The Right to Love during Childhood and the Capability Approach: Beyond the Liao/Cowden Debate

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ABSTRACT. Over the last decade, the debate on whether or not children have a right to be loved has generated broad discussion involving different ideas on love and care. The present contribution aims to surpass the polarised debate on the right to love and to enrich it by addressing the question from Martha Nussbaum’s version of the Capability Approach. In order to accomplish this, I will start by sketching the central points of Mathew Liao (2006) and Mhairi Cowden (2012). I will suggest that the main challenge lies in the lack of precision regarding the human affective dimension. Secondly, I will defend the Capability Approach as a perspective that, firstly, complements the discourse of rights and, secondly, has already introduced love as a basic human capability. Thus, I will explore what this right may imply towards children. Concretely, I will focus on the so-called emotional capability highlighted by Nussbaum (2011). However, in the interest of a functional theory of social justice, I will claim that a vague formulation of the right to be loved is not enough. In my view, the right to love and be loved can be translated into a right to be well-loved and to love well. Thus, I will focus on how children have a right to be well-loved, meaning they have a right to be provided with healthy secure attachment, positive self-esteem and well-tuned emotional and social competences. Finally, I will advocate the recognition of a right to love well and to be well-loved as a matter of social justice for children. In order to do so, I will try to (i) show how it fulfils the criteria of objectivity and social changeability, and (ii) suggest some cost-effective pathways that would derive from it.

KEYWORDS. Children, love, capabilities, justice, rights, attachment

I. INTRODUCTION

In the light of recent debate on the children’s right to be loved, some core questions on parental duties, children’s rights and the nature of intra-family bonds have been examined. Mathew Liao (2006) and Mhairi
Cowden (2012) reflect two diverging points of view on the most discussed issues on the implications of recognising such a right, namely: (i) the kind of obligations and responsibilities that it would imply to the two main agents of justice for children, i.e. the State and parents or caregivers; (ii) the regulation of such a right and the boundary between public and private spheres; and (iii) the scope and meaning of love in this context. In this section, I aim to sketch the main thesis of these authors. I also aim to point out some key background assumptions that may explain the core of the disagreements. This will also be crucial for the following sections.

Those who deny a right to be loved, as Cowden does, point out some difficulties. One of the main difficulties is how to regulate it, and what kind – if any – of invasive policies should be promoted. One might agree upon the idea that a child needs to be loved. The main point here is how the leap from need to obligation can be justified. These obligations are not only concerned with actions and behaviours, but also with emotional attitudes such as love, which seems to be the core of the problem from this view.

At the same time, those like Liao (2006) who advocate a right to be loved often use counterfactual reasoning. They focus on what happens when children are not loved. Thus, they use many examples of institutionalised, abandoned and neglected children. They also focus on the child’s need of attention, care and affective bonds to achieve healthy development or, in Ferracioli’s terms, in order to lead a ‘meaningful life’ (2015).

According to this understanding, being loved might be an intrinsic good for children by virtue of the negative effects that the lack of love, attention and care may imply in children’s wellbeing and well-becoming. In my view, Cowden is correct in pointing out how a right formulated in such a vague way would imply many difficulties in the discourse of rights and duties, while Liao is correct in pointing out how children’s affective needs should be provided for, as a manner of basic rights, to ensure
a minimum wellbeing in terms of mental and physical health. My main aim, however, is to discuss how to go beyond the excluding dualistic approaches, without swinging between positions in favour and against. Thus, I will make some clarifications concerning love, rights and needs. In fact, “[...] rights are individual guaranties that persons are legitimated to demand others to fulfil and respect” (Rodríguez-Toubes 1995, 24). Thus, one cannot oblige someone to love someone in the same way as one cannot oblige someone to study medicine in the name of a third party’s right to health. Nevertheless, from the view of those defending a right to be loved, a teacher has the obligation to educate a pupil, in the same way as caregivers have the obligation to love the child in their care.

Prichard’s point of view might shed some light on the discussion at this point: “No act can be a duty unless there is something good connected with the action, so that if the act be done, something good will come to exist which otherwise will not. It is therefore only possible to differ about what the good thing is” (1949, 142).

Firstly, love is something good and essential for the wellbeing and well-becoming of human persons, but what we understand love to be is a core question. Certainly, the concept of love in this debate implies some ambiguities. Both authors seem to presume different ideas, actions and attitudes when they refer to what it might mean to love someone. In fact, it is noteworthy – and surely key to the debate – how love, care, attachment, and affective bonds are mentioned indistinctly, as I will explore in the following section.

Secondly, a background question is what a right to be loved might protect regarding children’s wellbeing and what it might generate, as I will discuss below. This leads to the problem of how a need becomes a right. A need might become a right if it fulfils the conditions of becoming an issue of social justice and if lacking the means to bring that need to reality constitutes an instance of injustice.

That being said, I will advocate the use of Cowden’s and Liao’s main points to move the debate forward. To put it differently, if children’s
affective needs are crucial in both the short-term and long-term, and such a general claim of a right to love might imply certain difficulties, then it seems sensible to suggest that the next step should be to find a concrete way to formulate such a right.

