
Solidarity: A Brief History of A Concept and A Project

1.1 Introduction

Solidarity is gaining currency at the moment. Against the background of global economic crises, climate change and environmental disasters, and armed conflicts, we hear calls for solidarity with increasing frequency. Global solidarity, national solidarity, or solidarity with refugees are causes that are becoming more prominent in public discourse after solidarity seems to have worked silently in the background for the last decades: as a principle guiding the design of health and social care systems in Europe and beyond, as a value that informs resource allocation or as a societal ideal.

The background assumption of this book is that in times of global crises we do indeed need more, and not less, solidarity. This is particularly true in the case of medicine, healthcare and the biomedical sciences. In these areas, mutual assistance and support in the face of human vulnerability play central roles. People helping each other in times of need, supporting disease research or organising communal healthcare, to name but a few examples, have all been described as practices of solidarity.

But what *is* solidarity? Within the wide literature on solidarity, it is used in different contexts, to support different goals and with many different meanings. Most authors treat solidarity as a prosocial notion. But beyond this small denominator, there is no unity. Some authors see solidarity as an emotion, others as a moral ideal, a ‘natural’ characteristic of groups or societies, a political idea or a regulatory concept – and some criticise it as an empty label. The meaning of solidarity seems difficult to pin down. Like with some of the fundamental concepts in our lives, such as love or friendship, most people have an intuitive understanding of what they mean, and yet they would struggle to define them. To some extent, this ‘vagueness’ is productive: Because love and friendship – and, as we will argue, solidarity – matter to everyone, these words must be open enough to accommodate a wide range of experiences, feelings and practices. Yet at the same time they need to be specific and firm enough, as concepts,

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to serve as points of reference to justify or explain actions. This is particularly important in connection to solidarity: while love and friendship denote explicitly personal and ‘private’ relations, solidarity is frequently invoked in regulatory and policy-making contexts, e.g. in the organisation of social care, healthcare or research. Here, leaving the meaning of solidarity under-determined limits the utility of the concept for policy and practice considerably.

1.2 A Concise Overview of the History of Solidarity

One possible reason for the under-determination of the notion of solidarity in most of the literature is that the concept itself has a very patterned history in Western thought, without the continuity of debate and development that other terms have had, such as justice, responsibility, freedom or liberty. While solidarity appeared as a concept in Roman law¹ and subsequently influenced legal codes in several European countries, an understanding of the term that resembles contemporary, more political iterations, does not appear until the early eighteenth century (and then soon shows its versatility and affinity to influence many different disciplines and contexts). Often, articles or books addressing solidarity begin to recount its history by referring to the increasing use and currency of the term *solidarité* during the French Revolution. As Norwegian social policy scholar Steinar Sternø pointed out, the meaning and use of the concept of *solidarité* was extended into the political realm by revolutionary leaders and thinkers of the later eighteenth century (Sternø 2005).

In 1842, French journalist and utopian socialist Hippolyte Renaud published a pamphlet titled *Solidarité* in which he criticised the manner in which exponents of opposing ideologies posed their arguments. Drawing upon the work of the socialist thinker Charles Fourier, he argued that both sides were overlooking that many of their goals were in fact aligned, and that all humans were connected in their pursuit of well-being. Renaud’s book helped to spread the idea of solidarity beyond the borders of France, especially into Germany and England, where it was taken up by socialist and workers’ movements. The idea of solidarity underpinned early trade union developments and has played an important role in Marxist and

¹ Etymologically, the term solidarity stems from the Roman law concept of *in solidum*, which signified that a contract was joint between two or several creditors or debtors, see Bayertz (1999: 3).

socialist rhetoric, often with the distinguishing feature of a disregard for national borders, to achieve mutual support among all workers.²

The French ‘father of sociology’, Auguste Comte, with his book *System of Positive Polity* (1875 [1851]) greatly increased the visibility of the term solidarity and cemented its importance in the wider field of the social sciences. Comte saw solidarity as a remedy for the increasing individualisation and atomisation of society, which he considered detrimental to the well-being of the collective. Comte’s work on solidarity has influenced most of the scholarship on solidarity after him, including Emile Durkheim’s distinction between mechanical and organic solidarity, which he developed in *The Division of Labour in Society* (1893). People in early societies, prior to the division of labour, Durkheim argued, were bound together by the feeling of sameness; they did the same work, were part of the same family or fought against the same natural threats. This situation he termed ‘mechanical solidarity’. The increasing specialisation of work, however, which went hand-in-hand with changes in how and where people lived, altered the nature of ties between people. Durkheim referred to this latter situation as ‘organic solidarity’, to signify that people were bonded together by being dependent on each other. Durkheim in turn influenced the understandings of solidarity by many others in the emerging discipline of the social sciences (see Chapter 2).

