ANTHROPOLOGICAL NOTEBOOKS

Vol. 26, Issue 2, pp. 28-50, ISSN 2232-3716.
DOI: 10.5281/zenodo.4399786

Multiple masculinities in primary caregiving situations: Degendering care and undoing masculinity

Majda Hrženjak

The Peace Institute, majda.hrzenjak@mirovni-institut.si

Abstract

At the intersection of the feminist ethic of care and critical studies of men and masculinities, this article develops alternative interpretations of men's practices of and attitudes about care in order to contribute to the loosening of gender dualisms in the perceptions and constructions of care. Empirical evidence collected in 23 individual interviews with men carers reveals that men in specific caring situations (intensive primary care) and in non-hegemonic social locations (according to class, age, ability and sexual orientation) resist dominant norms of masculinity to some extent and, in accordance with the feminist ethic of care, establish care as gender-neutral, complex, politically relevant and socially integrative disposition and activity.

KEYWORDS: gender, care, multiple masculinities, critical studies of men and masculinities, feminist ethic of care

Introduction

This article reflects on gender and care from the perspective of men and masculinities. The concept of care is used here to refer to informal unpaid work that is needed to ensure the physical, social and emotional well-being of children, the elderly and the disabled as well as the daily functioning of the households. Care still seems to be one of the central social domain of gendering. For women in terms of both, the cultural ascription of caregiving as their biologically determinate function and their numerical overrepresentation in caregiving. For men, as Bourdieu (2010) emphasises, through their delimitation from femininity by oppositional and complementarity of identities and social practices, i.e. through distancing themselves from caring. Many studies point that caring alone, primary and intensive care for children, sick and elderly in the family, which is the focus of this article, is particularly feminised (Rimmer, 1983; Russell, 2007; Ungerson, 1987; Campbell & Carrol, 2007; Mooney et al., 2002; Hearn, 2002; Šadl, 2018). Studies show that men more often take on the supporting role, assisting their partner in her care for family members. In the extended family context, men contribute to the family care capital (Anttonen & Sipilä, 2007) by enabling access to an informal female caregiver through marriage. In giving care for their parents sons mainly perform instrumental care (financial support, transport, housekeeping), while avoiding and delegating the hands-on and emotional care to their female partner. Many studies report low amounts of time spent by fathers in everyday family tasks, and the rarity of fathers taking prime responsibility for children. In Slovenia, according to the quantitative survey carried out in 2019, 19% of the population declares that they have daily caring responsibilities in the family (either for children, elderly or both), among them are 62% of women and 38% of men.[1] On average they carry out 22 hours of care work weekly, men 15 hours and women 26,5 hours. These figures nevertheless indicate that men do care, although in a smaller extent and in different ways compared to women, and this article aims to analyse not men's distance from care but their caring involvements.

Unequal distribution of care work between genders has remained the central source of "patriarchal dividends" (Connell, 1995), meaning that caring patterns are embedded in wider social inequalities. Social marginalisation of unpaid care work in the family as something that mainly concerns women and intimacy conceals its economic dimension as the precondition of every system of production, and its political dimension, which is that the unequal distribution of care work between different social groups according to

[1] The survey was conducted by the Public Opinion and Mass Communication Research Centre at the University of Ljubljana, Faculty of Social Science, on the representative sample of 1,079 respondents as part of the Slovenian Public Opinion 2019 survey and the research project *Masculinities, Equality, Care Practices* (J6-8253).

gender, class and ethnicity creates and strengthens social inequalities. That is why the vision of care, advocated by the feminist ethic of care (FEC) as the universal human norm reveals itself as critical not only for overcoming the care deficit in the ageing post-industrial societies (Daly & Rake, 2003) but also for gender equality (Scambor et al., 2013), inclusive citizenship (Lister, 1997) and caring society (Fine, 2007). However, despite positioning care as political and universal disposition and activity, modern theorisations of care ethic do not or very rarely include the reflection of men in care (Jordan 2018). Also, critical studies of men and masculinity (CSMM) analyse male care practices mostly from the aspect of male identity negotiations and conflicts, rather than from the aspect of a specific attitude, ethics and action.

Current research of men, masculinities and care are inspired by the ethno-methodological perspective of doing gender, according to which gender is understood as practices and processes constructed in situations instead of existing a priori (West & Zimmerman, 1987). Because the social script of care is associated with femininity, performing care (re)produces femininity while, by avoiding care, men distance themselves from femininity and do masculinity. Strategies for doing gender are altered when required by institutional or situational changes. Re-doing gender implies a change in gender norms and practices that produces different forms of masculinity and femininity, but without essentially altering the commitment to gender norms and power relations. An example is the establishment of paternal leave in European Union family policies and the socially positive evaluation of inclusive fatherhood that is adding to the re-doing of masculinity by changing the norms and practices of fatherhood (Hrženjak & Scambor, 2019). Though these changes in the ideologies and practices of fathering may seem progressive in terms of gender equality, closer investigation reveals that involved fathers are simultaneously abandoning and strengthening hegemonic positions and that involved fatherhood entrench gender inequality (Björk, 2015; Bridges & Pascoe, 2014). Deutsch (2007) argues that a downside of the doing gender approach is that it concentrates on the reproduction of gender difference and power relations, while ignoring the agency and change in gender hierarchies. She therefore suggests the notion of un-doing gender for discerning situations in which gender might be undone or gender differences reduced.

With the awareness that in complex everyday identity negotiations doing, re-doing and un-doing gender are taking place simultaneously, this article's approach is to focus on the un-doing gender perspective in order to bring FEC and CSMM perspectives of care closer together. Our standpoint is that while it is important to highlight doing masculinity in care to be able to reveal persisting power relations behind seemingly egalitarian

practices, this perspective contributes to fortifying and reproducing gender binarisms in perceptions of care. In contrast, we are looking for evidence in men's practices of and attitudes about care and for their alternative interpretations, which would contribute to the loosening of gender dualisms in the perceptions and constructions of care and which would lay the ground for explorations of care as a gender-neutral, universal human disposition and activity in line with FEC. With this approach, we follow Jordan's (2018) suggestion, that CSMM could be enhanced through engagement with the FEC, and reverse, the FEC studies could benefit from using a more nuanced view of masculinities.

