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What Mainstream Economics Should Learn From the Ethics of Care

Jérôme Ballet*, Emmanuel Petit**
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In the long history of philosophical ethics, the emergence of an ethics of care is a recent phenomenon. At its root lies a conception of human behavior that diverges from those prevailing in mainstream economics. Our goal is to highlight that the conception of the person in the ethics of care is very different from that in mainstream economics, but at the same time it opens a promising avenue for future research in this latter scientific discipline. Our investigation is therefore exclusively ontological, insofar as we wonder to what extent the moral philosophy of care can prove to be a source of inspiration for modern academic economics. More specifically, we show that the conception of the person in the ethics of care could significantly improve the understanding of human behavior in economics.

Keywords: care, person, ethics, relations, emotions, behavioral economics

Ce que la science économique standard devrait apprendre de l'éthique du *care*

Au regard de la longue histoire de l'éthique philosophique, l'émergence d'une éthique du *care* est un phénomène relativement récent. À son fondement se trouve une conception du comportement humain qui diverge de celles qui prévalent dans l'analyse économique standard. Notre objectif est de montrer que la conception de la personne dans l'éthique du *care* est très différente de celle de l'économie dominante, et surtout qu'elle ouvre une voie prometteuse pour la recherche future au sein de cette dernière. Notre investigation est donc exclusivement ontologique : nous nous demandons dans quelle mesure la philosophie morale du *care* peut être une source d'inspiration pour la science économique moderne. Plus précisément, nous soulignons que la conception de la personne dans l'éthique du *care* pourrait améliorer de manière significative la compréhension du comportement humain en économie.

Mots-clés : care, personne, éthique, relations, émotions, économie comportementale

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In the long history of philosophical ethics, with its primary tradition including deontological, utilitarian, virtue and justice ethics, the emergence of an ethics of care is a recent phenomenon. In moral philosophy, the ethics of care is devoted to “caring” or to “concern for the other”, an approach born in the early 1980s with the work of Carol Gilligan. Her 1982 book, *In a Different Voice*, proposes a credible alternative to the prevailing rational and cognitive moral development philosophy of her colleague, Lawrence Kohlberg (1981). In many disciplines, such as sociology (England, 2005), philosophy (Held, 2006; Slote, 2007; Pulcini, 2013), political science (Tronto, 1993; 2013), management (Lawrence and Maitlis, 2012), business ethics (Simola, 2007; 2010; 2012; Gatzia, 2011), social psychology (Paillé et al., 2015), economics (Jochimsen, 2003), neuroscience (Colombo, 2014) and geography (Lawson, 2007), various studies have attempted to analyze and extend the concept of “care”. Within organizations and firms, for instance, the ethics of care is embodied in the narrative practices that enable work teams to share their experiences, “construct their struggles” or imagine their future-oriented stories (Lawrence and Maitlis, 2012). In geography, care ethics provides useful insights into the nature of interdependence, inequality and power, which can either separate or unify territories (Lawson, 2007).

Many themes developed by the advocates of care ethics, such as concern for others, interdependence and vulnerability, are also shared by various strands of heterodox economics, whether feminist, ecological, institutional, anti-utilitarian, communitarian or social. In particular, feminist economics has been a vehicle through which the ethics of care has been explicitly incorporated into economics theory. For instance, Nelson (2011) recently attempted to show that care ethics is relevant to the analysis of the world of commerce. She argues that individuals are not “Economic Man” and that firms are not mechanical profit-maximizers. She also shows that market competition does not necessarily reinforce greed and self-interest. At the root of this new insight lies a different conception of human behavior from those prevailing in mainstream economics. Our goal is to highlight that the conception of the person in the ethics of care is very different from that in mainstream economics, but at the same time it opens a promising avenue for future research in this latter scientific discipline.

Our analysis differs from the study of the “economics of care”, which envisages the place of care in the economy (see, for instance, Nelson and England, 2002; Himmelweit, 2007; van Staveren, 2013) and which more specifically analyzes the economic costs of health care systems (Zelizer, 2005). Equally, the “economics of care” cannot be reduced, as Taylor (1998) proposed, to a standard mathematical economic analysis of the relative virtues of the ethic of care and that of justice. Our investigation is exclusively ontological: to what extent can the moral philosophy of care prove to be a source of inspiration

for modern academic economics? More specifically, how could the conception of the person in the ethics of care improve significantly the understanding of human behavior in economics?