A way to execute this reformulation could be the introduction of the Capability Approach’s perspective and advocating a concrete right to be well-loved and to love well. In doing so, I hope to demonstrate that not respecting this right might entail an instance of injustice toward children.

Finally, I would like to make some preliminary clarifications. Firstly, by loving well I do not mean any extra non-demandable duty. By well, I mean properly, correctly, or if preferred, healthily, in a non-dysfunctional or harmful way. For example, by analogy with a right to eat, my claim here would not be to eat well in an outstanding sense, meaning to follow a nutritious, rich, eco-friendly and balanced diet. Rather, I simply mean the right not to be given poisoned, toxic or out-of-date food, as a minimum demandable threshold. This obvious distinction in terms of material needs seems to become fuzzy when the discussion is about psychological needs.

Needless to say, if a child is provided with ‘good’ food, meaning non-poisoned food, he or she has more chance to flourish. However, my claim here is not about a flourishing, meaningful life, but about taking the child’s psychological health seriously as a matter of justice. Here being well-loved plays a central role. As a consequence, I also try to surpass the underlying gap in our awareness of children’s mental wellbeing compared to physical and material aspects. It is true that we do not advocate ‘good health’, since health already implies aspect ‘good’. Love should also do so, but the fuzziness present in the debate on the emotional dimension of human beings and the collective imagery regarding love makes it necessary to specify – and characterise – what we are really dealing with.

Secondly, I will also assume that children are particularly vulnerable subjects of rights, as is already recognized in the charters of rights. However, I will not explore the vast discussion on whether rights are grounded in human dignity, capacities or simply contractual agreements.
Thirdly, for the purpose of the present article, I will assume the main general thesis from the attachment theory. Although this theory has its critics and different approaches can be found within it, I will assume this theory and recent research on emotional intelligence as a background to some of my claims. Further debate between psychological approaches would exceed the scope of this paper. Such theories are, in any case, well supported by research provided over the last decades. Nevertheless, this assumption is, of course, compatible with the flexibility and openness to revision required in any scientific field. Establishing a bridge between philosophy and psychology can help to shed new light on some debates and to find new pathways otherwise unnoticed.

II. WHAT DOES THE RIGHT TO BE LOVED MEAN FROM THE CAPABILITY APPROACH?

Given this background, the goal of this section is to demonstrate that the debate on children’s rights to love can be enriched in the light of the Capability Approach\(^1\), concretely from Nussbaum’s perspective. In order to do so, I will explore the capability of emotion and the notions of love involved. Indeed, love appears as both a basic capability and functioning for human development not only from a discourse based on human rights, but also from within the CA. Needless to say, the CA demands a sufficiency rule in the distribution of functionings and capabilities for the sake of granting human liberties, as the theory recognizes every citizen as a morally relevant being who deserves respect and recognition. As a result, Nussbaum defends it as the best way of granting social justice: “[...] the best approach to this idea of a basic social minimum is provided by an approach that focuses on human capabilities, that is, what people are actually able to do and to be” (2000, 5).

Within this broad philosophical theory, love becomes a key capability in human development – and therefore also for children’s wellbeing and well-becoming – that has a potential impact on various other domains.
Thus, love, care and affiliation appear in several works by Nussbaum. In fact, she defends love as a part of the capability she refers to as ‘emotions’ and has argued that “[…] fully human functioning requires affiliation and reciprocity with others” (2000, 244):

*Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one’s emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development) (2006, 76-77).

However, some clarification of the fuzziness of the terms in Nussbaum’s work might help to expand the contribution of the CA to the discussion of love and children’s wellbeing and well-becoming. Surprisingly, she refers to emotions, love and attachment as if they were somehow interchangeable concepts. Likewise, she names emotions as one of the central human capabilities while, with respect to the content of her argument, she is in fact referring to what in the psychological literature is defined as being an emotionally intelligent person: emotionally competent, with a healthy self-esteem, that is, someone with developed and ‘tuned’ emotional and social skills. In addition to the indistinct use of terms such as love, affiliation, emotion or care, she seems to ignore the gap between having an emotion, a state of mind and being able to manage and regulate it. It would appear that having an emotion and being emotionally intelligent are for Nussbaum somehow the same or directly connected. She affirms: “[…] when we talk about love and care, we are talking both about emotions and about complex patterns of behaviour, mediated not only by desire, but also by habits and social norms” (2000, 264). And she goes on: “[…] the emotion of love, and patterns of desire and action associated with caring, cannot adequately be understood simply as impulses. They are best understood as involving quite a lot of thought and interpretation, especially evaluation” (2000, 265).
The problem, however, is that love is not an emotion, which is one of the reasons why she is right to affirm later that love should not be seen as an impulse and that it involves more cognitive implications. Love is in many senses an umbrella concept, probably also due to its colloquial use. It is connected to the Greek terms *philia*, *eros*, *agape*, etc., as de Sousa brilliantly explains (2015, 3-4). The definitions of love will substantially differ if the author is focused on love among adults, as with the theory of Sternberg (1988)\(^2\), or if the concern is children’s need of love, as is the case here.