We analyse specific groups of men carers whose life circumstances pushed them into a primary (or in few cases shared) care for children, parents or partners. Based on individual interviews with men carers, we aim to analyse multiple masculinities in relation to care and highlight how men's diverse structural locations in terms of class, age, health, sexual orientation and position on the labour market can shape and modify their gender identity and gendered care practices. The aim of accentuating heterogeneity is to avoid the homogenisation of men and to complement the dominant studies of men in care focused on hegemonic masculinities with analysis of marginal and subordinated masculinities. Focusing on primary caregiving situations contributes to the expansion of the spectrum of experiences of caring men. Situations of primary care are specific because they prevent the gendered division of care tasks common in heterosexual couples (Brandth & Kvande, 2016; Lee & Lee, 2016). They make the caregiver take on primary responsibility for the well-being of the care-receiver, and require intensive engagement, performing diverse forms of care, including emotional engagement and hand-on care. Primary care allows very little manoeuvring space to avoid care work or its markedly feminised areas, which is why, as we argue, they are relevant for observing degendering care and un-doing masculinity in care and conducting research into the agency and transformations of gendered hierarchies in care.

First, key framework concepts of the analysis are outlined, then the sample and methodology are presented, followed by the analysis of the selected thematic sections, which emerged from the encounter of the theory and interview data as the most relevant for exploring degendering care and un-doing masculinity in care; finally, we summarise the conclusions.

Theoretical framework: a feminist ethic of care, hegemonic and multiple masculinities

FEC has been theorised as a supplement to the dominant liberal tradition of the ethic of justice, which presumes the atomistic view of the human nature, emphasising autonomy, universality/impartiality, equality, and rights (Gilligan, 1982). FEC recognises human vulnerability as one of the fundamental characteristics of human existence, which is the result of human corporeality and transience, but is caused and also maintained through social structure. Vulnerability as the fundamental feature of human existence implies the moral value of the relational self, interdependence, contextual thinking and difference of human beings. FEC does not negate human autonomy, but it understands it as conditioned, fragile, temporary, in need of constant maintenance and as a direct result of care, with the latter being invisibilised in traditional Western analytical categories such as public/private and production/reproduction splits. As Jordan (2018: 3) indicates, justice is associated with the masculinised public sphere of autonomy and rationality. Care, in contrast, is symbolically linked with the feminised private sphere of dependent relationships, intimacy and emotions. This gendered binary constructs a power-laden hierarchy whereby the *masculine* is superior and the *feminine* becomes inferior, which implies concrete effects in disadvantaging women and society at large by exclusion of the 'feminine' from Western moral/political thought and by concrete effects through women's unequal assumption of caring work. Interrogating the symbolically gendered aspects of care reveals the contingency of the association between women, femininity, and care, troubling binary notions of gender, says Jordan (ibid.).

Early theorisations of the FEC laid emphasis on the understanding of care as a specifically female attitude, characteristic and skill, and on the affirmation of women's experiences with care. Ruddick (1989) draws on the mothering metaphor and reflects on motherhood as a social practice, which enables the development of a specific mode of thinking and specific skills and values, which is a special 'epistemological perspective' with political implications and resistance to domination. However, further theorisations consider women's greater sensitivity for the recognition of human vulnerability and interdependence to be the result of a specific historical and cultural context, in which feminisation of care is naturalised and normalised through social norms, institutions and power relations. Criticism is directed at the establishment of the mothering metaphor as the basic model of care because it fails to acknowledge the heterogeneity of women and the plurality of care that is not only motherly. Mothering metaphor also tends to idealise care and cover up that care is permeated with power relations, inequality and ambivalence (Sevenhuijsen, 1998). Criticism also points out that these articulations of care ethic

reinforce gender dualism and mutually exclusive concepts of masculinity and femininity (Plumwood, 1993).

Further reconceptualisation has developed beyond the understanding of care as gender-specific disposition and activity towards care as the fundamental universal human practice, which has not only moral but also political implications. As Tronto (1993, pp. 161-162) says: 'the practice of care describes the qualities necessary for democratic citizens to live together well in pluralistic society, and … only in a just, pluralistic, democratic society can care flourish.' A challenge of democratisation of social organisation of care represents a way of thinking about the meaning of democracy, because change in meaning and social position of care leads into the redefinition of fundamental notions of inclusion, dependency, equality, and citizenship. However, the concept of masculinity or men's experiences with care are still either missing from theoretisations, or masculinity, in particular its hegemonic forms, is considered as opposing the FEC (Jordan, 2018).

Tronto (2013) points out that masculinised forms of care are traditionally linked with protection, which reflects the traditional notions of citizenship, in which men are seen as the protectors of the state, women and children. The other form of masculinised care is breadwinning as the result of the gender contract established at the rise of industrial capitalism that regulates the relationship between the public and the private, paid and care work, as well as family relationships between men as breadwinners and women as carers. Accordingly, protective and financially successful men are perceived as caring men. Masculinised forms of care take place in the public sphere, and in paid work, placing men in the position of "privileged irresponsibility" in intimate relationships and the everyday routines of intensive care work defined by its cyclical nature, fragmentation and the constant presence of needs, emotionality and corporeality of the sick, the aged, children and housekeeping. While protection and provision relate to the idea of self-sufficient, autonomous, rational individual, the care associates with human vulnerability and interdependence and through this to weakness, subordination and non-autonomy as the antithesis of the hegemonic masculinity (Hanlon, 2012). However, Tronto only addressed hegemonic masculinity, while multiple masculinities remain under-researched from the FEC perspective (Jordan, 2018).

