Should Women Care Less? Intrinsic Motivation and Gender Inequality

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Abstract

Gendered values, norms and preferences shape the intrinsic motivation to provide care for others. This article situates an analysis of this motivation within the broader literature on gender inequality, explaining why it has costly consequences for women in both the home and the labour market, even as it provides considerable personal satisfaction and social benefit. Further movement towards gender equality may depend on the success of political and cultural efforts to ‘de-gender’ normative obligations to care.

1. Introduction

The provision of both unpaid and paid care is often partly motivated by the concern for the well-being of a care recipient. Such motivation takes a variety of forms and holds a variety of implications for care provision. Much depends on how cultural values and social norms — which shape individual preferences — are formed. Empirical research reveals significant differences among individuals — and especially between men and women — in preferences likely to influence provision of care services. These findings suggest that women’s propensity to care for others helps account for many of the economic disadvantages they experience. If women cared less, they would earn more money and enjoy more leisure time. But should they care less? And would the quality of care provided decline if they did?

Debates over the causes of gender differences in pay have polarized into two camps: those who argue that women face opposition to efforts to improve their economic well-being, such as discrimination in the labour market, and those who argue that women simply prefer jobs with lower pay and less responsibility, either because they derive intrinsic satisfaction from these jobs or because they prioritize the needs of their own family members. The way past this polarization lies in closer attention to the cultural
construction of gendered norms and preferences (which may or may not be influenced by biological factors), and active efforts to collectively renegotiate these. Women may not be able to gain the freedom to care less unless they can persuade men to care more.

This article synthesizes a large body of interdisciplinary research on these issues, moving from an extensive review of the theoretical literature on care, motivation and gender, to a briefer review of empirical research on gendered norms and preferences, and concluding with a discussion of policy implications. Section 2 emphasizes the important role that intrinsic motivation plays in the provision of both paid and unpaid care. Section 3 shows that gendered moral values and social norms shape individual preferences and motivation. Section 4 explains why intrinsic motivation to care for others is costly in terms of material resources, even though it represents an important source of life meaning and satisfaction. Section 5 demonstrates empirical evidence of links between norms of care and norms of femininity, which have changed over time and are clearly susceptible to further transformation. Section 6 suggests ways of renegotiating gendered obligations to care through public policy.

2. Intrinsic motivation

In this article, I define care work as work in which concern for the well-being of the care recipient is likely to affect the quality of the services provided. This definition calls attention to the labour process involved in care, and focuses on the motivational aspect of work rather than where it takes place (the home vs the firm), whether it is paid or unpaid, or who is cared for (children, adults, elderly). That is, it encompasses care provided in the home, the community, and in paid employment, in social, educational, and health services, providing for able-bodied adults, as well as children, the sick, disabled and frail elderly (Folbre 2012).

Concern for the well-being of others, sometimes termed ‘prosocial’ motivation, can take a variety of different forms. It can be based on abstract concern growing out of a sense of moral obligation or personal concern for a specific care recipient. Intrinsic motivation is distinct from extrinsic motivation — the expectation of reward in the form of pay, benefits or other resources. But these two forms of motivation are not mutually exclusive. Many unpaid caregivers in the family are not only motivated by tender affection but also expect some reciprocity in the form of mutual aid or future payback. Similarly, many paid care workers feel genuine attachment to those they care for but nonetheless expect to be paid for the care provided.

Different types of motivation also interact in ways determined by the institutional structure of the work environment. For instance, we often expect fulfilment of a moral obligation to contribute to social approval. We often expect care services that are strongly coerced (as in, for instance, forced marriage or obligatory servitude in the home) to be characterized by less
intrinsic motivation than those that allow caregivers some scope for choice (Folbre and Weisskopf 1998). We might also expect workers’ preferences to be shaped by the types of work they perform; whether as a result of habituation or cognitive dissonance, individuals who provide care for others often develop caring preferences.

Concern for happiness or well-being of a care recipient implies that individuals derive psychic income or satisfaction from providing care services. Conceptualized as the weight placed on someone else’s well-being in an individual’s utility function, altruistic preferences range along a continuum. At one extreme, care providers may care only about the happiness of a care recipient and not at all about their own. At the other extreme, they might be almost completely selfish (the assumption typically made in standard textbook treatments of labour supply). In between these two extremes, they might place a weight on others’ happiness that is equal to their own well-being, internalizing the Christian Bible’s New Testament injunction to ‘love thy neighbor as thyself’.

Altruistic preferences vary along qualitative as well as quantitative dimensions. Care providers may place a higher priority on the well-being of recipients than their happiness, as in ‘take your medicine’ or ‘it’s for your own good’ — an example of paternalistic preferences (Pollak 2003). Care providers may also value the process of providing care — they not only want to improve a care recipient’s well-being but also enjoy a warm glow from personally improving it (Andreoni 1990).