Our paper first presents the conception of the person in the ethics of care. We then follow the “road not taken” by economists. In this part we assert that economics has missed the point since the very outset by leaving aside the issue of emotion and preferring that of rational maximization. Third, we present how economics, mainly mainstream economics, has tried to cope with feelings like benevolence, malevolence, envy, fairness, guilt, and so on. We then underline the difference between the attempts to do so in economic theory and the conception of the person in the ethics of care. Finally, we conclude briefly.

1. A “Different Voice”

Carol Gilligan (1982)’s work, *In a Different Voice*, constitutes a benchmark in the ethics of care. In her book, Gilligan proposes an alternative to the prevailing conception of moral personality already developed by her colleague Laurence Kohlberg (1981). Kohlberg concludes upon a hierarchical form of moral personality, with at its top a rational and cognitive model of morality largely built on the idea of an impartial judgment. The moral personality is complete when the person is able to withdraw from her/his own position to adopt an impartial point of view. For this reason, moral judgment based on emotions and personal relations to others are conceived by Kohlberg as an imperfect stage of moral personality. Gilligan’s work is mainly a criticism of this positioning. She points out first that Kohlberg’s reasoning is distorted, as it is an empirical work based only on boys, and second that moral judgment based on emotions and relationships does not reflect a lower moral personality but instead a different one.

Since Gilligan’s work, the ethics of care has undergone numerous developments. Nel Noddings, Annette Baier, Virginia Held, Eva Feder Kittay, and Joan Tronto are some of the most influential contributors to the development of care ethics. In *Caring* (1984), Nel Noddings developed the idea of care as a feminine ethic, and applied it to the practice of moral education. Annette Baier revealed certain affinities between care ethics and the moral theory of David Hume. She emphasized, in particular, the importance of cultivating virtuous sentimental character traits, including gentleness, agreeability, compassion, and good temperedness (*Moral Prejudices: Essays on Ethics*, 1994). In *Love’s Labor* (1999), Eva Feder Kittay developed primarily a dependency-based account of equality rooted in the activity of caring for the seriously disabled. Joan Tronto (*Moral Boundaries: A Political Argument for an Ethic of Care*, 1993) and Virginia Held (*The Ethics of*

Care, 2006) mainly demonstrated the relevance of care ethics to political, social and global questions.

Our goal is not to discuss all these developments at length. As recently highlighted by Steven Edwards (2009), there are (at least) “three versions of an ethics of care”: that of Gilligan (1982) recognizing emotions as a driver for our moral judgments; that of Tronto (1993) giving the ethics of care a political foundation and including care within a justice approach; and that of Gastmans (2006) conceiving the ethics of care as a moral orientation to address ethical theories. Moreover, not all scholars agree on what is essential (or not) in care ethics; and it is true that “[C]are does not have precise boundaries” (Tronto, 2017, 31). Consequently, we will not consider the ethics of care as “a full-blown ethical theory” but rather as “a ‘moral perspective and orientation’ [a stance] from which ethical theorizing can take place” (Gastman, 2006, 146). We will base our analysis on works by prominent (care ethics) scholars, as well as on those by several feminist economists specifically inspired by care ethics, in order to focus on the conception of the person developed in the ethics of care. We begin with the broad definition of care, offered in 1990 by Berenice Fisher and Joan Tronto, which gives a general account of the place and meaning of care in human life:

On the most general level we suggest that caring be viewed as a species activity that includes everything we do to maintain, continue and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Tronto, 1993, 103).

Caring, as conceived by Fisher and Tronto, is also a complex process. The authors initially identified four phases in the process of care: caring about, taking care of, care-giving, and care-receiving. “Caring-about” refers to the recognition of the necessity for care, through the identification of needs and the determination that those needs should be met. “Taking care of” occurs when people assume responsibility for planning a response to the needs they identify. “Care-giving” refers to the actual provision of care in order to meet the needs that exist, and typically involves contact with recipients of care. “Care-receiving” reflects the interconnection between those providing and those receiving care, and refers to the response given by the care-receiver. For instance, the response from care-receivers could be an improvement in health or satisfaction. In 2013, Joan Tronto added a fifth phase of care, “Caring-with” “which occurs when a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs. When such patterns become established and reliable, they produce the virtues of trust and solidarity.” (Tronto, 2017, 6).