The notion of multiple masculinities demonstrates that there is a variation among men and expressions of masculinities. As pointed out by Hanlon (2012), that reflects on "care-free and care-full" masculinities from the aspect of CSMM, the complexity of men's involvement in care is related to the meaning of masculinity in the context of hierarchical and competitive relations among men, grasped in the Connell's concept of hegemonic

masculinity (1995; Connell & Messerschmidt, 2005). The concept of hegemonic masculinity describes a culturally dominant position of men, subordinating women and marginalised men and maintaining patriarchal relations. Hegemonic masculinity subordinates men who embody devalued forms of masculinity associated with femininity, such as gay men, and marginalises men based on axes such as race, ethnicity, class, ability, and similar. Men who are complicit in the hierarchical gender order can benefit from the subordination of women without having to embody hegemonic masculine themselves. Status and power related to paid work in the public sphere and a constant struggle not to be seen as feminine represent central sources of hegemonic masculinity (Collinson & Hearn, 2005; Kimmel, 2013). Caring practices and values proclaim a commitment to alternative interpretations of masculinity and assume empathetic, interdependent, relational behaviour, and gender equality (Elliott, 2015). Morrell and Jewkes (2011) say that when the definition of caring is extended beyond provision and protection its place in the constellation of values that produce masculine identity is troubling because it allows for the existence of men's identities and practices that express opposition to a hegemony. Numerous studies (Simpson, 2009; Hanlon, 2012; Björk, 2015; Šadl, 2018) call attention to the complex interplay and negotiations engaged in by men when they manoeuver between the norms of hegemonic masculinity and the expectations of caring masculinity. A defensive approach of men in care is probable, manifesting in strategies for distancing from femininity and asserting hegemonic masculinity while at the same time displaying care competencies, which is why the inclusion of men in care often only results in the re-doing gender and extending the hegemonic masculinity, rather than in an alternative form of masculinity.

Sample and methodology

The interviews were conducted within the research project *Masculinities, Equality, Care Practices*[2] in 2018 in Slovenia, a post-socialist country characterised since the 1970s by a dual-breadwinner family model, prevalent full-time participation of women in paid work, public, universally accessible childcare, but familistic eldercare. The intention of the research was explorative: Who are male caregivers? Under what circumstances do men assume caring responsibilities? How are the gendered relations, norms and practices of care being transformed when performed by men? The sampling followed three

[2] The project *Masculinities, Equality, Care Practices* (J6-8253) was financed by the Slovenian Research Agency and conducted by the Peace Institute in cooperation with the University of Ljubljana - Faculty of Social Science. For more information about the project see: https://www.mirovni-institut.si/en/projects/masculinities-equality-care-practices-mesp/. This research work was conducted also as part of the research program of the Peace Institute *Equality and Human Rights in Times of Global Governance* (P5-0413) financed by the Slovenian Research Agency, 2020-2023.

principles: to focus on primary, sole or shared care for children, partner or parent; to include the marginalised and subordinated masculinities; to examine under-researched areas of care. Most frequently, studies are related to fathering, focusing on nuclear heterosexual families of dual-career middle-class couples (Puchert et al., 2005; Holter, 2007; Scambor et al., 2015). The involvement of men in care remains under-researched among the poor and in atypical families, such as single-parent families with the father being the prime carer, divorced and gay families. The sample includes six fathers with low incomes or unemployed or retired due to disability who are the prime carers of their children; two fathers who with shared parenting after divorce; two fathers from the middle class who are prime carers; four gay couples. The existing research points to a significant gender gap in elder care, particularly in the care given by sons to parents (Šadl, 2018), which is why the sample also includes four men who take care of their parents. Three of them provide care for their mothers, of whom two have dementia, and one takes care of his father, who also has dementia. The care given by men to their spouses is slightly better researched and is mainly interpreted as consistent with the reciprocity that is typical of married couples (Ungerson, 1987). The sample includes three men who were long-standing primary carers of their partners with dementia. The average net monthly income in Slovenia amounts to around €1,100. Ten respondents receive income that is higher or close to this amount, and 13 respondents' income is lower than this average. Geographic dispersion across Slovenia was taken into account, including both urban and rural locations. The unifying characteristic of such a heterogeneous sample is the experience of primary and, in a few cases, shared intensive care. A total of 23 individual conversations were carried out. The detailed description of the sample is given in Table 1. All interviewees chose a pseudonym for the provision of anonymity. With the same purpose, we do not reveal the respondents' place of residence. The number in the brackets represents the age of the child.

The interviewees were recruited through the researchers' social networks, through the invitation placed on the website, FB and Twitter profile of the research institute, and through non-governmental organisations in the field of dementia, the elderly, gender equality, family support, and the poor. Interviews were carried out by four researchers (three women and one man) in different locations: at interviewees' homes, in public places, in a pub or on children's playgrounds, in the interviewee's office and at the premises of the research institute. The interviews took between 40 and 90 minutes and were recorded and transcribed with the interviewee's permission for the purposes of the analysis.

Table 1: Data about the interviewees

Pseudonym	Age	Education	Employment	Monthly income	Gives care to	Location
Marko	53	compulsory basic education	Unemployed	€900	Daughter (5) and son (3)	Big town
Damjan	39	secondary general education (4 years)	Retired due to disability	€700	Son (5)	Big town
Jan	46	secondary general education (4 years)	Employed	€800	Two sons (14, 9), step daughter (18)	Small town
Slovan	38	Short-cycle Higher education	Fixed-term employment	Below average salary	Daughter (9)	Big town
Robert	41	Secondary vocational education (3 years)	Retired due to disability	€366	Daughter (9)	Small town
Ivo	37	Secondary vocational education (3 years)	Unemployed	€500	Son (4)	Small town
Zvonimir	55	Bologna B.A. professional higher education	Employed	€4000	Daughter (13)	Big town
Matic	46	Bologna B.A. professional higher education	Self-employed	€1300	Son (15)	Big town
Aleksander	46	Bologna B.A. professional higher education	Employed	€ 50,-60,000 annually per household	Shared parenting for 2 children (13,18)	Big town
Darko	49	Bologna B.A. professional higher education	Employed	€1200	Daughter (6) and son (4)	Rural
Klemen	30	Bologna B.A. professional higher education	Employed	€990	(baby) daughter: shared parenting with a lesbian couple	Big town
Mark	38	Bologna M.A. or Old university education	Employed	€2500	Daughter (9): surrogate pregnancy	Big town
Srečko	46	secondary general education (4 years)	Employed	€2380	Two sons (13, 15)	Big town
Oto	89	Secondary vocational education (3 years)	Retired	€950	Partner (dementia)	Small town
Jure	65	Secondary general education (4 years)	Retired	€643	Partner (dementia)	Rural
Niko	66	Secondary vocational education (3 years)	Retired	€720	Partner (dementia)	Big town
Klemen1	73	secondary general education (4 years)	Retired	€1500	Partner	Big town
Milan	91	Short-cycle Higher education	Retired	€1000	Daughter (56, special needs)	Big town
Peter	45	Bologna B.A. professional higher education	Employed	€1500	Mother	Rural
Jože	47	Short-cycle Higher education	Employed	€1200	Mother (dementia)	Rural
Vojak	50	Bologna B.A. professional higher education	Employed	€1100	Mother (dementia)	Rural
Franko	71	secondary general education (4 years)	Retired	€650	Father (dementia)	Big town
Jaka	40	secondary general education (4 years)	Unemployed	/	Son (5, surrogate pregnancy)	Small town