Whatever form they take, altruistic preferences complicate the neoclassical economic assumption that individuals maximize their utility because it is difficult to compare happiness or well-being across individuals. Further, the effort to make someone happy when they also want to make you happy can lead to co-ordination problems (Folbre and Goodin 2004). This emphasis on motivational complexity and interaction challenges early approaches to the economics of the family, which modelled altruism by treating the household as though it were a single unit (Becker 1981). More recent economic approaches assume that individuals not only place a weight on the happiness of other family members but also pursue their own self-interest, often bargaining over the allocation of time and resources (Lundberg and Pollak 1993; McElroy 1990). Exchange theory models in sociology take a similar tack (Bittman et al. 2003). In theory, these approaches accommodate motivational complexity. In practice, however, they tend to assume that norms and preferences vary little across households, and focus on the effects of differences in income or prices.

In models that emphasize self-interested behaviour, caregiving for a family member is motivated by the expectation that transfers of time will be reciprocated at some later (Bianchi et al. 2008). In the case of care for children, parents may provide care with the expectation that children will care for them later in life, either as repayment or in expectation of a future transfer or bequest. These approaches can accommodate the possibility that norms and preferences affect reciprocal exchange. For instance, a ‘demonstration effect’
may come into play in which second-generation adults will help their first-
generation parents, motivated in part by a desire to demonstrate good
behaviour to their own offspring. Thus, reciprocation for one’s own caring
activities need not come from those to whom the care is provided (Cox and
Stark 1996, 2005). Cultural norms play an important role in specifying the
obligations that family members have to one another, but these norms may
change over time. A breakdown in reciprocity, such as an increase in defaults
on obligation to repay care, could have the effect of weakening norms and
preferences of care (England and Folbre 2003).

Intrinsic motivation is crucial to the successful performance of many paid
jobs. It enhances performance in jobs that involve task ambiguity, where it is
difficult to tell someone exactly what they should do (Kreps 1997), and in
jobs that require multitasking (Holmstrom and Milgrom 1991). Workers
who are intrinsically motivated may donate effort to firms or institutions that
help them realize their objectives. A ‘public service motivation’ can have the
effect of improving both performance and cost-effectiveness even in jobs that
do not involve much direct contact with others (Besley and Ghatak 2005;
Francois 2000, 2003). Task ambiguity, multitasking and donation of effort
are particularly characteristics of many jobs in paid care, including nursing,
teaching, childcare and elder care.

Intrinsic motivation is likely to affect many of the non-cognitive traits that
economists now term ‘soft skills’, such as the ability to co-operate with others
(Duncan and Dunifon 1998). Surveys show that employers often rank atti-
dude as more important than specific skills or academic background (Bowles
et al. 2001a). In most forms of care work, caring attitudes are expected, and
many ethnographic studies of care workers emphasize the importance of
intrinsic motivation (MacDonald 1996; Uttal and Tuominen 1999). The
opportunity to provide good care is often a source of satisfaction to workers,
even when they are dissatisfied with specific working conditions (Buerhaus
et al. 2006). However, job satisfaction may erode over time if workers feel
their efforts are not appropriately rewarded.

Conflicts and complementarities among sources of motivation are relevant
not only to consideration of the current organization of care provision but
also to efforts to understand its history. Coercion, threat of punishment or
restriction of other alternatives were widespread in patriarchal societies that
forced women to specialize in family care, restricting their opportunities to
compete with men in the acquisition of other skills or pursuit of other
occupations. Care has also been coerced through what Evelyn Nakano Glenn
describes as ‘racialized gendered servitude’ in ways that reach into the present
(2010).

As patriarchal institutions have weakened, families have become more
egalitarian, and wage employment has expanded. Reliance on both pur-
chased and publicly provided care has increased. The implications of this
transition depend partly on how the reorganization of care affects intrinsic
motivation (Folbre and Nelson 2002; Folbre and Weisskopf 1998). Even in
modern capitalist economies in which women enjoy considerable scope for
individual choice, they tend to embrace responsibilities for care in both unpaid and paid work.

3. Choice, constraint and compulsion

Any effort to change caring norms and preferences requires some consideration of why they evolved in the first place. Virtually all approaches to this issue are shaped by disciplinary heritage. Traditional economic models take preferences as a given, asking how individuals respond to differences in income and price in order to maximize their own sense of well-being (Becker and Stigler 1977). Traditional sociological and psychological approaches tend to put more emphasis on how preferences are shaped by moral values and social norms, with outcomes that may, in some sense, predetermine individual choices. Evolutionary biology suggests that natural selection exerts a powerful influence on individual predispositions to provide care for both kin and non-kin. All these approaches suggest considerable scope for de-gendering care.