In any event, and from a strictly psychological point of view, love is an emotional attitude, which is the result of basic emotions, socialization and the development of cognitive capacities (LeDoux 1998; Damasio 1994).

Thus, love is connected to the primary positive emotion of joy in the same way that hostility is connected to anger or anxiety is linked to fear. This implies a positive evaluation of the emotionally relevant object (the input), which means attraction instead of rejection and a will of proximity. In any case, love is neither a primary emotion (such as fear, sadness, anger or disgust), nor a secondary one (such as shame or pride), nor a conduct in itself.

Love includes both cognitive and emotional variables (Dalgleish and Power 1999). As an emotional attitude, love involves a system of processing and evaluating emotionally relevant information that uses resources from other primary emotional mechanisms – instead of having its own. It involves more cognitive resources than a primary emotion, it is not automatically triggered, and it lasts longer than the occurrence of primary emotions.

However, beyond the difficulty concerning the definition of emotional terms, Nussbaum grounds the capability of emotions – frequently meaning love – in the idea that children are subjects of rights with dignity and should be treated with respect. She describes this capability as an intrinsic human value and a key dimension for human development. In
her view, children should receive care, positive emotional support, etc. Good examples in this regard can potentially be found in the list provided by Biggeri and his colleagues of the 18 relevant fields for children’s wellbeing and well-becoming, including love, care and mental wellbeing (Biggeri and Mehrotra 2011), or Ferracioli’s defence of love and care as key elements to living a potentially meaningful and autonomous life (2015).

Nevertheless, it is important to highlight that love and care are neither identifiable nor synonyms. Care is clearly an attitude particularly characterized by taking someone else’s needs into consideration. Without any further concrete criteria, however, care may be the result of love, but also the visible consequence of dependent relationships. It may imply self-negligence, as studies on gender and health have shown (López de la Vieja 2001, 141-173). One example might be the abused person who desperately tries to please the other in a relationship, never knowing what he or she is doing wrong. Caring attitudes and behaviours alone may sometimes be the observable face of a deeper social injustice or bias. Another example might be the statistics concerning organ donors and organ recipients, or the well-known statistics concerning who assumes responsibility for the care of the elderly in a household. In short, care alone can become blind to gender biases. Loving someone implies caring about that person’s wellbeing, but not every act of care can be identified per se with love. As with every behaviour, the motivation underneath it is simply multi-factorial.

When care, attachment and affiliation are mentioned as necessary goods that children should receive as a matter of social justice, the CA appears to make an implicit assumption that needs to be explicitly affirmed. In order to make the debate more fruitful, it would be helpful to define what children deserve in a normative sense. And this is probably not merely a notion of love in the broad sense. If the idea of love is not concretised, the fuzziness that normally appears when discussing mental wellbeing will be hard to avoid.
By way of example, the manner in which Nussbaum argues regarding emotion and love in her aforementioned list of capabilities seems to suggest that fear is neither functional nor needed for human healthy development and mental wellbeing. Likewise, she argues as if attachments and bonds are emotions. Without explicit reason, she refers to this capability as the capability of emotions, mixing (i) basic emotions – the primary colours of human affective dimension – with (ii) secondary emotions, such as gratitude, and (iii) emotional attitudes, such as love, which imply a higher cognitive presence. Ultimately, she mentions ‘emotional development’, which is in fact connected to secure attachment, but also with other emotional competences such as emotional regulation (what she probably means by ‘justified anger’), the ability to recognise and understand someone else’s emotional states and self-awareness.

For all these reasons, it seems crucial to define what being well-loved means, in the same way that we define being well-treated. In doing so, the implicit suggestions in her understanding of the capability of emotions will be made explicit and this has the potential to move the debate forward. Otherwise, one would probably be giving carte blanche to asymmetric and abusive relationships. For example, such a general appeal to a child’s right to be loved might facilitate the justification of a romantic relationship between a twelve year old girl and a forty year old man.

Love entails a kind of caring that is somewhat distinct from the caring we display toward those we do not love, then it seems like love is likely to motivate action by putting us in a position in which acting to benefit the object of our love seems all the more urgent, irresistible and compelling. […] The caring that comes with love is one of active investment in the lives of those we love. After all, to love someone is to be committed to their good in a similar way in which we are committed to our own good (admitting of degrees of course) (Ferracioli 2015, 7).