The explorative questionnaire included four sets of questions, which asked about the interviewees' current care situation, their perceptions of care and personal history of caregiving and care receiving, about their attitudes to care as gendered practice, and

about challenges, costs and benefits of their care experiences. The interviews were conducted in the form of dialogue between the interviewee and the researcher. The researchers posed various sub-questions and gave comments, they allowed for the conversation to stray beyond the perimeters of the questionnaire's subject matter as well as allowed the questions to be answered in the order the conversation dictated, however, all questions were posed to each of the interviewees. In this sense, the methodology of the interview was close to what Hanlon (2012) defines as care conversation. This method proved necessary because the pilot interviews showed that the subject was very emotionally charged one; the interviews represented a sort of 'coming out' for the interviewees, and this hindered a systematic, structured narration.

The interviews were analysed thematically. All researchers who conducted the interviews individually read all transcriptions and identified the themes that were common to most interviews, as well as the ones that markedly deviated from the majority of narratives. In the two joint workshops, different views of individual narratives were discussed, and the key themes were harmonised and organised in line with the theoretical frameworks of the specific research problem. For analysing un-doing masculinity and degendering of care in the primary caregiving experiences of men in diverse social locations at the intersection of FEC and CSMM we focused on three themes: complexity of care, politicising care, and interdependence.

Complexity of care: Caring for and caring about

FEC emphasises the complexity of care and points to at least two distinct dimensions of care - caring for and caring about, which in their interrelation comprise good quality care (Noddings, 1984; Ungerson, 1987; Elliott, 2015). While *caring for* refers to practical tasks of care (like feeding, cleaning, dressing, transport, etc.), *caring about* refers to the affective relations of care which include the values of attention, empathy and sensibility for a care receiver and for his/her specific situation. Research of men's caregiving (Campbell & Carrol, 2007) point out that men are often engaged only in caring for, asserting the 'masculine qualities' of caring like instrumental support, managerial approach and emotional distance in order to distance themselves from feminine care resembling mothering and including caring about.

Our interviews show that men in the position of the primary carer carry out all the necessary caring activities, which are symbolically ascribed as feminine, from routine household work, such as cooking, cleaning, shopping to personal care, such as help in bowel movements, getting dressed, bathing, brushing teeth, clipping nails, getting up

and laying down, and the control of medicines. With regard to doing household chores, Niko (66), who for 15 years took care of his wife with dementia, says:

> When I got up in the morning, I had to get her up, help her get dressed, and then we had breakfast. Then I asked myself what I would cook for lunch, or I prepared something the day before, and then I went to work. In the afternoon, I came back home again, we had lunch, and then, of course, I cleaned up…

Jaka (40), a gay father who takes care of his son with a severe heart disorder, says:

> Because of the pills that he took, I had to change his nappy nine times a night, and we ate every half an hour in very small quantities. I know that mothers can endure many things, but so did I. I pushed on like an ice-breaker, and I learnt everything. He was so tiny when they first gave him to me to change his nappy that I had a hard time changing him—but in two days, I changed his nappy as well as anybody.

Asked what different kind of chores he does, Klemen (73), who takes care of his sick wife, responds:

> Absolutely everything—from cooking, scheduling daily routines, visits to the doctor, to finding out how she feels, and to trying to get her out every couple of days. Bathing or showering… Today I wanted to clean the tiles in the kitchen and hallway.

All interviewees expressed that they feel fully competent and equal to women in doing care work. The majority of interviewees told that only after being in a caring situation by themselves did they recognise how difficult, complex, time-consuming and underappreciated "women's care work" can be.

Men in our sample also showed strong emotional involvement in care. Jure (65), who took care of his wife with dementia, said that when she was admitted to an elderly home:

> I cried for three days, I admit it as a man, and I do not feel bad in admitting that I cried. I visited her every day, and now I visit her every second day. I also take her home at the weekend.

Darko (49), who has joint custody of two small children, described the skills that he needs in caregiving, which involve the empathetic dimension of caring about:

> The key skill is that you try to identify the child's needs, and try to meet them when they arise; support them in finding a solution … I would say that it is

> about compassion, a kind of empathy that you should have; sensibility basically. Another thing is that it is good that you can listen to children, when they need you to. The third thing is that you take enough time.

In contrast, interviews with fathers also showed the gendering of caring about, since they often verbalised the mystification of motherly love (Šori, 2019). As Ivo (37), who takes care of his four-year-old son, explains:

> Men are equally capable; the only difference is that mother's warmth, that mother's hug. No matter how I try, I can see he needs that … women are tender, mothers are tender, good. I try, but I do not have it in that way.

While the narration of incompetence in the emotional dimension of care can be interpreted as doing masculinity by way of distancing from mothering, it can also be seen as the expression of a normative pressure of a heterosexual dual-parent family experienced by single-parent families. As one of the fathers says, his son sees other children's fathers and mothers, while he is always only with his father. The deficiency experienced by the child is real, and fathers tend to interpret it as their lack and as their incompetence of giving their child motherly love. In contrast, Matic (46), who takes care of his teenage son, argues:

> I think that this is a prejudice. I think you can be as gentle as a woman, you can be as loving as a woman if you are a father. But nobody can give everything. The problem is if only one person takes over—and I stress this. It doesn't matter whether it is a mother or a father. If you cannot hand over either the psychological responsibility or the concrete responsibility, to relieve yourself of it, that seems a bigger problem to me.

