

Recasting the economic debate of the relation between material and non-material conditions of well-being: Can care labour be commodified or is it necessarily a labour of love?

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Abstract

This paper explores the extent to which care labour is commodifiable, and seeks to demonstrate that the question addresses categories underpinned by strict economic as well as 'non economic' presuppositions about the world we live in. A central proposition within the question concerns the opposing nature of commodification and love, although for this opposition to hold, a particular conception of commodity and gift are in turn presupposed. The paper argues that the dichotomisation of categories such as care love and care labour is unhelpful to constructive economic analysis. The paper recasts the debate in terms of the strict economic concern of the organisation of labour and material resources, on the one hand, and the wider economic concern for non-alienation and flourishing, on the other. The emphasis here lies on their relationship, and therefore on how the two realms both presuppose and affect each other in fundamental and constitutive ways. However, ultimately questions of social cohesion, alienation and flourishing rest on moral, psychological, as well as social anthropological aspects of the social realm. By taking care labour as our category of analysis and by taking as our vantage point the two way relationship between material and non-material well being, the paper proceeds to show how the various disciplines come together in our analysis.

Keywords: care, labour, commodification, needs, wants, gift, alienation, inter-disciplinarity

Introduction

Every economic decision or consideration affects both the material and non-material conditions of well-being. If the achievement of well-being is the ultimate goal in economics then we need to understand how material and non-material conditions relate to each other since this relation will bear on people's well-being. Well-being in turn warrants a conception of needs distinct from wants. Satisfying basic and successively higher needs is a condition for the achievement of well-being. Wants, in contrast, may not correspond to needs. By taking care labour as an illustration, we can show how economic activity impacts upon *both* material and non-material conditions of well-being, and how the two are intimately related. The narrow notion of care, or secondary care, arguably corresponds to care labour, and fulfils most basic needs. Therefore, to the extent that we can substitute care labour, we can deem it to be commodifiable. In contrast, a wider conception of care, or primary care, is an orientation, and fulfils a higher form of needs. This aspect of care is not commodifiable, and is a condition for the non-alienation of humans, individually and collectively.

The aim of this paper is to explore the extent to which care is commodifiable. The paper commences with a consideration of mainstream conceptions of altruism, rationality and care. The discussion then moves on to critique the failure of neoclassical economics to distinguish between needs and wants, and to highlight welfare conceptions of needs, wants and well-being. The paper then explores the material and non-material conditions of well-being, and seeks to distinguish between narrow and wider conceptions of care in the context of notions of giving and the gift economy. The paper concludes by exploring the extent to which commodification occurs in relation to caring, and argues for the benefits that derive from the incorporation of alternative paradigms in our understanding of care.

Mainstream conceptions of altruism and rationality in relation to care

England and Folbre (2003) point out that although neoclassical economics allows for agents to derive utility from acting altruistically, they nonetheless do tend to assume selfishness in markets and, if utilities are assumed to be independent, this does not sit at all well with the relationality presupposed by care. Diana Strassmann (1993),

Paula England (1993), Marianne Ferber & Julie Nelson (1993), Kuiper and Sap (1995) are amongst the scholars to have written extensively on the subject of the economic agent as related and (inter) dependent, whose emotions do not stand in opposition to rationality and reason. In addition, they emphasise how norms and other institutional factors, as well as specific circumstances constrain choices and states of consciousness in their relation to one another (Benaria 1979, Sen 1984, Bergmann 1986, Agarwal 1997, Duncan & Edwards 1997, Feiner & Roberts 1990, Galtry 1997, Harstock 1983b, Held 1990, Strassmann & Polanyi 1995, Hewitson 1999). Finally, issues such as power and control receive scant attention in neo-classical theory. Where power is discussed, its exercise by the head of the household (rational economic agent) is deemed as altruistic, leaving no room for exploring the potential of 'women's empowerment' in such an account (Kabeer 2001). In summary:

- Mainstream economics insists on neutrality of its project; homo economicus seeks to maximise utility; altruism has been introduced as an argument of the utility function;
- Typically, he is mostly independent, but not interdependent;
- But (inter) dependence is at the core of caring relations;
- Mainstream cannot be reconciled with asymmetrical relations of power.