Another important field contributing to the early development of solidaristic ideas and uses of the term was Christian thought. The Catholic notion of solidarity, for example, with its strong roots in Thomas Aquinas’ work, stressing community and fellowship between all human beings, was meant to be a normative principle for the organisation of communal life. As writers such as German Catholic ethicist and economist Heinrich Pesch pointed out in his *Teaching Guide to Economics* (1905–23, vol. 5), solidarity reflected the deep interconnectedness of all of creation, and the individual’s God-given orientation towards and need of community and social life. The fellowship of friars in Catholic orders, whose fates were tied to one another in very immediate ways, served as an ideal for how people sharing a particular situation should feel connected to each other, and assist each other. This type of solidarity thus captured an important element that persists in contemporary understandings of solidarity, namely the idea of

² A continuation of the Marxist and socialist traditions of solidarity among all members of a ‘class’ with no regard for national borders can be found, for example, in transnational movements opposing global capitalism (see for example Notes from Nowhere 2003; Renaud 2010).

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fellowship of people who recognise important similarities between each other. This stands in contrast to the asymmetrical relationship that underpins the idea of charity, for example. There are different nuances to the specific meaning of solidarity in different Christian traditions, and many more in other than Christian faiths (see e.g. Kliksberg 2003; Leff 2006; Moses 2006; Schwarz 2009). However, in most, if not all, religious traditions, the notion of solidarity is connected to discussions of social justice, the fellowship of all beings (or all believers) created in the image of God and assistance to those in need. In other words, within these traditions, solidarity assumes the role of a religious-moral imperative to assist others in their quests for social justice, and more generally, for leading a good life.

This very short historical overview highlights several important elements of the meaning of solidarity that appear, in different guises, in many different contexts and traditions. These elements are also still relevant today. They are: a sense of being ‘bound together’, e.g. by sharing similar objectives or circumstances; mutual assistance and help, particularly in situations of hardships; symmetric relationships between those engaged in solidary practices at the moment of enacting solidarity (i.e. despite other parts of their lives not being equal or even similar) and a link to both individual and collective well-being. We will pick up some aspects of the history of solidarity again in the next three chapters, where we discuss scholarship on solidarity in the twentieth century. In these chapters, we also sketch debates in the social and political sciences and in philosophy that have influenced this scholarship. Due to the Western etymology of the notion of solidarity, this book focuses largely on Western thought and writing. Within this tradition we cite primarily the English-speaking literature. We thereby exclude rich areas of inquiry, for example the literature on the solidarity economy from Latin America and other non-English-speaking regions.

1.3 Why Solidarity? Our Previous Work on Solidarity for the Nuffield Council on Bioethics

The increasing use of solidarity in public and policy-relevant debates at the beginning of our century, particularly in the field of health and medicine, did not remain unnoticed by policy makers and civil society organisations. Nor did the peculiar fact that while references to solidarity kept popping up in public and academic discourse, there was a distinct lack of clarity about what it meant – and more importantly, what it should ‘do’ in the field of biomedicine and health. In 2010, the Nuffield Council on

Bioethics (NCoB) – Britain’s *de facto* national ethics council, and one of the oldest and best-known bioethics councils in the world – decided to respond to the growing visibility of the term by commissioning a working paper on solidarity in bioethics. The Council had been using solidarity in several of its previous reports, including the report on Public Health in 2007, the report on Dementia in 2009 and the report on Biofuels in 2011. Reflecting the heterogeneity of uses in many other fields, however, there was no consistency in how the term was used, nor was it entirely clear how it had influenced policy recommendations in the reports. Under the leadership of its Chair at the time, Albert Weale, and its Director, Hugh Whittall, the Council took the view that there was likely significant potential for the term to inform important ethical and policy debates in biomedicine and health, but that this potential had not yet been fully explored. While there was awareness of the small yet distinguished literature in biomedical ethics that had devoted specific attention to solidarity in health policy, medical ethics and related areas, this had not, it was felt, influenced to a sufficient extent discussions at the intersection of ethical analysis and policy development. For these reasons, the intended working paper on solidarity was supposed to provide an overview of how solidarity had so far permeated recent bioethical writings, as well as relevant scholarship in related fields. The Council also hoped that it should help distinguish the concept of solidarity from other such terms, including ‘altruism’, ‘charity’ etc. These clarifications would then pave the way for future uses of the concept of solidarity in Council reports.