Matic, in his reflection, expresses the un-doing masculinity by pointing out that men are equally capable of emotional dimensions of care, but he highlights the problem of single-parent families, part of which is their overload. Also, the gay fathers in our sample witness men's performance of caring in a complex manner, including the expression of *motherly* dimension of care. Jaka (40), a gay father, says that in the experience of care for his child he worked on how to reign in his ego and that he found: 'sensibility, and tenderness, the attempt to nurture, was all somewhere inside.' This narrative resonates with international research of fathering (Doucet, 2006; Coltrane, 1996), which suggest that the practice of child care in itself transforms men to include aspects of traditionally feminine characteristics and the social meaning of gender as well as care begins to change.

Studies point out that male caregivers can find it difficult to seek support because it means admitting vulnerability; it contradicts their sense of self-reliance and responsibility to manage the home situation alone, so intrinsic to the sense of (hegemonic) masculinity (Hanlon, 2012). Contrary to this, however, our interviews point to extensive care networks of family, friends, but also public and non-governmental institutions, with which men are supported in their everyday caring activities. It is different with older men who take care of their partners who, in our sample, all have adult children that could be included in caregiving. They decided not to burden their children, because they have demanding jobs and their own families, which can be interpreted not primarily as asserting self-reliant masculinity but as an aspect of childcare. Also, these are retired men, free of breadwinning roles, who structure their daily life around care for their partner.

In general, we find that the reflection on masculinity related to care, and negotiating masculinity are almost absent. Studies indicate that low-socioeconomic status men, in particular, assert hegemonic masculinity by distancing themselves from femininity (Hanlon, 2012). However, our interviews show that marginalised men, when finding themselves in situations of primary care, define all caring practices, from intimate care to housekeeping, as gender neutral and think that while a woman perhaps would do it better, they are also very good at it. This might be related to the responses of recognition and approval that caring men usually receive in their neighbourhood, as if they are doing heroic work. Doing well in caregiving becomes a way of building self-esteem and gaining social approval. Thus, paradoxically, in the absence of status related to paid work caring men confirm their self-worth by coming closer to femininity.

The personal is political

Only a couple of men in our sample consider their caregiving as a personal issue, belittling the burden of care, which can be seen as a strategy of doing masculinity, with which men conceal their caring burdens from themselves and/or their social networks. When asked about how he experiences care, Vojak (50) who takes care for his mother with dementia, responds: 'I'm not sharing this with others. This is normal to me, and I do not even burden myself with it.' When asked, what he thinks of, when he hears the words care for others Marko (53), who is the primary parent of his two young children, says: 'Of nothing, I do not think about care for others, all of this is automatic for me, everything is normal.' Such normalisation of care burdens individualises and depoliticises care, and that contrasts with feminist efforts for public recognition of informal care.

FEC considers caregiving not as a personal but as a political issue and taking over responsibility for care is supposed to come voluntarily as a commitment to fairness, co-responsibility and interdependence (Tronto, 2013).

The motives of men in our sample for taking primary care were found to be various. The interviews show that most of the fathers were pushed into the role of a primary parent due to the absence of the mother because of her illness, desertion, separation, inability to care, and similar. Some of their stories diminish the myth of women as intrinsically dedicated to motherhood. Shared parenting after divorce is still more of an exception than the rule in Slovenia, but the number of men who voluntarily decide for shared parenting is growing (Šori 2019), although, as our interviews reveal, this relates to conflicted negotiation and assertive proving their parenting competence in the courts and social work centres. In the case of gay fathers, who had to undertake a complicated process of adopting a child abroad or surrogate motherhood, the motive is always a profound and long-lasting desire to have a child. Fathers as primary parents appear in our sample in highly atypical families or in exceptional life situations. In our sample of sons who are the primary carers of their parents, the reasons for taking over care are often situational: either they are the only child, or they are geographically the closest to the parent.

In contrast, in our sample, taking primary care of a partner is an automatic action derived from mutual commitment. When asked about how they were coordinated in his family with regard to the responsibility of taking care of his wife with dementia, Oto (89) replied: 'Without talking, without hesitation, it was automatic. I was capable, and I took care of her for as long as I could.' When asked about why he took care of his partner with dementia, Jure (65) replied: 'It's definitely not the responsibility, it's love, it's definitely that.'

Despite different, not always voluntarily, motives for taking over a caring role, most men reflect care as a public and political value. Peter (45), who takes care of his mother, critically recognises the marginalisation of care in relation to paid work and breadwinning:

> In our modern world, care for others is a little bit pushed to the side. It is always the care for yourself, which is the most important, how I will have a good life, how I will succeed in life … The elderly complain about having too little support from their children, because the children are busy, because they must work more and more, this means, it is a part of our standard of living, which forces us to be like this. And it is not the way most people want to live, but the way people have

> to live because we are forced to work for as much as and as long as possible, and of course, this also affects the care for others.

Darko (49), who has shared parenting of two children, implicitly problematises the breadwinning as a dominant norm of masculinity, and establishes care for the child as an alternative to the neoliberal focus on work and consumerism:

> Financial resources are not so important to me; for me, it is more important to give time to my child. To find time, to work less, to have fewer financial resources so my children have more from me in terms of time, so, this is my priority … It is important to know how to live with very few resources, to know also how to be partly self-sufficient.

Care as a political issue is evident in the narratives of men taking care of partners with dementia. All interviewees were active in a non-governmental organisation for the care of people with dementia, and their main motivation for participating in the interview was to draw attention to the lack of public care for people with dementia, along with their informal carer.

Problematising breadwinning and the primacy of the work ethic over the care ethic, along with advocating for more public care and for overcoming traditional gender norms in assigning child custody resonate with FEC and point that when men are intensively involved in caregiving, they may reevaluate the social importance of care and join the feminist endeavours for its public recognition.

Interdependency: Self-care, caregiving, care receiving,

CSMM highlight the costs of masculinity, which are the result of the performance of invulnerability, negotiations of the ideal of hegemonic masculinity and reciprocal social control. These costs include impoverished intimate relationships, risky behaviour, deficient self-care and care of one's health, violence, shorter life expectancy and a higher rates of suicide and addiction compared to women (Scambor et al., 2013, 2014). Men's neglect of self-care and care for their health can be in large part seen as one-sided socialisation patterns towards toughness, paid labour and non-caring. From this perspective, men's health problems have been interpreted as 'costs of masculinity', as opposed to the advantages men gain from current gender relations in other areas (higher income, less unpaid work, domination in the decision making bodies, etc.) (Scambor et al., 2013). Elliott (2015) and Hanlon (2012) argue that embracing the affective, relational, emotional and interdependent qualities of care can lead to reducing the costs of masculinity.