In line with the above broad definition of care, we can emphasize *first* that the ethics of care begins with the recognition that, through-

out our lives, we are all embedded in a web of relationships. The ethics of care attends especially to relations between persons and the rest of the world (Fisher and Tronto, 1990) (and between humans and nonhuman animals, see Nussbaum, 2007), evaluating such relations and valuing relations of care. These relationships help to constitute who we are, who we are becoming, and what we can achieve. To quote Tronto again: “The moral question an ethics of care takes as central is not—What if anything do I (we) owe to others? but rather—How can I (we) best meet my (our) caring responsibilities” (Tronto, 1993, 137). My responsibilities are more important than my rights and duties. Thus, the ethics of care “conceptually offers a different ontology from one that begins from rational actors. It starts from the premise that everything exists in relation with other things; it is thus *relational* and assumes that people, other beings and the environment are interdependent” (Tronto, 2017, 32, emphasis in the original). The starting point is clearly one of involvement with others rather than separation from them. For instance, according to Virginia Held (2006), “to many care theorists persons are at least partly constituted by their social ties” insofar as the “ethics of care ... conceptualizes persons as deeply affected by, and involved in, relations with others”. To the ethics of care “our embeddedness in familial, social, and historical contexts is basic.” (Held, 2006, 46).

A second ontological shift is to understand that all humans are vulnerable. Every person starts out as a child, dependent on those providing him or her with care. Every person remains interdependent with others in fundamental ways throughout his or her life. Human life is fragile, and people are constantly vulnerable to changes in their bodily conditions that may require them to rely on others for care and support. The ethics of care specifically focuses on the relationships between “ordinary” individuals, depicting human beings as vulnerable.

Third, ontologically, “[H]umans are not only rational, but also emotional” (Tronto, 2017, 33). The ethics of care stresses the essential role of emotions, intuitions and affects in moral theory. It underlines the diversity of motivations behind decisions, emphasizing the major role of context in moral theory. Not all emotions are valued, of course, but emotions such as gratitude, empathy, sensitivity, benevolence, and responsiveness are seen as the kind of emotions that need to be cultivated in order to help in the implementation of the process of reason but also to better ascertain what morality recommends. These specific emotions enable morally concerned individuals, in real-life interpersonal contexts, to care for others. This is not to say “that raw emotions can be a guide for morality” (Held, 2006), since feelings clearly need to benefit from a process of reflection and societal refining. Feelings and sentiments need to be reflected on and educated (Nussbaum, 2010, 2011).

In short, we retain from all this that in care ethics, the conception of what humans are— “*homines curans*” in Tronto’s recent words (2017)—establishes the centrality of relationships in human life between interdependent, emotional and vulnerable human beings. How economic theory has incorporated the interdependence between individuals and, compared with the ethics of care, how it should go beyond its conception of interdependent individuals, are the main points we explore in the following sections.

2. The “Road Not Taken”

In moral philosophy, the 18th century saw the emergence of two antagonistic forms of morality: one, contextual and sensitive, in the tradition of Aristotle’s virtue ethics, was pursued by the Scottish Enlightenment philosophers (Francis Hutcheson, David Hume and Adam Smith); the other, universal and rational, was enunciated by Immanuel Kant. For care ethicists, Adam Smith and David Hume embody a concept of morality that came in reaction to the Cartesian idea of emotions constituting obstacles to reason and morality. These authors were skeptical about the supremacy of reasoning, preferring to emphasize the diversity of human sentiments (see also Tronto, 1993, chap. 2). Adam Smith (1759) proposes a moral philosophy which, as convincingly argued by Terjesen (2011), has many points in common with care ethics.