Needs and wants

The standard economic conception of the central economic question is how to allocate scarce resources so as to best satisfy unlimited human wants. As Culyer (1976) points out, "the root and principal distinguishing mark of an economic approach is its recognition of scarcity of resources on the one hand and the multiplicity of human wants and values on the other"(p.4). A simplistic individual-centred economic view might define a need as constituting an entity that is essential for life (e.g. food, water, or shelter). Conversely, a want is something we would like to have. Needs and wants are both related to the concept of demand, but the essential nature of needs suggests that the demand to have these satisfied will be voiced more vociferously. In reality, things are much more complex – and the discourse is further complicated by the convention within economics to use the term 'wants' when actually referring to the concepts of 'needs'. An economic perspective, in the context of limited resources and unlimited wants (i.e. needs), would be

concerned with human actions or choices that are trying to satisfy wants (i.e. needs). Moreover, choices arise in the context of constraints, expectations and preferences. Mainstream economics has no theory regarding the formation of preferences, and takes preferences as 'given' or 'pre-determined', "and not themselves in need of explanation or subject to rational appraisal" (Hausman, 1992, p.27). Economists assume that preferences and beliefs that motivate human actions may be rational or irrational, and the rationality of preferences is defined within 'utility theory'. Individuals act rationally in order to maximise utility, but rationality theory says nothing about what people really want or prefer. If wants seem to be equated with preferences, the theory of revealed preferences identifies market choices as reflecting individual preferences. Furthermore, economists see welfare as the satisfaction of preferences, using utility theory to explain human choices and the preferences as the fundamental measure of well-being. A welfare theory founded on the satisfaction of preferences however is clearly problematic given the nature of individual preferences that might have a negative impact on wider society (e.g. criminal impulses, expensive preferences, irresponsible preferences, bringing forward issues such as rational or informed preferences). More generally, welfare theories have the objective of the satisfaction of needs, and hence the development of systems for identifying need which can inform governments better about what people require (see Griffin, 1986). But economists have attempted to avoid making the distinction between needs and wants for methodological reasons:

"This aversion [for making a distinction between needs and wants] seems not to have stemmed from empirical difficulties in studying needs. It has arisen instead from *theoretical* objections to drawing the distinction and giving needs any special weight" (Hausman, 1992:109).

Economists should give a more important role to needs as a fundamental stone of an economic theory. In an economic system, if preferences or 'utilities' play an essential role in the formation of prices or the demand side, it appears that we need to evaluate the role of needs and different types of needs in influencing demand or the mechanism and formation of prices. Consequently, when applying this discussion to the concept of care, we need to distinguish between the need for care, the want for care and the demand for care.

Welfare conceptions of the distinction between needs and wants

Conventionally within economics, the concept of demand is a function of individual preferences backed up by an ability to pay for goods. The problem with this position in the context of distinguishing between need and want is that demand can relate both to goods that an individual needs (i.e. essentials) and goods that an individual wants but does not actually require in order to meet their basic minimum essential requirements. We therefore require a mechanism or approach other than demand in order to distinguish between need and want. In order to achieve this objective, we need to extend our gaze beyond the horizon of economics and engage with the literature on social welfare.

Within debates on social policy, a starting point in understanding the distinction between the concepts of need and want arises out of discourses on the nature of absolute need and notions of material deprivation. Early writers on poverty (e.g. Booth, 1889; Rowntree, 1901) sought predominantly to define need in terms of situations in which individuals lacked essential requirements: education, employment, income, housing, health, etc. It is thus existing above or below a minimum standards threshold that defines an individual as being in need or otherwise. In contrast, the concept of 'want' relates to situations whereby individuals who already possess the basic material necessities of life desire to have more of something or a better standard of a specific material entity over and above accepted minimum standards e.g. a bigger house. The failure to satisfy such wants does not per se place these individuals in a position of need because their basic requirements of access to shelter have been met.

However, as societies advance and develop, and the combination of greater economic prosperity and welfare intervention raises living standards, the vast majority of the population will be lifted above the accepted minimum threshold and out of need. Most individuals and households will exist in situations above accepted minimum standards, and absolute poverty will be deemed to be a phenomenon of the past. Does this mean that need no longer exists? Individual perceptions of need within a society, according to Townsend (1954, 1979), are based upon both notions of minimum standards and personal/societal expectations:

"Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions which are customary, or at least widely encouraged and approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities" (Townsend, 1979).