From this perspective, it is meaningful that the salient theme that occurs in many of our interviews is self-care. The most direct aspect of self-care in male primary carers refers to the fact that despite intensive caregiving they manage to organise care for themselves, for recreation and activities such as hiking, jogging, fishing and bowling. CSMM interpret engaging in sports as an aspect of doing masculinity, maintaining virility and physical strength through mutual competition (Messner, 2017). However, in the context of primary care it can be interpreted as the care of one's own body and health to be able to endure the physical and psychological costs of intensive care. Jure (65), for instance, who took care of his wife with dementia, organised going bowling twice a week for himself (which he had never done previously), following the recommendation of his doctor that without recreation and a psychological distance from the caring situation he would not endure the strain of caregiving. Milan (91), who takes care of his 56-year old daughter with a disability, and before that also took care of his wife ill with cancer, takes time every day to take a walk of 4–5 kilometres. Male primary carers in our sample consistently re-define prevalent masculine neglect of self-care and recognise the importance for taking care of their health to be able to provide care for their close ones.

As Tronto (2013) suggests, the ideal of equality in care means mutuality and reciprocity in caregiving and care receiving, which enables trust that through time we will be able to return care that we have received from others, and that we will also be given the care that we have given. This vision recognises care as a continuous social practice that includes all members of the community. In Tronto's view, values of mutual trust, respect, solidarity and trust in social and political institutions become strengthened in a continuous caring process, and that is the condition of a caring society.

Some of our interviewees have also verbalised such a vision. When asked how he understands the care of others, Matic (46), a primary parent of a teenage son, responds:

> It is like care of self, I would say. We are all connected: if we want to function well and have a relationship and take care of ourselves, we have to take care of others. Basically, it is also a human thing.... To be able to take care, ultimately for ourselves, we need to take care of everybody else.

In his narration, he recognises the human vulnerability, interdependence and interrelatedness. On the other hand, Aleksander (46), who has shared parenting for two children from a previous marriage, and in our sample seems to come the closest to the ideals of hegemonic masculinity in terms of the high level of income, devotion to paid work and the related social status, as well as in terms of his current partner having part-time employment to be able to care for their family, verbalises a contrasting vision of human re-

lationships. When asked if he had ever taken care of anybody else except his children, e.g. for his wife or parents, he answered:

> For nobody at all, just for myself.… I had the idea that my wife would be independent, and she is highly educated, she likes her job, she likes doing it and knows how to be independent.… Because, if somebody is leaning on you, and they depend on you, it suffocates you and you keep running away, and this is why I have never had to take care of my wife. I would not want to have such a wife.

Aleksander defines human autonomy and self-sufficiency as the precondition of the mutual connection between people. He is not aware that his wife gave up her career to be able to take on the larger share of the care for the family, and he does not recognise that a part of his autonomy depends on his wife's care for the family.

Fathers who find themselves in multiple strenuous positions—namely, are primary parents—and at the same time poor or unemployed or retired due to disability or going through a severe illness—verbalised their care of their child as a motive and way of caring for themselves. Ivo (37), who is unemployable due to health problems, and takes care of his four-year-old son, when asked about how he experiences his taking care of his child, he replies: 'Joy of life, when you have somebody to take care of, and at the same of yourself. It keeps you alive day by day.' Also, Marko (53), who has severe diabetes, is unemployed and the primary parent of a five-year-old daughter and a three-year-old son, says that taking care of his children structures his day, gives him discipline and forces him to eat regularly, which is of key importance to control his illness:

> I don't know how I would keep up, and I think I would be much worse off if it weren't for them.… I would go crazy without them, or else I would start drinking. Or probably I would be dead by now, or would neglect myself with the sugar and all of that.

Slovan (38), the primary parent of a nine-year-old daughter, has had a bitter experience of a divorce, and going bankrupt at the same time, which is why he contemplated suicide. However, the care for his child dissuaded him from making it, and, as he says, set him on his way to self-development:

> And then, when you look your child in the eye, this was a difficult experience and I simply started to read, meditate and somehow started to get to know myself, so that I found the strength to go through this.

These experiences point to the transformative potentials of caring. They reveal the reciprocity between caregiving and care-receiving; that it is not only the one that needs care the receiver of care but also the caring situation as such brings well-being to the caregiver. Darko (49), who has a shared parentship for two children aged six and four and who decided to only work part-time due to parenting, expresses this explicitly:

> I organised my work differently than I would if I had no children. I consciously decided for this, so that caring for my children is a specific priority to me: it covers a series of needs for me, it meets what I need and is my conscious decision.

Also, men who take care of their partners, say: 'I am happy and glad that I can help her' (Oto, 89); 'I was happy to have taken care of her' (Jure, 65). Thus the interviewees confirm that, as Elliott (2015) writes, in contrast with the hegemonic masculinity that nurtures emotional stoicism, autonomy and independence, caring masculinity values positive emotions and connectedness. Primary carers recognise that caregiving offers rewards, such as feeling loved, experiencing emotional intimacy, feelings of joy, pride, self-esteem and competence, which is one of the aspects of how care experience changes men. As Hanlon (2012, p. 202) says: 'Doing caring work is associated with having a more flexible definition of masculinity, men's roles, and men's caring capabilities.'

