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Theorizing the Social Provisioning Process Under Capitalism: Developing a Veblenian Theory of Care for the Twenty-First Century

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Abstract:

Thorstein Veblen highlighted a number of human instincts, one of which was the “parental bent.” In contrast to the other “positive” instincts, the parental bent is specifically other-regarding in that Veblen described it in terms of utilizing knowledge for the betterment of society. Veblen’s “parental bent” stresses the social embeddedness of humanity and the human instinct to care. Our ability to care is partially predicated on our

social roles and the values embedded within those roles. Critically, this is influenced by the configuration of institutions within a society. Care is grossly under-valued. By drawing upon recent contributions to care in the context of an increased financialization of the economy and society, we seek to expand upon Veblen's insight, and to argue that the most significant deficit confronting our capitalist society is not of the fiscal variety, but resides in care.

Keywords:

care, habit, instinct, Veblen

A key insight of Frederic Lee's work was his advocacy of the economy as a social provisioning process. He argued that,

[e]conomics is concerned with explaining and proposing and advocating change in the process that provides the flow of goods and services required by society to meet the needs of those who participate in its activities ... economics is the science of social provisioning. (Lee 2005, n.a.)

We aim to develop a neglected aspect of social provisioning, care. When mainstream economists acknowledge "care," they tend to describe it in terms of a function of labor, unpaid labor, and/or an externality (Davis and McMaster 2007, 2015, forthcoming). There is no recognition of underlying social relations or the ethical dimension of care. Given the profound limitations of the mainstream, this comes as no surprise. However, institutionalism and other non-mainstream approaches are almost as culpable in their neglect of the importance of care and caring, with a few honorable exceptions from feminist economics, such as Sue Himmelweit (2007), Nancy Folbre and Julie Nelson (2000), and Irene van Staveren (2005). Addressing this oversight is well beyond the bounds of a short paper. Nonetheless, by identifying the issue and building upon existing feminist work, we aim to highlight the significance of care to socio-economic activities. We draw on Thorstein Veblen to provide the basis of our approach.

In his exploration of the nature of human behavior Veblen famously highlighted a number of human instincts, one of which is the "parental bent." In contrast to the other "positive" instincts associated with knowledge — idle curiosity and workmanship — the parental bent is specifically other-regarding in that Veblen described it in terms of utilizing knowledge for the betterment of society, suggesting an "approval of economy and efficiency for the common good" (Veblen [1914] 2000, 17). Veblen's "parental bent" stresses the social embeddedness of humanity and, therefore, the human instinct to care. Veblen's further discussed how institutions can encourage the dominance of particular instincts over others through the cumulative effect of habit.

Modern conceptions of care recognize its instinctive and socially constructed properties (Churchland 2011; Tronto 2013). The human ability to care is partially predicated on social roles and the values embedded within those roles. Critically, this is influenced by the configuration of institutions within society. Joan Tronto (2013) recently alluded to a "caring deficit," whereby the needs of care are greater than human abilities to provide care. This partly reflects the increasing re-confinement of care to the private domain, primarily the household, as well as its feminization under an increasingly monetized set of social relations driving the public sphere. Accordingly, care is grossly under-valued. We contend that one of the most significant deficits confronting capitalist society is not of the fiscal variety, but resides in care.

Veblen on Care

Veblen's work is explicit on the importance of the "parental bent." He explored this in *The Instinct of Workmanship*. Veblen's theoretical analysis of human behavior was heavily influenced by American instinct-

habit psychology (Hodgson 2003; Twomey 1998). Veblen believed that human instincts were part of human evolutionary biology in the form of innate and persistent propensities and drives (Camic and Hodgson 2011; Veblen 2011). He identified three basic instincts: (i) “workmanship,” which is an impulse to work in order to make things useful; (ii) “idle curiosity,” which refers to human drive to comprehend the external world, perhaps through imagination; and (iii) “parental bent” (Veblen 2011). The parental bent is explicitly other-regarding and far broader than the “mere proclivity to the achievement of children” (Veblen [1914] 2000, 16). Veblen described the parental bent in the following terms:

Beyond question that this instinctive disposition has a large part in the sentimental concern entertained by nearly all persons for the life and comfort of the community at large, and particularly for the community’s future welfare. (Veblen [1914] 2000, 17)

Veblen depicted the parental bent as a “naïve impulse” that is manifest in two ways: (i) an active interest in common good, hence other-regarding, and (ii) a bias to the future. For Veblen, the emphasis on the future is in stark contrast to the mainstream presumption of the heavy discounting of the future by current generations. In a contemporary context, this could prompt reflection on consumption decisions with a view to their potential impact on climate change. Veblen contended that there is an “unselfish solicitude” (Veblen 2011, 561), which is expressed as a concern for the “highest efficiency” to ensure the wellbeing of incoming generations. In other words, current generations make sacrifices to enhance the life chances of the young.

Despite identifying the parental bent as one of the three most important human instincts, Veblen devoted remarkably little text to exploring and elaborating the “parental bent.” Nonetheless, he did consider how the three instincts may relate in terms of guiding behavioral impulses. Instincts are translated via habits into behavior and, through habits, instincts may become corrupted. Veblen illustrated the parental bent in the context of authoritarian rule by elders in some tribal societies, and how the perpetuation of particular habits can lead to an institutional pattern that demarcates class distinctions. Other than this, Veblen did not emphasize or develop the parental bent concept, or explicitly relate it to the terminology of care. Nevertheless, his emphasis on the “parental bent” as an instinct anticipates more recent work on care theory.

Care Theory

Tronto offers an expansive definition of care in attempt to develop an overarching conceptualization, and to emphasize the nested nature of caring activities within a broader caring framework. She states:

On the most general level, we suggest that caring be viewed as a species activity that includes everything that 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, ourselves, and our environment, all of which we seek to interweave in a complex life-sustaining web. (Tronto 2013, 19, emphasis original)

What is striking about Tronto’s definition is its resonance with the instrumental valuation principle (IVP). The IVP is derived from the work of the pragmatist philosopher, John Dewey ([1931] 1963), and it is advocated by some institutionalist economists like Warren Samuels (1995) and Marc R. Tool (1995). The essence of the principle is that the value of actions and decisions should be focused on the maintenance of human life. As Tool stated, the IVP instructs:

Do or choose that which provides for the continuity of human life and the noninvidious re-creation of community through the instrumental use of knowledge. (Tool 1995, 23, emphasis added)

For us, the emphasis on “continuity” in Tool’s rendition of the IVP has an obvious correspondence to Tronto’s references to “maintain” and “continue.” There are reproductive and moral imperatives inherent in both. Daniel Engster (2005) has argued that care should be articulated as universal, given our own vulnerability to care

needs, the vulnerability of others to our actions, and our collective interdependency as human beings for survival. The reproductive character of care has been highlighted in feminist literature. Karen Streuning (2002, 87), for example, describes care as a social practice that is “essential to the maintenance and reproduction of society.” Feminist economic works also acknowledge care as a social practice, and emphasize the relational properties of caring. Himmelweit (2007) argues that this takes care beyond the narrow efficiency nostrums of the mainstream. She contends:

Caring[,] because it is the development of a relationship, is manifestly an activity ... in which the output is the care itself ... This means that it is hard to raise the productivity of caring. (Himmelweit 2007, 585)

In articulating this, Himmelweit draws on William Baumol and W.G. Bowen’s (1965) analysis of the economics of the arts. They argued that productivity rises more quickly in areas of the economy that benefit directly from technological enhancements to capital and equipment. However, the arts cannot benefit from these effects. Baumol and Bowen used the example of a string quartet: Reducing the number of players, or demanding that the musicians play more quickly, may raise productivity in terms of the number of pieces performed per musician over a given period of time, but would also substantially alter the nature of the music. The same can be said about care. Requiring nursing staff to visit more patients over a given period of time may increase productivity, but by imposing a more binding time constraint the ability of staff to develop a relationship with patients is limited, which may then compromise their ability to care. Similarly, obliging teachers to instruct larger classes may constrain their capability of attending to an individual child’s educational development.