With generous funding from the Nuffield Foundation and the UK Arts and Humanities Research Council (AHRC), a fellowship was instigated. One of us (AB) developed and oversaw the project as Assistant Director of the Council at the time, while the other (BP) became the Council’s Solidarity Fellow for six months. We thus had the pleasure of working together on the solidarity working paper. Our enthusiasm for the project was such that it quickly outgrew the working paper format, resulting in the Report *Solidarity – reflections on an emerging concept in bioethics*,³ published in 2011. This we put together fairly quickly, owing to the original timeline, while exceeding our brief significantly. In the following section, we present a short summary of some of the main findings from the literature review, which formed the first part of the Report (Prainsack and Buyx 2011).

³ Hereafter any reference to Report (with a capital R) refers to our solidarity report from 2011.

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1.4 Solidarity as an Emerging Concept in Recent Bioethical Writing

We arrived at our findings in the Report via two routes: first, a systematic analysis of the literature,⁴ and second, a wealth of verbal and written expert input from two large workshops; from Council members and staff and from many others who provided comments and peer review. Very broadly, to give a flavour of the results of our analyses, we found that despite the fact that the frequency of mentions of the term solidarity had indeed increased in public and academic discourse, in bioethical writings specifically, explicit references were relatively rare. This was particularly striking compared with other terms such as autonomy, justice, privacy, identity, which were all addressed prominently and explicitly. We hypothesised that with more explicit focus on solidarity and more analysis of what solidarity means and what it can do in bioethical discourse and policy making, its rise to prominence could be expected to continue further.

Our Report found that where solidarity was addressed explicitly, its meaning was heterogeneous and often unclear (note that we excluded from our analysis works that used solidarity only once, e.g. as a keyword or a programmatic ‘flag’ in the title, without ever returning to or discussing the term). Most explicit uses of solidarity fell into one of two categories: (i) descriptive: referring to the existence of social cohesion within a particular group; or (ii) prescriptive: calling for more social cohesion within a group. If the meaning of the term was taken to be descriptive, typically as describing an empirical fact – i.e. that particular people are tied together by bonds of mutual assistance, shared goals or other aspects of a situation that they share – then solidarity was often seen as a precondition for all social and political life. If the term was used in a prescriptive manner, for example in normative calls for mutual support within a specific group of people, or for more social cohesion in society as a whole, the assessment of the value and importance of solidarity typically took on a more explicitly political form (Prainsack and Buyx 2011, Chapter 3).

Similarly, we found that solidarity was taken to apply to a great variety of different instances and groups, ranging from solidarity within a family to solidarity with all people in the world, or even all living creatures.⁵ At the same time, there was little scholarship within bioethics that discussed, either

⁴ The methodology used is described in detail in Prainsack and Buyx (2011).

⁵ Attention to the latter has grown further since the publication of our Report, also in the context of the One Health movement (see e.g. Rock and Degeling 2015; Zinsstag et al. 2011).

empirically or conceptually, how group identities and notions of belonging emerge. Where such discussions existed, explicit references to solidarity appeared mainly in four different contexts within the bioethical literature. The first context was public health, where solidarity was regularly used to justify the comparably strong interference of state authorities with the personal freedom of people, compared to other areas of medicine (e.g. mandatory vaccinations, restrictions on the freedom of movement in case of pandemics, etc.). The second context in which solidarity was often referred to explicitly comprises discussions about justice and equity of healthcare systems. Here, solidarity was typically seen as a value or principle that could justify certain rationales of resource allocation. Third, solidarity was also often invoked normatively in connection with providing assistance to poor countries and societies in the context of global health. Fourth and finally, we also found frequent discussions of solidarity as a European, as opposed to an American, value. This latter point cut across all other thematic domains: it became pertinent when authors contrasted European healthcare systems with US healthcare, or when the role of autonomy in bioethics was discussed (Table 1.1).