First, Smith’s discussion of self-interest clearly indicates that he recognizes that caring is inseparable from the economic sphere. Smith’s analysis is proximate to the central focus of the ethics of care, which is “the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility” (Held, 2006, 10). At the very beginning of his *Theory of Moral Sentiments*, Smith (1759) states that concern for the welfare of others constitutes an undeniable part of human existence. Reading Smith, we understand that humans must not only be righteous, but must also seek to be beneficent. This is how they will deserve the gratitude of the impartial spectator, when the mere observance of the rules of justice does not make man a virtuous man. Benevolence is necessary to go beyond what is required by the rules of justice. There is certainly in Smith the idea of a beneficence whose demands exceed the simple respect of the laws, and this requirement of benevolence will inspire people with heroic resolutions. The withdrawal or decay of charitable virtues leads, according to Smith, to a morally less desirable result. The principle of harmlessness does not seem to envelop all virtues. The secondary place of benevolence is ultimately regretted by Smith himself. Like David Hume, Adam Smith acknowledges that, although human beings can be self-interested, they can nonetheless be motivated by their concern for others. Smith (1759) goes on to add that, even

though these two motivational structures do sometimes come into conflict, they also quite often coexist.

Second, Smith, who largely calls upon normative principles when discussing economic behavior and the setting up of economic policy, asserts that the intermingling of economics and ethics constitutes an essential aspect of human existence. In particular, Smith “thinks that the excesses of an unregulated market can be curbed by an appeal to our moral sentiments” (Terjesen, 2011, 70). Several times in the *Wealth of Nations*, Smith uses ethical notions in order to make suggestions about the proper workings of the economy.

Third, and most importantly, Smith develops a social conception of the self which is much in line with the care approach, placing *great emphasis on relationships*, as opposed to duties or rights, and specifically *conceiving of the self as a fundamentally relational entity*. This social conception of the self is specifically based on the relational role of emotion in moral judgment. In Adam Smith’s *Theory of Moral Sentiments* (1759), sympathy is defined as the (pleasurable or disagreeable) feeling of connection with someone else’s mental state. This use of sympathy to mean “fellow-feeling with any passion whatever” (Smith, 1759) is in line with a care ethics approach as it both emphasizes the use of *emotion* to discover moral truth and places a great deal of value on *connectedness* and *relatedness*. As underlined by many scholars (see, for instance, Sugden, 2002, and Forman-Barzilai, 2010), what Smith is describing sounds very much like what people today call projective or imaginative empathy. And the result of this empathy “seems to be exactly what care ethicists desire” (Terjesen, 2011, 58): “by imagining ourselves in the situation of someone on the rack, we not only come to understand what they feel, but we also create in ourselves a reflection of their emotion” (*ibid.*) It is that mirrored emotion which is strong enough to move us to action. For a care ethicist what makes people who they are and what contributes to what they do includes the social roles they fulfill as parent, child, co-worker, member of a neighborhood, and so on. For Smith, all our feelings, whether self-interested or benevolent, result from a process of socialization. In particular, affection is “the emotional product of ‘association’ and ‘connection’ with others over time, which commonly evolve through physical proximity and shared experiences with them” (Forman-Barzilai, 2010, 153). Affection is thus nothing but “habitual sympathy”. More precisely, “[R]elations being usually placed in situations which naturally create this habitual sympathy, it is expected that a suitable degree of affection should take place among them” (Smith, 1759, 220). Accordingly, as underlined by Terjesen (2011), “Smith’s recognition that our identity and values are shaped by our social interactions is a starting point for the care ethicist’s rejection of the *homo economicus*” (2011, 59). Smith’s view of the self is thus not as starkly individualistic as it has been stereotypically portrayed in the

narrative of eighteenth century thought. However, for most care ethicists, the conception of the person goes well beyond the simple existence of benevolence or altruism. It is more fundamentally a condition of survival. As social animals, without care, humans simply cannot survive from birth and reach adulthood, and nor can they develop into rational beings. Other-regarding sentiments are a condition of the existence of human beings and cannot be considered as exceptions of marginal interest. Omitting this point restricts the debate to one of moral sentiments in which benevolence and altruism are composed of self-interest in dichotomous fashion. In fact, Smith does not quite take infancy, vulnerability and illness as universals of human existence, as numerous care ethicists do (see, in particular, Kittay, 1999).