We judge our current situation based upon comparisons we make between our own situation and those of others. Need therefore still exists, but in a relative form. Material possessions which at one time were regarded as luxury goods (and hence 'wants') become goods which most people expect to normally possess. For example, in the context of an increasingly information-orientated society, the need for individuals to own a personal computer and to be online at home has transformed computers from a luxury good to an essential component. What were once wants that were the expectations of only an elite few become the expectations of the masses – and the absence of such goods become employed by government surveys as initially proxies for relative deprivation, and subsequently absolute deprivation. The concept of relative poverty therefore starts to break down the clearly demarcated boundaries of need and want that exist within debates centred exclusively on the concept of absolute poverty. In a world based upon relative judgments, context and expectation become the catalysts for transforming material goods (e.g. computers) from non-essential wants initially into standard expectations (in which the possession of a home computer becomes a norm but still does not constitute a need), and subsequently into essential items (whereby the absence of a home computer renders an individual unable to function within an information-dependent society).

Contemporary debates on social problems have sought to highlight the importance of social exclusion in understanding the nature of need, and hence to extend the discourse on need in the direction of social well-being. In addition, there has been an explicit attempt to expose 'Anglo-Saxon' conceptions of welfare to Continental constructions of social problems around notions of inclusion, belonging and social capital (Room, 1995). Social well-being is in essence a multifaceted concept which seeks to incorporate notions of need (i.e. essentials), interests (i.e. things which are good for people), and wants (i.e. the desires of individuals) (Spicker, 1995). The

problem with traditional conceptions of (absolute and relative) need is that they construct the terms of the debate around individuals that lack something (i.e. it is the absence of a house that renders an individual homeless and in need). For marginalised groups within society, the source of their exclusion is often the possession (rather than the absence) of a characteristic that sets them apart (e.g. gender, race, religion, disability). Whilst these individuals may also suffer material forms of deprivation (e.g. lack of income), they are often equally bereft of the social relationships and interactions that are the norm for the majority of the population, and which form crucial and significant primary relationships between individuals (Doyal and Gough, 1990). Individuals who possess all the material trappings of affluence (and hence who are clearly not in need in the conventional sense) may well feel excluded or alienated.

This notion of psychological and social well-being clearly resonates with the hierarchy of needs developed by Maslow (1954). Spiritual, self-actualisation, ego needs, social needs, security needs are all seen as respectively sitting pyramid fashion over and above physiological needs. Maslow's hierarchy contains aspects of absolute and relative needs (physiological and security needs), and social exclusion/social capital (social needs) and social well-being (ego needs, self-actualisation, and spiritual needs). Well-being is therefore contingent upon the satisfaction of both material and non-material needs. Whilst the failure to meet basic physiological needs will result in deprivation and poverty, the non-satisfaction of needs at levels two-five on the needs hierarchy is likely to result in declining social capital, increasing social exclusion and alienation both within and between individuals.

The Caring Situation and Care Labour

"A 'caring situation' is one in which we find a motivation, work and resources *component* in the exercise of caring work, as well as participants, that is the care provider, the care receiver and a potentially separate care financier, where a successful caring scenario will depend on all these elements in relation to each other " (Jochimsen 2003:236).

Care labour consists of two sorts of activities: primary and secondary care. Mostly they are carried out simultaneously, but not necessarily so. Primary care or 'quality care' we define as that component in giving care that is inhabited by the intention or

motive of the carer in delivering care. Primary care consists of personal involvement. This aspect of care giving is clearly not marketable. One cannot, for instance, buy or force any one to act with genuine feeling or love. But personal involvement does not mean the carer is not ambivalent or outright resentful in dispensing care. When care is repetitive, unpaid and/or underpaid, poorly valorised by others, the personal involvement may be one of aggravation, as well as consideration and even love (as they are of course not mutually exclusive).

Secondary care, on the other hand, we define as that aspect of care giving that can be substituted and carried out without necessarily good intentions though this is, of course, preferable. The latter may be assimilated with care *labour* in so far as it is substitutable. Secondary care is that aspect of care giving that can be commodified. Such care is typically routine and task oriented aspect of caring (think for example of a nurse administering an injection or a parent changing nappies, cooking food or washing linen).