However, this is true only if we love that person well. There is a leap from loving someone and how we understand what the best for that person is. Aristotle’s famous quote from *Nicomachean Ethics*, currently associated
with emotional intelligence, may be key to concretising the CA’s demand in relation to children’s need of love: “Anyone can get angry – that is easy – or give or spend money; but to do this to the right person, to the right extent, at the right time, with the right motive, and in the right way, that is not for everyone, nor is it easy” (2011, 40). Similarly, the main issue is not just to love or be loved, but to know how to love well, properly or healthily and be well-loved. Thus, the right to be loved is defined in terms of care, respect, emotional support, recognition, or, in Maslow’s terms (1968), regarding the need of belongingness, self-esteem and self-actualization, beyond material goods and safe environments. What children need for their wellbeing and well-becoming, and what would be unjust if they lack it, is not abstract love, but to be loved correctly, in a healthy sense.

Needless to say, devoted parents will see their child as unique; they will be motivated to invest time, effort and resources in their child, surely beyond any morally demandable minimum. They will place the child in a privileged place in their lives, and their lives will doubtlessly acquire new meaning (Ferracioli 2015). Nevertheless, as tough as it may be seem, this alone, without the correct emotional maturity of the parents or caregivers, may also lead to overprotection, parents living out their frustrations through their children, and other toxic parental dynamics. If we do not specify what loving well consists of, loving parents might also make big mistakes in the name of love, especially if they lack emotional intelligence, parenting competences and skills. Thus, the question is not only one of children needing love, it is also a question of them needing the right love. It is not uncommon to hear arguments defending physical violence against children, for example, as a way of educating and teaching them discipline, as a sign of love and care for their future. Thus, an intangible understanding of love is not enough, especially in order to identify and avoid instances of injustice against children.

What the right to be loved and the capability of emotions demand for children is not just love, but that children be well-loved. As a result,
the capability of emotions becomes the capability of knowing how to love well. The CA should therefore specify healthy ways of expressing and behaving with beloved individuals, even more if they are children, due to their vulnerability. For this reason, especially if love is recognised as both a capability and a functioning, it seems necessary to examine the meaning of loving well and being well-loved, as I will do in what follows.

III. THE CAPABILITY OF LOVING WELL

In this section, I aim to explore what a capability of loving well – instead of a capability of emotions – might consist of. In doing so, the formulation of children’s right to be well-loved has the potential to be more precise, surpassing some difficulties and ambiguities mentioned above.

Being well-loved and being able to love well implies that a person has sufficient emotional skills to (i) build healthy relationships with others, (ii) build a healthy loving bond with him or herself, and (iii) regulate his or her own behaviour and interactions in an intersubjective scenario. The capability of emotion in Nussbaum’s terms can thus be translated into three concrete areas that every person has the right to develop and that every child should be provided with, i.e. (i) secure interpersonal bonds or attachments, (ii) self-esteem and (iii) emotional intelligence. If one of these three elements is lacking, the wellbeing and well-becoming of a person in this affective area – and, in turn, in mental health – might be seriously reduced, also affecting the development of other areas.

In order to know how to love well or properly, a person has to be able to understand others’ emotional states, to manage his or her own, and to build fruitful interpersonal relationships where every person involved is respected, including him or herself. This is possible if the person in question has previously acquired a healthy self-esteem. In what follows, I will establish the three dimensions that shape the capability of loving well and I will argue why they are necessary.
Secure Attachment

Firstly, referring to loving well and emotional interpersonal bonds, it is helpful to take into consideration the theory of attachment. This theory was developed by Mary Ainsworth (1979) and later by John Bowlby (1988) and is based on experiments exploring how young children reacted when their caregiver left them alone in the presence of a stranger. Attachment refers to the emotional bond that children form with significant adults who are in charge of their care. This bond will configure and modulate – not determine – the pattern of relationship that they will create in time. In short, it is the mind map one follows when establishing interpersonal relationships, or in other words, the mechanisms by which one creates bonds with others (Bowlby 1988). This type of attachment shapes children’s capacity to establish interpersonal relationships because it shapes their worldview, self-perception and their general conceptualizations of justice: what they think they and the others deserve. For this reason, it is closely connected to self-esteem. In turn, the type of attachment one builds with others and the level of self-esteem one acquires are crucial to be able to love yourself and others well.

The type of attachment children build during their early childhood develops into the style of attachment they follow in their adult relationships, namely their mental working modes. These shape or filter their relationships and interactions as adults, their self-perception and self-esteem (Hazan and Shaver 1987). Put briefly, depending on the parenting style children are exposed to, they may develop a secure attachment, an insecure anxious one – in its resistant or avoidant version – or a disorganized erratic one. This is important for what a right to be loved tries to protect, i.e. healthy development, the need for safety, self-esteem, and ultimately well-becoming, since every type of attachment encloses an idea of oneself, of others, of trust and praiseworthiness.