Is Adam Smith the undisputed ally of selfishness, as most contemporary economists usually think, or is he rather an advocate of benevolence? Here we see the famous "Das Adam Smith Problem", highlighted by the German Historical School, which caused a lot of ink to flow (Teichgraeber, 1981; Dickey, 1986; Montes, 2003; Wilson and Dixon, 2006; Tribe, 2008). Did he fall prey, as Tronto (1993) suggests, to a kind of moral skepticism? Did he cede to the eighteenth-century tendency to relegate sentiments to the sphere of women's lives? Adam Smith (1759, chap. 2) may well have been the victim of the propensity, which he himself denounced, "to account for all appearances from as few principles as possible". According to Montes (2003), the German Historical School played a major part in the dissemination of ideas based on misinterpretations of Smith's project: "Not surprisingly, in this setting Smith became known as the founder of the materialistic 'Manchester School' that preached the gospel of individual interest and free competition." (Montes, 2003, 68). More specifically, Hildebrand "criticized self-interest and egoism as the central features of Smith's economic system" (Montes, 2003, 68). According to the German Historical School, this focus on private egoism had a lot of harmful consequences and led economics to lose its social science character. Thus the "Adam Smith Problem" would not have been a real one without the misunderstandings caused by the German Historical School.

Indeed, Smith's initial project was to lay the foundations of a moral philosophy into which most of the economic ideas developed later, in the *Inquiry into the Nature and Causes of the Wealth of Nations* (Smith, 1776), could be embedded. Smith clearly saw his work in moral philosophy and economics as part of a larger analysis that he planned to complete. Unfortunately, all that survives are a few lecture notes, subsequently published as *Lectures on Jurisprudence* (Smith, 1763). As a result, the fact that Smith's project remained unfinished led to the gulf between economics and other social sciences. In the field of social sciences, the demarcation was reinforced by several methodological arguments developed by many classical and neoclassical economists

(David Ricardo, John Stuart Mill, Léon Walras, Vilfredo Pareto, Francis Edgeworth, Lionel Robbins). In particular, by proposing the elimination of psychology from any scientific analysis in social sciences, Vilfredo Pareto successfully thwarted the ambitious research project, initially advocated by Carl Menger and his followers, designed to build the foundations of economics on the basis of psychology and experimentation (Lewin, 1996; Wärneryd, 2008; Hands, 2010; Bruni, 2013). As advocated by Bruni and Sugden (2007), before Pareto's reformulation of choice theory, neoclassical economics was based on theoretical and experimental psychology, as behavioral economics is now. The official history of neoclassical economics seems to be one of "the road not taken": if it had been taken, standard economics would not have been cut off from psychology.

It would be excessive, however, to say that economic theory has remained static. Many attempts to go beyond the standard model have been proposed. However, these developments continue to be based on the same conception of the economic man.

3. Integration by Mainstream and Behavioral Economics of Concern for Others

Homo Economicus, the classical model of human action, chooses typically to maximize his utility and is capable of numerous prodigious calculations. No cognitive limitation of any kind gets in his way when he assesses the costs and benefits of the alternatives at hand; nor does he have any problem of self-control that might impede his selection of beneficial options. *Homo Economicus* is the archetype of the impartial, independent, clear-sighted, emotionless "hero" that contemporary psychologists refer to ironically when evoking the Vulcan, "Spock", in the popular sixties television series, *Star Trek* (Charland, 1998). What, though, of mainstream economics: the "Elephant", as Tomer (2007) puts it? Broadly defined, mainstream economics describes theories often considered as part of the neoclassical economics tradition, which follows rational choice theory and assumes that individuals make decisions that will maximize their own utility (Arrow, 1974). Mainstream economics uses statistics and mathematical models to demonstrate theories and evaluate various economic developments. As underlined by Tomer (2007), a great many authors have commented on the narrow nature of mainstream economics. In particular, they have pointed out the exclusive use of deductive reasoning, the rigidity and mechanicalness associated with formal mathematical methods, the high degree of individualism and the unquestioning acceptance of key assumptions such as rationality, self-interest or self-control. It would be wrong, however, to believe that this theoretical framework has not seen attempts to integrate the interdependence between individuals.