We can envisage primary care without executing a secondary task. In fact, such care is pervasive. In a sense, we engage in most of our activities with a degree of personal involvement. This is so whether we work, or pursue a hobby or meet friends. We are personally involved. And it is that very personal involvement that rescues us from alienation (from being estranged from our selves). And when under duress it is this feature too that allows us to persevere. It is precisely because, or as long as, we care that we remain human. Care stands in the face of and resists alienation.

We introduced earlier the notion of a hierarchy of human needs and the necessity that they be satisfied so that persons may develop their potential and flourish. Care is of course central to the satisfaction of such needs. In particular, secondary care appears to cater for the more basic need, including food, shelter and physical safety. It is with such needs in mind, that we define care *labour* as face to face work, dedicated to looking after those members of society that could not survive or would be greatly diminished were they not looked after or helped in this manner (children, elderly, sick and disabled).

Primary care, on the other hand, appears to satisfy the need to feel psychically secure, to love and belong, to develop one's self esteem and to achieve one's

potential (to actualise). This is the part in care giving that cannot be commodified. This is not to say, of course, that commodified care labour is necessarily devoid from this sort of primary care. To the contrary! Carers, whether paid or unpaid, tend to become attached to their dependents. They tend to empathise and feel responsible.

One consequence of their attachment is that they become more vulnerable to exploitation than workers in other less human relational areas. In addition, there is a widely held view that the human aspect of their work should be reward enough in itself. But this view neglects the fact that working condition for carers tend to be very demanding (requiring constant attention and mostly carers get personally involved whilst the dependent may resent the dependence and take it out on the carer), that they are badly (and un-) paid and that their work confers low status.

We would like now to point to some conclusions that can be inferred from the foregoing discussion. We have introduced various concepts in building our care framework. These include amongst others care, needs, and alienation. The satisfaction of needs through care giving concerns the recipient of care, whose needs are variously satisfied. But there is a further aspect to the giving of care here. In providing primary care along with secondary care, the carer gives a human face to her or his activities. In other words, personal involvement avoids, reduces and/or counters estrangement from the self or alienation (by preventing alienation from their work). This is true for care work, as for other sorts of labour. Since care work is relational and face-to-face in nature, we would expect the primary care component to be ubiquitous. But as previously noted, conditions are often such (ill paid, low status, few resources) that despite there mostly being personal involvement, the pressures can be such that the care giver may in fact become estranged none the less. Personal involvement is a double-edged sword. Whilst it appears to be necessary not to become alienated, the same involvement makes us vulnerable and we risk alienation.

Personal involvement and relational values implied by care-giving echoes notions of generosity, love, altruism. Therefore, we can ask the question: can care be interpreted as a gift or as an act of love? If yes, how can we define gift? The nature of gift has caused numerous debates within different social sciences, including economics. The mainstream economics allows the existence of human actions

motivated by altruism and of gift-giving actions in a very limited sense: the altruistic actions of agents are pursued because they promote each other's interests. Modern societies seem to refuse accepting the existence of a disinterested, freely given gift. Altruism is opposed with self-interest as a motivation that cannot be located within conventional 'markets'.

Gift economy and care

If we interpret gift within an exchange 'paradigm', care labour (seen as a relationship or an exchange between the carer and the caree) share similar traits. This is true insofar as both gift-giving and care-labour are underpinned by a series of mostly tacit values. The exchange that takes place in the caring situation, even when the carer is paid, is accompanied by the assumption that the carer will uphold values of respect, dignity, empathy and so on. Similarly, the gift-exchange situation reflects the enactment of values recognized and upheld by a community. The conspicuous giving of gift and the magnanimity therein demonstrates the power and superiority of a particular group. Gifts can confer status, recognition and reiterate trust. Sahlins (1974:169) compares Marcel Mauss's *Essai sur le don* (1925) with the social contract of Hobbes, stating that gift acted as a social contract for the primitive societies, reducing anarchy and enhancing social order. In the same time, gifts enshrine a mystique that cannot be found readily in commercial transactions. The values are not enunciated when performing the care and gift ritual. Instead, the enunciation of values lies in the ritual itself.