Limited Choices

Even traditional economic theory acknowledges limits on choice. Individuals may have meta-preferences — or preferences regarding which preferences they would like to have — but their ability to change their own likes and dislikes is limited. Values and norms may directly influence preferences through a process of internalization, or may indirectly influence behaviour through social approval or disapproval. Violation of accepted moral codes or social norms creates discomfort even when it does not lead to outright punishment (Eagly 1987; West and Zimmerman 1987). Some caring preferences may be biologically primed, the result of selection pressures from an earlier environment (Taylor 2002).

With the increased influence of rational choice theories within sociology, the advent of institutional and behavioural approaches to economics, and a wider appreciation of evolutionary biology, disciplinary differences have diminished. Furthermore, debates have moved away from simple binary oppositions towards questions that refer to a continuum: ‘How significant are differences in preferences among individuals?’ and ‘How malleable are preferences?’ As Table 1 illustrates, approaches to explaining the link between care provision and the gender division of labour can be categorized in a two-by-two table: some view men and women’s preferences as similar, some as different; some view preferences as fixed, others as malleable.

Consider first the two rows in the left-most column of the table. Most practitioners of the ‘new home economics’ assume that men and women’s preferences do not systematically differ and consider them largely fixed. They explain women’s tendency to specialize in care provision, an important aspect of the gender division of labour, as an efficient response to comparative
advantage. Gary Becker (1993) argues that very small biological differences between men and women, such as women’s superior ability to care for infants, lead to a process of cumulative specialization that widens differences in productivity in the home. These differences, in turn, amplify productivity differences in paid work. Because women supply less labour to the market, they earn lower wages, which in turn reinforces their specialization in family care. Furthermore, when they combine family and market work, the effort they devote to family care may lower their energy for, and commitment to, market work. Occupational segregation can be explained as a process of self-selection (Polachek 1981). While employers may have discriminatory preferences, these are costly and are likely to dissipate over time.

Some feminist critics of this view agree with its assumptions regarding preferences, but insist that women’s choices to specialize in care provision have been constrained by broad forms of discrimination extending beyond specific employers’ decisions. Evidence for this argument lies in the historical record of explicit laws that have restricted women’s opportunities (Bergmann 1986). Analysis of wage trajectories makes it clear that women pay a high price for entering female occupations (England 1982). Audit studies provide considerable evidence that mothers face considerable discrimination in the job market today (Correll et al. 2007). From this perspective, gender inequality largely reflects the behaviour of men and employers, not women and employees. That is, it reflects forces on the ‘demand-side’ of the labour market.

Another interpretation is offered by those who believe that men and women’s preferences are profoundly different, a response to the pressures of natural selection in human evolution (Buss 1996). Some go even further to argue that efforts to modify traditional gender roles can only lead to conflict and frustration (Browne 1998). A more modest version of this argument

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### Table 1

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<th>Fixed preferences</th>
<th>Malleable preferences</th>
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<td>Small gender differences</td>
<td>Standard neoclassical economic models, including Becker (1981, 1993). Some feminist economists, including Bergmann (1986). Employers have irrational or costly tastes for discrimination that drive gender inequality.</td>
<td>Feminist social science emphasizing persistence of demand-side discrimination and questioning whether it is costly to employers (Bergmann 2011; Reskin and Maroto 2011).</td>
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suggests that most women have preferences that lead them to prioritize family and care obligations, although these may change (Hakim 2000).

Economists emphasizing big fixed differences in gender preferences tend to argue that women are fully compensated for any economic disadvantage by a compensating differential in the form of psychic income. For instance, mothers may be more likely than fathers to become single parents because they derive more enjoyment from parenting (Fuchs 1990). Similarly, women may enter caring occupations because they derive more non-pecuniary satisfaction from them than men do (Filer 1981). From this perspective, gender inequality derives entirely from ‘supply-side’ differences.

The right-most column of the table represents the view that gendered preferences — whether small or large — are malleable or adaptive. This view holds that individual happiness or satisfaction is not an adequate measure of well-being and that preferences themselves require interrogation (Nussbaum 2001; Sen 1999). Many social theorists reject preference-based approaches altogether, on the grounds that individuals often adapt to their circumstances, making the best of situations over which they have little control (Elster 1983).