In our 2011 Report we also reflected on the fact that these four contexts in which discussions of solidarity were more prominent than in other fields are relatively young – or, as was the case with Public Health Ethics, at least recently strongly growing – areas of exploration in bioethics. To our minds, it was no coincidence that solidarity rose to greater prominence over the last decades, since this was exactly the time during which the four areas developed from smaller sidelines of bioethical scholarship into full-blown debates spanning the entire discipline and engaging academics, policy makers and the public in equal measure. All four areas invite invocations of solidarity because their central focus is not the individual patient but the health of societies or of all humankind.

We found that most of the authors writing about solidarity in the four contexts did so with a distinct aim of regarding solidarity's importance and use. They called for further attention to solidarity when discussing bioethical and social questions, or even for its protection against threats such as the increasing individualisation within modern (welfare) states (see e.g. Aarden et al. 2010; Ashcroft et al. 2000; Baylis et al. 2008; Calhoun 2002; Capaldi 1999; Coleman 1990; Gibbon and Novas 2007; Gunson 2009; Houtepen and Ter Meulen 2000a, Husted 1999; Putnam 1993, 1995, 2000; Rabinow 1992, 1996; Rippe 1998; Scholz 2008; Ter Meulen et al. 2010; UNESCO 2005). Others were more critical towards the use of the concept of solidarity, with the main critique often levelled not at the concept itself, but at its use in order to justify a particular goal or conduct

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Table 1.1 *Four contexts in which discussions of solidarity play an important role in the bioethical and related literature (based on analysis in Prainsack and Buyx 2011)*

Context	Some Important Examples ^a
Context 1: Solidarity and public health ethics	Anand et al. (2004); Baylis et al. (2008); Bengtsson et al. 2011; Callahan (2003); Callahan and Jennings (2002); Childress et al. (2002); Churchill (2002); Coggon (2010); Craig (2011); Dean (1996); De Wachter (1998); Faden and Shebaya (2010); Holm (n.d.); Houtepen and ter Meulen (2000b); Institute of Medicine (1988); Jennings (2001, 2007); Kelsen (1967); NCoB (2007, 2009); O'Neill (2002, 2003); Petrini (2009, 2010a, 2010b); Petrini et al. (2010); Petrini and Gainotti (2008); Powers and Faden (2006); Roberts and Reich (2002); Rousseau (1988[1762]); Sen (1999); Shalev (2010); Sherwin (1998); Singer et al. (2003); Stirrat and Gill (2005); Tauber (2002); Widdows (2011); Young (1990)
Context 2: Solidarity and healthcare systems	Anand et al. (2004); Bonnie et al. (2010); Rose (1996, 1999, 2006); Schmidt (2008); Schuyt (1995); Ter Meulen et al. (2010); Tinghög et al. (2010); Trappenburg (2000); Van Hoyweghen and Horstman (2010); Van der Made et al. (2010); Wikler (2004)
Context 3: Solidarity and global health	Benatar et al. (2003); Aulisio (2006); Barry (2001); Brunkhorst (2005); Daniels (2008); Glasner and Rothman (2001); Gostin et al. (2010); Gould (2007, 2010); Gunson (2009); Harmon (2006); Hellsten (2008); Holm and William-Jones (2006); Verkerk and Lindemann (2010); Pensky (2007); Ruger (2006); Santoro (2009); Scholz (2008); UNESCO (2005); Verkerk and Lindemann (2010); Weale (1990); Widdows (2011)
Context 4: Solidarity as a European value	Beauchamp and Childress (2008); Boshammer and Kayß (1998); Castells (1996); Daniels (2006); Häyry (2003, 2004, 2005); Hermerén (2008); Hinrichs (1995); Holm (1995); O'Neill (2002); Sass (1992); Tomasini (2010)

^aThis table is meant to offer interested readers a quick overview of key publications in each context. It is not a comprehensive list of all relevant publications in the field.