Moreover, some care theorists, such as Tronto, develop a linear conceptualization of care and caring through distinctive, yet potentially overlapping “phases of care.” These phases are aligned to particular ethical qualities (see Table 1). Tronto’s (2013) “caring about” has the ethical quality of attentiveness: The carer is aware of caring needs and may be prepared to assume the ethical quality of responsibility in addressing these needs. Care giving embodies the functional practices of care and, for Tronto, invokes an ethical quality of competence in the ability to discharge the appropriate functions and activities. The way people act and interact is influenced by their relationships with one another in specific social roles in particular contexts. In this regard, Tronto’s fifth phase of care — “caring with” — seems relevant. It attempts to capture “democratic commitments to justice, equality, and freedom for all” (Tronto 2013, 23). The first four phases of Tronto’s conceptualization of care and caring are linear. “Caring with” does not fit the linearity of the preceding four phases and may be reflective of Tronto’s overarching definition of care. For this reason, we believe that “caring with” may be more appropriately envisaged as the first phase. If “caring with” is not reflective of Tronto’s rather idealist allusions to democratic commitments, then the capacity to “care about” may be eroded. Tronto’s highlighting of a “caring deficit” also seems to reflect such an ordering. Thus, we believe that the judgment or valuation exercised in the first of Tronto’s phases would, at least, be informed by institutional context (Tronto’s fifth phase). An institutional configuration that privileges a particular array of values — such as embodied, for example, by religious tenets — would shape the recognition of what constitutes unmet caring needs, in our view. Thus, “caring about” and “caring for” may be shaped by “caring with,” to some degree.

Table 1 Tronto’s “Phases of Care”

Phase of care	Meaning	Ethical quality
Care about	Awareness of a care need	Attentiveness
Caring for	Following identification of needs, taking responsibility to meet those needs	Responsibility
Care giving	Action of care	Competence

Care receiving	Observing and assessing the effectiveness of the care action	Responsiveness
Caring with	Care identified and given should be consistent with commitments to justice, equality, and freedom for all.	Plurality, trust, communication, respect, solidarity

This further reflects the potential failure in the linear transition from one care phase to another, and hence contributes to a “caring deficit.” For example, “care about” may not lead to “caring for.” There may be recognition of caring needs, but a refusal to accept responsibility to provide or delivery care, and even if there is willingness, there may be a lack of capability in “care giving.” In other words, benevolence, as a desire to do “good,” may not convert into beneficence as doing “good.” There are important impediments to care, the analysis of which could be benefit from an institutionalist approach.

Developing Veblenian Care Theory

While Veblen did not articulate a notion of care beyond the “parental bent,” he did lay considerable stress on how institutions can shape, enable, and constrain the individual through habit. Unlike instincts, habits are learned. Like instincts, habits are propensities to behave in specific ways subject to cues or triggers, such as situations in which individuals find themselves. Importantly, habit, as a propensity to behave, need not be repetitive, but may lie dormant for some time, and then be triggered either by some conditioned reflexor or by “conscious resolve” (Hodgson 2003). Habits, as learned dispositions arising from repeated actions or thoughts, are formed in particular institutional settings. They are predicated on our unique experiences of such institutions. On this Geoffrey M. Hodgson (2003, 164) observed: “Institutions are simultaneously objective structures ‘out there,’ and subjective springs of human agency ‘in the human head’.”