Some tend to consider gender differences relatively small, putting more emphasis on the impact of differences in bargaining power, or outright discrimination against women (as in the upper-right-hand cell of Table 1). Here, demand-side factors remain the driving force. Others (as in the lower-right-hand cell of Table 1) consider gender differences quite large, insisting that the ideology of gender ‘essentialism’ — the notion that men and women are better suited to different tasks — helps explain the persistence of the gender division of labour, along with demand-side factors such as discrimination (Charles and Bradley 2009; Charles and Grusky 2004; England 2011). The arguments in this article favour this approach, emphasizing the persistent influence of the ideology of ‘gender essentialism’ in care work.

Socialization and Care

A large interdisciplinary literature explores the differential socialization of girls and boys. Some insights from game theory and evolutionary biology suggest a number of reasons why societies might inculcate caring preferences more strongly in women than in men. A growing feminist literature points to a normative double standard for men and women, developing the concept of ‘compulsory altruism’, or altruism imposed from without. Whether or not biological factors also play a role, their impact has been greatly amplified by social institutions.

Economists tend to view social institutions as a response to market failure or contracting problems. Parents cannot contract with children to provide support for them in their old age because of timing and enforcement problems. Therefore, parents may look for other ways of ensuring reciprocity, such as using their control over assets to make contingent transfers that give them some leverage. They may also try to inculcate a sense of responsibility
for family members in their children by caring for their own parents, an example of the ‘demonstration’ effect described above (Becker 1996; Cox and Stark 1996).

Psychologists are more likely to see socialization as an unconscious, almost automatic process, in which children pattern their behaviour on the models established by family members. The experience of being largely cared for by mothers, rather than by fathers, may encourage girls to have a less bounded sense of self than boys (Chodorow 1999). Social as well as parental influences shape children’s feelings of affection for and obligation to others.

Larger groups may intentionally or unintentionally instil altruistic preferences in their members. Altruism can strengthen solidarity, a particular advantage in the face of group conflict (Choi and Bowles 2007). Since it is costly for individuals (and their offspring) to make sacrifices, groups that develop ways of persuading — or pressuring — individuals to sacrifice for the ‘greater good’ may enjoy some advantages. In theory, such forms of mandatory solidarity may be collectively chosen and enforced. In practice, inequalities within groups often allow the powerful to sacrifice the weak. Both individuals and groups may act in conscious or unconscious ways to develop or defend normative rules that serve their own interests (Knight 1992). Cultural norms regarding solidarity, such as patriotism, often help legitimate economic inequality (Ullmann-Margalit 1977). Competition among groups may favour those that successfully inculcate a certain amount of docility in their less-powerful members (Simon 1990, 1992).

Conservatives denounce the ‘compulsory altruism’ they associate with the welfare state. Yet this is exactly the term that feminists Hilary Land and Hilary Rose (1985) invoke in describing the social pressure imposed on women to provide care. Much of the current feminist literature on care emphasizes the ways in which inflexible and inertial institutional arrangements that could be termed ‘compulsory caring’ extend well beyond external constraints to internalized values. Diemut Bubeck describes an ‘interlocking set of constraints and practices that channels women into doing the bulk of care that needs to be done in any society’ (1995: 181). She notes that even if wives become just as powerful as husbands, they may remain more vulnerable to exploitation as carers.

The concept of ‘compulsory altruism’ represents a variant of the more general concept of ‘internalized oppression’ that has emerged from consideration of the impact of other social inequalities. From the right, both Friedrich Hayek and Ayn Rand warned that an all-powerful state would create a road to internal as well as external serfdom. From the left, critics have pointed to the effects of inequalities based on citizenship, race and class. Colonized people may internalize their colonizer’s view of their own inferiority (Fanon 2005). Poor people who grew up with few opportunities for advancement may resign themselves to failure (Sennett and Cobb 1993). Similarly, gender socialization may create or intensify normative pressures or internalized preferences that increase women’s vulnerability to exploitation (England and Browne 1992).
Biological Predispositions

The demonstrably significant impact of cultural norms indicates that biological differences between men and women are not determinative. On the other hand, it is entirely possible that cultural and biological differences act in concert. Biological factors may predispose women to altruistic preferences. Differences in the size and quantity of sperm and eggs, amplified among mammals by the high physiological cost of gestation, nursing and prolonged nurturance, give females a higher investment than males in individual offspring. Females have far more to lose than males — in terms of reproductive fitness — from the death of a child (Trivers 1972). Women also lose their reproductive capacity at a much younger age than men. Mothers bond more closely and more quickly with offspring than fathers do (Hrdy 1999).

Natural selection rewards males who improve their mating effort, increasing their sexual access to females. But natural selection rewards females who increase their parenting effort, improving the likelihood that their offspring will successfully reach maturity (Daly and Wilson 1983). Female parenting effort may take the form of bargaining with males for increased support of offspring — bargaining that may prove costly in terms of their own economic welfare (Low 2000).