Thus, one of the components of being well-loved and being able to love well may be concretised in children’s need to be provided with a healthy secure attachment and, consequently, with a healthy self-esteem.
Following the previously cited works, children with a secure attachment are more likely to build a healthy self-esteem, a positive concept of themselves, and a positive concept of others. Furthermore, they will be more likely to make autonomous decisions due to the self-confidence and the security network they have been provided with. On the other hand, and unless these children work on these issues later, children with an anxious-resistant insecure attachment may generate a preoccupied working mode, which implies that they will have a low self-esteem, a negative self-concept, and a positive concept about others, idealizing them. Hence, these children are more prompted to establish emotionally dependant relationships as adults. Persons who relate to others from this kind of model tend to deny their own needs in order to please others, thereby building toxic relationships. A child with an anxious-avoidant insecure attachment will generate a dismissive working mode, will be afraid of intimacy and will meet problems in terms of trusting others, having a positive self-concept, but a negative concept of the others (Bartholomew 1990). Ultimately, an erratic or disorganized/disoriented attachment – less common, but still present especially in abused and institutionalised children, or children raised in different households and by different caregivers with different styles and values – will probably develop a fearful working mode, a low self-esteem and a suspicious and negative concept of the others.

The relationship between the caregiver and the child is thus one of the most decisive factors in terms of the child’s psychological development, and the emotional atmosphere of the family is a key element of the context in which a child acquires his or her emotional understanding (Raikes and Thompson 2006). If children lack the experience of a consistent loving caregiver during the first years of life (McPherson et al. 2009), they will suffer self-concept and self-esteem disorders, thereby experiencing difficulties in the intersubjective field throughout their future lives as adults.

Types of attachment clearly have an impact not only on human relationships, but also on self-realization, life opportunities, mental and potentially physical health. As a matter of justice, therefore, I would claim
that children need to be provided with a healthy secure attachment in the same way that they need to be provided with proper food and shelter, in order to increase the possibilities of developing healthily.

**Positive Self-Esteem**

Secondly, self-esteem is one of the concepts of self-relation and can easily be seen as a dimension of children’s wellbeing and well-becoming (Schweiger 2014, 59). In fact, self-esteem is a personality trait based on the perception a person has about his or her own value. Evidently, the perception that children have about their own praiseworthiness is built, filtered and shaped by the feedback they receive during the first years of their life from those who interact with them. Caregivers’ opinions and messages toward their children are therefore especially relevant.

Some authors make a distinction between self-esteem, self-respect and self-confidence (Honeth 2012). For our present purposes, however, it is sufficient to understand self-esteem as an umbrella concept that includes self-respect and self-confidence, and to maintain the distinction regarding self-concept. Self-concept is the objective evaluation of the traits one possesses. It entails an objective idea about a given person, due to the fact that it is built on the list of qualities one has. Self-esteem, on the other hand, refers to the subjective evaluation one does with regard to the said list. To put it differently, self-concept answers the question ‘what is good in me,’ while self-esteem answers the question ‘do I think that I am estimable enough to deserve love and, in general terms, what do I think I deserve concerning how praiseworthy I think I am?’ Self-esteem thus has a great impact on personal wellbeing (Furnham and Cheng 1999) and positive interpersonal relationships (Rubin 1999), while a broken self-esteem is the root of many problems in the personal and interpersonal arena, e.g. depression, anxiety and self-destructive behaviours.

As a result, the crucial points in understanding self-esteem as a matter of justice are the following: (i) self-esteem will shape whether or not
a child and a future adult thinks that he or she deserves love, is lovable or is ‘good enough’ to deserve being well-treated; (ii) self-esteem is built during childhood and depends on interactions with primary caregivers; and (iii) having a broken self-esteem will place the person in question in an unfair, asymmetric and vulnerable situation as an adult tolerating unjust interpersonal relationships, and will limit their life opportunities, which could have been avoided.

Self-esteem, therefore, is crucial to self-respect and, in turn, to loving well – both yourself and others. For this reason, if children have the right to be provided with the means that would allow them to develop a minimum good life, it is crucial that caregivers know how to love them well, meaning here how to build a healthy self-esteem in their children.

*Emotional Intelligence*

Thirdly, with respect to more general emotional competences, being ‘emotionally competent’ or in other words ‘emotionally intelligent’, is crucial to loving well. Being emotionally intelligent consists of (i) being able to recognise one’s own emotional states when they occur, (ii) being able to identify what someone else is feeling, and (iii) knowing how to regulate your own behaviour and emotional states. It thus implies a set of emotional, social and interpersonal skills (Salovey and Mayer 1990) that a person should develop in order to effectively make the capability of loving well a reality.

The first skill increases self-knowledge and also provides children with the ability to reflect on – think and in time verbalise – what they are feeling. This is particularly relevant when it comes to interpersonal relationships, personal decisions, and, as a result, autonomy. The second skill is highly connected to empathy and its link to being able to love well is quite obvious. If one is able not only to recognise one’s own emotional states, but also to put oneself in someone else’s shoes (*empathy*), or at least to understand how another person feels in his or her own shoes (*cognitive
empathy), then one will have more chances to better communicate and understand others, the latter being basic skills for building healthy interpersonal relationships. This emotional competence is also related to a decrease in aggressiveness, discrimination, and passivity toward others’ suffering (Hoffman 1987).

This is also relevant from the caregivers’ perspective. Stress diminishes empathy. At difficult or stressful moments, the non-empathic person will be focused on his or her own situation (Mehrabian 1996), instead of focusing on someone else’s suffering. And this is exactly what caregivers should be able to do and what children should be provided with in order to love well.