Three converging movements in economics have now given rise to a widespread integration of concern for others: the “economics of altruism”, the “economics of emotion” and more recently “behavioral economics”. We will not discuss these three movements at length, but instead will present them briefly to show what is lacking as regards the conception of the person, in comparison with the ethics of care.

First, economics takes the other into account through the “economics of altruism”. Since Kolm (1966) and Hochman and Rodgers (1969), altruism in economics is defined as the internalization, in the utility function of an individual i , of a variable representative of the well-being of another individual j . In a neoclassical framework, the common notion of altruism is thus modeled in terms of positively interdependent utilities: altruism is assimilated to the increase in the well-being of i when the well-being of j increases. The utility argument with regard to altruism is based on the conviction that “a person makes contributions to add his own utility—otherwise he would not part with any wealth” (Becker, 1996, 232). It is assumed that the altruistic individual receives something in return for behavior toward the other individual. In the absence of pecuniary or other material rewards, the return is called “psychic income” (Becker, 1976, 175). This definition gave rise to debate (see for instance Ballet, 1998), but produced numerous developments in mainstream economics, such as overlap utility functions in the growth model (see Blanchard and Fisher, 1989), private contribution to public goods (Andreoni, 1990), analysis of underdevelopment in southern countries (Rapoport, 1995), the provisioning of health care (Davis and McMaster, 2013), and very well-known theorems such as the rotten kid (Becker, 1974), the reinterpretation of the Ricardian equivalence (Barro, 1974), or the Samaritan dilemma (Buchanan, 1975). However, one of the main features of this approach is its conformity to the *Homo Economicus* concept. Even if the individual is altruistic, s/he continues to maximize her/his utility function, taking the well-being of others as an externality. In this sense altruism operates analogously to selfishness in an exchange situation. As pointed out by Jochimsen (2003, 29, emphasis in the original), this self-interest may be called “attached self-interest” to distinguish it from the commonly pure (un-attached) self-interest assumed of individuals in markets. It cannot be considered, however, as “other-interest” which is essential in caring activities. A clear distinction with the ethics of care is that in utility functions other persons are not integrated, they are replaced with the utility of others, that is, their consumption or their income. The utility function of individual i takes into account his utility, representing his material well-being and an externality variable representing the material well-being of others. The arbitration consists of a little more or a little less well-being for oneself versus a little less or a little more well-being for others. In this framework, it does not matter to individual i whether s/he contrib-

utes to the well-being of others or someone else contributes to it. Interdependent utility functions are very dissimilar to interdependence between people. As Khalil (2003) points out, the economics of altruism proposes an egocentric conception of altruism. From an ontological perspective, it cannot be said that the conception of *Homo Economicus* is modified here.

Second, in economics, unlike in most other social sciences (philosophy, sociology, psychology, anthropology), the peculiar role of emotions in decision making has only been highlighted somewhat recently (e.g. Elster, 1998; 2010; Romer, 2000; Ackert, Church and Deaves, 2003; Zizzo, 2008; see Petit, 2015, and Gomes, 2017, for recent reviews). Initially, emotions were incorporated into economic theory by focusing on individual choices. A typical example is regret theory (Savage, 1954; Loomes and Sugden, 1982) in which agents are assumed to care not only about what they obtain as a consequence of choosing one decision rather than another, but about what they would have obtained if they had chosen differently (for a review, see Leland, 2010). Other emotions have also been incorporated into a formal framework: these emotions include shame or guilt (Becker, 1976), envy (Varian, 1974), or even remorse or excitement (Tideman, 1985). In all these models, however, emotions are integrated directly into the individual utility function and are, consequently, reduced and limited to a single ordinal and measurable dimension (which can easily be introduced into a formal setting). The introduction of emotions is therefore carried out in the same way as altruism. As pointed out by Zeelenberg and Pieters (2006), however, many studies have shown that very similar emotions, especially in terms of valence (for example, regret and disappointment), may trigger very different action tendencies. Emotions were introduced, later, in order to take the emergence of prosocial types of behavior into account (Frank, 1988; Becker, 1996; Elster, 1998). However, even within this kind of reasoning, emotions are only self-oriented. They are merely considered as a moral disposition of the individual, rather than entering into a new conception of the person. For instance, according to Becker (1996, 151), interactions between family members are “more likely to be motivated by affection, obligation, guilt, and a sense of duty than by self-interest narrowly interpreted”. However, as highlighted by Jochimsen (2003, 30), although the emotional-based approach to human decision “allows for a much richer set of values and preferences motivating human behavior beyond pure selfishness or mere material gain, it simultaneously assumes that the specific kind of motivation that drives any specific behavior does not matter”. It does not matter because individuals maximize welfare “as they conceive it, whether they be selfish, altruistic, loyal, spiteful” (Becker, 1996, 139, emphasis in the original). In particular, selfish parents may transfer resources to their children, and simultaneously try to inculcate guilt in them, since