These evolutionary pressures may also have implications for the broader development of male and female preferences. Physical strength becomes an advantage for males in competition with other males. Selection for mating effort tends to place males in ‘winner-take-all’ games that reward risk-taking behaviour. If they fail to mate, their long-term success helping nurture offspring becomes irrelevant. Selection for parental effort places females in strategic environments more likely to reward co-operation. Finding a partner is easier for them than raising a dependent child to maturity (Buss 1996).

Evolutionary theory provides an explanation for conflict, as well as complementarity, between men and women. All organisms face a trade-off between resources they can devote to their own well-being and those they devote to reproduction — a trade-off especially relevant to species like our own that have developed means of separating sex from reproduction. Most offspring would prefer more resources from their parents than they get, and rivalry among siblings is intense. Individual parents benefit when they can offload the costs of reproduction on others, and fathers have less to lose than mothers from neglecting offspring. This asymmetry helps explain why, in many species, females devote more energy and resources to the next generation than males do.

Considerable biological research focuses on ecological differences that may promote or discourage paternal participation. Differences in economic organization provide a clear analogue. We should expect to see considerable variation across different societies in the extent to which fathers contribute to the cost of raising children. While it is difficult to measure the relative size of parental contributions, which include biological stress and risk and unpaid labour time, as well as financial resources, increases in the percentage of
families maintained by women alone in the United States and most European countries suggest that maternal responsibilities have increased in relative importance over time (Folbre 2008).

The distribution of the costs of caring for adult dependents, including those with permanent disabilities and the frail elderly, is also relevant. At first glance, evolutionary logic seems less relevant here. However, the promise of support for those who cannot support themselves fulfills an important social insurance function that contributes to solidarity and helps motivate child-rearing. Elder care is often complementary with childcare tasks and has historically been assigned to women either within the family or the welfare state.

Recognition of the possible impact of biological factors is sometimes interpreted as evidence that men and women’s preferences are fixed. This concern is misplaced. If women have a greater predisposition to care for children and other dependents, that predisposition can be considerably strengthened or weakened by economic organization and cultural negotiation. Indeed, current debates over the organization of care work have grown out of awareness that specialization in care work carries significant costs and risks for women.

4. The costs of caring preferences

If norms and preferences vary little — or only randomly — across individuals, their economic implications are slim. However, systematic variation raises a number of interesting possibilities regarding the ‘cost’ of preferences themselves. Both individuals and groups may try to avoid inculcation with costly norms and preferences, or seek to impose them on others. Selfish individuals fare best in a world in which others are altruistic.

Prisoners of Love

‘I need no shackles to remind me, I’m just a prisoner of love’. As these lyrics and those to many other songs attest, love is often experienced as an exquisite but painful form of bondage. The sensation of being constrained by one’s affections applies to many of the ties that bind us to family, friends and fellow creatures. However poetic their effects, these constraints also have economic relevance. Women’s specialization in family care channels their efforts into a product that cannot easily be bought, sold, traded or bargained over. While it may (or may not) increase their personal satisfaction, it clearly increases the economic risks they face (Bergmann 1981). The same holds for women who specialize in many forms of paid work providing care.

The time that women devote to the care of family members lowers their lifetime earnings and reduces their economic security (Hartmann and Rose 2004). One could argue (and many economists do) that women anticipate these costs and freely assume them. However, many women do not and
cannot anticipate the costs and risks they will face. As Eva Kittay puts it, ‘by virtue of caring for someone who is dependent, the dependency worker herself becomes vulnerable’ (1999: 49).

Working in close proximity with individuals who need care creates or strengthens empathy in unanticipated ways. Many workers ‘acquire sentiment’ for their clients, their fellow workers and even their employers (Akerlof 1982). The extent and intensity of the sentiment seem greater for those engaged in provision of direct care. As one grandmother who became involved in caring for her grandson put it, ‘I didn’t expect this and I didn’t want it, but my heart’s involved now’.5 Paid caregivers often describe a similar process: ‘I love them. That’s all, you can’t help it’ (Stone 2000: 99).

Work experiences can shape both preferences and personalities (Kohn 1989). Paid care jobs can also be sticky to exit. Childcare workers become attached to the toddlers they see every day. Nurses empathize with their patients. Teachers worry about their students. Evidence suggests that individuals in jobs requiring more intellectual skill get successively ‘smarter’ (Kohn and Schooler 1983). Similarly, in jobs requiring care, individuals may become more caring. Emotional attachment can put care workers in a vulnerable position, discouraging them from demanding higher wages or changes in working conditions that might adversely affect care recipients.