The third skill, emotional regulation, deals with the ability to face adversity with positive coping styles, to change one’s mood, to avoid being over-reactive, ruminate, etc. (Salovey 2001), which is important for both caregivers and children. Knowing how to regulate moods, reactions, levels of hostility and aggressiveness, etc., and how to avoid self-destroying mechanisms will surely facilitate loving well, both as a caregiver and as a child who will also build interpersonal relationships.

It is not a banal remark to point out that having a healthy secure attachment and self-esteem will surely help one to develop other emotional competences and vice versa, and being emotionally intelligent may increase one’s opportunities to build healthy relationships and to provide the next generation with a secure attachment. Likewise, someone with an anxious attachment style, by way of example, will be more prompted to have dependant romantic relationships (Solomon and Corbit 1974).

Children, therefore, should be provided with the necessary tools to be emotionally competent and should be treated in a way that these three dimensions are protected and developed. Thus, a right to be loved might be concretised – both as a capability and a functioning – as a right to know how to love well and to be well-loved. This, in turn, implies providing children with a healthy secure attachment, a positive self-esteem and emotional competences beyond dysfunctional and/or self-destroying...
interpersonal relationships. Otherwise, children’s basic wellbeing and well-becoming will be seriously jeopardised.

IV. SOCIAL JUSTICE AND THE DEMANDS OF BEING WELL-LOVED

Mental wellbeing and health are obviously indispensable for a person’s development. In fact, both physical and mental health are widely considered fundamental elements of human wellbeing. Being well-loved as a child is a key element for mental health. Furthermore, the distribution among children of the three dimensions mentioned above tends to be unfair since it depends on caregivers’ skills and resources that are not fairly distributed.

The question now, therefore, is whether a right to love well, concretised in secure attachment, positive self-esteem and well-developed emotional competences, meets the criteria of social justice or whether these three demands, though relevant for children, are beyond the scope of what is publicly demandable.

In order to answer this question, I will now shift the focus towards the normative criteria needed to distinguish a negative event from a problem of social justice, showing how the unfair situation is avoidable and changeable through education and positive parenthood programmes.

Being well-loved acts as a filter that has the potential to affect children’s personal and emotional development in several crucial areas of their life. Not being provided with this capability and functioning, therefore, implies some important disadvantages – mentioned in the previous section – that are indeed relevant in terms of justice. If every citizen deserves equal respect and consideration, it is crucial for a child to respect him or herself, to know what he or she deserves, and be able to count on the tools necessary to build healthy emotional bonds, both in the present and as a future adult.

As Nussbaum states, “[…] focusing on each person as the basic political subject does not slight the worth of love and care as basic political
goals” (2000, 249). Concretising this political goal in the three specific areas outlined above may facilitate the detection of injustices, help measure the success of different policies in child care, and establish parental duties. Moreover, a right to be well-loved concretised in being provided with a secure attachment, a strong self-esteem and emotional competences has the potential to avoid the problems of fuzziness. These areas are related to mental health and are easier to handle and less abstract than a general claim to love and care.

At this point, the CA is once again a particularly functional tool. The CA, and Nussbaum’s contribution, provides content to the normative discourse on rights. It also helps us to concretise what is in fact required to improve a society in terms of justice through capabilities, functionings and conversion factors. Along with the discourse on human rights, the CA gives a central role to autonomy with respect to both wellbeing and, in the case of children, well-becoming. From this standpoint, “[…] children are entitled to a basic set of functionings and capabilities that the realisation of which depends, in turn, on the way a society arranges its basic structure of society” (Cabezas, Graf and Schweiger 2014, 502). The studies referred to above show how children with a secure healthy attachment may feel secure enough to explore and develop their own interests, enabling them to make autonomous decisions. Furthermore, a healthy self-esteem and the acquirement of strong emotional and interpersonal competences play a similar positive role with respect to the quality of the relationships that a person establishes. It goes without saying that damage to a child’s self-esteem will have negative consequences on the child’s wellbeing and well-becoming in the same way that physical injuries and unhealed avoidable illnesses, thus becoming an instance of injustice.

The capability and the functioning of loving well becomes a matter of social justice if it is objectively determinable and socially influenceable (Anderson 2010). The first criterion is crucial to avoid subjective preference and to allow for criticism and sharable standards. The second condition is a way of avoiding the problematic disadvantages caused by the
action of non-moral agents. Accidents, natural catastrophes that are not linked to human action and uncontrollable tragic events remain outside the scope of social justice. In other words, and with respect to the old ought/can debate, if it is out of human hands, then it is not a question of social justice.

A vague right to love is hardly sufficient to fulfil either of the two criteria. One cannot objectively measure whether a third person really loves a child in abstract terms. Likewise, there is no direct causal link between social factors and whether someone loves a child or not. However, the three dimensions of a child’s right to be well-loved are objectively measurable and socially influenceable. In fact, it consists of being provided with the necessary tools to acquire a sufficient personal development.