And whilst in both cases the values underpinning the exchange are mostly honorable, there is ambivalence concerning the 'motivation to give' and the 'motivation to care'. Gifts carry sometimes the obligation to reciprocate (gift and counter-gift); the classical anthropological interpretation of gift (see Malinowski (1922), Mauss (1925) and the concept of potlatch, etc.) is that the role of reciprocity of ensuring solidarity in archaic societies and the obligation of returning the gift. Often, non-reciprocation had as a result the application of sanctions or other forms of exclusion, such as ending a relationship, causing a war, etc. Exclusion is of course a source of alienation and similarly, providing care can lead in some cases to alienation. Any social relation interpreted through a theory of exchange contains implicitly the norm of reciprocity. We could distinguish between the positive side of this norm when an

agent is responding to a generous action with the same type of behavior. Corruption as a form of exchange, for instance is seen as undesirable reciprocity because of the generated effects upon society. The gift can be characterized by the lack of an explicit *quid pro quo*; but if the gift an obligation or the possibility of an economic exchange, it becomes susceptible to be assimilated to bribe or corruption (see Negru and Ungurean, 2002).

In sum, both the gift and care-giving, whilst underpinning shared values, such as good will, love and altruism, are like all human relationships not devoid of ambiguity and contradictory feelings and not conducing to flourishing.

In the same time, a perfect, selfless gift¹ may bear resemblance with a wider conception of care or primary care where the motivation of care contributes to the satisfaction of higher levels of need. In other words, the secondary care or care labour can contribute to the satisfaction of the first two stages of needs in a Maslowian pyramid, care labour being commodifiable by definition as it can be substituted. In contrast, primary care addresses the last three stages of Maslow's hierarchy of needs, thus fulfilling the self and personal achievements. If care labour can be provided without love, primary care includes both the disposition and the motivation to care and love.

Can or should care be commodified?

In order to answer this question the distinction between primary and secondary care is essential. Since care labour, strictly speaking *can* be substituted, it is also the case that it can be commodified. Of course, like most jobs, carers do not work without being personally involved, and in this sense commodification does not result in total alienation. As we have seen, it is, for various reasons, desirable for both the care-giver and recipient that primary care exists in the provision of care. Without personal involvement, needs 2-5 on Maslow's hierarchy of need cannot be satisfied and the flourishing of individuals is impaired. Whilst primary care is not all that there is to achieving satisfaction, an absence of such care would seriously impair their satisfaction.

¹ For an argument concerning the distinction between pure and impure giving and the importance of recognising pure giving and pure gifts within the social and economic analysis, see Negru (2003).

If commodification of care prevents personal involvement, then clearly care *should* not be commodified. But such a stark picture does not appear realistic. From our foregoing discussion, humans need to be personally involved, whatever their activity, in order to avoid alienation from (their work) and themselves. They need to care, rather than succumb to indifference. Thus, it is unlikely that commodification of care giving could altogether eradicate the human tendency to be involved. Having said this, we have also seen that care-givers are vulnerable, not least because they are personally involved. And their vulnerability, be it due to attachment, low pay, poor working condition or low status, can further lead to alienation. But eliminating commodification does not eliminate alienation. As we have seen in drawing on the similarities between care and the gift, both have the potential to generate (self) estrangement.

On a more practical note, the provision of professional care does not seem undesirable to accommodate a work life balance. A career path whilst having to care for dependents is a permanent struggle, and being able to pay someone to take over from at certain key moments appears important. Of course, we wish a society in which care is provided by both sexes and in which, moreover, the professional world is both flexible and secure enough to allow family and individuals to look after their dependents. But this does not eradicate surely the need to appeal to pay a professional helper on a non-systematic basis.

Therefore the answer may not be to prevent care from being commodified but simply to revalue care work, both paid and unpaid. Such a project involves training care workers, providing better pay, as well as improving working conditions. We might better speak of the professionalisation, rather than the mere commodification, of care. In addition, it is clear that well trained carers, would greatly benefit their recipients and the wider community.