they hope for their children's help in old age. As underlined by Paula England (1993, 37, our emphasis), this model of conceptualization of family members can be called "'separative' because it presumes that humans are autonomous ... and *lack sufficient emotional connection to each other* to make empathy possible". According to the feminist economist Julie Nelson (1996, 69), the model reflects a "distorted [because one-sided] conception of human identity". Care receivers are considered either as independent, autonomous, or as passive persons who can be subsumed into someone else's self-interest-based preference. And following Becker (1996, 4):

The challenge in extending the normal approach to preferences is to retain its power and most of its simplicity while expanding the analysis to deal with the effects of experiences and social forces. ... individuals behave so as to maximize utility while extending the definition of individual preferences to include personal habits and addictions, peer pressure, parental influences on the tastes of children, advertising, love and sympathy, and other neglected behavior.

The main feature of this quotation is that any enlargement of economic theory should be captured through preference (or utility function), which remains self-centered. Whatever the emotions, they are treated as if they are a preference, which does not and cannot lead to a new conception of the person.

Third, over the last four decades, the scientific world of orthodox economists has undergone many major changes, driven essentially by experimental economics, economic psychology or neuroeconomics, all different strands of what is generally called "Behavioral Economics" (Tomer, 2007). The aim of this new strand of research is to explore new avenues of how psychological and neuroscientific knowledge about human motivation, emotion and social cognition can inform models of economic decision making in addressing global economic problems (see, in particular, Camerer and Loewenstein, 2004). In particular, behavioral economics seeks to provide a new generation of economic models that explore opportunities for more pro-social and sustainable economic behaviors. On the one hand, models of social preferences assume that individuals are specifically concerned by the distributional consequences of their own acts (Fehr and Schmidt, 1999). Applied to caring behavior, this means that individuals care about the quantity of material resources that are allocated to others: their utility function not only depends on their own material payoff but also on how much the other receives. For instance, according to the concept of "inequity aversion" (Fehr and Schmidt, 1999), a care giver would be altruistic toward a potential care receiver if the care receiver's material payoff is below an equitable benchmark. On the other hand, models of intention-based reciprocity (Rabin, 1993) start out from the observation that human behavior is often a reaction to the (expected) intentions of other people. Applied to car-

ing behavior, this means that if care givers feel they are treated kindly by care receivers, they will want to return the kindness. In recent years, experimental economists have gathered evidence that show that many people have a variety of strong altruistic motives and concerns for fairness and reciprocity (for a recent review, see Garapin and Ruffieux, 2009). People are not always guided by their absolute advantage: if the distribution of payoffs within the group violates their norm of fairness, they readily accept a substantial reduction in their own material advantage. Throughout their contributions, contemporary behavioral economists have thus tended to place the notion of *Homo Economicus* under great scrutiny. This notion has begun to take on a more human shape: less pronounced egoism; less perfect cognitive abilities; more intuitive logic. In this respect, the fundamental role played by the empathetic process in promoting prosocial attitudes has been emphasized by behavioral economics (Singer and Fehr, 2005; Kirman and Teschl, 2009; Andreoni and Rao, 2011). Set against the longstanding opinion that unites traditional economic thought, behavioral models point to the absolute necessity of introducing a plurality of motives for human action. As highlighted by Bruni and Sugden (2008), however, it is common to all behavioral theories that the other-regarding element of a person's preferences is revealed in his or her willingness to sacrifice his or her own interests in order to benefit or harm others. In this sense, other-regarding preferences are necessarily "self-sacrificing".