Conclusion

With their focusing on doing (hegemonic) masculinity in caring, many studies prove that increasing involvement of men in care observed in European societies (mostly in fathering) is not necessarily being driven by gender equality values but presents more of a redefinition and the extension of hegemonic masculinity than its opposition or alternatives (Bridges & Pascoe, 2014; Hughson, 2019; Humer, 2019). In the societies that at least rhetorically value gender equality, caring becomes a resource for identity building and social recognition for men. In contrast, some studies point that 'care changes gender' (Elliott 2015) and that in particular caring alone and primary caring support a development toward caring masculinities (Hanlon, 2012; Brandth & Kvande, 2016; Lee & Lee, 2016; Frelih, 2019). Caring masculinities have been theoretically defined as 'new' masculine identities that reject domination and its associated traits and embrace values derived from care ethic such as interdependence, empathy, attention, and co-responsibility (Elliot, 2015). The intention of this article was in line with the latter strand of research, to contribute to the reduction of gender binarisms in the perception of care and to avoid their reproduction. With this in mind, we focused our exploration at the intersection of CSMM and FEC. Empirical evidence collected in individual interviews with men carers

reveals that men in specific caring situations (intensive primary care) and in non-hegemonic social locations (according to class, age, ability and sexual orientation) resist dominant norms of masculinity to some extent and, in accordance with the FEC, establish care as gender neutral, complex, politically relevant and socially integrative disposition and activity. When it comes to critical life situations, men are capable and willing to perform the whole range of complexity of care, from activities that are heavily burdened with connotations of femininity (household chores, hands-on care) to the empathetic dimensions of care. The lack of motherly love experienced by a child whose sole parent is the father, cannot be interpreted as men's incapability of affective and sympathetic caring, but as a consequence of the social pressure of a dual-parent heterosexual family norm. They feel and exhibit equal care competences like women, and they recognise how much efforts daily care work demands.

Contrary to many research findings that point to the complex gender identity negotiations in men's caring experiences, in our sample asserting masculinity by distancing from femininity and accentuating status and breadwinner position were almost absent from men's narrations. Paradoxically, they find pride, self-esteem, and emotional rewards in the feminised activity of caregiving, which can be understood from the situational and intersectional perspective; intentionally, the men in our sample were mostly primary or sole carers in a critical life situation in which there was no woman on whom to rely. As Björk (2015, p. 29) says:

> When women are available, not only are responsibilities primarily transferred to them, but attributes understood as feminine were also projected on to them. Yet, when women were absent, these practices, attributes and feelings seemed to be performed by men.

The same holds for the intersectional perspective, as most men in our sample were either marginalised in terms of class, labour market position, health and age, or as gay subordinated. When social status and paid work are not available to build masculine identity then, it seems as a legitimate option appears that self-worth is measured against building care competences and being able to take care of children, parents, partners, rather than the acquisition of status and resources.

Individual autonomy stands as a central value in norms of (hegemonic) masculinity as well as in neoliberal *zeitgeist*. In contrast, FEC highlights the notion of interdependency, that everyone is dependent at different times and in different ways and that everyone exists within reciprocal networks (Elliott, 2015). In many interviews with men carers in our sample we came across this recognition, including the recognition that care relation-

ship, attitude and practices represent a crucial answer to the fundamental interdependency of human beings. Moreover, awareness of the interdependency was accompanied by the critical reflection of the existing state in society with regard to paid work and marginalisation of care, as well as with regard to questioning breadwinning as a central norm of masculinity. Men carers also expressed the intrinsically feminist claims for overcoming traditional gender stereotypes in relation to care, the recognition of the importance of care for society and for more public support for care. The interviewees also showed that responsibility for others motivates responsibility for self and self-care, which appears as an important issue in reducing individual and societal costs of hegemonic masculinity. Men in our sample driven by caring experience modified their way of living and earning, they decided for less work and more care, for deeper and more meaningful relationships, for taking care of their health and for less risky behaviour. Our interviews contribute to the evidence that experience with care can change men's attitude towards their incorporation of the values and qualities of the ethic of care through developing a more other-centred sensibility and empathy, engaging with the fears surrounding vulnerability and appreciating mutual care (Hanlon, 2012; Elliott, 2015).

It was not the intention of our study to make conclusions about the wider trend of transformation of men and masculinities into caring and more egalitarian masculinities but to open a space beyond binary perceptions of gender and care and to offer some alternative interpretations of men's caregiving experiences. Once again it has to be pointed to the limits of this study which is that it is based on a specific sample of mostly marginalised, subordinated men who found themselves in atypical life circumstances and in a situation of being a primary or sole carer. Nevertheless, a lesson that intensive primary caregiving situation can change men has policy implications. Along with more public care, which historically proved to be crucial for gender equality, inclusive citizenship and caring society, it calls for more policy incentives and support for men, not only as women's assistants in care but as primary caregivers, which would create opportunities for men to deepen caring relations with others and contribute to a healthier and more caring society, which has positive consequences for men as well as for society. Facing a worldwide situation of ecological and pandemic crisis, this seems an important task.

References

Anttonen, A., & Sipilä, J. (2007). Care capital, stress and satisfaction. In R. Crompton, S. Lewis & C. Lyonette (Eds.), *Women, men, work and family in Europe* (pp. 152-170). Palgrave Macmillan.

Björk, S. (2015). Doing, re-doing or undoing masculinity? Swedish men in the filial care of aging parents. *NORA-Nordic Journal of Feminist and Gender Research*, *23*(1), 20-35.

Bourdieu, P. (2010). *Moška dominacija.* Sophia.

Brandth, B., & Kvande, E. (2018). Masculinity and fathering alone during parental leave. *Men and Masculinities*, *21*(1), 72-90.

Bridges, T., & Pascoe, C. J. (2014). Hybrid masculinities: New directions in the sociology of men and masculinities. *Sociology Compass*, *8*(3), 246-258.

Campbell, L. D., & Carroll, M. P. (2007). The incomplete revolution: Theorizing gender when studying men who provide care to aging parents. *Men and Masculinities*, *9*(4), 491-508.

Collinson, D. L., & Hearn, J. (2005). Men and masculinities in work, organisations and management. In M. Kimmel, J. Hearn & R. Connell (Eds.), *The handbook of studies on men and masculinities* (pp. 289-310). Sage.

Coltrane, S. (1996). *Family man: Fatherhood, housework, and gender equity*. Oxford University Press.

Connell, R. (1995). *Masculinities.* University of California Press.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, *19*(6), 829-859.

Ruspini, E., & Crespi, I. (2016). *Balancing work and family in a changing society. The Fathers' Perspective*. Palgrave Macmillan.

Dermott, E. (2008). *Intimate fatherhood: A sociological analysis*. Routledge.

Deutsch, F. M. (2007). Undoing gender. *Gender & Society*, *21*(1), 106-127.