Economics and Interdisciplinarity

A purely economic conception of care and need has failed to address important normative questions about the inter-relationship between the concepts of care, demands, needs, wants and preferences (for a notable exception see Sen [1984; 1985]). Recently within economics, multi-disciplinary and inter-disciplinary

approaches have appeared in response to the failure of traditional economic perspective to adequately explain and deal with normative concepts and social issues. These attempts to integrate social perspectives can trace their origins to the established traditions within political economy of considering economic theory as a moral or normative science. In addition, these developments echo the attempts of public choice theorists of the 1960s and 1970s to extend the realm of economic analysis into spheres of study concerning the behaviour of political actors (e.g. Buchanan and Tullock, 1962; Downs, 1957; Niskanen, 1971) – and the pioneering work of Becker (1981) in extending economic analysis to other areas of human behaviour. However, in contrast to the construction of economics as a normative science within political economy, these more recent attempts have preserved neoclassical frameworks rather than embracing approaches and methods from outside the realm of economics.

In order to enrich our understanding of phenomena, academics are faced with adopting one of two approaches: multi-disciplinarity or inter-disciplinarity. Multi-disciplinarity represents situations in which researchers from different disciplines attempt to address a common problem through the application of multiple as opposed to a single common framework. In contrast, an inter-disciplinary approach rejects the idea that a single disciplinary framework can provide sufficient understanding – and therefore seeks to promote the integration of concepts and ideas from alternative disciplines.

It is the inter-disciplinary path we have taken in this paper. As Culyer (1976, preface) states “Economics, while being far too important a subject to be left to the economists, is at the same time tarred ... with the brush of commercialism and free markets...”. A more normative view is necessary to pursue a more adequate discussion of care and needs. We have been led to explore care giving under its various aspects. And in order to make sense of, in particular, the primary dimension of care, we have been concerned with a conception of human nature and human needs, variously fulfilled by the provision of care. A basic understanding of human psychology cannot be divorced from a conception of human needs. And that such needs should be fulfilled so that humans may flourish is an ethical question, a matter mostly dealt with in philosophy. Moreover, care giving and gift giving share similarities. Both are underpinned by shared values that give society its social fabric.

But the both the gift and care tend to involve reciprocity, that is the expectation and/or the obligation that something be given in return. When expectations and obligations are not met, the backlash has an alienating effect. Anthropology makes this point quite clear.

Conclusion

Economics is concerned with the material conditions of well-being. But as we pointed out material conditions and non-material conditions of well-being are inextricably linked. By taking care giving as an illustration we have been able to see how secondary care responds to several basic material needs (food, shelter and so on).

In the provision of care, the carer enters a face-to-face relationship and, maybe more than in most sorts of work, the carer becomes personally involved. Personal involvement is the first and necessary step to give any activity its human face. It is opposite to indifference. Personal involvement is needed to avoid alienation.

Thus, once again, by taking care as our illustration, we have shown (care) labour to be concerned with material as well as non-material conditions of well-being. Care activities fulfil certain basic needs and as such affect the material conditions of well-being. But in addition, the way in which work is carried out, that is the degree of personal involvement, further affects the non-material conditions of well-being. Whether for the carer or the recipient of care, a lack of personal involvement, makes nothing but alienation the possible outcome.

Of course, personal involvement or primary care, does not avoid alienation altogether. We have seen how such involvement makes the worker vulnerable. He or she may yet, for various reasons, become alienated from his or her work. Thus we are led to enquire precisely what takes place when (care) labour is carried out. We are particularly concerned with the effect of an activity over and above its strict impact on material conditions of well being; that is, over and above its strict economic impact. In other words, since economics is an activity that affects well being in its material *and* non material dimensions, the effects of (care) labour on the non material conditions of well being warrant further examination.

In sum, economic activity, and care labour, as an illustration, impacts the material conditions of well-being. But it has consequences too for the non-material conditions of well-being. In other words, economics fulfils (or fails to do so) both lower and higher human needs. Our particular analysis of care labour shows how primary care, or personal involvement, is a part of, though not reducible to, secondary (substitutable) care labour. The same primary care can then be seen as a way of life and as being 'attached' to all forms of labour; an attitude that is not one of indifference, but, instead, one of personal involvement. It is also a necessary condition for people to avoid alienation. And psychology, philosophy and anthropology, to name a few (addressed in this paper), inform in crucial ways the effects of (care) labour (an economics concern) on the non-material conditions of well-being. Understanding these conditions cannot be divorced from economics. And by the same token, the various disciplines cannot be ignored in doing economics, in so far as they study the non-material conditions of well being (not to speak of well being itself) the other side of every economic activity.

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