by way of a mechanical type of solidarity. In traditional society, consisting of homogeneous and similar segments without much differentiation in social functions, solidarity rests upon the social uniformity of beliefs, practices and sentiments. With the advance of the division of labour, through which societal institutions and functions become increasingly differentiated and specialised, solidarity as a system of social relations relating individuals to one another and to society as a whole finds a new expression. Durkheim argued that with such differentiation and diversification of functions and tasks creating relations of interdependence between individuals, solidarity is framed by a functional interdependence of complementary parts. This substitution of mechanical solidarity for organic solidarity with the division of labour is accompanied by an increasing individualism and an effacement of the collective conscience, which also transform the way solidarity is regulated. Rules of co-operation and justice take the place of a similitude of consciences which force the individual '... to act in view of ends which are not strictly his own,

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