Doucet, A. (2006). *Do men mother? Fathering, care, and domestic responsibility*. University of Toronto Press.

Elliott, K. (2016). Caring masculinities: Theorizing an emerging concept. *Men and Masculinities*, *19*(3), 240-259.

Fine, M. D. (2007). *A Caring society? Care and the dilemmas of human service in the twenty-first century*. Palgrave Macmillan.

Frelih, M. (2019). Challenges for men, providing informal care for people with dementia. *Teorija in Praksa*, *56*(4), 1136-1151.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Hanlon, N. (2012). *Masculinities, care and equality: Identity and nurture in men's lives*. Palgrave Macmillan.

Hearn, J. (2002). Men, fathers and the state: National and global relations. In B. Hobson (ed.), *Making men into fathers: Men, masculinities and the social politics of fatherhood* (pp. 245-272). Cambridge University Press.

Holter, Ø. G. (2007). Men's work and family reconciliation in Europe. *Men and Masculinities*, *9*(4), 425-456.

Hrženjak, M., & Scambor, E. (2019). Why do research into men's care work? *Teorija in praksa, 56*(4), 969-984.

Humer, Ž. (2019). Men's experiences of gender: (In)equality as a primary or single parent. *Teorija in praksa, 56*(4), 1120-1135.

Hughson, M. (2019). Caring men and masculinities on the Balkan semiperiphery: Transformation through hybridisation and contradictions. *Teorija in praksa, 56*(4), 1001-1016.

Jordan, A. (2020). Masculinizing Care? Gender, Ethics of Care, and Fathers' Rights Groups. *Men and Masculinities*, *23*(1), 20-41.

Kaufman, G. (2013). *Superdads: How fathers balance work and family in the 21st century*. NYU Press.

Kimmel, M. (1995). *The politics of manhood.* Temple University Press.

Lee, J. Y., & Lee, S. J. (2018). Caring is masculine: Stay-at-home fathers and masculine identity. *Psychology of Men & Masculinity*, *19*(1), 47.

Lister, R. (1997). *Citizenship*. *Feminist perspectives*. University Press.

Messner, A. M. (2017). Je šport še moški svet? Proučevanje moškosti in športa. *Časopis za kritiko znanosti*, 45(267), 94-115.

Mooney, A., Statham, J., & Simon, A. (2002). *The pivot generation: Informal care and work after fifty*. The Policy Press.

Morrell, R., & Jewkes, R. (2011). Carework and caring: A path to gender equitable practices among men in South Africa?. *International Journal for Equity in Health*, *10*(1), 17.

Noddings, N. (1984). *Caring: A feminine approach to ethics & moral education.* University of California Press.

Plumwood, V. (1993). *Feminism and the mastery of nature*. Routledge.

Puchert, R., Gärtner, M., & Höyng, S. (Eds.). (2005). *Work changes gender: Men and equality in the transition of labour forms.* Barbara Budrich Publishers.

Rener, T., Humer, Ž., Žakelj, T., Vezovnik, A., & Švab, A. (2008). *Novo očetovstvo v Sloveniji*. Ljubljana: Fakulteta za družbene vede.

Rimmer, L. (1983). The economics of work and caring. In J. Finch & D. Groves (Eds.), *A labour of love: Women, work and caring* (pp. 131-148). Routledge & Kegan Paul.

Ruddick, S. (1989). *Maternal thinking: Toward a politics of peace*. Beacon Press.

Russell, R. (2007). Men Doing "Women's Work:" elderly men caregivers and the gendered construction of care work. *The Journal of Men's Studies*, *15*(1), 1-18.

Scambor, E., Hrženjak, M., Bergmann, N., & Holter, Ø. G. (2015). Men's share of care for children and professional care. *Contribution to Humanities* 14 (2), 53-72.

Scambor, E., Bergmann, N., Wojnicka, K., Belghiti-Mahut, S., Hearn, J., Holter, Ø. G., ... & White, A. (2014). Men and gender equality: European insights. *Men and masculinities*, *17*(5), 552-577.

Scambor, E., Wojnicka, K., & Bergman, N. (Eds.). (2013). *Study on the role of men in gender equality*. Publications Office of the EU. https://op.europa.eu/en/publication-detail/-/publication/f6f90d59-ac4f-442f-be9b-32c3bd36eaf1

Sevenhuijsen, S. (1998). *Citizenship and the ethics of care: Feminist considerations on justice, morality, and politics*. Psychology Press.

Simpson, R. (2009). *Men in caring occupations: Doing gender differently*. Springer.

Šadl, Z. (2018). Družinski oskrbovalci ostarelih staršev in ustvarjanje spola. *Družboslovne razprave*, *87*(7), 7-33.

Šori, I. (2019). Lone fatherhood, the deficit of motherly love and institutional discrimination. *Teorija in praksa*, *56*(4), 1105-1119.

Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Psychology Press.

Tronto, J. C. (2013). *Caring democracy: Markets, equality, and justice*. NYU Press.

Ungerson, C. (1987). *Policy is personal: Sex, gender and informal care*. Tavistock.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, *1*(2), 125-151.

Povzetek

Na presečišču feministične etike skrbi ter kritičnih študij moških in moškosti članek razvija alternativne interpretacije praks in stališč moških vpetih v skrbstveno delo, z namenom rahljanja spolnih binarizmov v percepcijah in konstrukcijah skrbstvenega dela. Empirična evidence zbrana v 23 individualnih intervjujih razkriva, da moški v specifičnih skrbstvenih situacijah intenzivne primarne oskrbe in v nehegemonih socialnih položajih (glede na razred, starost, zdravstveno stanje in spolno usmerjenost) do neke mere preoblikujejo dominantne norme moškosti in v skladu z logiko feministične etike skrbi vzpostavljajo skrb kot spolno nevtralno, kompleksno, politično relevantno in družbeno integrativno dispozicijo in aktivnost.

KLJUČNE BESEDE: spol, skrbstveno delo, heterogene moškosti, kritične študije moških in moškosti, feministična etika skrbi

CORRESPONDENCE: MAJDA HRŽENJAK, The Peace Institute, Institute for Contemporary Social and Political Studies, Metelkova 6, SI-1000 Ljubljana, Slovenia. E-mail: majda.hrzenjak@mirovni-institut.si.