The three dimensions can be objectively measured, not only through self-evaluative tests, but also through other psychological checks, in the same way that preventive medicine measures someone’s physical health. One can indeed measure the emotional competences of a person, whether they have a low or healthy self-esteem, whether they have developed the competences involved in being emotionally intelligent and whether they adhere to an insecure attachment pattern. One can also measure which of the three areas of emotional intelligence is in need of improvement, due to the fact that someone could be very good at recognising someone else’s emotions but unable to regulate their own emotional states (VVAA 2009; Mayer and Salovey 1997).

If the question were only whether a caregiver loves or cares about a child in a general sense, one would find very biased results. An abusive father might be convinced of the idea that he loves his child. In addition, the same father might say that he loves his child while doing so in a dysfunctional way concerning his child’s wellbeing. He may also say he loves his child for the wrong reasons, for instance, because he sees in his child someone who will take care of him in his old age. The father in question might argue that he is fulfilling his child’s right to be loved, but the child’s wellbeing will probably be affected by the way his or her father ‘loves’,
such that the child might still feel unloved. At the same time, a right to be well-loved in the sense of being provided with the correct emotional competences is also of potential benefit to dysfunctional caregivers. They might then detect where the problem lies and potentially change it. It could in fact be a two-way process: caregivers should know how to love a child properly, but in order to do so they should first love themselves well. In other words, a person with low self-esteem or a tendency to narcissism, an anxious insecure attachment and a lack of emotional and social competences (whether emotionally unreachable, overprotective, passive, aggressive, manipulative, or very dependent, to mention but a few examples) is hardly likely to succeed in providing his or her child with the deserved emotional tools.

Likewise, the capability and functioning of loving well is socially influenceable, changeable and improvable through social measures such as positive parental programmes, emotional intelligence educational workshops, and reachable mental health public services. The emotional competences to which we refer can be taught and learned. Indeed, styles of interpersonal interactions and levels of self-esteem and self-respect are changeable and improvable in the same way as dysfunctional styles and levels are treatable (with the exception of those that are neuropathological). Negative pattern models can also be relearned through specific educative programmes provided by the public health and educational system (VVAA 2009; Mayer and Salovey 1997).

In short, to assess whether a child and a caregiver have correctly developed the three areas of loving well is objective, measurable, and changeable. Therefore, the right to be well-loved and the right and duty as a caregiver to know how to love well are socially demandable claims, and a question of social justice. To put it differently, children have a right to social rights, such as health and education. Mental health and social competences are integral parts of human health. Hence, once a general right to be loved is disentangled into a right to these three dimensions, the claims on social justice are easier to defend. Firstly, a set of capabilities
and functionings are required for a child’s sufficient wellbeing and well-becoming. Secondly, a fair society, or in concrete terms its main agents of justice, has a responsibility to provide the required conversion factors in order bring those capabilities and functions into reality during childhood.

Furthermore, lacking these competences implies an undeserved and unjustified disadvantage, which is avoidable, changeable and – through social measures and education – improvable, and will have an impact on and modulate many areas of that person’s life: mental health, physical health, interpersonal relationship, life opportunities, etc. From here, a right to be well-loved and to love well will become a set of fertile functions (Wolff and de-Shalit 2013). It will have a positive impact on other capabilities or, if preferred, it will be a way of bringing to reality a set of child’s rights recognised in the 1989 UN Convention (e.g. art. 17, 27, 29a).

States, therefore, have a responsibility to provide their citizens, both children and caregivers, with the means to develop those affective areas that are crucial in their mental health and are central for achieving autonomous agency. At the very least, they should provide children with those resources needed to develop, thereby minimising the disadvantages they may face at the beginning of their life. Since the affective dimension is a basic one that will crystallize in other areas of the person’s development, this cannot be seen as a supererogatory duty. The right to be well-loved is grounded in a right to psychological health following the 1989 UN Convention and can be interpreted as a necessary specification thereof, just as a right to food can be seen as a concretisation of a right to physical health or a right to live.

One might argue that the claim defending children from being mistreated is different from saying that children should be well-loved. It goes without saying that child policies aim at avoiding and ultimately eradicating child abuse. However, not being emotionally and/or physically abused does not directly lead to being well-loved. On the contrary, positive moods, attitudes and behaviours (love, care, kindness) require an extra effort, not just the absence of hatred, hostility or cruelty, just as positive
rights require positive actions. The extra effort and commitment required with respect to children should not be translated into a supererogatory duty, but into the responsibility to ensure a minimum set of measures to guarantee children’s basic wellbeing. In a nutshell, the accusation of making a supererogatory claim would be assuming a leap from negative rights to supererogatory ones, ignoring the fact that positive rights do not have to be supererogatory per definition.