**Occupational Segregation**

Whether or not caring preferences are internalized, caring norms encourage occupational segregation on the part of both employers and employees. One seldom hears the claim today that women’s inferior physical strength disqualifies them from leadership. But the assertion that women lack the temperament for leadership is commonplace. Francis Fukuyama (1998) argues that women will never play a prominent role in world politics because they are simply too caring, too ‘nice’ to hold their own. Even those who endorse equal rights for women often reveal an unconscious bias against those who violate traditional gender roles (Eagly and Karau 2002).

Women with traditional gender attitudes typically aspire to traditionally female occupations, and those who aspire to such occupations often end up in them (Okamota and England 1999; Vella 1994). Women’s desire to work in jobs that involve interaction with other people also helps explain their occupational choices (Fortin 2008). Men who gain high levels of education and job market experience are perceived not only as more productive workers but also as more desirable marriage partners.

Women’s investments in human capital garner a lower overall rate of return because men are often reluctant to marry a woman who earns more than they do (Goldscheider and Waite 1991; Mason and Lu 1988). Studies of dating interactions suggest that men do not value women’s ambition or intelligence when it exceeds their own (Fisman et al. 2006). Many relatively well-paid jobs dominated by men without a college education are considered ‘unfeminine’. Women who enter non-traditional jobs (as, for instance,
plumbers or electricians) seem to be penalized in the dating market (Badgett and Folbre 2003).

Lower Pay

Prosocial intrinsic motivation that enhances performance of high-quality work may have ‘pay-lowering’ effects similar to those observed in jobs where workers identify with their employer’s mission (Besley and Ghatak 2005; Francois 2000, 2003). Indeed, some economists argue that low pay can improve care quality by discouraging workers who lack intrinsic motivation (Heyes 2004). Studies that examine the link between personality and economic outcomes show that masculinity has a positive effect on earnings (Filer 1981). ‘Machiavellianism’, defined as willingness to engage in behaviours that involve manipulating others in one’s own interest, is associated with higher earnings for individuals in high-ranking occupations (Bowles et al. 2001b; Osborne 2000). The effects of such non-cognitive personality traits on earnings are large, comparable in size to the effects of education and experience.

A recent study of women’s limited gains in the field of management concluded that ‘widely held cultural expectations about what men and women can and should do’ were the primary cause (Haveman and Beresford 2012). Cultural expectations are often internalized as preferences that shape intrinsic motivation. And intrinsic motivation to care for others probably helps explain two distinct but related care ‘penalties’ to which women remain particularly vulnerable — lower lifetime earnings as a result of time taken out of paid employment to care for family members, and lower earnings in occupations that require care for others, all else equal (Folbre 2012).

5. Empirical evidence of variation in caring norms and preferences

While it is difficult to directly measure norms or preferences, empirical research provides important evidence of variation over time and space. Cultural constructs of femininity and masculinity closely linked to preferences linked to care have proven resistant, but not invulnerable, to change. Laboratory and field experiments, which provide another empirical instrument for examining caring norms and preferences, corroborate significant gender differences that are sensitive to economic context.

Masculinity and Femininity

Traditional gender norms typically assign responsibilities for care to women and responsibilities for competition to men. The General Social Survey (GSS), which has been administered on a regular basis in the United States since 1972, asks several questions designed to trace normative change. The wording of these questions, as well as responses to them, links femininity to care and suggests that care represents a moral obligation rather than an
economic achievement. For instance, the GSS asks, ‘Do you strongly agree, agree, disagree, or strongly disagree with the following: It is much better for everyone if the man is the achiever and the woman takes care of the home and family’. The increasingly anachronistic wording of the question often goes unremarked.

As a popular online encyclopaedia puts it,

Femininity refers to qualities and behaviors judged by a particular culture to be ideally associated with or especially appropriate to women and girls. Distinct from femaleness, which is a biological and physiological classification concerned with the reproductive system, femininity principally refers to socially acquired traits and secondary sex characteristics. In Western culture femininity has traditionally included features such as gentleness, patience and kindness.6

Such personal traits can be loosely interpreted as gender-specific preferences. Until the mid-1970s, psychologists routinely administered a test called the Minnesota Multiphasic Personality Inventory, which treated masculinity and femininity as two opposite poles: one could be more masculine only by being less feminine (Beere 1990). This approach was largely displaced by the Bem Sex Role Inventory Scale, which allows individuals to describe themselves as having both masculine and feminine traits.