Given this, habits can be thought to reflect the values of the institution, and specifically about what is right and wrong in particular situations. For example, it is appropriate for teachers to provide tailored educational support for a child with remedial developmental needs and not merely dismiss the child as a lost cause. The inculcation of an individual into an institution shapes this individual’s dispositions, so training and education, in the broadest senses, matter. More specifically, part of an individual’s learning in a professional setting is the development of habits of thought. Indeed, there is a marked contrast with mainstream economics, as Nancy Folbre and Robert Goodin observe,

[mainstream economics provides] no sense of the way in which professional roles (such as those of a doctor or nurse or teacher) are practised and perfected ... if we were to think purely in terms of specific freestanding preferences and episodic choices emanating from them: we need to think instead in terms of the training and honing of underlying dispositions to act in ways consonant with those roles. (Folbre and Goodin 2004, 19)

On this basis then, caring practices and activities are not only instinctive — as Veblen believed — but also associated with particular social roles within institutions, and hence embedded within habits of thought. Following Tronto’s alignment of individual caring phases with ethical qualities, it is important to see how a configuration of institutions, through habits, impacts this alignment and the linear process of phase transition. For instance, in medical care, physicians should be alert to the need for treatment (attentiveness), and by virtue of their social position they have an obligation to assume responsibility as well as take appropriate action (competence). By contrast, with a Cartesian perspective, the mind-body dual, framing the nature of medical care, there may be a disconnect between “treatment” and “care,” so that the former dismisses or disregards critical aspects of the latter. Indeed, some concerns have been expressed about such an effect in parts of the medical literature (for example, Aasland 2001; Groopman 2007). This may be seen in the inferior status

accorded to therapeutic forms of care, especially in a medical setting subject to time-bound task metrics, where medical staff have insufficient time to devote to therapeutic care as it possesses unquantifiable characteristics (Adams and Nelson 2009; van Staveren 2005).

Mirroring Himmelweit's contention above, the virtue of attentiveness may not be sufficiently reflected in prevailing habits of thought, and thus the care provided may be deficient in addressing care needs. In this sense, references to being "clinical" has some resonance. By contrast, an overarching caring virtue may be embodied by compassion (Davis and McMaster 2015, forthcoming). In medical care, compassion is seen as a traditional attribute conveyed by the Hippocratic ethos (Aasland 2001; Groopman 2007). Compassion is viewed both as a disposition or appreciation of the condition of others, and of actively alleviating their adverse condition. Indeed, the Latin etymology is "co-suffering." On this understanding, compassion in healthcare not only embraces attentiveness and responsibility, but also active treatment (care giving): The physician comprehends the suffering of the patient, respects the individual, and expresses solidarity through comprehension and respect — in other words, "caring with."

In the *Theory of Business Enterprise* ([1904] 2005) and *The Theory of the Leisure Class* ([1899] 1994), Veblen argued that the institutional framework could encourage certain instinctive behaviors and suppress others, and, by doing so, could engender particular patterns of habits of thought as well as value systems. The crux of his analysis was that early twentieth century American capitalism, through "business enterprise," favored the accumulation of wealth and conspicuous consumption. The basic drive was predatory: Instinctive behavior associated with predation was privileged by simple pecuniary gain. Investment for profit dominated investment for "technical efficiency." Veblen's analysis is remarkably prescient and implies the failure of care (beyond the self).

The financial crisis of 2008 demonstrated that, while financial institutions had codified duties of care to their customers, there was a distinct lack of "care about," "caring for," or "care giving" for society. The institutional framework was such that "caring with" was insufficiently tailored to instill virtues of solidarity, respect, or trust. A "caring deficit" existed and persists in the heart of the financial system at the center of Anglo-American capitalism. Worse still was the dependency narrative surrounding the bailout of the sector that without the financial system the economy would collapse. In effect, the financial system was pleading that the rest of society should *care about* them. "Too big to fail" became the new mantra. In the UK, this was articulated in terms of "we're all in this together" by incoming Prime Minister, David Cameron in 2010 (Richardson 2010). This, among other egregious reasons, justified austerity programs in much of the West that only served to increase the need for care, while further reducing the capacity to care. As fiscal deficits climbed, the caring deficit accelerated. From a Veblenian perspective, the cumulative effect of over three decades of neoliberal economic hegemony has crowded care out to the detriment of us all.

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