Bearing in mind that a lack of these three capabilities will deeply hurt a child’s wellbeing and well-becoming, we are no longer dealing with a question of optional well-intentioned measures, but a demandable duty toward children. Thus, it is not a continuum: the lack of mistreatment means neither the existence of a minimum threshold of wellbeing, nor that a child is being well-treated, which is crucial in terms of social justice. The normative question is therefore whether something more than just the absence of negative behaviours should be guaranteed. Since my answer is positive, I suggest in what follows some simple and cost-effective ways to bring to reality the right to be well-loved without invasive state interventions in the private sphere. My suggestion will imply some changes in the institutional design of preventive measures, more specific attention to and coordination of services for children’s mental wellbeing, and would certainly lead to psychological education as a transversal field in school curricula. Otherwise, the recognition by state representatives of a responsibility to promote “social, spiritual and moral well-being and physical and mental health” (UN 1989, §17) will remain empty.

This is already happening in relation to the right to – physical – health when parents and caregivers are advised by their GP or when children receive specific preventive tips for their physical health at school (i.e. to wash their hands or brush their teeth). Although a more detailed examination would take us far beyond the scope of the present contribution, I would like to remark that the right to love well and be well-loved implies neither licensing parents nor imposing mandatory training. In fact, it is not mandatory to vaccinate your child or regularly visit the
paediatrician, although a right to health is recognised. Affluent states already provide some measures to help grant children’s right to physical health and often provide incentives, reminders on check-ups and general information on measures for avoiding diseases. Similarly, some universal protocols in terms of mental health, emotional competences and parenting skills should be applied so that caregivers can count on the necessary tools and skills to provide the child with a healthy secure attachment, emotional and social skills and a positive self-esteem. Clear guidelines on how to manage stress and face parenting challenges, accessible information on children’s needs and child development and simple workshops on emotional intelligence might be ways of bringing such a right to reality, thereby reducing toxic and dysfunctional interactions.

Caregivers should have the possibility to acquire accessible training through regular information campaigns, preventive programmes, etc., so that the gap in awareness and services for children’s mental wellbeing might be overcome and Nussbaum’s capability of love might be respected.

Such measures might seem too paternalistic. This would only be the case, however, with regard to adults when a state wants to grant their functionings and not only their capabilities. Concerning children’s rights, a non-paternalist state would turn out to be negligent. For this reason, investing in preventative measures is also crucial since they are less invasive than state interventions once the damage has already been done. Thus, training for parenting and caregivers that focuses on positive coping styles, stress management and caring relationships toward children may help to provide them with healthy attachments, self-esteem, and emotional skills from the very start of life.

V. Conclusion

If a just society wants to guarantee an equal level of functionings and capabilities for all citizens (Nussbaum 2006), then such a society should guarantee that children are also able to develop their emotional and social
capabilities and functionings, and guarantee that the same children are not only physically, but mentally healthy, which also connects to a key concept of mental health, namely, self-esteem. This is achievable if, in turn, caregivers know how to love their children well, that is, if they know how to provide them with the necessary emotional competences to develop as autonomous adults. This in itself will be achievable if caregivers are able to establish a secure healthy attachment with the child, and nurture a positive self-esteem.

For this reason, I have argued that the general claim in favour of children’s right to be loved will be more fruitful in the political domain if it is translatable into the concrete emotional competences that a child needs to be provided with. The CA has implicitly taken this for granted, but more work should be done in this direction. I conclude, therefore, that the fuzzy capability of emotions can be translated into a capability of loving well and, in the case of children, being well-loved. This implies facilitating the adequate development of emotional competences, self-esteem and attachment. In doing so, this will certainly become an umbrella capability and a necessary condition for some of the CA’s ten basic capabilities, i.e. bodily integrity, affiliation and practical reasons, if not all ten, since human dimensions are deeply interconnected.

In the same way that societies with public health systems aim to guarantee children’s physical health and give them the resources they need to avoid infections and illnesses, for instance through the use of vaccines, a fair society should also recognise children’s right to love well and, as a consequence, to develop their emotional dimensions as a question of public health – since this will affect children’s wellbeing and well-becoming and in some cases also their physical health (as in the case of eating disorders, self-harming behaviour or psychosomatic illness). State responsibility toward children should not be limited to sporadic interventions, discontinuous preventive and informative courses, and reactions only in abusive, severe or criminal cases. On the contrary, states should systematically provide children with the tools
and ‘vaccines’ required to avoid mental disorders in the present and the future.

Although children’s wellbeing depends on many agents and factors (Percy 2003), I have also argued that the basic attachments and personality traits related to self-esteem are formed in relation to parents and caregivers. For this reason, one would be justified to expect a society to actively offer programmes to promote positive parental competencies as part of their public health and education system. Otherwise, if each and every child were not provided with these emotional tools, this would imply a ‘corrosive disadvantage’ (Wolff and de-Shalit 2007) with avoidable and unfair long-lasting negative effects.3

Works Cited


**NOTES**

1 In what follows I will refer to the Capability Approach as CA.

2 Steinberg’s theory on the triangulation of love argues that love requires three elements: intimacy, passion and commitment. This is an example of the way many studies on love cannot be directly applied to children.

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