Sandra Bem explicitly described such individuals as androgynous, designating those ranking low on both sets of traits as ‘undifferentiated’ (Bem 1974). The revised measure itself suggests a more fluid conceptualization of gender in which masculine and feminine preferences are no longer mutually exclusive. Still, even the Bem inventory, which invites individuals to report the extent to which they believe certain adjectives describe their personality, maps femininity on to care, and masculinity on to competition. Female traits include ‘affectionate’, ‘sensitive to the needs of others’ and ‘eager to soothe hurt feelings’. Masculine traits include ‘ambitious’, ‘competitive’ and ‘individualistic’. Another psychological scale used to assess masculine stereotypes also relates conspicuously to care. Men are asked to assess the degree to which they perceive that close relationships to others might detract them from career developments (Snell 1989).

**Attitudes towards Gender Roles**

A large sociological literature has documented significant shifts in both men and women’s attitudes towards gender roles in a more egalitarian direction since the 1960s (Mason et al. 1976, Mason and Lu 1988; Thornton et al. 1983; Thornton and Freedman 1979; Twenge 1997). The pace of change, however, has slowed in recent years (Cotter et al. 2011). The dimension of the male-breadwinner/female-homemaker model most resistant to change concerns the movement of women out of their traditional childcare provider roles. Consider shifts in four attitudes that represent an indicator of egalitarian gender attitudes: whether men are better politicians than women, whether working mothers can have warm relationships with children, whether women

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should take care of the home, and whether preschoolers suffer if mother works. Men and women’s attitudes on a composite of these four have diverged considerably in recent years. But both men and women are far more likely to disagree with the first than the last of these. In other words, men and women are more likely to agree on gender roles related to responsibilities for care.

Experimental Studies

Experimental methodologies provide a potential way to link possible differences in norms and preferences to actual behaviour, whether in the laboratory or the field. Experiments offering highly stylized, controlled choices suggest that women are more generous and trusting than men, particularly in interactions with other women (Eckel 1998; Eckel and Grossman 2001). Men appear to be slightly more prone to opportunistic or greedy behaviour (Simpson 2003). They are more willing to demand higher wages or rewards, and therefore more likely to receive them (Babcock and Laschever 2003; Correll 2004).

Experimental studies also show that women tend to avoid competitive pay schemes, even when their performance suggests that they would benefit from them (Niederle and Vesterlund 2007). Competition enhances the performance of men more than women. When paid according to a piece rate, men and women perform about equally. In a mixed tournament, however, in which only the winner is paid, the variance in women’s performance is much greater, and overall, they perform worse than men (Gneezy et al. 2003). The difficulty of measuring ‘output’ in care services makes it difficult to implement performance-based rewards, but these might attract more men to the field. Alternatively, it might be possible to teach men to work harder in low-competition contexts.

6. Renegotiation of responsibilities for care

Cultural and institutional change could promote more gender-egalitarian distribution of responsibilities for care. Merely questioning the traditional gender division of care provision weakens both the norms and the preferences that support it. Emphasis on the significance of differences in gendered preferences — along with their gradual malleability — does not imply fatalism or inaction. The revelation of malleability itself is consequential, and the study of gender itself can be transformative. Recognition of this potential social agency weakens the traditional notion that social scientists can study the world without, at the same time, modifying it (Longino 1990).

Normative change does not necessarily entail explicit forms of collective action. Individuals sometimes find themselves in situations where they can do better by violating a social norm. If nonconformity grows, the norm weakens. Individuals may also form alliances with others in efforts to strengthen or weaken a norm that constrains their behaviour. They can do so in a variety
of ways: joining a community group, voting for a politician, or even purchasing a product or a service that signals their normative commitment.

As a recent example of an effort to challenge a gendered care norm, consider the controversy that recently erupted in the United States in response to an advertisement for Huggies diapers that depicted fathers as incompetent diaper changers. Many viewers, including the so-called ‘daddy-bloggers’, immediately besieged the Kimberly-Clark company with criticisms of their gender stereotyping, and the company promptly apologized. The resulting publicity clearly demonstrated the power of a growing social movement and discouraged companies from resorting to traditional gender stereotypes in their advertising.

Public policies can play a central role. Explicit rules against discrimination in the labour market, as well as empowerment within the family and community, are clearly preconditions for movement towards gender inequality, as are policies that make it easier for women to combine paid work and family care (Gornick and Meyers 2003, Wright et al. 2009). As Harry Brighouse and Erik Olin Wright point out, it is ‘necessary to enact policies that actively undermine the normative systems that shape preferences. . . . Policies directly designed to get men to do more caregiving may be needed’ (2009: 89). Policies that encourage men to take parental leaves from work, implemented in Nordic countries, have shown gradual but considerable success (Haataja 2009). Reports on Swedish men’s increased participation in parenting describe a new form of masculinity emerging.