Regarding these three developments, mainstream economic theory oscillates between two broad conceptions. On the one hand, it considers that altruism and prosocial behaviors are only *self-oriented*, in the sense that they enter into the utility function like any other component. The individual maximizes her/his concern for others because others are externalities in her/his utility function. For example, the individual considers the choice of consuming a kind of cheese as equivalent to the help s/he has to provide to his/her grandmother (Mahieu, 2001). S/he treats the other like any consumption good. On the other hand, mainstream theory sees altruism and prosocial behavior as self-sacrificing, hence *other-oriented* behavior. Sen (1977) perfectly underlined the difference between these two kinds of conception, opposing *compassion* with *commitment*. Compassion corresponds to cases where the well-being of the individual increases with the well-being of others. Doing something for others is also beneficial for oneself. Conversely, commitment is typically the situation where the well-being of the individual decreases when s/he does something for others. However, this opposition has already been criticized, since compassion could lead to commitment (Ballet et al., 2006). Nevertheless, even in the self-sacrificing or other-oriented conception of the choice, the individual continues to be an egocentric decision-maker. S/he decides autonomously to sacrifice her/himself for others.

One main reason for the inaccuracy of the mainstream economics in tackling the issue of others is that it remains centered on the individual, rooted in a self-sufficient individual who is self-centered and should either maximize her/his utility or otherwise sacrifice her/himself. The sacrifice of oneself in consideration of others' needs is problematic. As pointed out by Nelson (1996, 71, footnote 8), "the self-sacrificing [individual] who simply reacts to any and all demands, regardless of cost, is guilty of being responsible to at least one human being in her (of his) care: herself (or himself)". The relation to others is only conceived from the individual point of view. In particular, recent behavioral other-regarding models do not rely on a connective model of the individual; they do not cast the individual as a *person-in-relation*, assuming that independent and disinterested people are embedded in social relationships and capable of emphatic connections with others. What the ethics of care highlights is that the relation to others is part of the individual self and sense of self, and should be considered first.

4. Conclusion

"Persons in caring relations are acting for self-and-other together. Their characteristic stance is neither egoistic nor altruistic; ... the well-being of a caring relation involves the cooperative well-being of those in the relation and the well-being of the relation itself" (Held, 2006, 12). For instance, the concept of "caring work", extensively studied by feminist economists (see in particular Himmelweit, 1999), reflects the idea that caring is relational and integrative. The "process of caring is itself the development of a relationship" (Himmelweit, 1999, 29). Initially, Gilligan (1982) saw the development of an ethic of care as progressing through three general phases: caring for one's self, a sense of responsibility for another at the expense of oneself, and reconciliation of the two, with a focus on caring for the other as well as oneself in a dynamic, interconnected relationship. In fact, people are both givers and receivers of care all the time, though each person's capacities and needs shift throughout life. Tronto (1993) also discusses the distance between care givers and care receivers. She focuses especially on the fact that care givers have to distinguish their own needs from those of care receivers. Nonetheless, the thorny issue of "caring at a distance" shows that the opposition between egoism and altruism crucially depends on the spatial, affective or psychological distance that exists between care givers and care receivers, especially when global and environmental issues are at stake (Petit, 2014). One fundamental aspect as regards care theory is that economic studies should depict the economic agent as a real, sensitive person who develops strong interpersonal relationships.

Care theory, with its particularly powerful insights, can help open up a promising path for economics as a whole. After the golden age of rationality in economic analysis, a return to the sensitive and contextual framework inspired by the Scottish Enlightenment philosophers (David Hume and Adam Smith) now seems to be possible, thanks to the emergence of behavioral economics which, with its roots firmly in psychology and its primary reliance on the critique of *Homo Economicus*, is now actively striving to transform economics (Santos, 2011). Behavioral economics explores new avenues of how psychology and neurosciences explore human motivations, emotions, and social cognition to improve economic theories of decision making. It investigates the opportunities for more cooperative, prosocial and sustainable types of behavior, providing a new vision of a “caring economics”. However, a real filiation between care ethics and behavioral economics probably requires a conceptual upheaval that would need to go beyond the initial theoretical elements that we have sketched out here.

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