(e.g. Aarden et al. 2010; Capaldi 1999; Husted 1999). Several authors criticised that solidarity was too vague to justify anything (e.g. Gunson 2009, also Rippe 1998). In addition, some objections to solidarity focused on its substantive content as such and marked it as inherently anti-individualistic (e.g. Capaldi 1999; Heyd 2007).

In addition to these findings, we observed that social, economic or natural crises seemed to lead to a greater prominence of reflections on solidarity and what it meant. Thus, attention to solidarity seemed to increase exactly at a time when solidarity itself was assumed to be in danger of disappearing (see Chapter 3). This, we found, was the case in public discourse, as well as in policy documents, and several authors remarked on the interplay of crises and solidarity (see e.g. Roemer 2009; Schuyt 1995; Van Hoyweghen 2010).

1.5 Looking Ahead: Our Working Definition of Solidarity and Three Case Studies

While engaging with the writings summarised earlier, we discovered that there was still some scope to add to the clarity of the debate around solidarity in biomedical ethics. We also felt that it was challenging to suggest a notion of solidarity for the Council's future ethical and policy-related work based on our analysis of existing literature, due to the heterogeneity of uses we had found in the field. This, then, led us to a departure from our original brief: we developed our own working definition of solidarity. Our aim in doing so was dual. We wanted to capture all the elements we felt were specific and unique to solidarity, and thus to improve the analytic clarity of the concept. In addition, in view of the Council's interest in utilising solidarity more in future reports, we also sought to arrive at a definition that could be applied directly and fruitfully to policy development in biomedicine and beyond.

With this in mind, we put together a definition of solidarity that was, of course, not 'made up from scratch'; this would not have done justice to the many rich accounts we encountered during our work on the Report. Instead, we brought together several central elements from other, earlier definitions, while putting emphasis on what we believed set solidarity apart, importantly, from related concepts. The understanding we sketched out we then applied to three case studies, in order to show the potential for solidarity – in our understanding – to add new perspectives to longstanding and complex bioethical debates and to help develop innovative policy solutions. We found the biggest potential for this in our first case study on research biobanks. Solidarity, we argued, captured the prosocial disposition and motivation of many participants in such research initiatives. There was also significant potential to apply solidarity to several major ethical and practical problems that the field of research biobanking had been grappling with. We proposed to include solidarity as an important

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principle in the governance of biobanking, and we suggested a number of practical changes that result from such a solidarity-based approach to biobank governance. We have continued our focus on this area, refined our thinking and expanded it towards including all health-related databases (see Prainsack and Buyx 2013; and Chapter 5).

In the second case study in the Report for the Council, we examined solidarity in connection with global pandemics. Here we found, due to the great differences in risks, benefits and costs over the relatively short time span of a pandemic, that the potential to mobilise solidarity was more limited. Solidarity can play an important role in the prevention and containment of pandemics at the interpersonal level, but for state intervention, particularly for binding norms, we argued that other concepts and arguments need to be referred to in order to justify these. This case study, with its conclusions that were surprising to some – certainly also to us initially – drew some criticism, which we have responded to in other publications (e.g. Prainsack and Buyx 2012b) and which we engage with in some detail in Chapters 3 and 4.

The third case study included in our Report examined the often-heard argument that those responsible for their own ill health, due to poor lifestyle choices or reckless behaviour, are harming publicly funded healthcare by imposing the costs of their self-imposed health issues on everyone else who is contributing to the system. We showed that this is a frequently misunderstood application of solidarity to the healthcare context, which rests on a flawed and narrow conception of the risks involved. We argued that an argument based on solidarity would come to an almost opposite conclusion, namely that a solidarity-based approach to lifestyle-related diseases would mandate that we foreground what people share in common, instead of what sets them apart. We concluded that stratification on the basis of alleged responsibility for lifestyle ‘choice’ has no place in a public healthcare system (Buyx and Prainsack 2012). Although we continue working on this topic, we did not include it as a dedicated chapter in this book. Our aim for this volume was to broaden the range of our case studies to show in what varied fields and contexts a solidarity-based approach can suggest new ways of framing problems, and show new solutions.

1.6 Overview of this Book: Solidarity, Theory and Practice

As we have summarised earlier, in our Report for the Nuffield Council, we discussed contemporary bioethical accounts of solidarity and then developed our own definition of solidarity, applying it to three practical case