Higher pay and improved working conditions in paid care occupations would encourage male entrance to them. The decline of manufacturing employment in many affluent countries is increasing the pressure on men to enter new, less cyclically sensitive industries. A recent article in The New York Times announced that ‘more and more men are starting to see the many benefits of jobs long-dominated by women’. While the article gave a rather exaggerated account of behavioural change, it clearly signalled changing norms.

Would efforts to de-gender care have the effect of lowering its quality? Some fear that greater reliance on extrinsic motivation — such as higher pay and benefits — will necessarily undermine intrinsic motivation. Offering payment for volunteer activities or civic participation can have the opposite of the intended effect — leading to a ‘crowding out’ effect (Frey 1998; Kohn 1990). However, these studies focus on the effect of crossing the highly charged symbolic divide between things done for no money at all versus those done for money, rather than on the effects of increases in pay, which are more relevant to the organization of paid care services. The effects of extrinsic rewards are strongly affected by the form they take: extrinsic rewards that are seen as ‘controlling’ tend to reduce intrinsic motivation for a task, while those that are seen as ‘acknowledging’ tend to increase it. Rewards called ‘controlling’ are those coupled with close supervision, or other processes that raise questions about the recipients’ abilities and threaten their self-esteem, while ‘acknowledging’ rewards are those that
send the message that the recipient is trusted, respected and appreciated (Frey and Jegen 2001).

Improved job design could strengthen prosocial motivation for both women and men care workers. Repeated interactions among individuals encourage empathy and improve the likelihood of co-operation (Dawes and Thaler 1988; Dovidio et al. 1990). Markets with anonymous buyers and sellers tend to discourage ‘other-regarding’ behaviour (Bowles 1998). Since ‘other-regarding’ behaviour is especially important to the quality of direct care services, public policies should seek to reduce anonymity, and personalize care markets by reducing turnover and encouraging emotional connection.

Owners, employers and managers are less likely to come into direct contact with clients or patients than are care workers. Therefore, they can generally engage in cost-cutting strategies without feeling their consequences. They may even feel confident that adverse effects of their decisions on clients will be buffered by workers’ willingness to sacrifice. Workers may respond to cutbacks in staffing levels in the short run by intensifying their effort or agreeing to work overtime. In the long run, however, exploitation of worker empathy may undermine it. Giving workers more input into the management of care services could help utilize and strengthen worker empathy. It could also help improve collaborative relationships among workers and reduce worker turnover (Hatch 2009; Leana et al. 2009).

If performance in some tasks is more easily measured than others, performance-based rewards will induce employees to reallocate effort away from the less easily measured tasks (Holmstrom and Milgrom 1994). Applications to care services are obvious. Conditioning teacher pay only on the basis of their students’ standardized test scores can reduce efforts to improve student skills not measured on standardized tests; similarly, paying health-care providers only to treat illness can divert energy from efforts to prevent illness. On the other hand, absence of any performance-based rewards can also have a demoralizing effect.

Important feminist thinkers ranging from Simone de Beauvoir (1989) to Barbara Bergmann (1986) have urged women to move beyond traditional home and family roles not only to gain economic independence but also to expand their aspirations. The exhortation to ‘raise consciousness’ is obviously an exhortation to change consciousness, norms and preferences. Some feminist theorists use secular language to emphasize the transformative and redemptive potential of an ethic of care. But they generally argue that this ethic should be extended to everyone, rather than merely idealized in women (Engster 2007; Tronto 1993).

Both women and men are affected by the institutional context in which care is provided (Ungerson 1997). The central dilemma of care provision is not ‘for love OR money’ but how to combine love AND money in equitable and efficient ways. Likewise, the issue is not ‘feminine values versus masculine values’ but how to reconfigure femininity and masculinity in ways that could move us towards more gender equality along with higher quality of care.
The intellectual history of feminism reveals consistent efforts to redefine the moral, as well as the economic, division of labour between women and men (Folbre 2009). If normative pressures are not completely hegemonic — if individuals can become aware of and try to modify their own preferences — then we would expect the economic and political empowerment of women to intensify both individual and collective efforts to renegotiate responsibilities for care in both paid and unpaid work. This renegotiation is now well underway.

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Notes

1. This article draws from the first draft of an article that evolved into a book chapter co-authored with Paula England and Carrie Leana. I gratefully acknowledge their contributions to the ideas presented here.
2. Some psychologists, including Grant (2008) and Gebauer et al. (2008), treat prosocial motivation as distinct from intrinsic motivation. Clearly, there are forms of intrinsic motivation that lack prosocial components, such as the inherent pleasure of performing a certain task. In the context of this article, however, intrinsic motivation seems appropriate shorthand for intrinsic prosocial motivation.

References


